

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512937
Decision Date:	11/3/2025	Hearing Date:	10/10/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Jasmine Gomez, Tewksbury 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

Appeal Decision:	Denied	Issue:	Community eligibility – under 65; Coverage Start Date
Decision Date:	11/3/2025	Hearing Date:	10/10/2025
MassHealth’s Rep.:	Jasmine Gomez	Appellant’s Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (Telephone)	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 September 4, 2025, MassHealth approved the appellant's application for MassHealth benefits starting on September 1, 2025. *See* 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on September 4, 2025 to challenge the effective coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. MassHealth’s determination of a coverage date is valid grounds for appeal before the Board of Hearings. *See* 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant’s application for MassHealth benefits starting on September 1, 2025. *See* Exhibit 1.

Issue

Was MassHealth correct in determining the appellant's coverage date pursuant to 130 CMR 506.011(E) and 130 CMR 502.006(A)?

Summary of Evidence

All parties appeared telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant is an adult under the age of [REDACTED] appeared *pro se*, and verified her identity. The following is a summary of the testimony and evidence presented at the hearing.

The MassHealth representative began the hearing by testifying about the history of the appellant's account at MassHealth. The appellant had been approved for MassHealth Standard in December 2023 due to a diagnosis of cancer. The MassHealth representative stated that the appellant's MassHealth benefits were terminated earlier in 2025 due to unpaid premiums. On June 20, 2025, the Premium Billing unit notified MassHealth that the appellant had accrued several months of unpaid premiums dating to early 2025. The MassHealth representative testified that as a result of her unpaid premiums, a termination notice was sent to the appellant on June 23, 2025, and her MassHealth benefits were terminated on July 7, 2025¹.

The MassHealth representative testified that the appellant then completed an application for MassHealth benefits on September 4, 2025, and was approved for MassHealth Standard benefits beginning September 1, 2025, but the appellant is seeking backdated coverage to the date that her MassHealth benefits were terminated, July 1, 2025. The MassHealth representative further testified that several notices were sent to the appellant in 2025; premium invoices were sent to the appellant, as required, and a March 14, 2025, auto-renewal notice. She stated that pursuant to MassHealth regulations, ordinarily coverage may be backdated 10 days from the date that a completed application for MassHealth benefits is received, and that the appellant is not eligible for further backdating of her coverage because her account was closed due to premium non-payment². There is a note in the appellant's account that indicates that the appellant paid her past due premiums in full on the same day that she submitted her new application for benefits, September 4, 2025. Testimony. The appellant is eligible for her MassHealth coverage to begin on September 1, 2025 based upon the date of her application³. Testimony.

¹ A search of Board of Hearings records by this Hearing Officer revealed that the appellant did not appeal any MassHealth notices in 2025 except for the notice on appeal.

² See 130 CMR 506.011(E)(1).

³ As of August 18, 2025, MassHealth has updated its eligibility start date policy. These changes are based on the federal regulations found at 42 C.F.R. § 435.915. The MassHealth eligibility start date will now be retroactive to the first day of the month of the date of application or date of eligibility determination (as applicable) for all approvals and upgrades. Prior to this change, the eligibility start date was retroactive to 10 days prior to the application date

The appellant confirmed that she had applied for MassHealth in 2023 when she was diagnosed with cancer; she used her MassHealth benefits as her secondary insurance throughout her treatment in 2024. Testimony. The appellant stopped undergoing cancer treatment in November 2024; she did not update MassHealth at that time. She testified that she was unaware that she had been auto-renewed for MassHealth in March 2025. She acknowledged receiving bills for premiums due from April through June 2025, but she did not pay them, assuming they were not for her because she was unaware of her auto-renewed coverage. She confirmed that her current mailing address is the same one she has had for 11 years. Testimony. The appellant confirmed that even though she was “unaware” that her MassHealth coverage had renewed, she continued using MassHealth as her secondary insurance for medical appointments in 2025.

The appellant then stated that she paid her overdue premiums “at the end of August,” totaling \$216.00, when she learned from MassHealth customer service that her coverage could be restored if she paid her past due premiums in full. The appellant testified that she paid out-of-pocket for medical visits during her break in coverage from July-September 2025. She then paid her overdue premiums to restore her MassHealth coverage; she feels this equates to her “double paying” for medical services. She explained that her main concern is about getting providers to retroactively bill MassHealth for previously paid visits, so that she can be reimbursed for out-of-pocket medical costs during her coverage gap. Her ideal outcome would be to backdate her MassHealth Standard coverage to at least July 1, 2025, or earlier, to cover her out of pocket medical expenses incurred during the gap, particularly while she is currently unemployed. The appellant confirmed that she was beginning a new job soon. Testimony.

Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] not disabled, and lives in the community. Testimony.
2. On September 4, 2025, the appellant applied for MassHealth benefits, and she was approved for MassHealth Standard benefits beginning on September 1, 2025. Testimony; Exhibit 1.
3. The appellant filed a timely appeal of the September 4, 2025 notice on September 4, 2025, challenging the coverage start-date. Exhibit 2.
4. The appellant did not have any MassHealth coverage between 7/7/2025 and 9/1/2025 and incurred out-of-pocket medical expenses during this gap. Testimony.

or eligibility determination. See Eligibility Operations Memo 25-14. <https://www.mass.gov/doc/eom-25-14-changes-to-start-date-rules-and-three-month-retroactive-eligibility-rules-0/download> (Last visited 10/31/2025).

5. On June 23, 2025, the appellant was informed that her MassHealth Standard benefits were ending due to unpaid premiums totaling \$216.00; she did not appeal the June 23, 2025 termination notice. Testimony.
6. The appellant was a MassHealth Standard recipient from December 2023 until MassHealth terminated her benefits for non-payment of her premiums on July 7, 2025. The appellant paid her outstanding premiums in full on September 4, 2025. Testimony of MassHealth representative.

Analysis and Conclusions of Law

Here, the appellant's eligibility for MassHealth Standard is not in dispute. After receiving the appellant's application for benefits on September 4, 2025, MassHealth approved the appellant for MassHealth Standard coverage starting on September 1, 2025. However, the appellant is seeking a retroactive coverage start date, and the issue on appeal is whether the appellant is entitled to an earlier start date of coverage. At hearing, it was learned that the appellant's MassHealth benefits were terminated by notice dated June 23, 2025, due to the appellant having delinquent premium bill payments. Although the appellant did not appeal the June 2025 termination notice, the reason for the termination of her benefits is relevant to the outcome today.

MassHealth regulations state the following regarding a member's 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. ...

See 130 CMR 506.011(D).

The evidence indicates that MassHealth applied an administrative closure to the appellant's account in June 2025 after being notified by the Premium Billing unit that the appellant had accrued several months of past due premiums. MassHealth then informed the appellant of her termination in benefits by notice dated June 23, 2025. The appellant did not deny receiving any of the 2025 notices. Once an account is closed due to delinquent premiums, coverage may only be reactivated in the following circumstances:

(E) Reactivating Coverage Following Termination When a Member Has a Past Due Balance.

- (1) Except as provided in 130 CMR 506.011(E)(2), after the member has paid in full all payments due, has established a payment plan with

MassHealth or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G), the MassHealth agency will reactivate coverage.

(2) For children younger than ■ years old, coverage may be reactivated after 90 days from the date termination upon request, regardless of any outstanding payments due.

See 130 CMR 506.011(E).

The evidence indicates that when the appellant sought to reinstate her MassHealth coverage on September 4, 2025, she was informed that she needed to pay her outstanding premium balance in full. It was the sworn testimony of the MassHealth representative that the appellant's premium balance was paid in full on September 4, 2025; this is the same date that the appellant was issued the approval notice on appeal today.

Here, since the appellant's coverage was terminated earlier in 2025 due to unpaid premium bills, she was not eligible to have her MassHealth coverage reinstated until the date that her unpaid premium bills were paid in full. The appellant argues that she is entitled to a coverage start date of at least July 1, 2025, because she incurred out-of-pocket medical expenses prior to refiling her application for MassHealth benefits.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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).

(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 ■ 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).

2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, 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).

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

However, pursuant to MassHealth Eligibility Operations Memo 25-14, as of August 18, 2025, MassHealth has updated its eligibility start date policy: “the MassHealth eligibility start date is now retroactive to the first day of the month of the date of application or date of eligibility determination for all approvals and upgrades.” See Eligibility Operations Memo 25-14. Prior to this change, the eligibility start date was retroactive to 10 days prior to the application date.

When her coverage was terminated due to unpaid premiums earlier in 2025, the appellant did not appeal MassHealth’s decision, despite being sent a termination notice on June 23, 2025. She did not deny completing a new MassHealth application on September 4, 2025. She testified that she was unaware her MassHealth coverage had been auto-renewed despite receiving a renewal notice in March 2025, monthly MassHealth premium bills in April, May, and June 2025, and a termination notice in June 2025. I cannot credit the appellant’s testimony. There was insufficient evidence or testimony offered that indicated that the appellant was prevented from paying her outstanding MassHealth premium bills sooner than she did, beyond the appellant’s testimony that she was “unaware” she was receiving MassHealth benefits. Furthermore, there is no support for the appellant’s argument in the regulations, and the appellant did not offer any authority supporting her argument. Therefore, because the appellant’s application for MassHealth was received at MassHealth on September 4, 2025, MassHealth was correct in determining the start date of the appellant’s MassHealth Standard coverage; pursuant to EOM 25-14, the appellant is only eligible for retroactive coverage to September 1, 2025. MassHealth correctly reinstated the appellant’s MassHealth benefits on the date that the appellant paid her outstanding premium balance in full.

For these reasons, the appeal as to the coverage start-date 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957