# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:** 



Appeal Decision:	Dismissed	Appeal Number:	2308248
Decision Date:	11/7/2023	Hearing Date:	10/13/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant: Pro se Appearance for MassHealth: Asia Brown, Quincy MEC Sarah Prado, Premium Assistance



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:	Dismissed	lssue:	Employer Sponsored Insurance; Premium Assistance
Decision Date:	11/7/2023	Hearing Date:	10/13/2023
MassHealth's Rep.:	Asia Brown, Quincy MEC; Sarah Prado, Premium Assistance	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 August 30, 2023, MassHealth directed the Appellant to enroll in health insurance through her job and stated that her MassHealth benefits may end if she did not do so (Exhibit 1). The Appellant filed this appeal in a timely manner on September 13, 2023 (see 130 CMR 610.015(B) and Exhibit 2).

The Appellant appeared at the hearing telephonically and verified her identity. The MassHealth representative appeared telephonically and testified that the Appellant is currently enrolled in MassHealth CarePlus.<sup>1</sup> The MassHealth Premium Assistance representative appeared telephonically and explained that they had received information from the Appellant that she is employed part time and that the Appellant's employer only offers health insurance to full time employees. Therefore, MassHealth rescinded the August 30, 2023, notice. Because MassHealth rescinded the appealed notice, there are no longer any issues in dispute. Therefore, this appeal is dismissed. (130 CMR 610.035(A)(8)).

<sup>&</sup>lt;sup>1</sup> During the hearing, the Appellant expressed concern that MassHealth had classified her as disabled. To be enrolled in MassHealth CarePlus, an individual is not required to be disabled. 130 CMR 505.008.

# **Order for MassHealth**

If MassHealth has not already done so, rescind the August 30, 2023, notice, as described above.

### 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 you experience problems with the implementation of 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.

Emily T. Sabo Hearing Officer Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

Premium Assistance