

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2518568
Decision Date:	2/18/2026	Hearing Date:	01/14/2026
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Carmen Rivera, Quincy 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:	Approved	Issue:	Medicare Savings Program
Decision Date:	2/18/2026	Hearing Date:	01/14/2026
MassHealth's Rep.:	Carmen Rivera	Appellant's Rep.:	<i>Pro se</i> with mother
Hearing Location:	Quincy Harbor South 2 (Virtual)	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 December 10, 2025, MassHealth informed the appellant that he had been approved for the Medicare Savings Program (MSP) with a start date of January 1, 2026. *See* 130 CMR 519.010 and Exhibit 1. The appellant filed this appeal in a timely manner on December 15, 2025 seeking MSP benefits as of December, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Individual MassHealth agency determinations regarding scope and amount of assistance are valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that the appellant is eligible for the Medicare Savings Program (MSP), with a benefit effective date of January 1, 2026.

Issue

Did MassHealth correctly determine the appellant's benefit effective date for MassHealth Medicare Savings Plan (MSP) benefits?

Summary of Evidence

The appellant is a disabled adult between the ages of [REDACTED] who resides in a household of one. The appellant appeared at hearing via videoconference and he was accompanied by his mother, to whom he granted verbal permission to act as his representative at hearing; they verified their identities. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center, who also appeared via videoconference. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative provided background information on the appellant's account at MassHealth for the last thirteen months. She began her testimony by stating that on December 13, 2024, the appellant was approved for MassHealth CommonHealth with no monthly premium; he resided in a household of 1, and he reported income that was verified to be at a modified adjusted gross income (MAGI) federal poverty level (FPL) of 139.83%. On December 16, 2024, the appellant submitted an application for the Medicare Savings Program (MSP) via the telephone. This application caused a request for proof of income to be issued to the appellant; the appellant reported receiving employer income and Social Security income. The proof of the appellant's income was due back to MassHealth by March 16, 2025. Testimony. The appellant did not respond to this request for proof of income, and it expired on March 16, 2025. A notice was then sent to the appellant on March 25, 2025, approving the appellant for MassHealth CommonHealth with a monthly premium of \$18.00, beginning in April 2025. Testimony. The MassHealth representative testified that the premium determination was made "because the system used data sources to determine the member's income at that time," and the appellant's MAGI FPL was calculated to be equivalent to 184.66%. Testimony. The MassHealth representative noted that on May 13, 2025, a periodic data match was performed by the MassHealth system on the appellant's account. This data match found that the appellant received a monthly Social Security income of \$442.00, versus the \$431.00 per month that the appellant had attested to on his application for benefits. Testimony.

The MassHealth representative continued her testimony. She testified that the next action on the appellant's account occurred when the appellant's MassHealth CommonHealth coverage was terminated on July 15, 2025, due to past-due premiums; a notice was sent to the appellant on that same date. Testimony. The past-due premiums issue was resolved on July 28, 2025, and the appellant's MassHealth CommonHealth coverage was reinstated with no gaps in coverage. Testimony. On September 17, 2025, another periodic data match was performed by MassHealth system on the appellant's account. The system found that the appellant was now receiving a monthly Social Security income of \$1,212.00, and his monthly income is now equal to a MAGI FPL of 244.5%. The appellant was assessed a premium of \$46.80 per month for his MassHealth CommonHealth benefits, beginning October 2025, and he was informed of this change by notice dated September 17, 2025. Testimony.

The MassHealth representative testified that next action on the appellant's account was when an approval notice for the MSP was issued to the appellant on December 10, 2025, informing him that his MSP coverage would begin on January 1, 2026; this is the notice on appeal. Testimony; See *also*, Exhibit 1. She acknowledged that the appellant had received a lot of notices from MassHealth in 2025; she explained that the appellant's eligibility for the MSP program is determined by a separate system that has the capacity to determine whether a Medicare recipient like the appellant is eligible for reimbursement of Medicare premium costs.

The MassHealth representative then stated that the appellant's MassHealth CommonHealth coverage was terminated on December 29, 2025, due to the appellant having a past-due balance for his premiums. This termination was subsequently resolved with "manual income verification." Testimony. The appellant's MSP benefits became active on January 1, 2026. Testimony. On January 12, 2026, two days prior to this hearing, the appellant's MassHealth CommonHealth coverage was once again terminated due to an overdue balance, but the appellant's benefits were reinstated that same day after proof of income and payment were received. Testimony. She concluded her testimony by stating that currently, the appellant's MSP benefit is active as of January 1, 2026, and MassHealth CommonHealth, as of December 13, 2024. Testimony.

