

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401999
Decision Date:	4/30/2024	Hearing Date:	03/12/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva (Taunton MEC) *via telephone*



*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/MassHealth Limited/Immigration Status
Decision Date:	4/30/2024	Hearing Date:	03/12/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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 January 16, 2024, MassHealth informed the appellant that she was eligible for MassHealth Limited starting July 9, 2023 but not more comprehensive coverage because she did not meet citizenship and immigration requirements or have a special circumstance such as pregnancy or disability. (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 February 7, 2024. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032(A)(3)).

Action Taken by MassHealth

MassHealth determined the appellant was eligible for MassHealth Limited but not a more comprehensive MassHealth coverage because she did not meet citizenship and immigration requirements or have a special circumstance such as pregnancy or disability.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 504.000; 505.002(A),(E); and 505.004 in determining that the appellant was eligible for MassHealth Limited but not a more comprehensive coverage.

Summary of Evidence

At the hearing, a worker from the Taunton MassHealth Enrollment Center (MEC) represented MassHealth and the appellant represented herself and both attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant submitted her renewal to MassHealth in January 2024. (Testimony). The appellant is an adult between the ages of 21 and 64 years old. (Ex. 3; Testimony). The appellant does not have a disability status and does not receive EAEDC. (Ex. 3; Testimony). The appellant lives in a household of three people consisting of herself and her two minor children. (Testimony). The appellant is employed and receives gross income of \$432.00 per week, which is \$1,871.86 per month. (Testimony). As of the date of MassHealth's determination, the appellant's income placed her at 85.36% of the Federal Poverty Level (FPL) for a household of three. (Testimony). The appellant is a tax-filer, and her two children are tax dependents. (Testimony). The appellant is presently enrolled in Tufts Health Direct plan through the Massachusetts Health Connector, which started on March 1, 2024. (Testimony). The appellant is not required to pay a monthly premium. (Testimony). Furthermore, the appellant is also eligible for MassHealth Limited and the Health Safety Net (HSN) through MassHealth. The appellant's children are both eligible for and active with MassHealth Standard. (Testimony). The appellant has work authorization, and her immigration status is Immigrant Legally Present. (Testimony; Ex. 3).¹

The appellant stated that this was confusing to her because she thought that she was eligible for MassHealth Standard because her children were citizens. (Testimony). The appellant thought that once she presented MassHealth with her work authorization she would again be found eligible for MassHealth Standard. (Testimony).

The MassHealth representative stated that the appellant is not presently eligible for MassHealth Standard and provided the following explanation. Prior to August 2021, the appellant received MassHealth Limited. (Testimony; Ex. 3). At that time the appellant did not have an immigration status allowing her to be eligible for more comprehensive MassHealth coverage. (Testimony). At that time the appellant did not fall within one of the exceptions that would allow her to receive more comprehensive coverage despite her immigration status. (Testimony). In August 2021,

¹ The MassHealth representative also took this opportunity to inform the appellant that her case was pending proof of income and address, which due by April 1, 2024. The appellant stated that she understood this and that she had been told this by someone at the Chelsea MEC. She stated that she would submit those proofs no later than April 1, 2024.

however, the appellant reported that she was pregnant, and this meant that she did fall within one of the exceptions and she became eligible for MassHealth Standard. (Testimony; Ex. 3). Under normal circumstances the appellant would have only continued being eligible for MassHealth Standard during her pregnancy and for 12 months after giving birth. (Testimony). The appellant began receiving her benefit, however, during the COVID-19 national emergency. (Testimony). During that emergency, MassHealth protected members' coverage by neither downgrading nor involuntarily terminating members. (Testimony). This meant that the appellant remained eligible for MassHealth Standard for the remaining duration of the emergency. (Testimony). The emergency period ended on April 1, 2023. (Testimony).

The appellant submitted a renewal on January 16, 2024, at which time MassHealth determined that she was eligible for MassHealth Limited and HSN. (Ex. 1; Testimony). The appellant was not eligible for more comprehensive MassHealth coverage because of her immigration status and because she did not fall within one of the exceptions that would allow her to get more comprehensive coverage despite her immigration status. (Testimony). The appellant was also no longer protected by the measures MassHealth implemented because of the COVID-19 national emergency.

The appellant then stated that her main reason for appealing was that the doctor she has been seeing for a number of years did not accept the Tufts Health Direct plan she has with the Connector. (Testimony). The appellant wanted to get back on to MassHealth Standard because that doctor did accept her coverage when she was on MassHealth Standard. (Testimony). The MassHealth representative stated that when the appellant was receiving MassHealth Standard, she received her benefits through a managed care plan with WellSense. (Testimony). The MassHealth representative stated that WellSense does offer plans through the Connector, and the appellant may wish to change from her current Tufts plan to a WellSense plan, since it was likely that her doctors would accept that plan. The MassHealth representative recommended first that the appellant speak to her doctors about which Connector Plans they do accept before changing plans.

