

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513563
<b>Decision Date:</b>	10/27/2025	<b>Hearing Date:</b>	10/20/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jose Berrios



*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>	10/27/2025	<b>Hearing Date:</b>	10/20/2025
<b>MassHealth’s Rep.:</b>	Jose Berrios	<b>Appellant’s Rep.:</b>	
<b>Hearing Location:</b>	Springfield 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 09/16/2025, MassHealth informed the appellant that it denied his application for MassHealth benefits because his income exceeds the program limits. Through the same notice, MassHealth informed the appellant that it approved him that effective 09/01/2025 for the Health Safety Net for a limited time and he was referred to the Health Connector (Exhibit 1). The appellant filed this appeal timely on 09/17/2025, seeking an earlier start date of Health Safety Net (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 not eligible for MassHealth benefits. MassHealth also determined that the appellant is eligible for Health Safety Net starting on 09/01/2025.

## Issue

Did MassHealth correctly determine the appellant's eligibility?

## Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant applied for MassHealth benefits on 04/09/2025. MassHealth needed financial information from the appellant to determine if he is eligible for benefits. MassHealth requested that the appellant provide a "job update form" providing information about his employment status and his income. The completed form was due by 05/09/2025. It was not returned by the due date and the case closed.

On 09/16/2025, the appellant completed a new application for benefits. He provided information that he is a household of one person with gross monthly income of \$900.00 per week, or \$3,899.00 per month. Because the appellant has not been determined to be disabled or HIV positive, his application was denied because his income exceeded the limit of 133% of the federal poverty level, or \$1,735.00 per month. MassHealth referred the appellant to the Health Connector and approved him for Health Safety Net beginning on 09/01/2025 for a limited time. He must first meet a Health Safety Net deductible of \$5,885.65.

The appellant was represented by an advocate at [REDACTED] who testified that she did not disagree with the appellant's family size or income. She requested that the Health Safety Net be made retroactive to 06/01/2025 to cover medical expenses the appellant incurred during that time. The appellant's representative testified that the MassHealth operations memo allows MassHealth to make Health Safety Net determinations retroactive up to three months.

## Findings of Fact

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

1. The appellant is between the ages of [REDACTED] and he lives in the community (Testimony).
2. The appellant applied for MassHealth benefits on 09/16/2025 (Testimony).
3. The appellant is counted as a household of one person with gross monthly income of \$3,899.00.
4. 133% of the Federal Poverty Level for a household of one person is \$1,735.00 (03/2025).
5. Through a notice dated 09/16/2025, MassHealth informed the appellant that it denied his

application for MassHealth benefits because his income exceeds the program limits. Through the same notice, MassHealth informed the appellant that it approved him effective 09/01/2025 for the Health Safety Net for a limited time and he was referred to the Health Connector

6. The appellant's request for a fair hearing was filed on 09/17/2025 (Exhibit 2).

## Analysis and Conclusions of Law

MassHealth Eligibility Operations Memo 25-14 dated August 2025, reads, in part:

Three-Month Retroactive Eligibility This update also provides all eligible applicants with retroactive coverage for up to three months prior to the month of application. Three-month retroactive eligibility was previously only available to specific people, including those who were pregnant and children up to age [REDACTED]. Now, all MassHealth applicants may qualify for up to three months of retroactive coverage, if they meet certain conditions. Specifically, an applicant may qualify for retroactive coverage up to the first day of the third month before the month of application if they a) had covered services, and b) **would have been eligible for MassHealth when those services were received.**

*(Emphasis added.)*

The appellant applied for MassHealth benefits on 09/16/2025. His application for MassHealth benefits was denied because his income exceeds 133% of the federal poverty level and he has not been determined to be disabled or HIV positive. He was informed that he was eligible for Health Safety Net starting on 09/01/2025 and he was referred to the Health Connector.

The appellant's advocate argued that his Health Safety Net should be made retroactive to 06/01/2025 to cover medical care he received during that period. She argued that the above MassHealth Eligibility Memorandum supports her argument. She is mistaken.

In order to be made retroactive for 90 days, the appellant must meet two prongs, as detailed in the above memo. Specifically, the appellant must show that he had covered services and he "would have been eligible for MassHealth when those services were received.

There is no evidence in the hearing record of either of the two items. Accordingly, the appellant has been unable to show that MassHealth's eligibility determination is incorrect. 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

CC: [REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104