

Office of Medicaid

BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Approved	Appeal Number:	2514633
Decision Date:	12/22/2025	Hearing Date:	11/03/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:

[REDACTED]

Appearance for MassHealth:

Jenna Lanzillo



*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:	Approved	Issue:	Community Eligibility – Under 65 – Eligibility Start Date
Decision Date:	12/22/2025	Hearing Date:	11/03/2025
MassHealth's Rep.:	Jenna Lanzillo	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 a notice dated August 6, 2025 MassHealth approved the appellant for MassHealth Care Plus as of July 27, 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 Care Plus beginning July 27, 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. MassHealth sent the appellant an application for coverage on June 23, 2025. MassHealth received and processed the application on August 1, 2025. The appellant presented a self-attestation of income of \$490 each week or \$2,123 each month. After applying a regulatory disregard of \$65.25, the appellant's countable income of \$2,057.75 placed him at 157% of the federal poverty level. This made him ineligible for MassHealth. On August 6, 2025, the appellant updated his income information and MassHealth approved the appellant for MassHealth CarePlus with an effective start date July 27, 2025. The MassHealth representative testified that at the time of the eligibility decision on appeal, an individual could be deemed eligible 10 days prior to the date of an agency decision.

The appellant did not dispute the coverage type. The appellant is seeking coverage back to the dates in which he received medical treatment: [REDACTED] – [REDACTED]. The appellant testified that he received the notice on August 1, 2025 regarding a denial of coverage and then contacted MassHealth to provide new income information. The appellant's mother testified that they thought that the appellant would be receiving unemployment assistance at the time of the original application and reported that anticipated income. The appellant lost his job in [REDACTED] so did not have income in [REDACTED] or [REDACTED]. At the time of the hearing, the appellant did not report a change in income. The appellant's mother testified that there was some confusion about what to report at the time of the initial application so the appellant reported anticipated unemployment compensation. Upon reporting the correct income information, the appellant received the eligibility decision on appeal. As noted above, the appellant filed an appeal on October 7, 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 65, not disabled, and lives in the community.
2. MassHealth sent the appellant an application for coverage on June 23, 2025.
3. MassHealth received and processed the application on August 1, 2025.
4. The appellant presented a self-attestation of income of \$490 each week or \$2,123 each month.
5. In applying a regulatory disregard of \$65.25, the appellant's countable income of \$2,057.75 placed him at 157% of the federal poverty level.
6. On August 1, 2025, MassHealth issued a notice denying coverage as the appellant's

income was too high.

7. On August 6, 2025, the appellant updated his income information.
8. On August 6, 2025, MassHealth approved the appellant for MassHealth CarePlus with an effective start date July 27, 2025.
9. The appellant has medical bills from [REDACTED] to [REDACTED].
10. The appellant filed an appeal on October 7, 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 on August 1, 2025. The appellant did not dispute the fact that he filed an appeal on October 7, 2025. This date is beyond the time allowed to file a request for hearing for the notice issued on August 1, 2025. Therefore, the Board of Hearings can only address the notice issued on August 6, 2025 approving the appellant for MassHealth CarePlus as of July 27, 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 21 through 64 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 19 and has not been deemed disabled by MassHealth or the Social Security Administration. The only program that the appellant meets the categorial requirements for is MassHealth CarePlus.

MassHealth CarePlus provides coverage to adults 21 through 64 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 21 through 64 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 19 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. This regulation allowed coverage to go back 10 days prior to receipt of the information. (130 CMR

502.006).

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 people, including those who were pregnant and children up to age 19.² Now, all MassHealth applicants may qualify for up to three months of retroactive coverage, if they meet certain conditions. (MassHealth EOM 25-14). The effective date of the policy is August 18, 2025. (MassHealth EOM 25-14). This date is after both eligibility decisions presented by the appellant.

While MassHealth may have considered this memorandum as inapplicable to the appellant as they did not categorize him as an applicant at the time of the decision on appeal, the appellant meets the definition of an applicant, not a member, as a member is defined as an individual determined by the MassHealth agency to be eligible for MassHealth. (130 CMR 501.000). An applicant is defined as an individual who completes and submits an application for MassHealth. An individual determined ineligible for MassHealth should not be considered a member in determining future eligibility decisions. As noted above, if required information is received by MassHealth after a denial of eligibility, MassHealth can reactivate an application and consider it submitted as of the date the information is received, and the medical coverage date is established in accordance with 130 CMR 502.006. This regulation allowed coverage to go back 10 days prior to receipt of the information. (130 CMR 502.006). In this case, MassHealth was correct in determining eligibility 10 days prior to the date of the reported change provided by an applicant on August 6, 2025.

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 19, 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.

While MassHealth was correct in their decision regarding the regulations and policies in effect at the time of eligibility decision on appeal, the appellant presented evidence at hearing about his eligibility. Pursuant to 130 CMR 610.071 the effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. The appellant submitted evidence supporting the fact that he was eligible for MassHealth following the implementation of EOM 25-14 as an applicant with bills 3 months prior to the date of the application. Therefore, the appellant should be determined eligible 3 months prior to the date that the conditions were met. The appellant demonstrated that the conditions were met at least in the beginning of June 2025.

The decision made by MassHealth is not correct.

This appeal is approved.

Order for MassHealth

Determine the appellant eligible as of June 1, 2025.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186