

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2512932
<b>Decision Date:</b>	11/26/2025	<b>Hearing Date:</b>	10/09/2025
<b>Hearing Officer:</b>	Casey Groff		

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Katelyn Costello, Quincy MassHealth  
Enrollment Center



*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>	Approved	<b>Issue:</b>	Eligibility; Under 65; Coverage Start Date
<b>Decision Date:</b>	11/26/2025	<b>Hearing Date:</b>	10/09/2025
<b>MassHealth's Rep.:</b>	Katelyn Costello	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Board of Hearings, Remote	<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 8/21/25, MassHealth notified the Appellant that she had been approved for MassHealth Standard coverage with an effective date of 8/1/25. *See* Exhibit 1. Appellant filed this appeal on 9/4/25 to challenge the coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. An action to limit or reduce the scope of assistance is a valid ground for appeal under 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard coverage with an effective start date of 8/1/25, resulting in a gap in coverage following the termination of her prior MassHealth benefit.

### Issue

The issue on appeal is whether MassHealth was correct in reinstating Appellant's MassHealth Standard coverage effective 8/1/25, and whether Appellant is entitled to an earlier coverage start date.

### Summary of Evidence

A MassHealth representative appeared at the hearing and presented the following evidence: Appellant is an adult between the ages of 21 and 64 and lives in a household of two with her child. For background, Appellant had been receiving MassHealth Standard, which was last renewed on 11/10/24. On 5/14/25, MassHealth issued a notice informing Appellant that her benefits would end on 5/28/25 because she “could not be found.” Prior to issuing this notice, MassHealth had received information from the United States Postal Service (USPS) indicating that mail sent to Appellant’s address on file had been returned as undeliverable. This prompted an administrative closure on Appellant’s case and resulted in the issuance of the 5/14/25 termination notice, which was sent to the existing address on file at that time.

MassHealth did not receive an updated address for Appellant until 8/21/25, when she contacted MassHealth and requested reinstatement of her benefit. Pursuant to the call, MassHealth generated a notice the same day, 8/21/25, to the new address, informing Appellant that she was eligible for MassHealth standard effective 8/1/25 based on being in a household size of two with recorded income equal to 68.49% of the federal poverty level (FPL). MassHealth testified that Appellant qualified for Standard coverage under MassHealth safe harbor protection rules, which apply when Health Connector income calculations place an individual below 100% of the FPL, even if the individual would otherwise be deemed ineligible under MassHealth’s MAGI calculations.

Appellant testified that she and her daughter moved from their prior address in [REDACTED]. She did not receive the 5/14/25 termination notice – or any prior notice – because they were sent to her old address. Appellant recalled contacting MassHealth sometime after the move to update her daughter’s health plan, at which time, she would have also provided MassHealth with her updated address. This likely occurred during a 7/24/24 call that the MassHealth representative confirmed was documented in her case records. Appellant explained that based on her prior communications with MassHealth customer service, she is routinely asked to first verify her personal information and any updates; and she is certain she would have provided her new address during the 7/24/24 call. Appellant asserted that her updated address should have been on file for the past year. Because the 5/14/25 notice was sent to the wrong address, Appellant, unaware her benefit ended, continued to attend medical appointments. During the gap in coverage between 5/28/25 and 8/1/25, Appellant incurred out-of-pocket medical expenses totaling \$1,050 and submitted into evidence a copy of the outstanding balance owed. See Exh. 5. Appellant noted that she remains employed at the same company as previously and her income has remained the same.

## **Findings of Fact**

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

1. Appellant is an adult between the ages of 21 and 64 and lives in a household of two.

2. On 5/14/25, MassHealth issued a notice informing Appellant that her benefits would end on 5/28/25 because she “could not be found.”
3. Appellant did not receive the termination notice because it was sent to her prior address.
4. Appellant moved from the prior address to her current address in [REDACTED]
5. On 8/21/25, Appellant contacted MassHealth to request reinstatement of her benefits and reported her correct current address.
6. Through a notice dated 8/21/25, MassHealth approved Appellant for Standard benefits effective 8/1/25 based on her income at 68.49% of the FPL and within the safe-harbor eligibility category.
7. Appellant has remained in her same job since her prior eligibility determination and has not had a material increase in income.
8. Appellant incurred approximately \$1,050 in out-of-pocket medical expenses during the gap in coverage between 5/28/25 and 8/1/25.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 502.006 describe the protocols for determining an applicant or member’s coverage start date. In conjunction with the regulations, MassHealth *Eligibility Operations Memo (EOM) 25-14 (Aug. 2025)* implements updates to its start date policy in accordance with federal requirements at 42 CFR § 435.915. Under the updated policy, all MassHealth approvals or upgrades are made retroactive to the first day of the month of the date of application or eligibility determination date. See *EOM 25-14*. In addition, MassHealth grants “all eligible applicants with retroactive coverage for up to three calendar months prior to the month of application” if the applicant (1) had covered medical services during the retroactive period; and (2) would have been eligible for MassHealth during that time. *Id.*

The record indicates that, after contacting MassHealth on 8/21/25, Appellant was re-approved for MassHealth Standard benefits effective 8/1/25. This determination was appropriately made in accordance with the default rule cited in *EOM 25-14*, above, and effectively left Appellant with a gap in coverage between her prior benefit end date of 5/28/25 through 8/1/25. Based on the evidence presented at hearing, Appellant has demonstrated that she would have remained financially eligible during the gap in coverage as her income was calculated at 68.49% of the FPL and she continued to be eligible under MassHealth safe-harbor protections under 130 CMR 506.007, as of the 8/21/25 approval. No evidence was presented to suggest Appellant had a material change in income in the preceding months. Additionally, Appellant demonstrated,

through testimony and submission of medical bills, that she incurred approximately \$1,050 in medical expenses during the coverage gap. Appellant therefore meets the conditions to qualify for the extended period of retroactive coverage under the updated policy rules. *See EOM 25-14; 42 CFR § 435.915; see also 130 CMR 610.071(A)(2).*<sup>1</sup> Where Appellant applied for reinstatement of her MassHealth benefits on 8/21/25, the furthest permitted retroactive date is 5/1/25. Because her prior coverage ended on 5/28/25, MassHealth may restore her Standard benefit to the date of termination thereby closing the existing gap in coverage.

Based on the foregoing, this appeal is APPROVED.

## Order for MassHealth

Reinstate Appellant's MassHealth Standard coverage retroactive to the termination date of 5/28/25, thereby closing the existing gap in coverage.

## 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.

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Casey Groff  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

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<sup>1</sup> In addition to the foregoing, MassHealth Fair Hearing Rules offers a separate basis for approving the requested retroactive start date in this case. The regulation states: *The hearing officer will not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. **The effective date of any adjustments to the appellant's eligibility status will be the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.*** See 130 CMR 610.071(A)(2) (emphasis added). As discussed above, the evidence shows that Appellant was otherwise eligible for Standard during the gap in coverage. The fact that this information was not received until 8/21/25 should not preclude an adjustment to the effective start date of her Standard benefit.