

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed; Approved	<b>Appeal Number:</b>	2502919
<b>Decision Date:</b>	5/30/2025	<b>Hearing Date:</b>	04/24/2025
<b>Hearing Officer:</b>	Christopher Jones	<b>Record Open to:</b>	05/08/2025

**Appearances for Appellant:**



**Appearances for WellSense:**

Felicia DiScio - Mgr Appeals & Grievances  
Priya Metha, Esq. – Asst. General Counsel  
Jacquelyn Bigby – Appeals & Grievance  
Gina Fontes, NP – Mgr Healthcare Mgmt  
Dr. Will Keogh – Med. Dr. Appeals & Grievances



*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; Approved	<b>Issue:</b>	Managed Care Organization - Denial of Internal Appeal; PCA Hours
<b>Decision Date:</b>	5/30/2025	<b>Hearing Date:</b>	04/24/2025
<b>WellSense Reps.:</b>	Felicia DiScicio; Priya Metha, Esq.; Jacquelyn Bigby; Gina Fontes, NP; Dr. Will Keogh	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	No

### Authority

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

### Jurisdiction

Through an internal appeal denial dated January 27, 2025, WellSense Senior Care Options, a senior care organization administering Medicaid benefits on behalf of MassHealth, denied the appellant's internal appeal regarding PCA services. (Exhibit 1, pp. 3-4.) The appellant filed a timely fair hearing request on February 19, 2025. (Exhibit 1; 130 CMR 610.015(B).) Limitations on assistance by a managed care contractor is grounds for appeal. (130 CMR 610.032(B).)

Following the hearing, the record was left open until May 8, 2025, for WellSense to confirm that it was able to retroactively reinstate the appellant's PCA services.

### Action Taken by WellSense

WellSense authorized fewer personal care attendant hours for the appellant than had been authorized in the past.

## Issue

The appeal issue is whether WellSense was correct, pursuant 130 CMR 422.000 and 450.204, in determining that the appellant should receive 32 hours and 30 minutes per week in personal care attendant services instead of 57 hours and 30 minutes per week.

## Summary of Evidence

WellSense's representatives testified that the appellant has been enrolled with WellSense's Senior Care Options plan since September 1, 2023. At the time she joined, she was already receiving 57.5 hours per week of personal care attendant ("PCA") services. Normally, WellSense allows the same level of services for 90 days as continuity of care while a reassessment is done. WellSense's representatives testified that the hours were reauthorized without reassessment on September 25, 2023. The appellant had her first evaluation from a WellSense nurse on August 19, 2024, but that nurse left WellSense before completing the evaluation.

WellSense's representatives testified that another nurse was sent out on or around November 27, 2024. This November evaluation recommended 32.5 hours per week of PCA services. The reduction in hours went into effect on December 3, 2024. WellSense did not submit a copy of this November 2024 evaluation into evidence, so it was impossible to review what services were being sought during the hearing.

The appellant's representatives testified that no nurse came out to do a second evaluation in November 2024. The appellant's PCA testified that she continues to provide all of the services the appellant had been receiving prior to the reduction in hours, and she is doing so without full compensation. WellSense agreed to reinstate the appellant's 57.5 hours of PCA services, as if the reduction in hours had never occurred. WellSense agreed to continue the original hours through June 30, 2025, while a nurse was sent out to complete another in-person evaluation.

WellSense's representatives needed to investigate the administrative mechanism by which they would approve additional hours retroactively to December 3, 2025. WellSense requested that the hearing record be left open for two weeks to confirm that the appellant's PCA would be able to bill for the uncompensated PCA services performed since December 3, 2024, up to 57.5 hours per week. The appellant's representatives were amenable to this resolution.

WellSense belatedly responded on May 14, 2025, attaching an "Appeal Approval" letter. The letter states: "Upon review of the additional information provided, we have approved your request and reprocessed all claims to pay accordingly for dates of services November 1, 2024 through April 10, 2025." It was noted that this language is not perfectly clear, but WellSense's representative confirmed that it was intended to authorize 57.5 hours per week of PCA services from December 3, 2025, until the time was reinstated at the hearing. As of May 22, 2025, the appellant's representatives reported that their fiscal intermediary, Tempus, had not received authorization to

pay retroactive PCA services. Both parties requested that a formal decision be issued to document that WellSense agreed to compensate PCA services, up to 57.5 hours per week, from December 3, 2025, through to June 30, 2025.

