

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2176348
<b>Decision Date:</b>	01/12/2022	<b>Hearing Date:</b>	10/13/21
<b>Hearing Officer:</b>	Stanley Kallianidis	<b>Record Open Date:</b>	12/13/21

**Appellant Representative:**



**MCO Representative:**

Cassandra Horne



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	Denial of Service 12/22/20
<b>Decision Date:</b>	01/12/2022	<b>Hearing Date:</b>	10/13/21
<b>MCO Rep.:</b>	Cassandra Horne	<b>Appellant Representative:</b>	[REDACTED]

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

The appellant received a Notice of Adverse Action, Denial of Level 1 Appeal, from Commonwealth Alliance (CCA) dated July 7, 2021 denying her a provider payment of \$152.00 for a December 22, 2020 dental service (Exhibit 1 & 3). The appellant appealed the action in a timely manner on August 11, 2021 (130 CMR 610.015(B); Exhibit 2). The appeal was initially dismissed and subsequently rescheduled following such a request from the appellant (Exhibit 8).

During the record open period, following the submission of additional evidence from the appellant (Exhibits 4 & 5), the CCA representative indicated that she was overturning this denial and approving the request in question for payment (Exhibit 6).

With this approval, the issue of the denied provider payment for \$152.00 has been rendered moot and the appeal is dismissed accordingly (130 CMR 610.032).

## 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.

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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Commonwealth Care Alliance  
Attn: Cassandra Horne  
30 Winter Street  
Boston, MA 02108

