

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	APPROVED	Appeal Number:	2511095
Decision Date:	9/12/2025	Hearing Date:	08/25/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva, Taunton MEC
Karishma Raja, Premium Billing



*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:	APPROVED	Issue:	Community Eligibility – under 65; Coverage start date; Premium Billing
Decision Date:	9/12/2025	Hearing Date:	08/25/2025
MassHealth’s Rep.:	Sherrianne Paiva; Karishma Raja	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	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 28, 2025, MassHealth approved the appellant's application for MassHealth benefits starting on July 18, 2025. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on July 29, 2025. See 130 CMR 610.015(B) and Exhibit 2. MassHealth’s determination of a coverage date is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant’s application for MassHealth benefits starting on July 18, 2025. See 130 CMR 502.006(A)(2) and Exhibit 1.

Issue

Whether MassHealth was correct in determining the appellant’s coverage date pursuant to 130 CMR 502.006(A).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). The appellant appeared pro se and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant who is under the age of 65 lives in a household of four and has a household income of \$5,549.45 per month. The appellant had MassHealth coverage since 2023 with automatic renewals every year. The appellant was approved for MassHealth CommonHealth coverage on October 11, 2024, and assessed a monthly premium of \$88.40 per month starting in November 2024. The appellant's CommonHealth coverage was renewed on March 31, 2025, and he was assessed a monthly premium of \$83.20 per month starting in April 2025. MassHealth invoiced the appellant for his monthly premiums but did not receive full payment of these premiums.

On May 20, 2025, the appellant's CommonHealth coverage was terminated effective June 3, 2025 for non-payment of premiums in the amount of \$258.40. The MassHealth representative confirmed that the notice of termination was mailed to the appellant's current address, which has not changed. On July 7, 2025, the appellant paid all the past due premiums, the administrative closure was lifted, and he was redetermined to be eligible for MassHealth CommonHealth. Through a notice dated July 28, 2025, the appellant was approved for MassHealth CommonHealth starting on July 18, 2025, with a monthly premium of \$83.20 per month starting in August 2025.

The PBU representative corroborated the MassHealth representative's testimony and confirmed that all premium bills were mailed out to the appellant's current address. She added that the appellant does not owe any past due premiums.

The appellant agreed with his household size and income. He also acknowledged being late with his premium payments. The appellant testified that he does not recall receiving the termination notice issued on May 20, 2025. However, agreed that his address has not changed. He also stated that due to the gap in coverage from June 4, 2025 to July 17, 2025, he has unpaid medical bills for his ongoing dialysis. He requested an adjustment to his coverage start date to avoid the gap in coverage because he has incurred medical bills.

Findings of Fact

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

1. The appellant is under the age of 65, and lives in a household of four. (Testimony).

2. The appellant has had MassHealth coverage since 2023 with automatic renewals. (Testimony and Exhibit 4).
3. The appellant was approved for MassHealth CommonHealth coverage on October 11, 2024, and assessed a monthly premium of \$88.40 per month starting in November 2024. (Testimony and Exhibit 5).
4. The appellant's CommonHealth coverage was renewed on March 31, 2025, and he was assessed a monthly premium of \$83.20 per month starting in April 2025. (Testimony and Exhibit 5).
5. MassHealth invoiced the appellant for his monthly premiums but did not receive full payment of these premiums. (Testimony and Exhibit 5).
6. On May 20, 2025, the appellant's CommonHealth coverage was terminated effective June 3, 2025, for non-payment of premiums, in full, in the amount of \$258.40. (Testimony and Exhibit 5).
7. The notice of termination was mailed to the appellant's current address, which has not changed. (Testimony).
8. On July 7, 2025, the appellant paid all the past due premiums, the administrative closure was lifted, and he was redetermined to be eligible for MassHealth CommonHealth. (Testimony and Exhibit 5).
9. Through a notice dated July 28, 2025, the appellant was approved for MassHealth CommonHealth starting on July 18, 2025, with a monthly premium of \$83.20 per month starting on August 2025. (Testimony and Exhibit 1).
10. The appellant filed this appeal in a timely manner on July 29, 2025. (Exhibit 2).
11. The appellant did not have any MassHealth coverage from June 4, 2025 to July 17, 2025. (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 505.004(I), disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).

Additionally, 130 CMR 506.011(C)(1) states that with the exception of persons described in 130 CMR 505.004(C), MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination. Members who contact MassHealth "within 60 calendar days from the date of the eligibility notice and premium notification" to request a voluntary withdrawal of benefits may have their premiums waived. *Id.* at 506.011(C)(4). If the MassHealth agency has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. See 130 CMR 506.011(D). The member's eligibility will not be terminated if, before the date of termination, the member (a) pays all delinquent amounts that have been billed; (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount; (c) is eligible for a nonpremium coverage type; (d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G). See 130 CMR 506.011(D)(1).

Here, there is no dispute that the appellant had not paid the entire amount billed for his premiums. See Exhibit 5, p. 16. He was 60 days in arrears in the amount of \$258.40. As such, MassHealth correctly terminated his eligibility. See 130 CMR 506.011(D).

The MassHealth agency will reactivate coverage following termination when a member has a past due balance, after the member has paid in full all payments due, has established a payment plan with MassHealth, or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G). See 130 CMR 506.011(E)(1).

The parties do not dispute that the appellant paid his outstanding balance on July 7, 2025, and does not have any outstanding premiums. See Exhibit 5, p. 16. As such, MassHealth correctly reactivated his coverage. See *id.* Thus, the only remaining question is whether MassHealth correctly determined the appellant's coverage start date.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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 19 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).

In this case, the appellant argued that he did not receive the termination notice dated May 20, 2025, so he did not have the opportunity to pay his outstanding balance in time to prevent the termination. As such, his coverage start date should be backdated. The notice dated May 20, 2025, is beyond the scope of this appeal. See 130 CMR 610.015(B)(1)(a request for a fair hearing should be received by the Board of Hearings within 60 days after a member receives written notice from the MassHealth agency of the intended action). As such, this hearing officer does not have jurisdiction to reach this argument.

Next, the appellant requested an adjustment to his coverage start date to avoid a gap in coverage because he has incurred medical bills due to his ongoing dialysis treatment. The regulations do not permit retroactive adjustments to the coverage start date based solely on the incurrence of medical bills. However, on August 18, 2025, MassHealth updated its eligibility start date policy based on the federal regulations found at 42 C.F.R. § 435.915. See Eligibility Operations Memo 25-14 (August 2025). 42 C.F.R. §435.915(a)(b) states that “[t]he agency may make eligib[i]lity for Medicaid effective on the first day of a month if an individual was eligible at any time during that month.” Here, the appellant paid his outstanding balance in full by July 7, 2025 which would have made him eligible for MassHealth as of June 27, 2025, 10 days prior to July 7, 2025. See 130 CMR 610.071(A)(2)(the effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met); see generally 130 CMR 502.006(A)(2). In accordance with 42 C.F.R. §435.915(a)(b), an individual is eligible “for Medicaid effective on the first day of a month if an individual was eligible at any time during that month.” See § 435.915(a)(b). As such, the appellant was eligible for MassHealth as of June 27, 2025. Accordingly, I find that the effective

date of the appellant's MassHealth CommonHealth coverage is to be adjusted to the first day of the month of eligibility which would be June 1, 2025, which would result in no gaps in coverage.

For the foregoing reasons, this appeal is APPROVED.

Order for MassHealth

Rescind July 28, 2025, notice. Backdate the medical coverage effective date for CommonHealth coverage to June 1, 2025, in accordance with this decision.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616