

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved/ Dismissed	<b>Appeal Number:</b>	2304997
<b>Decision Date:</b>	09/08/2023	<b>Hearing Date:</b>	07/28/2023
<b>Hearing Officer:</b>	Kenneth Brodzinski	<b>Record Open to:</b>	09/07/2023

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Dr. Sheldon Sullaway



*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/ Dismissed	<b>Issue:</b>	Prior Authorization – Dental – Replacement Dentures
<b>Decision Date:</b>	09/08/2023	<b>Hearing Date:</b>	07/28/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

### Authority

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

### Jurisdiction

Through notice dated June 11, 2023, MassHealth denied Appellant's request for prior authorization for complete upper and lower dentures (Exhibit A). Appellant filed a timely appeal on June 20, 2023 (see, Exhibit A). Denial of prior authorization constitutes valid grounds for appeal (see 130 CMR 610.032).

A hearing was held on July 28, 2023 after which the record was held open until September 7, 2023 to allow Appellant to submit additional information and for MassHealth to respond. Appellant filed additional documentation in timely manner (Exhibit C). In response MassHealth notified the Board of Hearings that, based on the additional information received, authorization for the requested dentures was approved (Exhibit D).

Whereas MassHealth has approved the subject request for authorization and there is no issue left for the Board to decide, the appeal is Approved and DISMISSED.

## **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.

## **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 the Enrollment Center gives you any problems with implementing 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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA