Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2307053
Decision Date:	10/2/2023	Hearing Date:	09/22/2023
Hearing Officer:	Emily Sabo		

Appearances for Appellant:

Appearance for MassHealth: Monica Ramirez

Interpreter: ITI 359766



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:	Eligibility; Under 65; Immigration Status
Decision Date:	10/2/2023	Hearing Date:	09/22/2023
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	Aunt
Hearing Location:	Quincy Harbor South (Remote)	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 July 18, 2023, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the Appellant did not meet citizenship and immigration requirements (see 130 CMR 504.000 and Exhibit 1). The Appellant filed this appeal in a timely manner on August 14, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth Limited but denied her from further MassHealth benefits.

lssue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 504.000, in determining that the Appellant did not qualify for additional benefits beyond MassHealth Limited.

Summary of Evidence

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The MassHealth representative appeared at the hearing telephonically and testified as follows: the Appellant is between the ages of 21 and 64 years old, has a household of one, and an income of zero. The MassHealth representative testified that the Appellant applied for benefits on July 18, 2023, and that the Appellant's eligibility could begin ten days earlier, on July 8, 2023. The MassHealth representative explained that the Appellant qualified for only MassHealth Limited benefits because MassHealth did not have the Appellant's social security number or further information on her immigration status. The MassHealth representative stated that if the Appellant could provide documents such as an employment authorization card, US passport, or permanent residency card, she may qualify for more MassHealth benefits.

The Appellant appeared telephonically, testified through an interpreter, and verified her identity. During the hearing, the Appellant also authorized a representative to testify on her behalf. The Appellant's representative shared the Appellant's social security number and employment authorization information. The Appellant's employment authorization began in June 2023.

The MassHealth representative verified the Appellant's social security number and employment authorization information and updated MassHealth's records. The MassHealth representative approved the Appellant for MassHealth CarePlus. In response to a question from the Appellant, the MassHealth representative testified that the Appellant's MassHealth ID number would remain the same. The MassHealth representative stated that because the Appellant presented the information on her immigration status at the hearing that her eligibility for CarePlus could only go back ten days prior, to September 12, 2023.

Findings of Fact

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

- 1. The Appellant is an adult between the ages of 21 and 64 (Testimony).
- 2. The Appellant has a household of one and no income (Testimony).
- 3. The Appellant applied for MassHealth benefits on July 18, 2023 (Testimony).
- 4. Based on immigration information presented by the Appellant at hearing, the MassHealth representative approved the Appellant for MassHealth CarePlus (Testimony).

Analysis and Conclusions of Law

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MassHealth CarePlus regulations at 130 CMR 505.008(A) provide:

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Health Care Reform: MassHealth: Managed Care Requirements* and 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). The MassHealth CarePlus coverage start date is provided for in 130 CMR 505.008(E) and 130 CMR 502.006. For individuals who submit verifications within ninety days, coverage begins ten days prior to the application date. 130 CMR 502.006(A)(2)(a).

Under the MassHealth Fair Hearing Rules at 130 CMR 610.071:

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. 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.

130 CMR 610.071(A)(2).

Based on the immigration verification the Appellant submitted at the hearing, the MassHealth representative approved her July 18. 2023 application for MassHealth CarePlus. The only remaining issue in dispute is the coverage start date. As provided for in 130 CMR 610.071, the effective date of the Appellant's eligibility is based on when all the eligibility conditions were met, not when the supporting evidence was submitted. Accordingly, the Appellant's MassHealth CarePlus is approved retroactive to ten days prior to her application, which is July 8, 2023. See 130 CMR 505.008(E); 130 CMR 502.006; & 130 CMR 610.071(A)(2). Therefore, the

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appeal is APPROVED, with a CarePlus coverage start date of July 8, 2023.

Order for MassHealth

Approve the Appellant's MassHealth CarePlus coverage retroactive to July 8, 2023.

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.

Emily T. Sabo Hearing Officer Board of Hearings

cc:

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