

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505283
Decision Date:	6/12/2025	Hearing Date:	05/02/2025
Hearing Officer:	Radha Tilva		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Amaris Rodriguez, Springfield MEC Rep.



*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

Appeal Decision:	Denied	Issue:	Eligibility – under 65 – start date
Decision Date:	6/12/2025	Hearing Date:	05/02/2025
MassHealth’s Rep.:	Amaris Rodriguez	Appellant’s Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	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 March 21, 2025, MassHealth approved the appellant’s application for MassHealth Standard benefits with an eligibility start date of March 11, 2025 (Exhibit 1). The appellant filed this appeal in a timely manner on April 2, 2025 seeking retroactive coverage (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant’s application for MassHealth Standard benefits effective March 11, 2025.

Issue

The appeal issue is whether MassHealth was correct in determining the eligibility start date of March 11, 2025.

Summary of Evidence

The MassHealth representative appeared by telephone, and testified that an express renewal was completed automatically on March 2, 2025 for the appellant, who is under the age of [REDACTED] and disabled. The renewal did not generate an approval, as there were outstanding immigration documents that needed to be submitted. The MassHealth representative noted that a copy of the appellant's legal permanent resident card was received on March 20, 2025, but it was blurry. On March 21, 2025, MassHealth sent a request for more information to the appellant requesting, specifically, proof of citizenship and completion of the non-custodial parent form (Exhibit 5). On March 21, 2025, a reported change to his tax filing status was made by telephone and the appellant became eligible for MassHealth Standard with Buy-In, with a start date of March 11, 2025. The appellant is disabled and on Medicare (Exhibit 6). MassHealth is still seeking the immigration documents and the non-custodial parent form from the appellant, which are due June 19, 2025.

The MassHealth representative explained that appellant was previously on MassHealth Standard. On January 2, 2024, a request for information was sent with a due date of March 14, 2024. As MassHealth did not receive the documents requested, on March 27, 2024, MassHealth terminated the appellant's MassHealth Standard benefits effective April 25, 2024.

The appellant stated that he sent his Social Security card, and then sent his legal permanent resident card, to MassHealth. The appellant testified that he spoke to someone from MassHealth who told him that he was all set. He did not know that the card was unreadable. The appellant has a caregiver who is not going to get paid for a few days and would like retroactive coverage to March 1, 2025. No physical proof of submission of the legal permanent resident card or non-custodial form was submitted by appellant.

Findings of Fact

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

1. The appellant is under the age of [REDACTED] disabled, and was disenrolled from MassHealth Standard benefits on April 25, 2024.
2. On March 2, 2025, an automatic renewal for the appellant was completed by MassHealth; however, as there was outstanding information needed, no eligibility determination was made.
3. A copy of the appellant's legal permanent resident card was received on March 20, 2025, but

it was blurry.

4. On March 21, 2025, MassHealth sent the appellant a request for more information requesting, specifically, proof of citizenship and completion of the non-custodial parent form.
5. On March 21, 2025, a reported change to his tax filing status was made by telephone and the appellant became eligible for MassHealth Standard with Buy-In, with a start date of March 11, 2025.
6. The appellant is seeking a retroactive eligibility start date to March 1, 2025.

Analysis and Conclusions of Law

At issue on appeal is whether the start date was correctly determined by MassHealth. The appellant was previously terminated from MassHealth benefits on April 25, 2024. A renewal ran automatically from the MassHealth computer system on March 2, 2025, but was unable to determine eligibility due to pending documentation. The regulation below was cited by the MassHealth representative and is controlling on the issue of the eligibility start date:

130 CMR 502.006: Coverage Dates

(A) Start Date of Coverage for Applicants. For individuals applying for coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types describes the rules for establishing this date, except as specified in 130 CMR 502.003(E)(1), (F)(2), and (H)(2).

(1) The start date of coverage for individuals approved for benefits under provisional eligibility is described at 130 CMR 502.003(E)(1).

(2) The start date of coverage for individuals who do not meet the requirements for provisional eligibility, as described at 130 CMR 502.003(E)(2)(a), is described at 130 CMR 502.006(A)(2)(a) through (d), except individuals described at 130 CMR 502.006(C).

(a) The start date for individuals who are pregnant or younger than ■ years of age who submit all required verifications within the 90-day time frame is described in 130 CMR 502.006(A)(2)(a)1. and 2.

1. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the requested verifications and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).

2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in

130 CMR 506.006(C).

(b) For individuals not described in 130 CMR 502.006(A)(2)(a) who submit all required verifications within the 90-day time frame, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(c) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins as described in 130 CMR 502.006(A)(c)1. and 2.

1. For individuals who are pregnant or younger than ■ years of age

a. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of information received from electronic data sources and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).

b. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the information received from electronic data sources and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

2. For all other individuals, coverage will begin ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage is described in 130 CMR 502.006(A)(2)(d)1. and 2.

1. For individuals who are pregnant or younger than ■ years of age

a. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the verifications and may be retroactive to the first day of the third calendar month before the received date of the verifications, except as specified in 130 CMR 502.006(C).

b. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the verifications and coverage begins ten days prior to the received date of the verifications, except as specified in 130 CMR 502.006.

2. For all other individuals, coverage will begin ten days prior to the date of receipt of all requested verifications or a reported change, except as specified in 130 CMR 502.003(D)(2)(d) and 502.006(C).

(emphasis added)

According to MassHealth's testimony, what prompted the eligibility approval was the appellant's phone call to MassHealth to report a change to the appellant's tax filing status. As the highlighted regulation above suggests, coverage beings ten days prior to the date of receipt of a requested verification ***or a reported change*** (emphasis added). The reported change occurred on March 21, 2025; therefore, MassHealth was correct in determining an eligibility start date of March 11, 2025. There was no tangible evidence to support the appellant's testimony that he submitted all of the pending verifications any earlier than that date to MassHealth.

For the reasons set forth above, this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Radha Tilva
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104