

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



|                  |               |                 |            |
|------------------|---------------|-----------------|------------|
| Appeal Decision: | Approved      | Appeal Number:  | 2308541    |
| Decision Date:   | 10/19/2023    | Hearing Date:   | 10/18/2023 |
| Hearing Officer: | Emily T. Sabo | Record Open to: |            |

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Sarah Sardella, Quincy MEC

Interpreter:



*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                        | <b>Issue:</b>            | Under 65; Eligibility;<br>Incomplete<br>Application;<br>Signature |
| <b>Decision Date:</b>     | 10/19/2023                      | <b>Hearing Date:</b>     | 10/18/2023  |
| <b>MassHealth's Rep.:</b> | Sarah Sardella                  | <b>Appellant's Rep.:</b> | Pro se  |
| <b>Hearing Location:</b>  | Quincy Harbor South<br>(Remote) | <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 a notice dated September 5, 2023, MassHealth denied the Appellant's reapplication for MassHealth benefits because it was incomplete (see 130 CMR 502.001 and Exhibit 1). The Appellant filed this appeal in a timely manner on September 18, 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 denied the Appellant's reapplication for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.001, in determining that the Appellant's renewal application was incomplete and denying her application for MassHealth benefits.

### Summary of Evidence

The MassHealth representative appeared at the hearing via telephone and testified to the following: the Appellant has been a member of MassHealth CarePlus from December 11, 2018, until August 26, 2023. The Appellant is an adult under the age of 65. The MassHealth representative testified that MassHealth received a renewal application from the Appellant on August 11, 2023. The MassHealth representative testified that the renewal application that the Appellant submitted contained all of the required information necessary to make an eligibility determination, but that the Appellant did not sign and date her application, specifically on page 45 of the application. The MassHealth representative testified that the renewal forms were currently only available in English and Spanish. The MassHealth representative testified that the MassHealth Customer Service line can accept electronic signatures from applicants over the phone. The MassHealth representative testified that the Appellant has a household size of one and no income.

The Appellant appeared telephonically and testified through an interpreter. The Appellant verified her identity. The Appellant testified that she needed to use Google Translate to interpret the renewal form. The Appellant testified that she had signed somewhere on the application and that she intended to sign the application. The Appellant testified that because she relied on Google Translate to understand the form she may have misunderstood where to sign the application. The Appellant testified that if that was the case, she made a mistake, and that she intended to sign and date the application.

## **Findings of Fact**

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

1. The Appellant became a member of MassHealth CarePlus starting on December 11, 2018.
2. The Appellant is an adult under the age of 65.
3. The Appellant submitted her MassHealth renewal application on August 11, 2023.
4. The Appellant relied on Google Translate to understand and complete the renewal application.
5. The Appellant intended to sign and date her renewal application.

## **Analysis and Conclusions of Law**

The MassHealth Eligibility Regulations provide at 130 CMR 502.001:

(A) Filing an Application. To apply for MassHealth, an individual or his or her authorized

representative must file an application online at [www.MAHealthConnector.org](http://www.MAHealthConnector.org), complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC).

(1) Date of Application.

- (a) The date of application for an online, telephonic, or in-person application is the date the application is submitted to the MassHealth agency.
- (b) The date of application for a paper application that is either mailed or faxed is the date the application is received by the MassHealth agency.

(2) Online or Telephone Application Requirements.

- (a) Individuals, or their authorized representative, if applicable, completing an application for MassHealth online at [www.MAHealthConnector.org](http://www.MAHealthConnector.org) or by telephone must be identity proofed pursuant to 130 CMR 502.001(A)(3). Eligibility based on an online or telephonic application cannot be determined until the identity is proven or a paper application is submitted.
- (b) If an applicant submits a paper application or applies in person at a MassHealth Enrollment Center, identity proofing is not required.

(3) Identity Proofing Process. An individual or his or her authorized representative, if applicable, completing an online or telephonic application will be asked a series of questions to prove his or her identity.

