

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511799
Decision Date:	11/14/2025	Hearing Date:	09/24/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Sherianne Paiva

Interpreter:



*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:	Community Eligibility – Under 65 – Coverage Start Date
Decision Date:	11/14/2025	Hearing Date:	09/24/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton 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 07/16/2025, MassHealth informed the appellant he was approved for MassHealth Standard benefits, with a benefit effective date of 07/05/2025 (Exhibit 1). The appellant filed this appeal timely on 08/12/2025, challenging the start date of the benefits (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations); are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is eligible for MassHealth Standard benefits with a benefit effective date of 07/05/2025.

Issue

Did MassHealth correctly determine the appellant's benefit effective date for his MassHealth Standard benefits?

Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant is living in the community, and he is between the ages of 19 and 65 years of age. According to the request for a hearing, the appellant is seeking to close a gap of coverage he had from 06/17/2025, the date his benefits terminated to 07/06/2025, the date his case was reopened.

The MassHealth representative testified that the appellant was receiving MassHealth Standard benefits, having been determined to be disabled. He has no countable income, and he is counted as a household of one person for the purposes of MassHealth eligibility. On 02/24/2025, MassHealth mailed to the appellant a request that he verify his residency and return the completed form to MassHealth by 05/25/2025. The form was not returned to MassHealth and on 06/03/2025, MassHealth sent a notice to the appellant, informing him that his benefits would terminate on 06/17/2025. His benefits were terminated.

On 07/08/2025, MassHealth received a submission from the appellant in response to the request for verification of residency. It was a cell phone bill. The MassHealth representative testified that the bill was not acceptable as proof of residency. MassHealth sent another letter to the appellant informing him of MassHealth's determination, and it included a list of acceptable documents MassHealth can accept to show verification of residency.

On 07/15/2025, MassHealth received from the appellant an affidavit of his address. MassHealth accepted this document as verification of residency and the appellant was approved for MassHealth Standard benefits effective 10 days prior to MassHealth's receipt of the verification, 07/05/2025.

The appellant was represented in these proceedings by his legal guardian, who testified with the assistance of a [REDACTED] interpreter. The representative testified that the appellant has [REDACTED]. He lives with his mother and family in the community. She testified that during the lapse of coverage, the appellant incurred medical bills. The representative testified that she sent the required documentation through the appellant's hospital financial services department. She testified she cannot confirm the date that the paperwork was sent.

Findings of Fact

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

1. The appellant is between the ages of 19 and 64 and he lives in the community. He is counted as a household of one person for the purposes of MassHealth eligibility (Testimony).

2. Prior to the events that gave rise to this appeal, the appellant was eligible for and was receiving MassHealth Standard benefits as a disabled person with zero income (Testimony).
3. On 02/24/2025, MassHealth mailed to the appellant a request that he verify his residency and return the completed form to MassHealth by 05/25/2025.
4. The verification of residency was not returned to MassHealth and on 06/03/2025, MassHealth sent a notice to the appellant, informing him that his benefits would terminate on 06/17/2025. His benefits were terminated (Testimony).
5. On 07/15/2025, MassHealth received acceptable verification of residency (Testimony).
6. On 07/15/2025, MassHealth informed the appellant he was again determined to be eligible for MassHealth Standard benefits, with a benefit start date of 07/05/2025 (Testimony; Exhibit 1).
7. The appellant's request for a fair hearing was filed on 08/12/2025 (Exhibit 2).
8. The appellant seeks to have his benefits be made retroactive to 06/17/2025, thereby eliminating a lapse of coverage and covering several medical expenses incurred during the break of coverage.
9. A fair hearing took place before the Board of Hearings on 09/24/2025. All parties attended telephonically and the appellant was assisted by a [REDACTED] interpreter (Exhibit 3).

Analysis and Conclusions of Law

The appellant had been receiving MassHealth Standard benefits. On 02/24/2025, MassHealth mailed to the appellant a request that he verify his residency and return the completed form to MassHealth by 05/25/2025. The verification of residency was not returned to MassHealth and on 06/03/2025, MassHealth sent a notice to the appellant, informing him that his benefits would terminate on 06/17/2025. His benefits were terminated.

On 07/15/2025, MassHealth received acceptable verification of residency. On 07/15/2025, MassHealth informed the appellant he was again determined to be eligible for MassHealth Standard benefits, with a benefit start date of 07/05/2025. The appellant experienced a lapse of coverage from 06/17/2025 to 07/05/2025 and he is seeking MassHealth benefits to close the gap and cover the medical expenses the appellant incurred during the gap in coverage.

Regulations at 130 CMR 502.003(D) address time standards as follows:

The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) ***If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.***

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

(Emphasis added.)

MassHealth correctly determined the effective date of the appellant's MassHealth Standard benefits. There was no dispute as to the date MassHealth ultimately received the requested verifications from the appellant – 07/15/2025. The appellant could not provide evidence that the verifications were received any earlier. In accordance with the above regulations, MassHealth made the benefits effective on 07/05/2025, 10 days prior to the date all the requested verifications were received. Therefore, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings


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