

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2416955
<b>Decision Date:</b>	3/10/2025	<b>Hearing Date:</b>	12/05/2024
<b>Hearing Officer:</b>	Casey Groff	<b>Record Closed:</b>	01/06/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Timothy O'Donnell, Tewksbury MEC



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Community Eligibility – Under 65; Coverage Start Date
<b>Decision Date:</b>	3/10/2025	<b>Hearing Date:</b>	12/05/2024
<b>MassHealth’s Rep.:</b>	Timothy O’Donnell	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings, Remote	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated 10/23/24, MassHealth notified Appellant that her minor son was approved for Family Assistance, effective 10/13/24. *See* Exhibit 2. Appellant filed this appeal in a timely manner on behalf of her son on 11/5/24 to challenge the coverage start date. *See* 130 CMR 610.015(B) and Exhibit 1. Challenging the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032. Following the hearing on 12/5/24, the record was left open for the parties to submit additional evidence. *See* Exh. 6-9.

### Action Taken by MassHealth

MassHealth reinstated Appellant’s<sup>1</sup> Family Assistance benefit with a coverage start date of 10/13/24, resulting in a 13-day lapse in coverage.

### Issue

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<sup>1</sup> For purposes of this decision, the term “Appellant” may also refer to Appellant’s minor child, [REDACTED] whose MassHealth coverage is the subject of this appeal.

The appeal issue is whether MassHealth correctly reinstated Appellant's FA benefit effective 10/13/24, which left him with a 13-day lapse in coverage.

## Summary of Evidence

A MassHealth eligibility representative appeared at hearing and through testimony and documentary submissions, provided the following evidence: Appellant lives with her son, who is under the age of [REDACTED] in a household size of two. On 7/4/23, Appellant's son was approved for Family Assistance. The MassHealth representative testified that to qualify for FA, children under the age of [REDACTED] must have a household income between 150% to 300% of the federal poverty level (FPL). When approved in July 2023, MassHealth placed a one-year continuous eligibility protection on the son's case that was set to expire 7/31/24. On 7/22/24, MassHealth ran an autorenewal on Appellant's case and an electronic data match returned information placing him at 345.55% of the FPL. See Exh. 8. The MassHealth representative testified that the data match only provided the FPL percentage, not the underlying income information, i.e., amount(s) or source(s). Although this exceeded the income limit to qualify for FA, Appellant's benefit was not immediately terminated due to the existing continuous eligibility protection on his case. When the protection was eventually lifted on 7/31/24, MassHealth re-ran Appellant's eligibility using the information retrieved through the data match. *Id.* On 8/6/24, MassHealth issued a notice, informing Appellant that her son's Family Assistance benefit would end after 9/30/24, and that his coverage type would be downgraded to the Children's Medical Security Plan (CMSP). See Exh. 9. In the notice, MassHealth explained that eligibility was determined using his household income of 345.55% of the FPL, and cited the following basis for ending coverage:

The person had been getting benefits based on MassHealth's continuous coverage rules. Our records show that this person no longer meets these rules as they are described in Massachusetts regulation 130 CMR 505.000: MassHealth: Coverage Types.

The MassHealth representative testified that on 10/23/24, Appellant contacted MassHealth and provided updated income figures which showed she received a gross earned income of \$2,882 per month,<sup>2</sup> placing her and her son at 157.74% of the FPL. This prompted MassHealth to generate a notice, dated 10/23/24, informing Appellant that her son was redetermined eligible for Family Assistance with a coverage start date of 10/13/24. *Id.* Appellant timely appealed the 10/23/24 notice. MassHealth representative testified that coverage was appropriately backdated 10 days from the application date, pursuant to program rules.

Appellant appeared at hearing and testified that she did not receive the 8/6/24 notice indicating

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<sup>2</sup> MassHealth testified that in addition Appellant's son receives \$2,103 per month as a social security benefit; however, this income is not counted for purposes of determining MassHealth eligibility.

that her son would no longer be receiving Family Assistance after 9/30/24. Unaware that his benefit ended, Appellant took her son to six physical therapy (PT) visits between 10/1/24 and 10/18/24. It was not until 10/21/24, when the PT provider's office informed Appellant that none of the visits were covered, that Appellant became aware her son no longer had insurance. Appellant immediately contacted MassHealth to update her son's case.<sup>3</sup> Appellant testified that the representative with whom she spoke at MassHealth helped her enter all the income information. Following the call she uploaded the requested financial documentation. Once processed, the child was redetermined eligible for Family Assistance and coverage was made retroactive to 10/13/24. Appellant testified that the income figures that MassHealth testified to at hearing were correct, and have remained consistent throughout all relevant times, including the gap in coverage. Appellant testified that she initially received a bill for \$1,758 for the six PT visits; however, two of these visits were after 10/13/24 and have since been reimbursed through the retroactive application of the Family Assistance coverage. Appellant testified that she still has a remaining balance of \$860 for the 4 remaining PT visits rendered during the gap. Appellant seeks an earlier start date to close the gap in coverage during which she incurred these medical expenses.<sup>4</sup>

