

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part	<b>Appeal Number:</b>	2513538
<b>Decision Date:</b>	11/24/2025	<b>Hearing Date:</b>	10/15/2025
<b>Hearing Officer:</b>	Thomas J. Goode	<b>Record Open to:</b>	10/22/2025

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Kathy Begin, Tewksbury MEC  
Karishma Raja, Premium Billing



*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 in part	<b>Issue:</b>	Community Eligibility-Under 65-Coverage Start Date
<b>Decision Date:</b>	11/24/2025	<b>Hearing Date:</b>	10/15/2025
<b>MassHealth's Reps.:</b>	Kathy Begin, Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MEC	<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 August 21, 2025, MassHealth determined that Appellant is eligible for MassHealth CommonHealth coverage effective August 1, 2025 (130 CMR 502.006, 505.004 and Exhibit 1). Appellant filed this appeal in a timely manner on September 17, 2025 (130 CMR 610.015(B) and Exhibit 2). A determination of the scope of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

Through a notice dated August 21, 2025, MassHealth determined that Appellant is eligible for MassHealth CommonHealth coverage effective August 1, 2025.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.004, 502.006 in determining a CommonHealth eligibility start date of August 1, 2025.

## Summary of Evidence

MassHealth testified that on August 21, 2025, MassHealth processed a determination made by Disability Evaluation Services (DES) that Appellant met disability criteria. Appellant was approved for CommonHealth coverage with a benefit start date of August 1, 2025. A premium of \$60 per month was assessed, which included Appellant's coverage and coverage for 4 other family members. Appellant resides in a household size of 6 with her spouse and 4 children. Appellant's spouse is employed, and the family group is enrolled in employer sponsored insurance. Gross household income is \$102,536, which equates to 232.63% of the federal poverty level. Appellant submitted a disability supplement for herself on June 4, 2025. On June 13, 2025, DES determined that Appellant's disability supplement was incomplete and sent a letter to Appellant requesting the return of additional information within 10 days or benefits may be affected (Exhibit 4). MassHealth testified that on July 8, 2025, DES received an updated disability supplement from Appellant which resulted in the August 18, 2025 disability approval; however, the updated supplement was submitted 123 days after the March 7, 2025 application date. Because the updated supplement was submitted more than 90 days after the March 7, 2025 application, retroactive coverage was not based on the March 7, 2025 application. MassHealth testified that if a disability supplement is received with a MassHealth application or within 90 days of an application submitted to MassHealth, coverage can be retroactive from the date of the disability supplement. Because Appellant's disability supplement was incomplete on June 4, 2025, retroactive coverage from the March 7, 2025 application date is not available.

During a record open period, MassHealth submitted a response from its policy department which included a MassHealth notice dated March 14, 2025 that notified Appellant she needed to submit enclosed paperwork by May 13, 2025 or her disability status would not be considered in determining MassHealth eligibility (Exhibit 5). MassHealth also included a narrative from its policy unit which states that pursuant to 130 CMR 502.003(D)(1), an applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications. The MassHealth response states that while the disability supplement is not considered a verification per se, it is a factor of eligibility that is used to make an eligibility determination. Pursuant to 130 CMR 502.005(B), retroactive coverage is established based on either the application date or the supplement request date if an applicant submits a completed disability supplement which allows the applicant to receive MassHealth based on a disability. Per 130 CMR 502.005(B), for applicants who apply on the basis of a disability, the MassHealth agency makes an eligibility determination within 90 days from the date of receipt of the complete application. The MassHealth response states that in this situation, the disability supplement was sent to Appellant on March 13, 2025 with a return due date of May 13, 2025 to allow DES one month to make a decision. Appellant's supplement was returned on June 4, 2025, but it was incomplete. DES informed MassHealth that there were multiple providers listed on one medical release, which rendered DES unable to obtain medical records and make a disability determination. On June 13, 2025, DES sent a rejection letter to MassHealth, which was entered into the MassHealth system. Because the updated supplement was submitted on July 8, 2025 which is beyond 90 days from the initial March 14, 2025 supplement mailing date, retroactive coverage prior to August 1, 2025 could not be reached (See Exhibit 5).

Premium Billing testified that there does not appear to be an issue related to premiums. Appellant was billed for the period April 2025 through September 2025 at \$60 for her disabled children, which was paid on September 17, 2025. Appellant had a \$60 premium bill due for the month of October 2025 which was not due until November 22, 2025. Appellant was included in the \$60 premium payment when her CommonHealth coverage began in August 2025, and the premium bill remains \$60 for the family group. Premium Billing testified that Appellant's account is current with no overdue premium payments.

