Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Approved	**Appeal Number:**	2412432
Decision Date:	11/25/2024	**Hearing Date:**	10/03/2024
Hearing Officer:	Scott Bernard		

Appearances for appellant:

[redacted]
via telephone

Appearances for the managed care provider:
Kay George, RN (Appeal Nurse); John O'Brien (Appeals & Grievances Supervisor) *via* telephone

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:	Approved	**Issue:**	Managed Care Organization – Denial of Internal Appeal
Decision Date:	11/25/2024	**Hearing Date:**	10/03/2024
SCO's Reps.:	Kay George, RN; John O'Brien	**Appellant's Reps.:**	[redacted]
Hearing Location:	Quincy Harbor South	**Aid Pending:**	N/A

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 July 17, 2024, Fallon Health, a contracted Senior Care Organization (SCO) for MassHealth (the managed care provider), denied the appellant's request for reimbursement for a fitness watch. (See 130 CMR 508.008; 130 CMR 450.204 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 12, 2024. (See 130 CMR 610.015(B) and Ex. 2). A managed care provider's denial of a request for reimbursement is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by the Managed Care Provider

The managed care provider denied the appellant's request to reimburse the cost of a fitness watch.

Issue

The appeal issue is whether the managed care provider was correct, pursuant to 130 CMR 508.008 and its policies, in determining that the request for reimbursement should be denied.

Summary of Evidence

Both parties attended the hearing telephonically. The appellant was assisted by an interpreter she provided, as well as an individual who worked for the adult day care center she attended. The managed care provider was represented by a nurse representative, as well as that organization's appeals and grievances supervisor.

The managed care provider's nurse representative testified first and stated the following. The appellant is enrolled in one of the managed care provider's Senior Care Options (SCO) plans. (Testimony; Ex. 8, pp. 53-207). This appeal concerns the managed care provider's denial of a reimbursement request for a Samsung Galaxy Watch 6, which was purchased on August 13, 2023, for $399.99. (Testimony; Ex. 8, pp. 16-17). Under the appellant's SCO plan, the managed care provider reimburses up to $400 annually for the purchase of a fitness tracker. (Testimony; Ex. 8, pp. 41-42, 106-107). The nurse representative stated that the managed care provider denied the reimbursement request because it did not receive the request until April 18, 2024, which was more than three months after the end of the benefit year in which it was purchased. (Testimony; Ex. 8, p. 19). The appellant's plan runs from January 1 to December 31, meaning the reimbursement request should have been submitted by March 31, 2024. (Testimony; Ex. 8, p. 53). Additionally, the receipt did not list the appellant's name, preventing the managed care provider from verifying that the appellant was the purchaser of the watch. (Testimony). The reimbursement form states that requests must be submitted within three months following the end of the benefit year or the last day of coverage. (Testimony; Ex. 8, p. 16). While the appellant states that she initially submitted the documentation in September 2023, there is no evidence that she communicated with the managed care provider until April 18, 2024, when the managed care provider received the reimbursement form. (Testimony; Ex. 8, p. 19).

The hearing officer asked both the nurse representative, as well as the appeals and grievances supervisor, where in the member handbook the policies the managed care provider relied upon were and was directed solely to the reimbursement form located in the managed care provider's hearing submission. (Testimony; Ex. 8, p. 16).

The appellant testified next. She stated that the watch was purchased online on August 13, 2023, and the reimbursement request was submitted to the managed care provider on September 4, 2023. (Testimony; Ex. 8, p. 16-17). The appellant stated that she did not have a credit card so she had her caregiver, who is a family member, purchase the watch for her using his credit card after she gave him money. (Testimony; Ex. 17).

The appellant's representative, who works for the adult day care the appellant attends, testified that the adult day care submitted the reimbursement for the appellant on September 4, 2023. (Testimony; Ex. 2, pp. 2-3; Ex. 8, pp. 16-17). The adult day care then followed up with emails to three navigators working for the managed care provider, as well as the managed care provider's dedicated reimbursement email address on November 17 and November 21, 2023. (Testimony;

Ex. 2, p. 5; Ex. 8, p. 18). The appellant's representative explained that the managed care provider's navigators regularly come to the adult day care in order to assist members with, amongst other things, reimbursements. (Testimony). The appellant's representative stated that the adult day care has over 50 members, and that caregivers will frequently purchase items like this for their members who do not have credit cards. (Testimony). The appellant is over the age of 65 years old and does not speak English and this is not an uncommon solution. (Testimony). The appellant's representative also stated that the adult day care has always had successful reimbursements for their other clients, except in this case. (Testimony). The adult day care submitted the reimbursement request on September 4, 2023, but did not receive the managed care provider's email confirmation of receipt until April 2024. (Testimony; Ex. 2, p. 6; Ex. 8, p. 19).

