

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510758
Decision Date:	10/7/2025	Hearing Date:	09/03/2025
Hearing Officer:	Radha Tilva	Record Open to:	n/a

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katrina Dunn, Taunton 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 – over 65 – start date
Decision Date:	10/7/2025	Hearing Date:	09/03/2025
MassHealth’s Rep.:	Katrina Dunn	Appellant’s Rep.:	Pro se
Hearing Location:	Telephonic	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 June 2, 2025, MassHealth determined that appellant is approved for MassHealth Standard with the Medicare Savings Program, QMB benefits effective June 1, 2025 (Exhibit 1). The appellant filed this appeal in a timely manner on July 21, 2025 (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 determined that appellant is approved for MassHealth Standard with the Medicare Saving Program, QMB benefits effective June 1, 2025.

Issue

The appeal issue is whether MassHealth was correct in determining the eligibility start date of June 1, 2025.

Summary of Evidence

The appellant appeared pro se at hearing by telephone and testified that he did not need an interpreter, though one was requested and assigned. The MassHealth representative also appeared by telephone. MassHealth testified that appellant turned [REDACTED] on [REDACTED] 2025. On January 31, 2025, MassHealth issued a notice stating that appellant must complete a senior application for people [REDACTED] years old or older to determine if his benefits can continue (Exhibit 6). The termination date listed on that notice was February 14, 2025. Appellant did not complete the form and a notice issued on February 11, 2025, stating that appellant was not approved for benefits for failure to complete the application (Exhibit 7). In addition, the notice stated that MassHealth could not renew coverage based on available federal and state data matches and that appellant had 90 days to submit in order for MassHealth to reconsider eligibility. The appellant's MassHealth Standard benefits were terminated on February 14, 2025. He was on MassHealth Standard benefits from May 11, 2024, through February 14, 2025. The MassHealth representative noted that there was a disability on file since [REDACTED] 2018 (Exhibit 3). Disability Evaluation Services did not appear at hearing as there was no review done on his case since 2019 (Exhibit 5).

On March 31, 2025, MassHealth received the senior application which was processed on April 3, 2025. Appellant's income was verified on April 7, 2025, with paystubs which put him over the income limit (MassHealth testimony). The income at the time was \$1,114.00 in Social Security and \$971.67 of income earned. The MassHealth representative explained that the total countable income was \$1,547.00 (1,114 + 971.67 – 453 (½ earned income deduction) – 65 (earned income disregard)). The income limit for MassHealth Standard for a household size of one is \$1,305.00. On May 5, 2025, MassHealth sent a request for information seeking information on two bank accounts due by August 3, 2025 (Exhibit 8). Appellant was over income for MassHealth Standard benefits but approved for Senior Buy-In (MassHealth testimony). On May 13, 2025 MassHealth sent a notice stating that appellant was approved for the Medicare Savings Program (QMB) with a start date of June 1, 2025 (Exhibit 9). On May 22, 2025, appellant called with a representative from a local hospital and MassHealth explained to them that appellant was over income, but could get MassHealth CommonHealth (MassHealth testimony). He was also provided with information for a SHINE counselor (a program that offers free assistance to Medicare eligible adults and their caregivers). The MassHealth representative testified that appellant did not want CommonHealth at the time and only Standard.

Appellant reported to MassHealth on June 2, 2025, that he no longer had any income. On June 2, 2025, MassHealth approved appellant for MassHealth Standard benefits with the Medicare Savings Program, QMB for a start date of June 1, 2025 (Exhibit 1). Appellant filed an appeal to the Board of Hearings on July 21, 2025, seeking retroactive coverage to February 14, 2025, as he believed that his benefit should not have ended due to his disability status (Exhibit 2).

The appellant stated that his Social Security was reduced to pay for MassHealth. The appellant also stated he was paid in 2025 for work he did in 2024. The appellant felt that his income was incorrectly calculated and stated that he knew someone who worked just like him and got Social

Security income and qualified for MassHealth. The appellant argued that he should have been told that he needed to complete a senior application so that he could have prevented his benefits from being terminated. The appellant stated that MassHealth should have called or texted him to complete the new application.

The hearing officer explained that she cannot determine whether MassHealth erred when it terminated benefits in February of 2024 as the window to appeal that notice had lapsed.