Findings of Fact

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

1. Prior to 2021, the appellant received MassHealth Limited. (Testimony; Ex. 3).
2. At that time the appellant did not have an immigration status allowing her to be eligible for more comprehensive MassHealth coverage and did not fall within one of the exceptions that would allow her to receive more comprehensive coverage despite her immigration status. (Testimony).
3. In 2021, the appellant reported that she was pregnant, which meant that she did fall within one of the exceptions and she became eligible for MassHealth Standard. (Testimony; Ex. 3).

4. Under normal circumstances the appellant would have only continued being eligible for MassHealth Standard during her pregnancy and for 12 months after giving birth. (Testimony).
5. The appellant began receiving MassHealth Standard, however, during the COVID-19 national emergency. (Testimony).
6. During that national emergency, MassHealth protected members' coverage. (Testimony).
7. This meant that the appellant remained eligible for MassHealth Standard for the duration of the national emergency, which ended on April 1, 2023. (Testimony).
8. The appellant submitted her renewal to MassHealth on January 16, 2024. (Testimony).
9. As a result of the renewal, MassHealth determined that the appellant was eligible for MassHealth Limited and HSN. (Ex. 1; Testimony).
10. The appellant is an adult between the ages of 21 and 64 years old. (Ex. 3; Testimony).
11. The appellant does not have a disability status and does not receive EAEDC. (Ex. 3; Testimony).
12. The appellant lives in a household of three people consisting of herself and her two minor children. (Testimony).
13. The appellant has work authorization, and her immigration status is Immigrant Legally Present. (Testimony; Ex. 3).
14. The appellant is employed and receives gross income of \$432.00 per week, which is \$1,871.86 per month. (Testimony).
15. As of the date of MassHealth's determination, the appellant's income placed her at 85.36% of the FPL for a household of three. (Testimony).
16. The appellant is a tax-filer, and her two children are tax dependents. (Testimony).
17. The appellant's children are both eligible for and active with MassHealth Standard. (Testimony).
18. The appellant is presently enrolled in Tufts Health Direct plan through the Massachusetts Health Connector, which started on March 1, 2024. (Testimony).
19. The appellant is not required to pay a monthly premium. (Testimony).

Analysis and Conclusions of Law

Nonqualified individuals lawfully present are immigrants who are not qualified to receive a Federal public benefit under PRWORA, 8 U.S.C. 1641, but are lawfully present. (130 CMR 504.003(A)(3)). Non-qualified individuals lawfully present include individuals who are granted employment authorization under 8 CFR 274a.12(c). (130 CMR 504.003(A)(3)(c)3.).

Under 130 CMR 504.006 nonqualified individuals lawfully present may receive the following coverage:

- (1) MassHealth Standard, if they are younger than 19 years old, young adults 19 and 20 years of age, or people who are pregnant and meet the categorical requirements and financial standards described in 130 CMR 505.002: MassHealth Standard; independent foster care children 18 through 20 years of age, and children younger than 19 years old and young adults 19 and 20 years of age who are receiving EAEDC.
- (2) MassHealth CommonHealth, if they are younger than 19 years old and meet the categorical requirements and financial standards as described in 130 CMR 505.004: MassHealth CommonHealth;
- (3) MassHealth Family Assistance, if they are children younger than 19 years old, disabled adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.005: MassHealth Family Assistance or adults 21 through 64 years of age who are receiving EAEDC;
- (4) MassHealth Limited, if they are adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.006: MassHealth Limited; and
- (5) 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: Children's Medical Security Plan (CMSP)...(130 CMR 504.006(B)).

The appellant is an immigrant who is lawfully present in the United States as an individual who has been granted employment authorization and is, thus, a “nonqualified individual lawfully present.” The appellant is between 21 and 64 years old and is not currently pregnant. The appellant is not disabled and does not receive EAEDC. Based on this, the appellant is not eligible for MassHealth Standard, CommonHealth, Family Assistance or the Children’s Medical Security Plan.

MassHealth Limited is available to nonqualified individuals lawfully present who are adults, including parents and caretaker relatives, 21 through 64 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL. (130 CMR 505.006(B)(1)(c)1). As stated before, the appellant is a nonqualified individual lawfully present who

is an adult between the ages of 21 and 64 years old. The appellant's modified adjusted gross income is \$1,871.86 per month, which places her at approximately 85.36% of the FPL for a household of three. The appellant is therefore eligible for MassHealth Limited.

For the above reasons, the 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:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780