## Findings of Fact

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

- 1) The appellant has been enrolled in WellSense's Senior Care Options plan since September 1, 2023. (Testimony by WellSense's representatives.)
- 2) Prior to December 3, 2024, the appellant was approved for 57.5 hours of PCA services per week. (Testimony by WellSense's representatives and the appellant's representatives.)
- 3) Effective December 3, 2024, WellSense authorized 32.5 hours per week of PCA services. (Exhibit 8; testimony by WellSense's representatives.)
- 4) At the hearing, WellSense agreed to restore the appellant's 57.5 hours of PCA services per week, as if they had never been reduced, pending a new reevaluation. (Testimony by WellSense's representatives.)
- 5) WellSense requested that the record be left open to confirm the administrative method for reinstating PCA services retroactively. WellSense approved the appellant for 57.5 hours of PCA services retroactively to December 3, 2024. (Testimony by WellSense's representatives; Exhibit 7; Exhibit 8.)
- 6) WellSense agreed to keep in place 57.5 hours per week of PCA services through June 30, 2025, to allow for an in-person reevaluation to occur. (Testimony by WellSense's representatives; Exhibit 7.)

## Analysis and Conclusions of Law

A "senior care organization" or "SCO" is a comprehensive network of medical, health care and social service providers that integrates all components of care, either directly or through subcontracts. SCOs are responsible for providing enrollees with the full continuum of Medicare and MassHealth covered services. (MGL ch. 18E, § 9D(a).) A MassHealth member must elect to enroll in an SCO, and once they do so, the SCO delivers the member's primary care and is in charge of authorizing, arranging, integrating, and coordinating the provision of all covered services for the member. (130 CMR 508.008(C).)

The "decision to reduce, suspend, or terminate a previous authorization for a service," by a managed care contractor is grounds for a fair hearing. (130 CMR 610.032(B)(3).) Where an "acting entity ... make[s] an adjustment in the matters at issue before or during an appeal period ... [that]

resolves one or more of the issues in dispute in favor of the appellant,” that appeal may be dismissed. ((130 CMR 610.051(B); see also 130 CMR 610.035(A)(8).)

WellSense has agreed to reinstate the appellant’s PCA services to 57.5 hours per week, as if the reduction to 32.5 hours per week had never occurred. On its face, this agreement has resolved all issues in dispute on appeal, and this appeal is DISMISSED.

To the extent that this matter is not dismissed, it is APPROVED. WellSense agreed that 57.5 hours per week should be reinstated, and no evidence regarding WellSense’s decision was presented at the hearing. If any issue remains, it appears solely to be the administrative mechanism by which the PCA can be paid for hours worked, up to 57.5 per week, from December 3, 2024, to present. It is not for a fair hearing decision to require any specific policy or procedure by MassHealth or its managed care contractors. It is therefore sufficient to note that the appellant’s PCA is authorized to be paid for 57.5 hours, for services provided, from December 3, 2024, through June 30, 2025. A reevaluation for ongoing PCA services should be completed before then. WellSense shall communicate to Tempus that the appellant’s PCA may be paid for all services provided, up to 57.5 hours per week, from December 3, 2025, to present.

## **Order for WellSense**

If not already done, approve the appellant for 57.5 hours of PCA services from December 3, 2024, through June 30, 2025. Communicate this approval to Tempus. Proceed to reevaluate the appellant for PCA services. Any future change in hours should go into effect after June 30, 2025. The appellant may file a new fair hearing request with the Board of Hearings if they disagree with the new decision regarding PCA hours starting after June 30, 2025.

## Implementation of this Decision

If this decision is not implemented within 30 days of the date of this decision, you should contact WellSense. 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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Christopher Jones  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: BMC Wellsense, Member Appeals & Grievances, Attn: Felicia DiSciscio, 529 Main Street, Ste. 500, Charlestown, MA 02129