- (a) If the individual is successfully identity proofed, the application may be submitted and an eligibility determination will be performed.
- (b) If the individual is not successfully identity proofed, the individual will be asked to provide one or two forms of acceptable documentation proving his or her identity.
- (c) When identity proof is received, an individual can submit an application and the eligibility process commences. The MassHealth agency will determine
  - 1. the coverage type providing the most comprehensive medical benefits for which the applicant is eligible and the application is considered submitted on the date of successful identity proofing; and
  - 2. the need to request any corroborative information necessary to determine eligibility, as provided in 130 CMR 502.001(B) through (D).
- (d) If identity proof is not received, the MassHealth agency is unable to determine eligibility for medical benefits.
- (e) To prove his or her identity, an individual can submit the acceptable proofs of identity as described in 130 CMR 504.005(A)(1): Acceptable Proof of Both Citizenship and Identity or 130 CMR 504.005(A)(3): Acceptable Proof of Identity.

(4) Paper Applications or In-person Applications at the MEC Containing Missing or Inconsistent Information.

- (a) If a paper application is received at a MassHealth Enrollment Center or a MassHealth outreach site and the applicant did not answer all required questions on the application or if the application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.
- (b) The MassHealth agency requests responses to all of the unanswered questions

necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the request referenced in 130 CMR 502.001(A)(4)(b), the eligibility process commences. The MassHealth agency will determine

1. the coverage type providing the most comprehensive medical benefits for which the applicant is eligible, and the application is considered submitted on the date the initial incomplete application was received by the MassHealth agency; or
2. the need to request any corroborative information during the provisional eligibility period necessary to determine eligibility, as provided in 130 CMR 502.001(B) through (D).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 502.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility for medical benefits. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received. Notwithstanding the foregoing, if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to verify eligibility. The applicant must supply such information within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C).

(C) Corroborative Information Received. If all necessary information is received within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C), the MassHealth agency will determine the most comprehensive medical benefits for which the applicant is eligible.

(D) Corroborative Information Not Received. If the necessary information is not received within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C), with the exception of the individuals described at 130 CMR 502.001(D)(1) through (4), the MassHealth agency will attempt to redetermine eligibility using electronic data sources, if available, but if such information is not available from these sources, the applicant's MassHealth benefits will be denied or terminated, as described in 130 CMR 502.003(D)(2). The MassHealth agency will notify the applicant accordingly.

- (1) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of breast or cervical cancer, the individual will not be considered as an individual with breast or cervical cancer and will be determined

for the most comprehensive coverage for which the individual qualifies without this factor.

(2) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of HIV-positive status, the individual will not be considered as an individual with HIV-positive status and will be determined for the most comprehensive coverage for which the individual qualifies without this factor.

(3) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of disability status, the individual will not be considered as a disabled individual and will be determined for the most comprehensive coverage for which the individual qualifies without this factor.

(4) If immigration status information is not received within the reasonable opportunity period referenced in 130 CMR 502.003(F) and the immigration status cannot be verified using electronic data sources, the individual's eligibility will be determined as an "other noncitizen" as described in 130 CMR 504.003(D): Other Noncitizens.

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.

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).

The Appellant submitted her MassHealth renewal application on August 11, 2023. Under 130 CMR 502.001(A)(4)(a), if an application is unsigned, MassHealth is unable to determine the applicant's eligibility for MassHealth. Here, under oath and through an interpreter, the Appellant verified her identity and testified that she needed to rely on Google Translate to understand and complete the renewal application. The Appellant testified that she thought she signed the application, and that if she did not do so appropriately, she misunderstood where it was necessary to sign the application. Accordingly, at the hearing, the Appellant provided sufficient evidence of her signature to allow MassHealth to process her submitted application. The Appellant's appeal is approved and MassHealth is directed to process the Appellant's August 11, 2023, renewal application, maintaining the August 11, 2023 application date. When MassHealth determines the Appellant's eligibility based on the Appellant's August 11, 2023, application, the Appellant will receive a new notice with separate appeal rights, should she wish to challenge anything.

## **Order for MassHealth**

Process the Appellant's August 11, 2023, application.

## **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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Emily T. Sabo  
Hearing Officer  
Board of Hearings

cc:

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

