Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2206153
Decision Date:	10/25/2022	**Hearing Date:**	10/03/2022
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:
Pro se

Appearances for Tufts Health Plan:
Atty. John Shinn; Dr. Duke Dufresne, Medical Director; Nicole Dally, Program Manager, Appeals & Grievances Department; Thomas Emswiler, MassHealth contract manager; Dr. Patel (observing); Dr. Chery (observing)

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:	Denied	**Issue:**	Medical procedure
Decision Date:	10/25/2022	**Hearing Date:**	10/03/2022
Tufts Health Plan's Reps.:	Atty. John Shinn; Dr. Duke Dufresne, Medical Director; Nicole Dally, Program Manager, Appeals & Grievances Department; Thomas Emswiler, MassHealth contract manager; Dr. Patel (observing); Dr. Chery (observing)	**Appellant's Rep.:**	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (remote)		

Authority

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

Jurisdiction

The appellant filed an appeal with the Board of Hearings (BOH) on August 16, 2022. (Exhibit 1). BOH dismissed the appellant's appeal by notice dated August 18, 2022, because the appellant did not submit a copy of the notice being appealed. (Exhibit 2). The appellant submitted a letter and a copy of the notice being appealed on August 25, 2022. (Exhibits 3, 4). Through a notice dated August 9, 2022, Tufts Health Plan ("Tufts"), a MassHealth Accountable Care Organization (ACO), informed the appellant that it had denied his internal appeal of a denial of a prior authorization (PA)

request for Intense Pulse Therapy and Meibomian gland probing[1], because Tufts determined that the requested procedures were non-covered investigational services and did not meet Tufts or MassHealth's Medical Necessity Guidelines. (130 CMR 450.204; Exhibit 4). As noted above, the appellant filed this appeal with BOH in a timely manner on August 16, 2022. (130 CMR 610.032(B) and Exhibit 1). An ACO's denial of a request for prior authorization is valid grounds for appeal to BOH. (130 CMR 610.032(B)(2)).

Action Taken by ACO

Tufts denied the appellant's request for prior authorization for Meibomian gland probing.

Issue

The appeal issue is whether MassHealth's agent or designee, Tufts, was correct, based on MassHealth regulations, to deny the appellant's internal appeal of a denial of a prior authorization request for Meibomian gland probing.

Summary of Evidence

The appellant appeared telephonically. Tufts was represented telephonically by its attorney, its Medical Director, the Program Manager for Appeals & Grievances, and the MassHealth contract manager. Two Tufts' physicians observed the hearing telephonically. The appellant is under age 65, on MassHealth CarePlus, and is enrolled in Tufts Health Plan's Together with BIDCO[2] program, an accountable care organization (ACO) contracted with MassHealth. (Testimony, exhibit 6, p. 10, exhibit 8). Tufts Medical Director noted that the appellant's physician, Dr. Pedram Hamrah, submitted a request for prior authorization (PA) on June 28, 2022 for IPL for both eyes. (Exhibit 6, p. 13). Tufts Medical Director stated that IPL stands for Intense Pulsed Light therapy and Dr. Hamrah noted on the form that there is no CPT (procedure code) for this treatment. (Exhibit 6, p. 13). Dr. Hamrah wrote that the appellant's principal diagnosis is meibomitis (inflammation of meibomian glands and chronic dry eye) and his secondary diagnosis is blepharitis (inflammation of the eyelid). (Exhibit 6, p. 13, testimony). Dr. Hamrah included two letters with the request. (Exhibit 6, pp. 14-15). In a letter dated October 25, 2021, Dr. Hamrah wrote that the appellant has tried all maximal therapies, including steroid drops, blephamide ointment, oral flax seed oil supplements, and lubricating artificial tears, as well as working with a nutritionist for an anti-inflammatory diet. (Exhibit 6, p. 15). Dr. Hamrah wrote that Intense Pulsed Light therapy is recommended for management of the appellant's Meibomian gland dysfunction since all other medical treatment failed. (Exhibit 6, p. 15). In a letter dated June 7, 2022, Dr. Hamrah wrote that the appellant is diagnosed with ocular pain, meibomitis, and blepharitis, and would benefit from Intense Pulsed Light therapy as this would help the meibomian glands to secrete more oil which will help the state

[1] The appellant testified at the hearing that he is only appealing the denial of the request for Meibomian gland probing.
[2] Beth Israel Deaconess Care Organization.