Findings of Fact

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

1. Appellant turned [REDACTED] on [REDACTED] 2025.
2. On January 31, 2025, MassHealth issued a notice stating that appellant must complete a senior application for people [REDACTED] years old or older to determine if his benefits can continue with a termination date of February 14, 2025.
3. Appellant did not complete the form and a notice issued on February 11, 2025, stating that appellant was not approved for benefits for failure to complete the application.
4. Appellant's MassHealth Standard benefits, that he had been on since May 11, 2024, terminated on February 14, 2025.
5. On March 31, 2025, MassHealth received the senior application which was processed on April 3, 2025.
6. Appellant's income was verified on April 7, 2025, with paystubs which put him over the income limit (MassHealth testimony).
 - a. The income at the time was \$1,114.00 in Social Security and \$971.67 of income earned. The MassHealth representative explained that the total countable income was \$1,547.00 ($1,114 + 971.67 - 453$ (½ earned income deduction) – 65 (earned income disregard)).
 - b. The income limit for MassHealth Standard for a household size of one is \$1,305.00.
7. On May 13, 2025, MassHealth sent a notice stating that appellant was approved for the Medicare Savings Program (QMB) with a start date of June 1, 2025.
8. On May 22, 2025, the appellant called with a representative from a local hospital and MassHealth explained to them that appellant was over income, but could get MassHealth

CommonHealth, however, appellant did not want it and only wanted Standard.

9. Appellant reported to MassHealth on June 2, 2025, that he no longer had any income.
 - a. On June 2, 2025, MassHealth approved appellant for MassHealth Standard benefits with the Medicare Savings Program, QMB with a start date of June 1, 2025.
 - b. Appellant filed an appeal to the Board of Hearings on July 21, 2025 seeking retroactive coverage to February 14, 2025, as he believed that his benefit should not have ended due to his disability status.

Analysis and Conclusions of Law

The appellant is seeking backdated coverage when his MassHealth Standard benefits terminated on February 14, 2025. MassHealth issued a notice on February 11, 2025, stating that appellant was not approved for benefits for failure to complete the senior application. There is no record of an appeal filed within 60 days of that notice; thus, the termination is outside of the scope of this appeal (see 130 CMR 610.015(B)(1)).

The appellant eventually submitted the senior application on March 31, 2025. Income verification was requested and submitted. The appellant's income put him over the MassHealth income limit for Standard, at the time he submitted the application, thus prompting MassHealth to issue a notice on May 13, 2025, approving appellant for the Medicare Savings Program (QMB) with a start date of June 1, 2025. Appellant filed an appeal with the Board of Hearings on July 21, 2025, which is still outside the 60-day time limitation on the right to appeal a May 13, 2025, notice. (130 CMR 610.015(B)(1)). Thus, the issue of whether MassHealth correctly determined that appellant was only eligible for the QMB coverage is also outside the scope of this appeal.

The MassHealth approval notice dated June 2, 2025, is the only notice within the scope of this appeal. The appellant called MassHealth on June 2, 2025, to state that he was no longer working. After the employment income was removed, MassHealth correctly determined that appellant was eligible for both MassHealth Standard and Senior Buy-In coverage. Appellant is not disputing the type of coverage he receives but rather is disputing the start date.

With respect to the start date, MassHealth correctly determined the eligibility start date. Pursuant to 130 CMR 516.006(A)(2) the begin date for MassHealth Standard, Family Assistance of Limited coverage can be retroactive to the first day of the third calendar month before the month of application if the applicant or member would have been eligible at the time the services were provided. Based on the paystubs submitted by appellant on April 7, 2025, the appellant was still over income in April 2025 for MassHealth Standard coverage. The income limit for community residents age 65 and older is 100% of the federal poverty level or \$1,350.00 a month for a

household of one (130 CMR 519.005(A)(1)). Appellant's income was correctly determined to be \$1,547.00 based on his Social Security and the paystub that was submitted (see 130 CMR 520.009 and 520.012). It is the appellant's responsibility to report any change within 10 days or as soon as possible (130 CMR 515.008). The appellant here did not report the change to his income until June 2, 2025. There is no evidence that the appellant's employment income ended earlier than June 2, 2025. Thus, retroactive coverage is not permissible and MassHealth did not err in determining appellant was eligible effective June 1, 2025.

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

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780