

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310650
Decision Date:	1/23/2024	Hearing Date:	11/30/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Christine Prunier (Tewksbury MEC) *via*
telephone

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

Appeal Decision:	Denied	Issue:	Under 65/Coverage Type
Decision Date:	1/23/2024	Hearing Date:	11/30/2023
MassHealth's Rep.:	Christine Prunier	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center		

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 25, 2023, MassHealth informed the appellant that he was approved for MassHealth Limited but was denied for MassHealth Standard. (See 130 CMR 504.000; 505.002(A), (E); 505.004; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on October 31, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was eligible for MassHealth Limited but not eligible for MassHealth Standard.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 and 505.006, in determining that the appellant was eligible for MassHealth Limited and not eligible for MassHealth Standard.

Summary of Evidence

The MassHealth representative testified to the following. The appellant is between the ages of 21 and 64. (Ex. 3). The appellant is the head of a household consisting of three people, which include his two younger siblings. The appellant is a non-tax filer and does not have an eligible immigration status on file. The appellant does not have any income and is therefore at 0% of the federal poverty level (FPL). MassHealth sent the appellant the notice under appeal after the appellant completed his eligibility renewal over the telephone on September 25, 2023. MassHealth approved the appellant for MassHealth Limited with Health Safety Net. The MassHealth representative stated that the appellant does not qualify for more comprehensive coverage because he does not have an immigration status on file. MassHealth Limited is the highest benefit level currently available to him and is what he has had in previous years. (Ex. 3).

The appellant testified that he was concerned that, with his current coverage, he would not be able to continue seeing the specialists he was seeing. The appellant stated that, when visiting one specialist, he was told that he no longer had coverage and the appellant was only covered for visits to the emergency room. The appellant was also concerned about coverage for his two siblings, one of whom requires an audiologist.

The MassHealth representative stated that the appellant's level of coverage has not changed. The MassHealth representative stated that there was a gap prior to his completing the renewal and the appellant was not covered during that time. Although the appellant's coverage was ultimately reinstated without a gap, the appellant's medical providers may have informed him he was not covered during that time. The MassHealth representative again stated that the appellant and his siblings have the same coverage that they have had in previous years.

Findings of Fact

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

1. The appellant is between the ages of 21 and 64. (Ex. 3).
2. The appellant is a male. (Ex. 3).
3. The appellant is the head of a household of three people. (Testimony of the MassHealth representative).
4. The appellant is a non-tax filer and does not have an eligible immigration status on file. (Testimony of the MassHealth representative).
5. The appellant's income is at 0% of the FPL. (Testimony of the MassHealth representative; Ex. 1).

6. MassHealth sent the appellant a notice after the appellant completed his eligibility renewal over the telephone on September 25, 2023. (Testimony of the MassHealth representative; Ex. 1).
7. MassHealth approved the appellant for MassHealth Limited with Health Safety Net. (Ex. 1; Testimony of the MassHealth representative).

Analysis and Conclusions of Law

Non-citizens who are not Lawfully Present Immigrants, Protected Noncitizens, or Nonqualified Persons Residing under Color of Law are considered Other Noncitizens. (See 130 CMR 504.003). Other noncitizens may receive MassHealth Standard, if they are pregnant and meet the categorical requirements and financial standards described at 130 CMR 505.002; MassHealth Limited if they meet the categorical requirements and financial standards as described in 130 CMR 505.006; and Children's Medical Security Plan, if they are children younger than 19 years old and meet the categorical requirements and financial standards as described in 130 CMR 522.004. (130 CMR 504.006(D)). MassHealth Limited is available to other noncitizens who are, amongst others, adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income (MAGI) of the MassHealth MAGI household that is less than or equal to 133% of the FPL. (130 CMR 505.006(B)(1)(a)(4)).

The record shows that the appellant is a non-documented immigrant, and, as such, MassHealth considers him as an "other immigrant." The record shows that the appellant is a male, and he would not be eligible for MassHealth Standard as an "other immigrant." The appellant is also over the age of 19, which means he is ineligible for Children's Medical Security Plan. The record does show that the appellant is between the ages of 18 and 64 and is eligible for MassHealth Limited because his MAGI household has an income that is under 133% of the FPL. MassHealth therefore correctly determined that the appellant was eligible for MassHealth Limited. As such, the appellant's appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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