of his ocular surface, leading to decreased pain. (Exhibit 6, p. 14). Tufts issued the initial notice of denial for Intense Pulsed Light therapy on July 6, 2022 noting that the clinical information submitted was not consistent with the Tufts Health Plan Medical Necessity Guidelines, and Tufts considered the treatment a Noncovered Investigational service. (Exhibit 6, p. 205). The appellant filed an internal appeal on July 1, 2022. (Exhibit 6, p. 214). In the notes regarding the internal appeal, the appellant and Dr. Hamrah informed Tufts that Tufts converted the name of IPL and the correct name for the procedure is Intraductal Meibomian Gland Probing, and not Intense Pulsed Light therapy[3]. (Exhibit 6, p. 214). The internal appeal notes state further that the appellant is seeking approval of the procedure because he has a 3 year history of chronic dry eye and cysts on both eyes, which affect vision, ability to see to read, use computer, and drive. (Exhibit 6, p. 214). The appellant and his physician reported that the treatments that have not worked include Intense Pulsed Light therapy, various drops, nighttime gel, and all other possible treatments. (Exhibit 6, p. 214). The appellant and his physician noted that the appellant received second opinions from three other specialists who recommend the procedure. (Exhibit 6, p. 214).

Upon questioning by the hearing officer, Tufts Medical Director noted that Tufts accepted the appellant's physician's appeal as a request for PA for intraductal Meibomian gland probing and proceeded to evaluate such request without requiring a new PA submission. Tufts Medical Director explained that intraductal Meibomian gland probing involves using an instrument to push down into the Meibomian gland canal to push out crusted material and widen the drainage tube. Tufts Medical Director noted that there is no procedure code for intraductal Meibomian gland probing.

As part of the internal appeal review, an independent, board certified ophthalmologist with MCMC, a neutral third party organization with which Tufts contracts, reviewed the PA request for intraductal Meibomian gland probing to determine if the procedure is considered experimental or investigational based on Tufts Non-covered Investigational Services list and to comment on any peer-reviewed studies that would suggest that this technology is proven safe and effective for the appellant. (Exhibit 6, pp. 229-231). The reviewing ophthalmologist reviewed Tufts Health Plan Medical Necessity Guidelines and Noncovered Investigational Services, as well as two articles, "Clinical Efficacy of Immediate Manual Meibomian Gland Expression After Thermal Pulsation", and "Comparison of the iLUX and the LipFlow for Treatment of Meibomian Gland Dysfunction and Symptoms: A Randomized Clinical Trial". (Exhibit 6, p. 230). The reviewing ophthalmologist wrote that four controlled trials of small numbers with very limited patient numbers of 15-25 patients generally found no statistically significant differences of the aforementioned therapy as compared to warm compresses with regards to outcome measures at the 3 month mark. (Exhibit 6, p. 230). The reviewing ophthalmologist wrote that there is insufficient evidence in the peer-reviewed medical literature to support the long term safety and efficacy of the requested treatment as compared to standard treatments which include warm compresses, and baby shampoo washing for Meibomian gland inflammation. (Exhibit 6, p. 230). By report dated August 8, 2022, the reviewing ophthalmologist concluded that coverage of intraductal Meibomian gland probing is considered experimental or investigational for this member based on Tufts Health Plan Non-covered

[3] In the letters submitted with the request for prior authorization, Dr. Hamrah refers to the requested procedure as Intense Pulsed Light therapy in both letters and does make mention of Intraductal Meibomian Gland Probing. (Exhibit 6, pp. 14-15).

Investigational Services list and the definition of experimental/investigational. (Exhibit 6, pp. 230-231). Based on the recommendation of the MCMC ophthalmologist, Tufts issued the notice of denial of the internal appeal by notice dated August 9, 2022. (Exhibit 6, pp. 226, 233). The denial was timely appealed and is at issue in this appeal decision. (Exhibit 1).

Tufts Medical Director testified that there is no procedure code for intraductal Meibomian gland probing and there are no clinical studies to support intraductal Meibomian gland probing as a safe and effective treatment. Tufts Medical Director noted that Tufts is required to follow MassHealth regulations with regard to its MassHealth members and because intraductal Meibomian gland probing is not an accepted, appropriate treatment, the request does not meet MassHealth medical necessity criteria.

Tufts attorney pointed to the Tufts Health Together with BIDCO Member Handbook (hereinafter "the Tufts Handbook") which speaks to the medical necessity requirements for prior authorization requests, covered and non-covered services, and experimental and/or investigational procedures. (Exhibit 7, pp. 13-15, 23). The Tufts Handbook notes that Tufts decides whether to cover experimental and/or investigational procedures based on scientific evidence and what doctors and other clinicians recommend. (Exhibit 7, p. 23). Tufts attorney referred to MassHealth regulations at 130 CMR 433.404(B), 450.204, 450.404(E), 450.105(A)(3), 450.117, and 508.006.

Tufts submitted its Medical Necessity Guidelines: Noncovered Investigational Services which lists procedure codes considered investigational. (Exhibit 6, pp. 30-139). Tufts attorney noted that there is no procedure code for intraductal Meibomian Gland Probing and the procedure is not listed in Tufts guidelines. (Exhibit 6, pp. 30-139). Tufts Medical Necessity Guidelines for noncovered investigational services states that according to Tufts Health Plan Evidence of Coverage, a treatment or procedure is considered investigative or unproven if reliable evidence shows that the treatment is "under study to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis". (Exhibit 6, p. 30). The Guidelines state further that Tufts restricts coverage to those treatments or procedures for which the safety and efficacy has been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. (Exhibit 6, p. 30). Any medical treatment or procedure for which safety and efficacy has not been established and proven, is considered investigational and therefore not medically necessary and is excluded from coverage under Tufts Health Plan. (Exhibit 6, p. 30). The Guidelines list the hierarchy of reliable evidence Tufts uses to determine whether a procedure is proven safe and effective including, published formal technology assessments and/or high quality meta analyses, well-designed randomized studies published in credible, peer-reviewed literature, high quality case-control or cohort studies, historical control studies, and reports of expert opinion from national professional medical societies or national medical policy organizations. (Exhibit 6, p. 30).

The appellant stated that he paid for Intense Pulsed Light (IPL) therapy out of pocket and received such treatment over the course of 6 months. The appellant noted that the IPL therapy did not resolve his chronic dry eye issues. The appellant stated that he has suffered from chronic dry eye for the past 2 years and none of the treatments have helped. The appellant noted that he has tried every possible treatment including warm compresses, steroid gel, antibiotics, and light therapy. The

appellant stated that he saw an out of network provider for a tear care procedure that involved heating his eyelids and some probing, but it did not alleviate his condition. The appellant stated that his dry eye condition affects his daily life including the ability to drive, work, and read. The appellant noted that Dr. Hamrah is a Harvard trained physician and Director of the Eye Institute at Tufts New England Eye Center and he has performed intraductal Meibomian gland probing with beneficial results. The appellant noted that he has seen two other physicians who agree he could benefit from the intraductal Meibomian gland probing. The appellant stated that he understands the requested procedure is investigational, but it's the only treatment left that might help him. The appellant stated that Dr. Hamrah feels that insurance will eventually cover this procedure but as of now, there have not been enough clinical trials. The appellant stated that he has researched the requested procedure online and found nothing with regard to side effects or problems. The appellant stated that he is open to any recommended treatment that might help his condition.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is under age 65, on MassHealth CarePlus, and is enrolled in Tufts Health Plan's Together with BIDCO program, an ACO contracted with MassHealth.

2. The appellant's physician, Dr. Pedram Hamrah, submitted a request for prior authorization on June 28, 2022 for IPL for both eyes; letters submitted by Dr. Hamrah with the request note that the requested procedure is Intense Pulsed Light therapy.

3. Dr. Hamrah did not list a procedure code for IPL.

4. The appellant's principal diagnosis is meibomitis (inflammation of meibomian glands and chronic dry eye) and his secondary diagnosis is blepharitis (inflammation of the eyelid).

5. In a letter dated October 25, 2021, Dr. Hamrah wrote that the appellant has tried all maximal therapies, including steroid drops, blephamide ointment, oral flax seed oil supplements, and lubricating artificial tears, as well as working with a nutritionist for an anti-inflammatory diet; Dr. Hamrah wrote that Intense Pulsed Light therapy is recommended for management of the appellant's Meibomian gland dysfunction since all other medical treatment failed.

6. In a letter dated June 7, 2022, Dr. Hamrah wrote that the appellant is diagnosed with ocular pain, meibomitis, and blepharitis, and would benefit from Intense Pulsed Light therapy as this would help the meibomian glands to secrete more oil which will help the state of his ocular surface, leading to decreased pain.
7. Tufts issued the initial notice of denial for Intense Pulsed Light therapy on July 6, 2022 noting that the clinical information submitted was not consistent with the Tufts Health Plan Medical Necessity Guidelines, and Tufts considered the treatment a Noncovered Investigational service.

