

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF MEDICAID
BOARD OF HEARINGS
100 HANCOCK STREET, 6TH FLOOR
QUINCY, MA 02171
(617) 847-1200 or (800) 655-0338
FAX (617) 887-8797

Date: November 3, 2023
Appeal No: 2309063
[REDACTED] v.
Office of Medicaid
RE: [REDACTED]

The hearing you requested regarding benefits services will be held on 12/04/2023 at 1:00PM. This hearing will be conducted pursuant to Massachusetts General Laws, Chapters 30A and 118E and Title 130 of the Code of Massachusetts Regulations, Chapter 610.

At the appointed time, the hearing officer will call the following participant(s) who will attend by telephone or video conference:

Appellant: [REDACTED]

Any material to be considered at the hearing must be sent to the Board of Hearings and to other participants prior to the hearing, so that all persons attending the hearing can refer to and speak from the same documents. If your appeal concerns a dental issue, remind your dentist that dental X-rays must be present in time for the hearing. X-rays should be mailed to: DentaQuest, P.O. Box 9708, Boston MA 02114-9708.

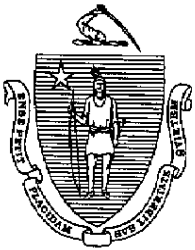
Please notify your attorney or appeal representative of the scheduled hearing. If you or your appeal representative fail to appear at the hearing, your appeal will be dismissed. Should your hearing become unnecessary, you must call us at the above number as soon as possible so we may use your scheduled time slot for another appellant.

For good cause, the Board of Hearings may, at the request of a party, reschedule the hearing provided that the request is received before the date of hearing. To reschedule call 1-617-847-1200 and 1-800-655-0338. Allowance of a request to reschedule is within the discretion of the Board of Hearings.

The enclosed sheet describes your rights and responsibilities and the hearing procedures.

cc:

MassHealth Representative: United Healthcare SCO, Attn: Susan Coutinho McAllister,
MD, LTC Medical Director, 950 Winter St., Ste. 3800, Waltham, MA 02451, 856-287-
2743



OFFICE OF MEDICAID
BOARD OF HEARINGS
100 HANCOCK STREET, 6th FLOOR
QUINCY, MA 02171
TEL: (517) 847-1200
TDD/TTY: (800) 497-4648

OFFICE OF MEDICAID BOARD OF HEARINGS

REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS: If you have a disability, you can request a reasonable accommodation to give you better access to the Board of Hearings. Please fill out this form to give us the information we need to process your request. Our policy is to process all reasonable accommodation requests within five days after receiving them.

Date of Request: _____

I wish to request a reasonable accommodation:

Name: _____

Phone: _____

Email: _____

Address: _____

(Street)

(City)

(State)

(ZIP)

☐ Appellant ☐ Attorney/Legal Staff ☐ Appellant Representative ☐ Witness
☐ Other Status (specify) _____

Hearing Location/Format: _____

Date of Hearing: _____

Case Name and Appeal Number: _____

TYPE OF ACCOMMODATION REQUESTED

☐ Access: physical access to parking lots / entrances / restrooms / elevators / hearing rooms

☐ Issue-Related: _____

I need the following reasonable accommodations:

☐ Large Print ☐ Digital Audio Reading ☐ Sign Language Interpreter
☐ CART (Communication Access Real-time Translation) ☐ Assistive Listening Devices
☐ Other (please specify) _____

Date Needed: _____

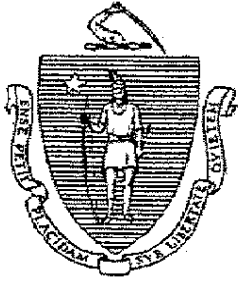
Time Needed: _____

Disability Requiring Accommodation: _____

Signature of Requestor or Person Completing the Form

Relationship to Requestor

AT LEAST TWO WEEKS BEFORE YOUR HEARING, submit this form to ADA Coordinator,
Office of Medicaid Board of Hearings, 100 Hancock Street, 6th Floor, Quincy, MA 02171,
or fax it to us at (617) 887-8797.



