

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Dismissed in part	<b>Appeal Number:</b>	2518485
<b>Decision Date:</b>	1/15/2026	<b>Hearing Date:</b>	01/14/2026
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*In-Person at Tewksbury MEC:*



**Appearance for MassHealth:**  
*Via Teams Videoconference:*  
Aline Teixeira, Tewksbury MEC



*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; Dismissed in part	<b>Issue:</b>	Under 65; Verifications; Income; Start Date
<b>Decision Date:</b>	1/15/2026	<b>Hearing Date:</b>	01/14/2026
<b>MassHealth's Rep.:</b>	Aline Teixeira	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury 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 notice dated December 1, 2025, MassHealth denied the appellant for MassHealth benefits because MassHealth determined that she was over the allowable income limit. Through a notice dated January 14, 2026, MassHealth approved the appellant for MassHealth Standard with a start date of January 1, 2026 (see Exhibit 1).<sup>1</sup> The appellant filed this appeal in a timely manner on December 15, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial and/or scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant for MassHealth benefits due to being over the allowable income limit and then approved her for MassHealth Standard with a start date of January 1, 2026.

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<sup>1</sup> At hearing, parties agreed that this hearing officer would take jurisdiction over the January 14, 2026 approval notice generated at hearing after MassHealth re-processed the appellant's case.

## Issue

The appeal issues are whether MassHealth was correct in first determining that the appellant was not eligible for MassHealth benefits due to being over income and then, determining the start date of January 1, 2026, for her MassHealth Standard benefits.

## Summary of Evidence

The appellant appeared at hearing in-person at the Tewksbury MassHealth Enrollment Center. The MassHealth representative appeared via Teams videoconference. The MassHealth representative testified as follows: the appellant is under [REDACTED] with a household size of two that includes the appellant and her [REDACTED] adult daughter who she claims on her taxes. While the notice under appeal dated December 1, 2025, states that the appellant did not qualify for MassHealth because she is over income, the main issue is that she never submitted a completed job update form which MassHealth requested via a notice dated August 27, 2025. MassHealth did not receive a completed job update form by the September 26, 2025 due date which resulted in a termination notice dated October 1, 2025, informing the appellant that her coverage would terminate on October 15, 2025, because of missing information (the job update form). On October 14, 2025, MassHealth received a job update form, but it was incomplete and insufficient to process her case. The appellant's MassHealth CarePlus benefits terminated on October 15, 2025.

At hearing, the appellant provided a newly completed job update form along with her 2024 taxes and her daughter's most recent pay stubs from her seasonal (summer) job. The MassHealth representative confirmed that this satisfied all outstanding verifications and processed the appellant's case. She also updated the appellant's MassHealth case to reflect that the appellant has [REDACTED]. Based on the updated information, the appellant was approved for MassHealth [REDACTED] with a start date of January 1, 2026, and a \$16.50 monthly premium. She will need to contact MassHealth Customer Service and enroll in a plan. The appellant's adult daughter was approved for a Connector Care Type 2B plan through the Health Connector. She will need to contact the Health Connector to select a plan by January 23, 2026, to be enrolled in a plan by February 1, 2026.

The appellant was satisfied with these benefits and did not dispute her income; however, she has outstanding medical bills of almost \$12,000 from an appointment on October 21, 2025. She explained that she thought she had been approved for the procedure and still had coverage at the time. She was looking for MassHealth to backdate coverage. The MassHealth representative stated that because the appellant has no children under [REDACTED] she could not backdate three months unless directed by the hearing officer through a written decision. The MassHealth representative provided a copy of the January 14, 2026, approval notice and parties agreed that this hearing officer would take jurisdiction over the notice and address the start date and resulting gap in coverage through this appeal.

## Findings of Fact

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

1. The appellant is under [REDACTED] with [REDACTED] and a household size of two that includes the appellant and her adult daughter who she claims on her taxes (Testimony and Exhibit 4).
2. On August 27, 2025, MassHealth requested that the appellant submit a completed job update form (a copy of which was included with the notice) which was due by September 26, 2025 (Testimony and Exhibit 5).
3. MassHealth did not receive a completed job update form and issued a termination notice on October 1, 2025 informing the appellant that her benefits would terminate on October 15, 2025 due to the missing information (Testimony and Exhibit 6).
4. On October 14, 2025, the appellant submitted an incomplete job update form which was insufficient for MassHealth to process her case. As a result, her MassHealth CarePlus benefits terminated on October 15, 2025. (Testimony and Exhibits 4 and 6).
5. At hearing, the appellant provided a newly completed job update form along with her 2024 taxes and her daughter's most recent pay stubs from her seasonal (summer) job (Testimony).
6. The MassHealth representative confirmed that this satisfied all outstanding verifications and processed the appellant's case, approving her for the [REDACTED] with a start date of January 1, 2026, and a \$16.50 monthly premium (Testimony and Exhibit 1).
7. The appellant's adult daughter was approved for a Connector Care Type 2B plan through the Health Connector (Testimony).
8. The appellant agreed with these coverage types and did not dispute her income; however, she has outstanding medical bills of almost \$12,000 from an appointment on October 21, 2025 (Testimony).
9. Parties agreed at hearing that this hearing officer would take jurisdiction over the new January 14, 2026, approval notice and address the start date and resulting gap in coverage through this appeal (Testimony).

## **Analysis and Conclusions of Law**

As all verifications requested have been received and the appellant's household income updated and not disputed, MassHealth and the appellant have resolved the issue on appeal related to the December 1, 2025, notice. Therefore, the appeal is DISMISSED as to the issue of verifications and income pursuant to 130 CMR 610.035((A)(8); 610.051(B).

The only issue remaining is the start date and resulting gap in coverage between her MassHealth CarePlus benefits being terminated on October 15, 2025, due to missing verifications and her MassHealth Standard benefits being approved effective January 1, 2026 through the January 14, 2026, notice. Eligibility Operations Memo 25-14 dated August 2025 states the following in relevant part:

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.

As the appellant was eligible for MassHealth Standard benefits through the Breast and Cervical Cancer Program at all relevant times and she had covered services, her benefits should be reinstated retroactive to the date of termination, October 15, 2025; however, she is still responsible for any monthly premiums that may be assessed.

For these reasons, the appeal is approved in part and dismissed in part.

## **Order for MassHealth**

Approve the appellant for MassHealth Standard benefits effective October 15, 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

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