

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2178085
Decision Date:	12/16/2021	Hearing Date:	11/22/2021
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:



Appearances for MassHealth:

Sarah Prado, Premium Assistance
Funmi Adejobi, Chelsea MassHealth



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Dismissed	Issue:	Premium Assistance Eligibility
Decision Date:	12/16/2021	Hearing Date:	11/22/2021
MassHealth Reps.:	Sarah Prado; Funmi Adejobi	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings (Remote)		

Authority

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

Jurisdiction

Through a notice dated September 28, 2021, MassHealth notified the appellant that it had stopped his premium assistance payments (130 CMR 506.012; Exhibit 1). The appellant filed a timely appeal on October 22, 2021 (130 CMR 610.015(B); Exhibit 1). Eligibility for premium assistance is a valid basis for appeal (130 CMR 610.032). At hearing, a representative from MassHealth's Premium Assistance Unit testified that the notice on appeal issued in error; a COVID-19 protection that had been placed on the appellant's case was inadvertently removed, prompting the termination notice. She stated that the protection has been reinstated and the appellant's premium assistance payments will resume. She further indicated that the appellant would be sent checks for the payments missed in October and November of this year.¹ Because MassHealth has made an adjustment that has resolved the issue on appeal, the appeal is dismissed (130 CMR 610.051(B)).

¹ After confirming that its error had been corrected, MassHealth also informed the appellant that it would be reducing his premium assistance payment by \$150 (from \$464 to \$314). Post-hearing, the MassHealth Premium Assistance Unit clarified that it would not be reducing the appellant's payments by \$150 while the appellant continues to be eligible for the same MassHealth coverage type and his health insurance remains the same (Exhibit 3).

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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: Premium Assistance Unit
UMASS – Schrafft’s Center
529 Main Street
Charlestown, MA 02129

Chelsea MassHealth Enrollment Center