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant and her minor son live in a household size of two.
2. On 7/4/23, MassHealth approved the son for Family Assistance and a one-year continuous eligibility protection was placed on his case.
3. On 7/22/24, MassHealth completed an autorenewal and an electronic data match returned information placing Appellant and her son at 345.55% of the FPL.
4. Although the data match placed Appellant over the income limit for Family Assistance, his benefit was not immediately terminated due to the existing continuous eligibility

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<sup>3</sup> Appellant testified that when she initially contacted MassHealth, the representative on the phone informed her that her son's benefit had been terminated for nonpayment of a past due premium. The MassHealth representative investigated this issue, and it appeared that a closure had been placed on the child's case after MassHealth issued the 8/6/24 termination notice. There was no evidence that Appellant had any past due premiums before the termination notice was issued. When Appellant called MassHealth to update her case, all outstanding balances were paid, and her account was up to date.

<sup>4</sup> Appellant also testified that her son is adopted and that he previously received MassHealth Standard, which she believed may have been a result of his adoption status. There was no information in Appellant's account to indicate that her son was adopted through Title IV-E of the Social Security Act or received state subsidized adoption payments from pursuant to the Act to render him automatically eligible for Medicaid under 130 CMR 522.003. However, if such information exists, Appellant may update the account accordingly, which may entitle her son to automatic Medicaid eligibility.

protection.

5. On 8/6/24, after the one-year protection expired, MassHealth ran a second autorenewal and determined that Appellant's son no longer qualified for Family Assistance based on the information that had been retrieved through the data match.
6. As a result of the 8/6/24 redetermination, the son was downgraded to CMSP and his Family Assistance coverage ended after 9/30/24.
7. On 10/23/24, Appellant contacted MassHealth and provided updated income figures showing that her countable household income is and had been \$2,882 per month, placing her and her son at 157.74% of the FPL.
8. Using 10/23/24 as the new application date, MassHealth reinstated the son's Family Assistance coverage with a 10-day retroactive coverage start date of 10/13/24 – leaving him with a lapse in coverage between 10/1/24 and 10/12/24.
9. Appellant's son attended 4 PT visits during the gap in coverage causing Appellant to incur medical expenses of \$860, that would otherwise have been covered through Family Assistance.

## Analysis and Conclusions of Law

To qualify for MassHealth Family Assistance, children younger than ■ years old must have a modified adjusted gross income (MAGI) greater than 150% and less than or equal to 300% of the federal poverty level (FPL). See 130 CMR 505.005(B)(A). In this case, there is no dispute that Appellant's son met all eligibility requirements for Family Assistance when first approved in July of 2023. There is also no dispute that, after his benefit ended on 9/30/24, Appellant reestablished her son's eligibility on 10/23/24. The issue on appeal is whether MassHealth appropriately implemented a 10-day retroactive coverage start date, effective 10/13/24, which left Appellant's son with a 12-day lapse in coverage.

According to program regulations, existing MassHealth members are subject to eligibility reviews once every 12 months, or whenever there is a change in the member's circumstance, change in eligibility rules, or failure to provide verification within requested time frames. See 130 CMR 502.007(A). MassHealth has established the following methods for conducting eligibility reviews:

***(1) Automatic Renewal. Households whose continued eligibility can be determined based on electronic data matches with federal and state agencies will have their eligibility automatically renewed.***

- (a) If the data match results in no change in benefits or in a more comprehensive benefit

for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process.

(b) In addition, if the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies ***and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.***

***(a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.***

***(b) The head of the household will be given 45 days from the date of the request to return the ... renewal application, ...***

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in [130 CMR 502.003](#) and the individual continues to receive benefits pending verification.