The appellant did not dispute the MassHealth representative's testimony regarding the history of his account at MassHealth in 2025. The appellant's mother stated that he was here today because he received the letter from MassHealth in December 2025 that informed him that he would no longer have to pay Medicare premiums. However, this letter did not make sense to them because the appellant never paid Medicare premiums in 2025. December 2025 is the only month in the last year that he was not reimbursed for his Medicare premiums. The appellant is here today because he would like his December 2025 Medicare premium refunded. He believes that his Medicare premium should not have been deducted from his Social Security payment for December 2025. Testimony. The appellant's circumstances have not changed since receiving MassHealth CommonHealth coverage in December 2024. Testimony.

The Hearing Officer then asked the MassHealth representative to clarify whether or not the appellant had been enrolled in MSP in 2025 and if he had a gap in his MSP coverage in December 2025. The MassHealth representative confirmed that the appellant was enrolled in MSP in 2025, and that he had a gap in this benefit in December 2025. She could not explain why the appellant had a gap in his MSP coverage in December 2025, and she did not know why the appellant's Medicare premium was not reimbursed for that month only. She could not locate a notice in the MassHealth system regarding the appellant's enrollment in the MSP program except for the notice on appeal. Testimony. The MassHealth representative then testified that there were "policy changes" regarding MSP enrollment for MassHealth CommonHealth recipients. A prior MassHealth policy automatically enrolled all MassHealth CommonHealth recipients who met the income requirements for the program in the MSP. The MassHealth representative and the appellant had called the Medicare Savings Program together prior to the hearing to try to resolve this issue. Testimony. At some point in early 2025, MassHealth policy changed, and now MSP

eligibility must be separately determined for all MassHealth CommonHealth recipients; some members lost brief periods of coverage due to this transition.¹ This may have been the case for the appellant. These policy changes also prevent MassHealth from backdating or reimbursing MSP payments for periods prior to the appellant's effective date of MSP coverage, which is January 1, 2026. Testimony.

Findings of Fact

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

1. The appellant is a disabled adult between the ages of [REDACTED] who resides in a household of one. Testimony.
2. The appellant's disability was verified and he was approved for MassHealth CommonHealth in December 2024; at this time, the appellant reported income that was verified to be equal to a MAGI federal poverty level (FPL) of 139.83%. Testimony.
3. In or about December 2024, the appellant was enrolled in the MSP program and the appellant received reimbursement for his Medicare premiums in every month in 2025 except for December. Testimony.
4. At hearing, MassHealth was unable to verify that it had provided notice to the appellant that his MSP benefits were ending in December 2025. Testimony.
5. On December 10, 2025, MassHealth notified the appellant that he was approved for the MSP program beginning January 1, 2026. Exhibit 1.
6. On December 15, 2025, the appellant timely appealed the December 10, 2025 notice, seeking reimbursement of his December 2025 Medicare premiums. Exhibit 2; Testimony.

Analysis and Conclusions of Law

In this case, there is no dispute that the appellant, a disabled adult between the ages of [REDACTED] is eligible for MassHealth CommonHealth coverage and is currently active in the MSP program. The issue raised at hearing was whether or not MassHealth erred in failing to

¹ The MassHealth representative speculated that the policy change was due to MassHealth receiving a federal waiver denial that was summarized in a MassHealth legal opinion and implemented in 2025, but she could not provide the specific legal opinion or a relevant MassHealth Eligibility Operations Memo (EOM). Testimony. Following the hearing, prior to the issuance of this decision, the Hearing Officer was also unable to locate any such legal opinion or EOM on the topic of the MSP program issued in 2025.

reimburse the appellant for his Medicare premium payments in December 2025.

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”

At the hearing, the appellant asserted (i) that he had received MSP Medicare premium payments each month in 2025 except for December 2025; and (ii) he never received notice from MassHealth that he would not receive MSP Medicare premium payments in December 2025. I strongly credit the appellant’s testimony and the appellant’s mother’s testimony. The MassHealth representative confirmed that the appellant received MSP payments throughout the entirety of 2025, except for December 2025; she was not able to explain why these payments suddenly ceased, and during the hearing she could not locate a notice in the MassHealth system that showed that MassHealth had notified the appellant that his MSP benefit was being terminated in December 2025. When the appellant received the December 10, 2025, approval notice on appeal, he swiftly appealed it to the Board of Hearings; I credit his testimony that he was not aware that his MSP benefits had ended in December 2025 until his Medicare premium remained unreimbursed.

Therefore, I find that MassHealth erred when it failed to provide the appellant with timely written notice that his MSP benefits were ending in December 2025. The appropriate remedy is to reimburse the appellant for his December 2025 Medicare premium payments. This appeal is hereby APPROVED.

Order for MassHealth

Reimburse the appellant the cost of his December 2025 Medicare premiums.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171