8. The appellant filed an internal appeal on July 11, 2022.

9. In the notes regarding the internal appeal, the appellant and Dr. Hamrah informed Tufts that Tufts converted the name of IPL and the correct name for the procedure is Intraductal Meibomian Gland Probing, and not Intense Pulsed Light therapy.

10. The appellant has a 3 year history of chronic dry eye and cysts on both eyes, which affect vision, ability to see to read, use computer, and drive.

11. The appellant has tried Intense Pulsed Light therapy, but it was not successful.

12. Tufts accepted the appellant's physician's internal appeal as a request for PA for intraductal Meibomian gland probing and proceeded to evaluate such request without requiring a new PA submission.

13. Intraductal Meibomian gland probing involves using an instrument to push down into the Meibomian gland canal to push out crusted material and widen the drainage tube.

14. There is no procedure code for intraductal Meibomian gland probing.

15. An independent, board certified ophthalmologist with MCMC, a neutral third party organization with which Tufts contracts, reviewed the PA request for intraductal Meibomian gland probing to determine if the procedure is considered experimental or investigational based on Tufts Non-covered Investigational Services list and to comment on any peer-reviewed studies that would suggest that this technology is proven safe and effective for the appellant.

16. The reviewing ophthalmologist reviewed Tufts Health Plan Medical Necessity Guidelines and Noncovered Investigational Services, as well as two articles, "Clinical Efficacy of Immediate Manual Meibomian Gland Expression After Thermal Pulsation", and "Comparison of the iLUX and the LipFlow for Treatment of Meibomian Gland Dysfunction and Symptoms: A Randomized Clinical Trial".

17. Four controlled trials of small numbers with very limited patient numbers of 15-25 patients generally found no statistically significant differences of the aforementioned therapy as compared to warm compresses with regards to outcome measures at the 3 month mark.

18. There is insufficient evidence in the peer-reviewed medical literature to support the long term safety and efficacy of intraductal Meibomian gland probing as compared to standard treatments which include warm compresses, and baby shampoo washing for Meibomian gland inflammation.

19. By report dated August 8, 2022, the reviewing ophthalmologist concluded that coverage of intraductal Meibomian gland probing is considered experimental or investigational for this member based on Tufts Health Plan Non-covered Investigational Services list and the

definition of experimental/investigational.

20. Tufts issued the notice of denial of the internal appeal by notice dated August 9, 2022.

21. The appellant saw an out of network provider for a tear care procedure that involved heating his eyelids and some probing, but it did not alleviate his condition.

Analysis and Conclusions of Law

Accountable Care Organization (ACO) – an entity that enters into a population-based payment model contract with EOHHS as an accountable care organization, wherein the entity is held financially accountable for the cost and quality of care for an attributed or enrolled member population. ACOs include Accountable Care Partnership Plans, Primary Care ACOs, and MCO administered ACOs. (130 CMR 610.004).

Mandatory Enrollment with a MassHealth Managed Care Provider. MassHealth members who are younger than 65 years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider. (130 CMR 508.001(A)).

Obtaining Services when Enrolled in an Accountable Care Partnership Plan.

> (a) Primary Care Services. When the member selects or is assigned to an Accountable Care Partnership Plan, that Accountable Care Partnership Plan will deliver the member's primary care, determine if the member needs medical or other specialty care from other providers, and determine referral requirements for such necessary medical services.
> (b) Other Medical Services. All medical services to members enrolled in an Accountable Care Partnership Plan (except those services not covered under the MassHealth contract with the Accountable Care Partnership Plan, family planning services, and emergency services) are subject to the authorization and referral requirements of the Accountable Care Partnership Plan. MassHealth members enrolled in an Accountable Care Partnership Plan may receive family planning services from any MassHealth family planning provider and do not need an authorization or referral in order to receive such services. Members enrolled with an Accountable Care Partnership Plan should contact their Accountable Care Partnership Plan for information about covered services, authorization requirements, and referral requirements. (130 CMR 508.006(A)(2)(a), (b)).

Members are entitled to a fair hearing under 130 CMR 610.000: *MassHealth: Fair Hearing Rules* to appeal…

> (B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process…

(130 CMR 508.010(B)).