Appellant testified that she initially applied for disability for herself and her children through a third-party agency in February 2025, and after encountering processing difficulties with the agency, she resubmitted disability supplements for her children on March 7, 2025. Appellant testified that MassHealth determined eligibility start dates for her children effective March 1, 2025. Appellant testified that her disability supplement was not processed correctly by the third-party agency. She added that she has been paying a \$60 premium for her household which should have included coverage for herself; however, because she was not determined eligible until August 1, 2025, she incurred out of pocket expenses while she was not covered by MassHealth. The third-party agency told her when she applied in February 2025 that she could get up to two months of retroactive coverage which would provide financial assistance for a procedure she had in January 2025. Appellant testified that on June 2, 2025 she inquired about the status of her disability supplement through the third-party agency, and on June 24, 2025 she was told by the third-party agency to call DES which restarted the disability application process, and that she needed to resend documentation. Appellant added that on June 13, 2025, she received a letter from DES stating that separate release forms were needed for physicians listed on the disability supplement, and she returned the completed information to DES (Exhibit 4). Appellant agreed that the issue on appeal is limited to the start date of CommonHealth coverage because the \$60 premium covers her and her children, and that the March 7, 2025 application date should be honored by MassHealth in determining her eligibility.

## **Findings of Fact**

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

1. On August 21, 2025, MassHealth processed a disability determination made by Disability Evaluation Services (DES) that Appellant met disability criteria.
2. Appellant was approved for CommonHealth coverage with a benefit start date of August 1, 2025.
3. A premium of \$60 per month was assessed which included Appellant's coverage and coverage for 4 other family members.

4. Appellant was billed for the period April 2025 through September 2025 at \$60 for her disabled children, which was paid on September 17, 2025. Appellant had a \$60 premium bill due for the month of October 2025 which was not due until November 22, 2025. Appellant was included in the \$60 premium payment when her CommonHealth coverage began in August 2025, and the premium bill remains \$60 for the family group. Appellant's account is current with no overdue premium payments.
5. Appellant resides in a household size of 6 with her spouse and 4 children.
6. Appellant is over [REDACTED] years of age and has not reported a pregnancy.
7. Appellant's spouse is employed, and the family group is enrolled in employer sponsored insurance.
8. Gross household income is \$102,536, which equates to 232.63% of the federal poverty level.
9. Appellant submitted a MassHealth application for herself and her children on March 7, 2025.
10. On March 13, 2025, MassHealth issued a notice with enclosed paperwork that it requested to be returned by May 13, 2025 or "your disability status will not be considered when MassHealth decides if you are eligible for coverage. This could result in your coverage being downgraded or denied."
11. Appellant submitted her disability supplement to MassHealth on June 4, 2025.
12. On June 13, 2025, DES determined that Appellant's disability supplement was incomplete and sent her a letter requesting the return of additional information within 10 days.
13. On July 8, 2025, DES received an updated disability supplement from Appellant which resulted in the August 18, 2025 disability determination. The completed disability supplement was processed by MassHealth on August 20, 2025 and resulted in a CommonHealth eligibility start date of August 1, 2025.

## Analysis and Conclusions of Law

The medical coverage date for MassHealth CommonHealth benefits is described at 130 CMR 505.004:

(M) Medical Coverage Date.

(1) The medical coverage date for MassHealth CommonHealth is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.004(M)(2) and (3).<sup>1</sup>

(2) Persons described in 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E): *Notification of the Deductible*.

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

### 502.006: Coverage Dates

(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 19 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

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<sup>1</sup> 130 CMR 505.005 (M)(2),(3) describe provisional eligibility and do not apply here because Appellant was not informed that she must meet a deductible, and Appellant is not provisionally eligible because she applied on the basis of a disability. See 130 CMR 502.003(E)(2)(b): The MassHealth agency will not accept self-attestation of disability. Disability must be verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*. Eligibility for applicants who apply for benefits on the basis of disability will be determined as if they were not disabled until disability is verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*.

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 506.006(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).

(c) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins as described in 130 CMR 502.006(A)(c)1 and 2.

1. For individuals who are pregnant or younger than 19 years of age
  - a. 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 information received from electronic data sources 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).
  - b. 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 information received from electronic data sources and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

**2. For all other individuals, coverage will begin ten days prior to the date of application, except as specified in 130 CMR 502.006(C).<sup>2</sup>**

(d) For individuals denied for failure to provide verification of requested

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<sup>2</sup> 130 CMR 502.006(C) Limitations. MassHealth coverage start dates are subject to the following limitations.