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Your scheduled hearing will be held Telephonically

PLEASE DO NOT GO TO THE HEARING SITE

For your scheduled TELEPHONIC HEARING – Please Note:

The phone call you will receive from the Board of Hearings will likely come from a blocked or unknown number. If needed, please temporarily adjust any settings on your mobile or landline if you have it set to block calls from an unlisted number.

The Board of Hearings will do its best to begin calling the number you provided at the hearings designated start time. However, please note that delays are possible, and your hearing may be delayed from its designated start time. We ask that you keep the phone line open for at least 15 minutes from the start time of your hearing. The hearing start time and date are listed on your notice of appeal.

The Board of Hearings will make at least 3 attempts to call you over a 15-minute span. If you do not answer any of the 3 calls, your appeal request may be dismissed.

If you do not receive a call within 15 minutes of your hearing start time, please call the Board of Hearings directly at 617-847-1200. Please leave a voicemail with the reason for your call, a phone number to reach you, and your appeal number. We will return your call as quickly as we can.

***Please call us before your hearing date if the phone number we have listed for you is incorrect or needs to be updated or if you would like to change the format of your hearing to in-person or virtual.**

COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services
Office of Medicaid

BOARD OF HEARINGS

100 Hancock Street, 6th Floor -- Quincy, MA 02171

Phone (617) 847-1200 -- Toll-free (800) 655-0338 -- Fax (617) 887-8797

YOUR RIGHTS

Appeal Representative

You may appoint another person to help you during the hearing call, or appoint another person with written permission to represent you.

Legal

You have the right to:

- have a lawyer or other expert at your own expense. To ask about free legal services, call the MassHealth Enrollment Center. See the telephone numbers on the bottom right of this page.
- Have a witness testify for you
- have an interpreter at our expense
- request a new hearing date. If you have good cause of a serious nature for not being able to attend the hearing, you must contact the Board of Hearings at least one day before the hearing date. Failure to reschedule or appear at the hearing without documented good cause may result in dismissal of your appeal.

Access to MassHealth Case File

You and your appeal representative have the right to examine your MassHealth case file before or during the hearing. For eligibility matters, contact MassHealth Customer Service. For orthodontic hearings, a MassHealth Dental Program representative from DentaQuest should be sending you a copy of the packet via email before the hearing date. If you do not receive it 2 business days before your hearing, call DentaQuest at 1-800-207-5019. For PCA, Home Health Service or DME matters, please contact Optum at 844 368-5184.

What to Have Ready on the Hearing Date

Have ready for your appeal any papers, evidence, and other related information that you want the Hearing Officer and other parties to consider. If there is time before the hearing, send it to the Board of Hearings via the fax or mailing address above. Otherwise, you will need to ask the Hearing Officer for additional time to submit the information.

During the Hearing

The Hearing Officer will administer an oath to everyone who will testify, and record the hearing to keep an

official record. MassHealth will explain its action, then you or your representative will explain why you disagree. You may question the MassHealth representative and witnesses.

After the Hearing

If your appeal is not resolved, the Hearing Officer may issue a written decision. If you disagree with such a decision, you may appeal it to court.

Withdrawing a Request

To withdraw your request for a fair hearing at any time, you may call or send a written letter to the Board of Hearings at the contact information listed above. Some appeals can be resolved prior to the hearing date.

MassHealth Enrollment Centers

80 Everett Avenue, 3rd Floor
 Chelsea, MA 02150

88 Industry Avenue, Suite D
 Springfield, MA 01104

The Schrafft's Center
 529 Main Street, Suite 1M1
 Charlestown, MA 02129

21 Spring Street, Suite 4
 Taunton, MA 02780

367 East Street
 Tewksbury, MA 01876

Harbor South Tower
 100 Hancock Street, 6th floor
 Quincy, MA 02171

Telephone Numbers

MassHealth Customer Service
 (800) 841-2900

TTY for people who are deaf, hard of hearing, or speech disabled (800) 497-4648

**This information is important. It should be translated right away.
We can translate it for you free of charge.
Call us at (800) 841-2900. TDD/TTY: 711.**

Esta información es importante y debe ser traducida inmediatamente. Podemos traducirla para usted gratuitamente. Llámenos al (800) 841-2900 o por TDD/TTY: 711.

