

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied; Dismissed	Appeal Number:	2512008
Decision Date:	10/30/2025	Hearing Date:	09/16/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherianne Paiva – Taunton HCR



*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; Dismissed	Issue:	Community Eligibility – under 65; Coverage start date
Decision Date:	10/30/2025	Hearing Date:	09/16/2025
MassHealth’s Rep.:	Sherrienne Paiva	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 May 14, 2025, MassHealth terminated the appellant’s coverage because “the person cannot be found.” (Exhibit 1; 130 CMR 503.002(G)(2).) On July 3, 2025, MassHealth approved the appellant for MassHealth Standard with a Medicare Savings Program as of June 23, 2025. (Exhibit 2; 130 CMR 505.002.) The appellant filed this appeal on August 13, 2025. (Exhibit 3; 130 CMR 610.015(B).) Limitations of assistance are valid grounds for appeal. (See 130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant’s coverage because they could not locate him, and MassHealth reinstated benefits 10 days back from when he reapplied for benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.000, in determining the start date for benefits.

Summary of Evidence

The appellant is a disabled individual who is under the age of 65. In the spring of 2025, MassHealth attempted to renew the appellant's eligibility. MassHealth received a notice returned as undeliverable. Because of this returned mail, MassHealth mailed out the May 14, 2025 notice terminating the appellant's coverage, effective May 28, 2025. The address MassHealth had on file was last used by the appellant in 2023. He was evicted from that apartment, moved to another one, but he moved again in January 2024. The appellant conceded that he never updated MassHealth with his new mailing addresses. The appellant testified that he has always been a Massachusetts resident.

On [REDACTED] the appellant had a dentist appointment. The termination of benefits had not yet been updated in the dentist's computer system, and the dentist confirmed that the appellant had active coverage prior to providing care.¹ Later, the appellant received a bill from the dentist, and the appellant called MassHealth on July 3, 2025.

On July 3, 2025, the appellant called MassHealth, updated his mailing address, and renewed his eligibility. MassHealth approved the appellant for Standard with the Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB), as of June 23, 2025. The appellant testified that a MassHealth representative told him to have his dentist rebill MassHealth for the unpaid services, and that the appellant could call back if he needed the coverage to go back further. The appellant did not recall being told he could or should file an appeal.

The appellant waited until his next dentist appointment to tell his dentist that his benefits were reinstated. The dentist then told him the benefits did not go back far enough to cover the visit on May 29, 2025. The appellant filed his appeal with the Board of Hearings on August 13, 2025. The appellant agrees that he was not coerced into not filing an appeal, but he would have filed an appeal on July 3, 2025, if he knew that MassHealth could not reach further back in time without an appeal. MassHealth agrees that the appellant would have been eligible for benefits on May 29, 2025, if his Massachusetts residency had been verified at that time.

Findings of Fact

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

- 1) The appellant has always been financially eligible for MassHealth Standard with the Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries. (Testimony by MassHealth's representative.)

¹ MassHealth's representative said that it can take 24-48 hours for changes in benefits to be reflected in provider's computer systems.

- 2) In the spring of 2025, MassHealth mailed notices to the appellant that were returned undeliverable. (Testimony by MassHealth’s representative.)
- 3) On May 14, 2025, MassHealth mailed a notice to the appellant’s last known address, terminating his benefits as of May 28, 2025. (Exhibit 1.)
- 4) On July 3, 2025, the appellant called MassHealth, updated his mailing address, and had his benefits reactivated as of June 23, 2025. (Exhibit 2; testimony by MassHealth’s representative.)
- 5) On August 13, 2025, the appellant filed this appeal with the Board of Hearings. (Exhibit 3.)
- 6) The appellant has unpaid dental bills from May 29, 2025. (Testimony by the appellant.)

Analysis and Conclusions of Law

The appellant’s current coverage is not in dispute. The appellant is eligible for MassHealth Standard with the Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB) benefit. (See 130 CMR 505.002(E); 505.002(O); 519.010.) Furthermore, the appellant would have been eligible for these benefits at all relevant times, had his benefits not been terminated for being unlocatable.

MassHealth benefits are only available to Massachusetts residents. (130 CMR 503.002.)