The MassHealth agency does not pay a physician for performing, administering, or dispensing any experimental, unproven, cosmetic, or otherwise medically unnecessary procedure or treatment. (130 CMR 433.404(B)).

MCOs and Accountable Care Partnership Plans. For MassHealth CarePlus members who are enrolled in an MCO or Accountable Care Partnership Plan, the following rules apply.

(a) The MassHealth agency does not pay a provider other than the MCO or Accountable Care Partnership Plan for any services that are covered by the MassHealth agency's contract with the MCO or Accountable Care Partnership Plan, except for family planning services that were not provided or arranged for by the MCO or Accountable Care Partnership Plan. It is the responsibility of the provider to verify the scope of services covered by the MassHealth agency's contract with the MCO or Accountable Care Partnership Plan.

(b) The MassHealth agency pays providers other than the MCO or Accountable Care Partnership Plan for those services listed in 130 CMR 450.105(B)(1) [4]. that are not covered by the MassHealth agency's contract with the MCO or Accountable Care Partnership Plan. Such payment is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment

(130 CMR 450.105(B)(3)).

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is medically necessary if

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available,

[4] MassHealth CarePlus. (1) Covered Services. The following services are covered for MassHealth CarePlus members (see 130 CMR 505.008: MassHealth CarePlus): (a) abortion services; (b) acupuncture services; (c) ambulance services; (d) ambulatory surgery services; (e) audiologist services; (f) behavioral health services; (g) certified nurse midwife services; (h) certified nurse practitioner services; (i) certified registered nurse anesthetist services; (j) chiropractor services; (k) clinical nurse specialist services; (l) community health center services; (m) dental services; (n) durable medical equipment and supplies; (o) family planning services; (p) hearing aid services; (q) home health services; (r) hospice services; (s) inpatient hospital services; (t) laboratory services; (u) nursing facility services; (v) orthotic services; (w) outpatient hospital services; (x) oxygen and respiratory therapy equipment; (y) pharmacy services; (z) physician services; (aa) physician assistant services; (bb) podiatrist services; (cc) prosthetic services; (dd) psychiatric clinical nurse specialist services; (ee) rehabilitation services; (ff) renal dialysis services; (gg) speech and hearing services; (hh) therapy services: physical, occupational, and speech/language; (ii) transportation services; (jj) urgent care clinic services; (kk) vision care; and (ll) X-ray/radiology services. (130 CMR 450.105(B)(1)).

and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

(E) Any regulatory or contractual exclusion from payment of experimental or unproven services refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

See 130 CMR 450.204.

Tufts argues that that intraductal Meibomian gland probing is experimental or investigational and does not meet professionally recognized standards of health care pursuant to 130 CMR 450.204(B). Neither MassHealth nor Tufts Health plan cover experimental or investigational procedures. (130 CMR 433.404(B); 450.204(E)). There is no procedure code for intraductal Meibomian gland probing. The independent reviewing ophthalmologist reported that there is insufficient evidence in the peer-reviewed medical literature to support the long term safety and efficacy of the requested treatment as compared to standard treatments which include warm compresses, and baby shampoo washing for Meibomian gland inflammation. According to Tufts Health Plan Evidence of Coverage, a treatment or procedure is considered investigative or unproven if reliable evidence shows that the treatment is "under study to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis". Tufts restricts coverage to those treatments or procedures for which the safety and efficacy has been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any medical treatment or procedure for which safety and efficacy has not been established and proven, is considered investigational and therefore not medically necessary and is excluded from coverage under Tufts Health Plan. Because there is no reliable evidence to support the safety and efficacy of intraductal Meibomian gland probing, it is considered investigational and therefore not medically necessary and is excluded from coverage under Tufts Health Plan.

The appellant noted that nothing else has worked for him and his physician has had success with this procedure with other patients. Unfortunately, the fact that a provider has elected to adopt a procedure as their personal treatment or procedure of choice or standard of practice is not included in the meaning of reliable evidence under Tufts Medical Necessity Guidelines for Noncovered Investigational Services. (Exhibit 6, p. 30). No evidence was submitted to support that the requested intraductal Meibomian gland probing is not investigational or experimental.

Tufts' denial of the appellant's request for prior authorization for intraductal Meibomian gland probing is upheld and the appeal is denied.

Order for ACO

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Tufts Health Plan Plan SCO, Attn: Nicole Dally, Program Manager, Appeals & Grievance, 1 Wellness Way, Canton, MA 02021