2. ***If the renewal application is not completed within 45 days, the MassHealth agency will***

***a. use information received from electronic sources, if available, and redetermine eligibility; or***

***b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).***

3. ***If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with [130 CMR 502.006\(A\)](#). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.***

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<sup>5</sup> MassHealth also lists a third method of reviewing eligibility, which is through conducting periodic data matches. See 130 CMR 502.007(C)(3). If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information

See 130 CMR 502.007(C)(emphasis added);

The evidence indicates that in July of 2023, when Appellant's son was initially approved for Family Assistance, he was eligible for, and received, a one-year period of continuous eligibility. This protection is based on federal law that requires state Medicaid agencies, such as MassHealth, to provide 12 months of continuous eligibility for children younger than the age of ■ regardless of a change in circumstances that would otherwise render the member ineligible for their existing benefit. See *MassHealth Eligibility Operations Memo 24-02* (March 2024). Consistent with the automated renewal process described above, MassHealth ran a data match on Appellant's case on 7/22/24 which retrieved information placing Appellant's household at 345.55% of the FPL -- above the income limit for Family Assistance. See Exh. 8. According to subsection (2) above, when information obtained through electronic sources would otherwise cause a loss or downgrade in coverage -- as it would here -- MassHealth will provide the member with a prepopulated renewal to verify all eligibility factors are correct. There is no evidence in the record to indicate that MassHealth sent Appellant a prepopulated renewal consistent with this process. Rather, MassHealth testified that the 7/22/24 renewal did not impact Appellant's benefit at that time because the continuous eligibility protection was still in effect. However, the evidence indicates that after the protection was lifted, a second autorenewal was run using the information obtained through the data match. As a result of the second renewal, MassHealth issued a notice dated 8/6/24, informing Appellant that her son's benefit would end after 9/30/24. See Exh. 8. The evidence shows that on 10/23/24, after learning her son no longer had coverage,<sup>6</sup> Appellant provided her correct income information which placed the household at 157.74% of the FPL -- thereby reestablishing her son's eligibility for Family Assistance.

Once an individual establishes eligibility for benefits, MassHealth allows coverage to typically begin "ten days prior to the date of application." See 130 CMR 502.006(A)(2). Using 10/23/24 as the new application date, MassHealth reinstated the child's coverage to begin on 10/13/24. See Exh. 1. Appellant appealed the 10/23/24 notice to challenge the start date after incurring \$860 for PT services rendered to her son between 10/1/24 and 10/12/24, and which would otherwise have been covered under his FA benefit. Subsection (3) of 130 CMR 502.007(C), above, applies, in part, to members, like Appellant, who have lost coverage pursuant to a redetermination that is based

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that was received through the data match and require the member to respond within 30 days of the date of the notice. 1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match. 2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required. 3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated. *Id.*

<sup>6</sup> The mailing address listed on the 8/6/24 notice was in fact the correct address for Appellant. Though MassHealth appears to have appropriately issued notice of the impending termination, Appellant credibly testified that she was not aware that her son's coverage ended until after he received the PT services at issue.

on information obtained through electronic sources only.<sup>7</sup> In such cases, if the member establishes eligibility within 90 days of the termination date, then “the begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.” *Id.* As Appellant reestablished her son’s eligibility for Family Assistance within 90 days of the termination date (9/30/24) and submitted proof that her son “incurred covered medical services since the date of termination,” her son’s coverage may be made “retroactive to the date of termination.” *Id.* Appellant provided credible testimony that at all relevant times her income has remained consistent with the amount verified on 10/23/24, i.e., under 300% of the FPL, including the 13-day lapse in coverage. Therefore, Appellant’s son would have been eligible for Family Assistance when he received the PT services and may receive his FA benefit retroactive to 10/1/24 to close the existing gap in coverage.

On this basis, the appeal is APPROVED.<sup>8</sup>

## **Order for MassHealth**

With respect to Appellant’s son’s Family Assistance benefit, approved via 10/23/24 notice, adjust the coverage start date to 10/1/24, such that it closes the gap in coverage.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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<sup>7</sup> There is no evidence in the record to indicate that MassHealth notified Appellant that she had 45 days to submit a pre-populated renewal following either the 7/22/24 or 7/31/24 autorenewal. Under federal and state law, MassHealth is required to provide individuals with advance written notice of any action relating to their eligibility, including notice of a termination, reduction, or suspension of benefits. *See* 42 C.F.R. § 435.917; 130 CMR 502.008. Though the exception in subsection (3) refers to individuals who fail to return the prepopulated renewal by the deadline, Appellant should not be precluded from obtaining an earlier start date as permitted thereunder if not given the ability to submit a renewal.

<sup>8</sup> This decision only addresses Appellant’s eligibility during his gap in coverage, i.e., between 10/1/24 through 10/12/24. Any subsequent MassHealth determinations following the 10/23/24 which effect his eligibility are beyond the scope of this appeal and carry new and separate appeal rights.

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Casey Groff  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957