(Spanish)

Cette information est importante. Prière de la traduire immédiatement. Nous pouvons vous la traduire gratuitement. Appelez-nous au (800) 841-2900. TDD/TTY: 711.

(French)

Esta informação é importante. Deverá ser traduzida imediatamente. Nós podemos traduzir-la para você gratuitamente. Entre em contato conosco no (800) 841-2900. TDD/TTY: 711.

(Brazilian Portuguese)

Questa informazione è importante. Si preghi di tradurla immediatamente. Possiamo tradurla per voi gratuitamente. Chiamate all (800) 841-2900. TDD/TTY: 711.

(Italian)

此處的資訊十分重要，應立即翻譯。我們可以免費為您翻譯。請撥打電話號碼 (800) 841-2900 (TDD/TTY: 711)，與我們聯繫。

(Chinese)

이 정보는 중요합니다. 이는 즉시 번역해야 합니다. 저희는 귀하를 위해 이를 무료로 번역해드릴 수 있습니다. 일반 전화인 경우 (800) 841-2900로, TDD/TTY 전화인 경우 711로 연락해 주십시오.

(Korean)

Enfòmasyon sa enpòtan. Yo fèt pou tradwi li tou swit. Nou kapab tradwi li pou ou gratis. Rele nou nan (800) 841-2900. TDD/TTY: 711.

(Haitian Creole)

Αυτή η πληροφορία είναι σημαντική και πρέπει να μεταφραστεί άμεσα. Μπορούμε να τη μεταφράσουμε για εσάς δωρεάν. Καλέστε μας στον αριθμό (800) 841-2900. TDD/TTY: 711.

(Greek)

Những tin tức này thật quan trọng. Tin tức này cần phải thông dịch liền. Chúng tôi có thể thông dịch cho quý vị miễn phí. Xin gọi cho chúng tôi tại số (800) 841-2900. TDD/TTY: 711.

(Vietnamese)

Эта информация очень важна. Ее нужно перевести немедленно. Мы можем перевести ее для вас бесплатно. Позвоните нам по телефону (800) 841-2900. TDD/TTY: 711.

(Russian)

هذه المعلومات هامة. يجب ترجمتها فوراً. يمكننا ترجمتها لك مجاناً. اتصل بنا على الرقم (800) 841-2900. TDD/TTY: 711.

(Arabic)

នេះគឺជាព័ត៌មានសំខាន់ៗ។ វាគួរតែបកប្រែឱ្យបានឆាប់រហ័ស។ យើងអាចបកប្រែវាសំរាប់អ្នកដោយឥតគិតថ្លៃឡើយ។ សូមទូរស័ព្ទមកយើង តាមលេខ (800) 841-2900។ TDD/TTY: 711។

(Khmer)

Kel informasão li é importanti. El debe ser traduzidu lógu. Nu pode traduzi-l pa nhos sin kobra nada. Nhos txuma-nu pa (800) 841 2900. TDD/TTY: 711.

(Cape Verdean Creole)

આ માહિતી મહત્વની છે. તેનું તરત જ અનુવાદ શું જોઈએ. અમે વાની મૂલ્યે તમારા માટે તેમ કરી શકીએ છીએ. અમને (800) 841-2900. TDD/TTY: 711 પર કૉલ કરો.

(Gujarati)

ຂໍ້ມູນນີ້ສຳຄັນ. ມັນມີຄວາມຈຳເປັນຕ້ອງແປເລີຍ. ພວກເຮົາສາມາດຊ່ວຍແປໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາໄດ້ທີ່ (800) 841-2900. TDD/TTY: 711.

(Lao)

**This information is available in alternative formats such as braille and large print.
To get a copy, please call us at (800) 841-2900. TDD/TTY: 711.**