Findings of Fact

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

1. The appellant is enrolled in one of the managed care provider's SCO plans. (Testimony; Ex. 8, pp. 53-207)

2. The appellant's annual plan runs from January 1 to December 31. (Testimony; Ex. 8, p. 53).

3. Under that plan, the managed care provider will reimburse a member up to $400 annually for a fitness tracker, new cardiovascular fitness equipment and/or a membership in a qualified health club or fitness facility. (Testimony; Ex. 8, pp. 41-42, 106-107).

4. The appellant's managed care provider denied the appellant's request for reimbursement for a Samsung Galaxy Watch 6, to be used as a fitness tracker, which was purchased online on August 13, 2023, for $399.99. (Testimony; Ex. 8, pp. 16-17).

5. The managed care provider denied the reimbursement request because it allegedly did not receive the request until April 18, 2024, which was more than three months after the end of the benefit year in which it was purchased. (Testimony; Ex. 8, p. 19).

6. The managed care provider alleged that a reimbursement request must be submitted within three months following the end of the benefit year in which the reimbursable item was purchased, the last day of which in this case would have been March 31, 2024. (Testimony; Ex. 8, pp. 16, 53).

7. As an additional reason for denial, the managed care provider noted that the receipt for purchase did not list the appellant's name, preventing the managed care provider from verifying that the appellant was the purchaser of the watch. (Testimony).

8. The appellant's adult day care submitted the reimbursement request for the watch for the appellant on September 4, 2023. (Testimony; Ex. 2, pp. 2-3; Ex. 8, pp. 16-17).

9. The adult day care then followed up with emails to three of the managed care provider's navigators as well as the managed care provider's dedicated reimbursement email address on November 17 and November 21, 2023. (Testimony; Ex. 2, p. 5; Ex. 8, p. 18).

10. The managed care provider's navigators regularly come to the appellant's day care in order to assist members with, amongst other things, reimbursements. (Testimony).

11. The appellant's representative stated that the adult day care the appellant attends has over 50 members. (Testimony).

12. The appellant is over 65 years old and does not speak English. (Testimony).

13. The appellant does not have a credit card. (Testimony).

14. It is not uncommon for caregivers of the adult day care members to purchase items like this watch, when those members do not have credit cards. (Testimony).

15. The appellant's adult day care has always had successful reimbursements for their other clients, except in this case. (Testimony).

Analysis and Conclusions of Law

MassHealth members who are 65 years of age or older may (but are not required to) enroll in a Senior Care Organization (SCO). (130 CMR 508.001(C)). An SCO is a type of managed care organization participating in MassHealth under a contract with the MassHealth agency to provide coordinated care and medical services through a comprehensive network to eligible members 65 years of age or older. (130 CMR 450.101; 610.004). SCOs are responsible for providing enrolled members with the full continuum of MassHealth-Medicare-covered services. (Id.).

Once a member enrolls in an SCO, the SCO will be responsible for providing the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services. (130 CMR 508.008(C)). Each SCO must provide the member with evidence of coverage, including a list of participating providers, available covered services, and instructions for handling emergency conditions, urgent care needs, and access to specialty, behavioral health, and long-term care services. (Id.).

The appellant has requested reimbursement for the cost of a fitness watch, which is not a service that MassHealth covers, but is one that the managed care provider does cover up to $400.00. For that reason, reference to the managed care provider's "Evidence of Coverage" document (the document) is necessary to provide the necessary framework for making the proper determination in this appeal. (See Ex. 8, pp. 52-207). The "Evidence of Coverage" document submitted is for the appellant's SCO for the plan year running from January 1, 2023, through December 31, 2023. (See Ex. 8, pp. 53-207). The document states that it "gives you the details about your MassHealth

(Medicaid) health care including over-the-counter drugs, long term care, and/or home- and community-based services and prescription drug coverage."(Ex. 8, p. 53).

The document states that the term "Covered services" includes: "…all the medical care, health care services, supplies equipment, and Prescription Drugs that are covered by our plan. Your covered services for medical care are listed in the benefits chart in Chapter 4..."(Ex. 8, p. 81).

Chapter 4 of the document is entitled "Medical Benefits Chart (what is covered)" and states that amongst "Services that are covered for" members is yearly "coverage [of] up to $400 for a fitness tracker…" and that members "pay "$0 for…Up to $400 for a fitness tracker." (Ex. 8, p. 106).

The document instructs plan members that "[i]f you have paid for your covered services, or if you have received a bill for covered medical services, go to Chapter 6 (Asking us to pay a bill you have received for covered medical services or drugs) for information about what to do. (Ex. 8, p. 89).

Chapter 6 of the document is indeed entitled "Asking us to pay a bill you have received for covered medical services or drugs." (Ex. 8, p. 151). It states that when members "have already paid for a service or item covered by the plan, you can ask our plan to pay you back (paying you back is often called "reimbursing" you). (Ex. 8, p. 152). The document then continues by stating the following:

> It is your right to be paid back by our plan whenever you've paid for medical services or drugs that are covered by our plan, so that you have no costs for covered services. There may be deadlines that you must meet to get paid back. Please see Section 2 of this chapter. When you send us a bill you have already paid, we will look at the bill and decide whether the services or drugs should be covered. If we decide they should be covered, we will pay you back for the services or drugs. (Id.).

Section 2 of Chapter 6, entitled "How to ask us to pay you back or to pay a bill you have received" states the following:

> You may request us to pay you back by sending us a request in writing. If you send a request in writing, send your bill and documentation of any payment you have made. It's a good idea to make a copy of your bill and receipts for your records. You must submit your claim to us **within one year of the date you received the service or item**, and within three years of the date you received the drug. (Emphasis added). (Ex. 8, p. 154).

The appellant is requesting that the managed care provider reimburse her the cost of a fitness watch that she purchased in August 2023 for $399.99. As indicated above, the appellant's plan with the managed care provider allows reimbursement of up to $400 per year for the purchase of just such a watch. There was no suggestion from the managed care provider's representatives that the item for which the appellant was seeking reimbursement was one that did not meet the

definition of a fitness watch. The managed care provider denied the request by asserting that it was not submitted in a timely fashion. The record strongly suggests that the appellant submitted the request for reimbursement within the plan year of purchase. Minimally, there is evidence that in November 2023, emails were sent to navigators working for the managed care provider as well as to the managed care provider's dedicated reimbursement email address. This would tend to suggest that the managed care provider was put on notice in 2023 that the appellant had submitted a request for reimbursement. The record shows that the appellant, through the adult day care provider next inquired about the status of the reimbursement request beginning in April 2024. It appears that the appellant resubmitted the request around this time. It was this request, submitted in or after April 2024, that the managed care provider denied and which is under appeal here.

The managed care provider argues that under its policies, since the appellant did not submit the request within three months of the end of the plan year, the request for reimbursement was not made in a timely manner. Leaving aside the evidence that the appellant did submit the request in 2023, a review of the managed care provider's policies does not support the managed care provider's argument. The policy cited above clearly states that a member must submit their reimbursement claim within one year of the date they received the service or item. The record shows the item was purchased on August 13, 2023. Even if the appellant only submitted the reimbursement request for the first time on April 18, 2024, it was submitted within one year of the date the item was purchased and was therefore submitted in a timely fashion. The managed care provider also argues that since the name of the person on the receipt is not the same as the appellant's, there was no evidence that the appellant purchased the item. The appellant and her representative both provided a logical explanation through testimony of why this occurred. Their testimony supports that the appellant is the owner of the fitness watch purchased on August 13, 2023.

For the above reasons, the appeal is APPROVED.

Order for the Managed Care Provider

Reimburse the appellant the cost of the fitness watch purchased on August 13, 2023.

Implementation of this Decision

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.

Scott Bernard
Hearing Officer
Board of Hearings

Fallon Health, Member Appeals and Grievances, 10 Chestnut Street, Worcester, MA 01608