



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Eligibility Operations Memo 25-14

DATE: August 2025

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation

RE: **Changes to Start Date Rules and Three-Month Retroactive Eligibility Rules**

Background

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.

Updated Start Date Rules

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. Prior to this change, the eligibility start date was retroactive to 10 days prior to the application date or eligibility determination.

Three-Month Retroactive Eligibility

This update also provides all eligible applicants with retroactive coverage for up to three months prior to the month of application. Three-month retroactive eligibility was previously only available to specific people, including those who were pregnant and children up to age 19. 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.

The ACA-3 paper and online applications include a question that asks if an applicant has had medical bills in the three months before the date of the application. If the applicant answers yes, MassHealth will determine if the applicant qualifies for retroactive coverage.

This change applies only to individuals eligible for a MassHealth benefit. It does not apply to the Health Safety Net, Children's Medical Security Plan, Qualified Medicare Beneficiaries, or Health Connector programs.

Questions?

Have your MEC designee contact the Policy Hotline.