(1) The start date for Medicare premium payments for individuals determined eligible for MassHealth Standard, MassHealth CommonHealth, and MassHealth Medicare Savings Programs is described at 130 CMR 505.002(O), 505.004(L), and 505.007.

(2) The start date for Premium Assistance Payments for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d).

information who then provide requested verifications or report changes after the denial, the start date of coverage is described in 130 CMR 502.006(A)(2)(d)1. and 2.

1. For individuals who are pregnant or younger than 19 years of age
  - a. 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 verifications and may be retroactive to the first day of the third calendar month before the received date of the verifications, except as specified in 130 CMR 502.006(C).
  - b. 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 verifications and coverage begins ten days prior to the received date of the verifications, except as specified in 130 CMR 502.006.
2. For all other individuals, coverage will begin ten days prior to the date of receipt of all requested verifications or a reported change, except as specified in 130 CMR 502.003(D)(2)(d) and 502.006(C).

130 CMR 502.003:

(D) Time Standards. 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 of the application or renewal form was received, coverage is reinstated to a date 10 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.

130 CMR 502.005: Time Standards for an Eligibility Determination

**(B) For applicants who apply on the basis of a disability, the MassHealth agency makes an eligibility determination within 90 days from the date of receipt of the complete application.**

On August 21, 2025, MassHealth processed a determination that Appellant met disability criteria made by Disability Evaluation Services (DES). Appellant was approved for CommonHealth coverage with a benefit start date of August 1, 2025. Appellant submitted a MassHealth application for herself and other family members on March 7, 2025 on which she indicated that she is disabled. On March 14, 2025, MassHealth issued a notice requesting that Appellant return an enclosed disability supplement to DES within 60 days by May 13, 2025 or “your disability status will not be considered when MassHealth decides if you are eligible for coverage. This could result in your coverage being downgraded or denied” (Exhibit 5). The regulation at 130 CMR 502.005(B) does not impose on an applicant applying on the basis of disability a 60-day requirement for the submission of a completed disability supplement. Rather, regulation 130 CMR 502.003(D)(1) states that the applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications. Regulation 130 CMR 502.005(B) states that for applicants who apply on the basis of a disability, the MassHealth agency makes an eligibility determination within 90 days from the date of receipt of the complete application. In this regard, the March 14, 2025 notice is flawed as it presents a 60-day window to return verifications, i.e. the disability supplement, or “your disability status will not be considered when MassHealth decides if you are eligible for coverage. This could result in your coverage being downgraded or denied.” (Exhibit 5) Notwithstanding the incorrect timelines stated in the March 14, 2025 notice, Appellant timely returned the disability supplement to DES on June 4, 2025, within 90 days of the March 14, 2025 notice. The supplement was incomplete because medical releases required revision to allow DES to obtain medical records to make a disability determination. On June 13, 2025, DES notified Appellant that the June 4, 2025 disability supplement was incomplete, and requested additional verification within ten (10) business days (Exhibit 4). Appellant provided the requested verifications on July 8, 2025, which completed the disability supplement, but not within 90 days of the March 14, 2025 request for information. As outlined above, the start date for CommonHealth is determined under 130 CMR 502.006. MassHealth analyzed the return of the disability supplement as a verification that is a factor used to make an eligibility decision under 130 CMR 502.003(D)(1) (See Exhibit 5). Appellant was not approved for benefits under provisional eligibility requirements at 502.006(A), and coverage does not begin 90 days prior to the application date.<sup>3</sup> The eligibility start date here is not determined under 130 CMR 502.006(A)(1)(b) which applies to individuals who submit all required verifications within the 90-day time frame because Appellant did not submit a completed supplement within the 90-day time frame. For individuals who fail to provide verification of

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<sup>3</sup> See fn. 1

information within 90 days, and electronic data sources are used to determine eligibility, coverage begins as outlined at 130 CMR 502.006(A)(c)(1) and (2). This section does not apply as MassHealth did not use electronic data sources to determine eligibility. Thus, in determining the eligibility start date for CommonHealth benefits for all other applicants, 130 CMR 502.006(A)(c)(2) applies, and directs that coverage begins ten days prior to the date of application except as specified in 130 CMR 502.006(C) which does not apply.<sup>4</sup> Therefore, CommonHealth coverage begins 10 days prior to the March 7, 2025 application date as directed at 130 CMR 502.006(A)(c)(2).

The appeal is APPROVED insofar as the appellant's CommonHealth start date is 10 days prior to March 7, 2025, but it cannot be any earlier.

## **Order for MassHealth**

Rescind the notice dated August 21, 2025, and begin CommonHealth coverage for Appellant effective February 24, 2025.

## **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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<sup>4</sup> See fn. 2.

## 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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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