

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2310482
<b>Decision Date:</b>	12/19/2023	<b>Hearing Date:</b>	12/1/2023
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Michael Richelson, Tewksbury  
Carmen Fabery, Premium Billing



*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>	Dismissed	<b>Issue:</b>	Eligibility, over 65, CommonHealth
<b>Decision Date:</b>	12/19/2023	<b>Hearing Date:</b>	12/1/2023
<b>MassHealth's Rep.:</b>	Michael Richelson and Carmen Fabery	<b>Appellant's Rep.:</b>	Representative
<b>Hearing Location:</b>	Tewksbury (remote)	<b>Aid Pending:</b>	No

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. The issue on appeal involved the October 16, 2023 termination of CommonHealth benefits. Exhibit 1. Appellant filed this appeal on November 3, 2023 and was eligible to retain his previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036.

At hearing, MassHealth testified that Appellant's disability status was erroneously omitted from MassHealth's system. MassHealth was able to fix the issue and return Appellant to MassHealth's CommonHealth benefit with no gaps in coverage and a monthly premium of \$9. MassHealth issued this approval notice on November 30, 2023. Appellant's representative agreed that this resolved the appeal issue.

As the termination issue in dispute at this appeal has been resolved, this appeal is dismissed. 130 CMR 610.035(A)(8), 130 CMR 610.051(B), 130 CMR 610.083(C).

### Order for MassHealth

Remove aid pending.

### 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 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

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