

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511436
Decision Date:	10/23/2025	Hearing Date:	09/09/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Katelyn Costello, Quincy
Carmen Fabery, 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:	Denied	Issue:	Eligibility - under 65
Decision Date:	10/23/2025	Hearing Date:	09/09/2025
MassHealth's Reps.:	Katelyn Costello, Carmen Fabrey	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South - Telephonic		

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 8/1/25, MassHealth approved the appellant for MassHealth CommonHealth benefits starting on 7/22/25 with a premium of \$262 a month. The appellant filed this appeal in a timely manner on 8/4/25 challenging the coverage start date (130 CMR 610.015(B) and Exhibit 2). The scope or amount of MassHealth assistance is grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved benefits beginning on 7/22/25.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in determining that the appellant was eligible for MassHealth CommonHealth starting on 7/22/25, or whether the appellant is entitled to an earlier start date.

Summary of Evidence

The appellant is under the age of 65 and was most recently determined eligible for CommonHealth starting on 7/22/25 with a premium of \$262 a month. The Premium Billing representative testified that MassHealth previously determined the appellant's eligibility on 3/19/25 with a premium of \$262 beginning on 4/1/25. The Premium Billing representative testified that the appellant failed to pay his April and May 2025 premiums of \$262 per month, so his coverage was terminated on 6/29/25. The Premium Billing representative testified that on 7/31/25, the appellant paid his outstanding balance of \$826.¹ The MassHealth representative testified that after the appellant paid off his outstanding balance, MassHealth re-determined his eligibility on 8/1/25 with a 10-day retroactive start date of 7/22/25.

The appellant testified that he is seeking a retroactive start date of 6/29/25 to bridge the coverage gap. The appellant testified that he is unorganized. The appellant testified that he thought he had paid the July 2025 bill. The appellant testified that when he logs into his account online to pay his invoice, he cannot see his outstanding balance.

The Premium Billing representative testified that the premiums are paid after the month they cover; for example, an invoice is sent in September for September, and it is due on October 21st.

Findings of Fact

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

1. The appellant is under the age of 65 and was most recently determined eligible for CommonHealth starting on 7/22/25 with a premium of \$262 a month.
2. Previously, on 3/19/25, MassHealth determined the appellant's CommonHealth eligibility with a premium of \$262 beginning on 4/1/25.
3. On 6/29/25, the appellant's CommonHealth coverage was terminated for failing to pay his April and May 2025 premiums of \$262.
4. On 7/31/25, the appellant paid his outstanding premium balance of \$826.
5. After the appellant paid off his outstanding balance, MassHealth re-determined his eligibility on 8/1/25 with a 10-day retroactive start date of 7/22/25.
6. The appellant is seeking a retroactive start date of 6/29/25 to bridge the coverage gap.
7. Premiums are paid after the month they cover; for example, an invoice is sent in

¹ The appellant had a remaining balance from a prior enrollment for Dec. 2024, Jan. 2025, and Feb. 2025 for \$302, plus an outstanding balance from April 2025 and May 2025 of \$524.

September for September, and it is due on October 21st.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. And 130 CMR 505.001 lists the different MassHealth coverage types.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;**
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in)- for certain Medicare beneficiaries.

(emphasis added)

MassHealth charges a monthly premium to MassHealth CommonHealth members who have income above 150% of the federal poverty level. (130 CMR 506.011).

130 CMR 506.011(D), Delinquent Premium Payments, outlines how MassHealth handles past-due premiums.

- (1) Termination for Delinquent Premium Payments. 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. The member will be sent a notice of termination before the date of termination. 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)

The appellant failed to pay his premiums for April and May 2025 and, therefore, his coverage was terminated per 130 CMR 506.011(D)(1). 130 CMR 506.011(E)(2) states that MassHealth will reactivate coverage following termination when a member has a past due balance after the member has paid in full all payments due. The fair hearing regulations at 130 CMR 610.071 require the effective date of any adjustments to eligibility status to be the date on which all eligibility conditions are met. The appellant did not meet all eligibility conditions until he paid his outstanding overdue balance on 7/31/25.

The medical coverage date is established according to 130 CMR 502.006. (130 CMR 502.002). The appellant paid his outstanding balance on 7/31/25, which makes his eligibility start date subject to the provisions of 130 CMR 502.006.

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).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).

(b) For individuals not described in 130 CMR 502.006(A)(2)(a) who submit all

² None of the referenced exceptions apply. 130 CMR 502.003(E) Provisional Eligibility; 130 CMR 502.003(F) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status; 130 CMR 502.003(H) Hospital-determined Presumptive Eligibility.

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).³

(emphasis added)

MassHealth promptly redetermined the appellant's eligibility for MassHealth CommonHealth on 8/1/25 after he paid his past due premiums, with a retroactive coverage start date 10 days before, on 7/22/25. This eligibility date complies with 502.006(A)(2)(b), set forth above.

For this reason, the 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.

³ 130 CMR 502.006(C) Limitations. MassHealth coverage start dates are subject to the following limitations. (1) The start date for Medicare premium payments for individuals determined eligible for MassHealth Standard, MassHealth CommonHealth, and MassHealth Medicare Savings Programs is described at 130 CMR 505.002(O), 505.004(L), and 505.007. (2) The start date for Premium Assistance Payments for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d).

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator