

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2512186
<b>Decision Date:</b>	11/13/2025	<b>Hearing Date:</b>	09/24/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherianne Paiva



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Under 65 - Income
<b>Decision Date:</b>	11/13/2025	<b>Hearing Date:</b>	09/24/2025
<b>MassHealth’s Rep.:</b>	Sherrienne Paiva	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<b>Aid Pending:</b>	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 07/07/3036, MassHealth informed the appellant she was approved for MassHealth Standard benefits and MassHealth Medicare Savings Plan (MSP), with a benefit effective date of 07/07/2025 (Exhibit 1). The appellant filed this appeal timely on 08/18/2025 (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 and MassHealth Medicare Savings Plan with a benefit effective date of 07/07/2025.

### Issue

Did MassHealth correctly determine the appellant’s benefit effective date for her MassHealth CarePlus benefits?

## Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant is living in the community, and she is between the ages of [REDACTED] years of age. She lives with her daughter, and they are counted as a household of two people. According to the request for a hearing, the appellant is seeking to close a gap of coverage she had from 05/01/2025 to 06/01/2025, when she was determined to be eligible for MassHealth Standard benefits with MassHealth Medicare Savings Plan (MSP). She previously was receiving MassHealth CommonHealth benefits, having been determined to be eligible from 2024 to 07/02/2025. In March 2025, the appellant's benefits were terminated due to a failure to pay her monthly premium of \$41.60 for the MassHealth CommonHealth benefits. In April the appellant's case was reopened because she paid her past-due premiums. Her premium increased to \$46.80 per month based on the family's income. She was not determined to be eligible for MassHealth MSP at that time.

On 06/20/2025, the appellant contacted MassHealth and updated her income verification and informed MassHealth that she was approved for Medicare benefits. The family's income is 121.52% of the federal poverty limit (FPL), and as a result, she was determined to be eligible for MassHealth Standard benefits and MassHealth MSP. MassHealth will pay the appellant's Medicare premium starting in June 2025 and forward.

The appellant appeared at the fair hearing and testified telephonically that she does not question the benefit that she is receiving, but she wants her MSP benefits to be made retroactive to cover her May 2025 premium.

## Findings of Fact

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

1. The appellant is between the ages of [REDACTED] and she lives in the community with her daughter. They are counted as a household of two people (Testimony).
2. The appellant was previously receiving MassHealth CommonHealth benefits, having been determined to be eligible from 2024 to March 2025.
3. In March 2025, the appellant's benefits were terminated due to a failure to pay her monthly premium of \$41.60 for the MassHealth CommonHealth benefits.
4. In April 2025 the appellant's case was reopened because she paid her past-due premiums. She was determined to be eligible for MassHealth CommonHealth benefits with an increased premium of \$46.80 per month based on the family's income (Testimony).

5. On 06/20/2025, the appellant contacted MassHealth and updated her income verification and informed MassHealth that she was approved for Medicare benefits. The family's income is 121.52% of the federal poverty limit (FPL), and as a result, she was determined to be eligible for MassHealth Standard benefits and MassHealth MSP. MassHealth began paying the appellant's Medicare premium starting in June 2025 and forward.
6. The appellant acknowledged that she received reimbursement for her Medicare premiums for June and July 2025.
7. On 07/07/2025, the appellant was determined to be eligible for MassHealth Standard benefits with MassHealth Medicare Savings Plan (MSP) effective 07/07/2025 (Testimony).
8. The appellant seeks to have her MSP benefits be made retroactive to 05/01/2025, 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 (Exhibit 3).

## **Analysis and Conclusions of Law**

Regulations at 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.)***

The appellant and her daughter are part of a household of two people. The appellant is between the ages of [REDACTED] and she lives in the community, and she was previously receiving MassHealth CommonHealth benefits, having been determined to be eligible from 2024 to March 2025. In March 2025, the appellant's benefits were terminated due to a failure to pay her monthly premium of \$41.60 for the MassHealth CommonHealth benefits. In April 2025 the appellant's case was reopened because she paid her past-due premiums. She was determined to be eligible for MassHealth CommonHealth benefits with an increased premium of \$46.80 per month based on the family's income.

On 06/20/2025, the appellant contacted MassHealth and updated her income verification and informed MassHealth that she was approved for Medicare benefits. The family's income is 121.52% of the federal poverty limit (FPL), and as a result, she was determined to be eligible for MassHealth Standard benefits and MassHealth MSP. MassHealth began paying the appellant's Medicare premium starting in June 2025 and forward. On 07/07/2025, the appellant was determined to be eligible for MassHealth Standard benefits with MassHealth Medicare Savings Plan (MSP) effective 07/07/2025.

The appellant acknowledged that she received reimbursement for her Medicare premiums for June and July 2025; however, she seeks to have her benefits be made retroactive to 05/01/2025 to cover her health expenses she incurred during that time.

MassHealth correctly determined the effective date of the appellant's MassHealth Standard benefits and MSP benefits. There was no dispute as to the date MassHealth ultimately received the requested verifications of income from the appellant – 07/07/2025. In accordance with the above regulations, MassHealth made the benefits effective on 06/22/2025, 10 days prior to the date all the requested verifications were received. MassHealth's decision to start the appellant's MSP benefits in June, 2025 is supported by the evidence in the hearing record, as well as MassHealth's regulations. This appeal is therefore 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

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