(G) Examples of applicants or members who do not meet the residency requirement for MassHealth are

- (1) individuals who came to Massachusetts for the purpose of receiving medical care in a setting other than a nursing facility, and who maintain a residence outside of Massachusetts;
- (2) individuals visiting Massachusetts for personal pleasure, who maintain a residence outside of Massachusetts; and
- (3) **individuals whose whereabouts are unknown.**

(130 CMR 503.002(G) (emphasis added).)

MassHealth “requires verification of eligibility factors including income, **residency**, citizenship, immigration status, and identity” (130 CMR 502.003 (emphasis added).) MassHealth members “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.” (130 CMR 501.010(B).) MassHealth will also periodically conduct data matches with other government agencies to verify eligibility information. (See 130 CMR 502.004.) If these data matches identify inconsistent information, the member is given the opportunity to provide verifying information. (130 CMR 502.003.)

The coverage start date for benefits for applicants under the age of 65 is generally “ten days before the date the application is received,” if all eligibility factors are verified. (130 CMR 502.003(E)(1)(a); see also 130 CMR 502.006(A)(2)(a).) Benefits are terminated if eligibility factors cannot be verified. (See 130 CMR 502.003.) If an applicant provides the verifications within a year from their termination, benefits will be reinstated 10 days before the receipt of the verifications. (130 CMR 502.003(C)(2)(a); see also 130 CMR 502.006(B)(1) (coverage date for existing members whose coverage type changes to a more comprehensive benefits have a start date ten days prior to the receipt of the requested verification).)

Coverage can be approved further for people over the age of 65, pregnant persons, and children. Even for these applicants, eligibility may only go back “to the first day of the third month before their application date.” (See 130 CMR 516.006(A)(2); EOM 23-18 (July 2023).) MSP – QMB coverage starts in the month following the application.² (130 CMR 519.010(C).)

MassHealth legitimately terminated the appellant’s benefits pursuant to 130 CMR 503.002(G)(3), when the agency could not verify the appellant’s residency. The appellant provided the needed information, and pursuant to 130 CMR 502.003(C)(2)(a), MassHealth reinstated benefits 10 days prior to the verification being provided. Therefore, this appeal must be DENIED with regards to extending coverage back from the date the appellant provided residency verification.

Fair hearings may adjust eligibility back to “the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” (130 CMR 610.071(A)(2).) To make such an adjustment, there must be a timely appeal of the agency action. An alternative to extending the coverage back from the July 3, 2025 approval would be to review the May 14, 2025 termination notice. The termination notice was mailed to the appellant 91 days before he filed his appeal.

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits:

(1) 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing;

(130 CMR 610.015(B).)

² Applicants not receiving other MassHealth benefits may be eligible for MSP – Specified Low Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) up to three months before the month of application. (130 CMR 519.011(A)(3), (B)(3).)

There is an extended 120-day timeframe for appeals where MassHealth “fails to act on an application; ... fails to act on [a request for services]; ... fails to send written notice of the action; or” the date on which it is alleged that a MassHealth employee has coerced or otherwise improperly deterred the member from filing an appeal. (130 CMR 610.015(B)(2).) Appeals must be dismissed where “the request is not received within the time frame specified in 130 CMR 610.015.” (130 CMR 610.035(A)(1).)

The timeliness regulation does not identify explicit reasons for tolling the 60-day timeline for appeal when the member has not received notice of MassHealth’s action.³ Here, the appellant did not receive MassHealth’s notice because he had never updated his mailing address with MassHealth. It is a member’s responsibility to update MassHealth of eligibility factors, and one’s mailing address is an eligibility factor because it is needed to verify Massachusetts residency. Therefore, I do not find that the timeline for filing an appeal should be tolled in this case.

Furthermore, the appellant received the notice approving his reinstated benefits within 60 days of MassHealth’s termination notice. This approval notice identified the start date for benefits as June 23rd. The appellant agreed that he was not prevented from filing an appeal. Rather, he was not encouraged to do so. Based upon this evidence, I cannot find that the appellant has timely appealed the termination notice. To the extent that the appellant seeks to review MassHealth’s May 14, 2025, notice, this appeal is DISMISSED.

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.

Christopher Jones
Hearing Officer
Board of Hearings

³ The fact that the 120-day timeline is allowed where MassHealth has failed to send notice indicates that receipt must be delayed due to MassHealth’s error or at least due to forces outside of the member’s control.

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