

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514421
Decision Date:	12/1/2025	Hearing Date:	11/04/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nicole Veras, 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:	12/1/2025	Hearing Date:	11/04/2025
MassHealth’s Rep.:	Nicole Veras	Appellant’s Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 16, 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 October 2, 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).

Action Taken by MassHealth

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

Issue

Whether MassHealth was correct in determining the appellant’s coverage date pursuant to 130 CMR 502.006 and 130 CMR 505.000.

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 his identity. The following is a summary of the testimony and evidence presented at the hearing.

The appellant was approved for MassHealth CarePlus on April 23, 2024. The MassHealth representative stated that the Appellant was sent a job update form on December 9, 2024, and never responded to the inquiry. MassHealth then sent the appellant a termination notice on January 15, 2025, and his coverage terminated on January 29, 2025. The Appellant later completed the job update form on March 7, 2025, and he was approved for MassHealth CarePlus coverage as of February 25, 2025.¹ The MassHealth representative testified that another job update form was sent to the Appellant on June 12, 2025, and again MassHealth received no response. Another termination notice was sent to the Appellant on July 18, 2025, and his coverage was terminated on August 1, 2025. On September 16, 2025, the Appellant updated his income information for MassHealth and was approved for MassHealth CarePlus benefits beginning September 1, 2025.²

The appellant did not dispute the coverage type. The appellant is seeking coverage back to the date that his MassHealth benefits were first terminated, January 29, 2025, because he received medical treatment between the termination date and his reinstatement date of February 25, 2025. The appellant testified that he received correspondence from MassHealth, but he was away at college, so he did not become aware that MassHealth required action on his part prior to his coverage lapsing. The Appellant testified that he received monthly medical treatment, and in early February he was told by his medical provider that his MassHealth insurance would cover the treatment that month. In March, the Appellant went back for his monthly medical treatment and was told that his MassHealth coverage was no longer active. He then promptly corresponded with MassHealth and provided the required information, which resulted in the reinstatement of his coverage back to February 25, 2025.

The appellant explained that he did not appeal his coverage termination in January or February 2025, because he believed his February medical treatment had been covered by MassHealth. The appellant testified to leaving college and checking his mail at his permanent address every few weeks and stated he never became aware of any MassHealth notices. He only became aware that his February treatment was not covered by MassHealth when his medical provider mailed him a

¹ The eligibility start date was retroactive to 10 days prior to the application date or eligibility determination.

² 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. 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 11/5/2025).

bill for the treatment months later. The appellant did not file an appeal of the initial action to terminate coverage in January or February 2025. The first appeal filed by the appellant was in October 2025.

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.
2. The appellant was approved for MassHealth CarePlus benefits beginning April 23, 2024.
3. On December 9, 2024, MassHealth sent the appellant a job update form.
4. On January 15, 2025, MassHealth sent the appellant a termination notice.
5. On January 29, 2025, MassHealth terminated the appellant's coverage because they did not receive the job update form.
6. On March 7, 2025, MassHealth received a job update form from the appellant.
7. MassHealth determined the appellant eligible for MassHealth CarePlus as of February 25, 2025.
8. The appellant did not have any MassHealth coverage between January 29, 2025, and February 25, 2025, and incurred out-of-pocket medical expenses during this gap.
9. On June 12, 2025, MassHealth sent the appellant another job update form.
10. On July 18, 2025, MassHealth sent the appellant another termination notice.
11. On August 1, 2025, MassHealth terminated the appellant's coverage again because they did not receive the job update form.
12. On September 16, 2025, MassHealth received a job update form from the appellant.
13. MassHealth determined the appellant eligible for MassHealth CarePlus as of September 1, 2025.
14. The appellant filed an appeal on October 2, 2025.

Analysis and Conclusions of Law

The regulations governing MassHealth specifically state that the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. (130 CMR 610.015(B)). In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing. (130 CMR 610.015(B)(1)).

Pursuant to 130 CMR 610.015(B)(2)(c), unless waived by the Director, an individual may have up to 120 days for the Board of Hearings to receive an appeal when MassHealth fails to send written notice of the action. The appellant admitted receipt of correspondence issued by MassHealth at his home address but explained he was not aware of the communications because he was away at college. The appellant admitted that he did not provide the necessary information to MassHealth in December 2024 or June 2025, or appeal the notices from January 15, 2025 or July 18, 2025, in a timely fashion.

The only notice for consideration in this appeal was issued on September 16, 2025 approving the appellant for MassHealth CarePlus as of September 1, 2025.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001).

As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

The appellant does not have any children under the age of [REDACTED] and has not been deemed disabled by MassHealth or the Social Security Administration. The only program that the appellant meets the categorical requirements for is MassHealth CarePlus.

MassHealth CarePlus provides coverage to adults [REDACTED] years of age. (13 CMR 505.008(A)(1)). Persons eligible for MassHealth CarePlus must meet the following conditions:

- (a) The individual is an adult [REDACTED] years of age.
- (b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.
- (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
- (d) The individual is ineligible for MassHealth Standard.
- (e) The adult complies with 130 CMR 505.008(C).
- (f) The individual is not enrolled in or eligible for Medicare Parts A or B. (130 CMR 505.008(A)(2)).

The appellant meets the categorical and financial requirements to qualify for MassHealth CarePlus.

The date of coverage is determined by the coverage type for which the applicant may be eligible. (130 CMR 502.006). Prior to August 18, 2025, the coverage start date for existing members who are not pregnant or younger than [REDACTED] years of age, when an eligibility determination results in a more comprehensive benefit, the start date of the new coverage is ten days prior to:

- (a) The receipt of the requested verifications;
- (b) The receipt date of the annual renewal;
- (c) The date of the eligibility determination for reported changes that do not result in request for verification; or
- (d) The date of the MassHealth agency's eligibility determination due to information in the member's case file. (130 CMR 502.006(B)).

Additionally, if all required information is received by MassHealth after a denial of eligibility, MassHealth reactivates the application and considers it submitted as of the date the information is received, and the medical coverage date is established in accordance with 130 CMR 502.006.

After August 18, 2025, MassHealth eligibility start dates are 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, if no covered medical services were received. 130 CMR 502.006.

Additionally, 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. 130 CMR 502.006.

In this case, MassHealth was correct in reactivating the appellant's eligibility review and determining the appellant eligible for MassHealth CarePlus as of September 1, 2025, which was the first day of the month prior to the receipt of information on September 16, 2025. The appellant is not eligible for a coverage start date retroactive to his original termination date of January 29, 2025, because the Board of Hearings did not receive a request for hearing within 60 days after the appellant received written notice from the MassHealth agency of the termination. Even if the appellant was considered to not have received written notice of the termination, because he was at college, the Board of Hearings did not receive a request for hearing within 120 days from the date of the written notice from the MassHealth agency.

The decision made by MassHealth was correct.

This appeal 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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290