

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514608
Decision Date:	12/22/2025	Hearing Date:	11/04/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	11/21/2025

Appearance for Appellant:



Appearance for MassHealth:

Kristine Angelari



*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 Eligibility Start Date
Decision Date:	12/22/2025	Hearing Date:	11/04/2025
MassHealth's Rep.:	Kristine Angelari	Appellant's Rep.:	[REDACTED]
Hearing Location:	All Parties Appeared by 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 notices dated September 12, 2025 and September 17, 2025, MassHealth approved the appellant for MassHealth Limited as of September 1, 2025. (130 CMR 502.006; Exhibit 1). The appellant filed this appeal in a timely manner on October 7, 2025. (130 CMR 610.015(B); Exhibit 2). A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Limited as of September 1, 2025.

Issue

Whether MassHealth was correct in determining the appellant's coverage start date. (130 CMR 502.006; 130 CMR 505.000).

Summary of Evidence

All parties appeared by telephone. The appellant was eligible for MassHealth Limited and underwent an eligibility renewal. As part of a renewal process, MassHealth sent the appellant a request for information on February 13, 2025 with information due on or before May 14, 2025. MassHealth did not receive the information necessary to determine eligibility so issued a notice ending coverage as of June 3, 2025. MassHealth received documents on September 12, 2025. MassHealth processed the information received and determined the appellant eligible for MassHealth Limited as of September 1, 2025. The MassHealth representative testified that the current regulations and policies allow MassHealth to determine eligibility going back to the first day of the month upon the receipt of information necessary to complete a renewal.

The appellant's representative did not dispute the coverage type, just the start date as the appellant has medical bills from July and August 2025. The appellant's representative provided a copy of MassHealth Eligibility Operations Memo 25-14 (EOM 25-14) which makes the MassHealth eligibility start date 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 10 days prior to the application date or eligibility determination.

This policy change also allows MassHealth applicants to 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.

The appellant's representative argued that this policy applied to the appellant who should be treated as a new applicant as she did not have coverage for three months or more and the reported changes reactivated an application.

Prior to this change, the three-month retroactive eligibility was only available to specific individuals including those who were pregnant and children up to age [REDACTED]

The MassHealth representative testified that the agency considers the appellant's submission as a renewal, not an application and the policy regarding three months of retroactive coverage applies to applicants alone, not members undergoing a renewal. The MassHealth representative testified that the agency also asks for applicants to provide copies of medical bills when asking for retroactive coverage and the agency did not receive that in this case. The appellant's representative testified that the appellant did provide this information with the September submission. The record was held open for the appellant to provide a copy of the September

submission.

The appellant's representative provided documents beyond the medical bills and statement regarding the appellant's outstanding medical bills. Therefore, MassHealth was provided the opportunity to respond to the appellant's submission. The MassHealth representative reviewed the documents and stated that coverage will be retroactive to the first day of the month of the eligibility determination. The MassHealth representative stated that the appellant's coverage ended for failure to return request for information in a timely manner and three months of retroactive coverage applies only in the case of an initial application.

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 eligible for MassHealth Limited and underwent a renewal.
3. On February 13, 2025, as part of the renewal process, MassHealth sent the appellant a request for information with information due on or before May 14, 2025.
4. MassHealth did not receive the information necessary to determine eligibility so issued a notice ending coverage as of June 3, 2025.
5. MassHealth received documents on September 12, 2025.
6. MassHealth processed the information received on September 12, 2025 and determined the appellant eligible for MassHealth Limited as of September 1, 2025.
7. The appellant has medical bills from July 2025 and August 2025.

Analysis and Conclusions of Law

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 Limited. The appellant did not challenge the categorical eligibility.

MassHealth requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements, 130 CMR 504.000: Health Care Reform: MassHealth: Citizenship and Immigration, and 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements. (130 CMR 502.003).

Pursuant to 130 CMR 502.003(D), 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, MassHealth 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.

In August 2025, MassHealth updated its start date and retroactive rules based on federal regulations found at 42 C.F.R. § 435.915.¹ (MassHealth Eligibility Operations Memo 25-14). This policy states that 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. (MassHealth EOM 25-14). Additionally, the policy provides all eligible applicants with retroactive coverage for up to three months prior to the month of application. (MassHealth EOM 25-14). Three-month retroactive eligibility was previously only available to specific individuals, 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. (MassHealth EOM 25-14). The appellant's representative argued that the appellant should be treated as an applicant as her coverage terminated. However, the regulations specifically state that 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. (130 CMR 502.003(D)). The new policy now allows that coverage to go back to the first day of the month of the date of an eligibility determination. This would allow the appellant to receive coverage back to September 1, 2025. (MassHealth EOM 25-14).

In the brief submitted by the appellant's representative, the regulations cited are for an application for benefits at 130 CMR 502.001(D) and 502.006 which involves start dates for members who have a change in benefits. The appellant does not fall under either one of those categories. Instead, the appellant is a member who was required to submit verifications to the agency, they were received within one year from the date of the renewal, the appellant's coverage

¹ The federal regulations that MassHealth refers to in this memorandum, 42 CFR 435.915(a), state that a state agency must make eligibility for Medicaid effective no later than the third month before the month of the application if the individual -

- (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and
- (2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made. (42 C.F.R. § 435.915; MassHealth EOM 25-14).

² Prior to the issuance of this new policy, the Centers for Medicare and Medicaid Services (CMS) approved MassHealth's request to extend a waiver that allowed MassHealth to not provide retroactive eligibility for up to 3 months prior to the date that the application for assistance and instead provide this 3-month retroactive eligibility to certain applicants and members including pregnant individuals and children up to the age of [REDACTED] of any eligible income level. The waiver allowed MassHealth to provide coverage for up to 10 days prior to the date of an application for most other populations. In June 2024, CMS approved MassHealth's request to amend the waiver and, effective no later than January 1, 2026, individuals of any eligible income level as eligible for retroactive coverage up to the first day of the third month prior to the date of application, and the waiver authority ended for the demonstration. MassHealth implemented this waiver amendment through the EOM noted above.

did not change, so MassHealth was correct in restoring coverage back to September 1, 2025, the first day of the month in which they were received.

The decision made by MassHealth is 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

cc: [REDACTED]

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