

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510864
Decision Date:	10/6/2025	Hearing Date:	9/05/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Jacob Sommer, MassHealth Charlestown

Interpreter:

N/A



*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, Coverage Start Date
Decision Date:	10/6/2025	Hearing Date:	9/05/2025
MassHealth's Rep.:	Jacob Sommer	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (MSTeams)	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 July 17, 2025, MassHealth approved the Appellant's application for MassHealth CommonHealth beginning July 7, 2025. (see 130 CMR 502.006 and Exhibit 1) The Appellant filed this appeal in a timely manner on July 23, 2025. (see 130 CMR 610.015(B) and Exhibit 2) Imposition of a coverage date is a MassHealth action and is valid grounds for appeal (see 130 CMR 610.032(3)).

Action Taken by MassHealth

MassHealth approved the Appellant's application for MassHealth CommonHealth beginning July 7, 2025. (see 130 CMR 502.006 and Exhibit 1).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.006, in determining that the Appellant's MassHealth CommonHealth coverage begins July 7, 2025. (see 130 CMR 502.006 and Exhibit 1)

Summary of Evidence

This Hearing was held on September 5, 2025. The Appellant had requested a video Hearing, and the Hearing was scheduled via MSTeams. (Exhibit 2) The Appellant did not appear via video. The Appellant was called through MSTeams and indicated that she wished to proceed telephonically. (Testimony) The Hearing Officer and MassHealth appeared via video.

The Appellant is a MassHealth member under the age of 65 who applied for MassHealth benefits. (Exhibit 1, Exhibit 4) MassHealth testified that the Appellant had been receiving MassHealth Standard, however, on April 15, 2025, the Appellant was sent a Notice indicating that the Appellant needed to file an annual eligibility renewal, which was to be returned by May 30, 2025. (Testimony). The Notice was sent to the Appellant's address on file, [REDACTED] as well as to the two Authorized Representatives MassHealth had on file. (Testimony) MassHealth explained that nothing was received, and a Notice, dated June 4, 2025, was sent to the Appellant and the Authorized Representatives, indicating that coverage was ending on June 18, 2025. (Testimony). Nothing was received, and the Appellant's coverage was terminated. (Testimony)

On July 17, 2025, the Appellant contacted MassHealth and completed the renewal over the telephone. (Testimony). The Appellant no longer qualified for MassHealth Standard due to income, but was approved for MassHealth CommonHealth, effective July 7, 2025. (Testimony, Exhibit 2) MassHealth explained that although continuing coverage rules existed, since the Appellant was no longer financially qualified for MassHealth Standard, the Appellant's approval for MassHealth CommonHealth was approval for a different MassHealth benefit. (Testimony) The Appellant's income is \$1,200/month from Social Security. (Testimony) Additionally, the Appellant has a working child, whose income is \$300/week. (Testimony) The combination of these incomes equated to 136.84% of the Federal Poverty Level (FPL). (Testimony, Exhibit 1)

In the Appellant's Fair Hearing Request, the Appellant indicated that she was homeless and never received the renewal. (Exhibit 2) The Appellant stated that she suffers from memory loss, and was seeking retroactive coverage for June and July of 2025, when her coverage had ended. (Exhibit 2) The Appellant stated her PCA worked during this time and needed to be paid. (Exhibit 2). At Hearing, the Appellant indicated that she was not disputing the determination regarding coverage, rather, the Appellant was seeking retroactive coverage for the hours her PCA had worked after coverage had terminated. (Testimony) The Appellant explained that she had been displaced from her former address in February of 2024, and was under the impression her change of residence was updated through her PCM. (Testimony). The Appellant currently resides at [REDACTED] (Testimony) MassHealth confirmed that despite her phone call on July 17, 2025, the Appellant's address remained listed as the previous address from which the Appellant had been displaced. (Testimony). MassHealth updated the address at Hearing. (Testimony)

Findings of Fact

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

1. The Appellant is a MassHealth member under the age of 65, who has been approved for MassHealth CommonHealth, beginning on July 7, 2025. (Testimony)
2. The Appellant's address had been listed as [REDACTED] (Testimony, Exhibit 1, Exhibit 2, Exhibit 3, Exhibit 4)
3. MassHealth received an update, via telephone, which MassHealth treated as a new application for MassHealth benefits, on July 17, 2025. (Testimony, Exhibit 1)
4. The Appellant no longer financially qualifies for MassHealth Standard. (Testimony)
5. The Appellant was displaced from her former residence in February of 2024. The Appellant did not contact MassHealth regarding her change of address until July of 2025. (Testimony)
5. The Appellant seeks retroactive coverage back beyond July 7, 2025. (Exhibit 2)

Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

The Appellant had been receiving MassHealth Standard but failed to return the information sought pursuant to the Notice issued on April 15, 2025. (Testimony) MassHealth testified that no responsive documents had been received, and the Appellant's coverage ended on June 18, 2025 in accordance with a June 4, 2025 Notice. (Testimony)

The Appellant did not update her address with MassHealth. A MassHealth member has certain responsibilities and requirements of cooperation to which a member shall adhere, as codified within the Regulations:

501.010: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth,

including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

The Appellant had a duty to report a change of address to MassHealth pursuant to 130 CMR 501.010(B). Although the Appellant was displaced from her listed address in February of 2024, the Appellant did not provide MassHealth with the required information. Accordingly, MassHealth did not err in relying on the address the Appellant had provided to MassHealth. MassHealth's reliance on the Appellant's information, which was not updated, does not invalidate MassHealth's administrative determination. The Appellant's impression that her PCM would update the change in address with MassHealth does not relieve the Appellant from her responsibilities and requirements of cooperation pursuant to 130 CMR 501.010.

Regarding the Appellant's request for retroactive coverage during the time period when MassHealth benefits had ceased, here, the applicable Regulation can be found at 130 CMR 502.006(A)(2)(a):

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 (c), except individuals described at 130 CMR 502.006(C).

(a) For individuals 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).

In the instant appeal, the update, treated as a new application submitted on behalf of the Appellant, was received on July 17, 2025. MassHealth was able to approve the Appellant for MassHealth benefits, beginning on July 7, 2025, 10 days prior to the date of the application. (Testimony, Exhibit 1) MassHealth's administrative determination comports with the explicit dictates of 130 CMR 502.006(A)(2)(a). Accordingly, on this record, the Appellant has not met the burden, by a preponderance of evidence, to show that the MassHealth determination is invalid. Therefore, this remainder of 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.

Patrick Grogan
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129