Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2505220
Decision Date:	6/2/2025	**Hearing Date:**	05/14/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:

[redacted]

Appearance for Commonwealth Care Alliance:
Cassandra Horne & Jeramiah Mancuso

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:**	ICO – Denial of Internal Appeal
Decision Date:	6/2/2025	**Hearing Date:**	05/14/2025
CCA's Rep.:	Cassandra Horne & Jeramiah Mancuso	**Appellant's Rep.:**	[redacted]
Hearing Location:	All Parties Appeared by Telephone		

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 March 28, 2025, Commonwealth Care Alliance (CCA), a MassHealth-contracted Integrated Care Organization (ICO), notified the appellant that they denied her Level 1 Appeal regarding authorization for individual psychotherapy with the appeal representative who is an out-of-network provider. (Exhibit 1). The appellant filed this external appeal of a final decision of an ICO in a timely manner on March 31, 2025. (130 CMR 610.018; Exhibit 2). The Board of Hearings scheduled a hearing for May 14, 2025. (Exhibit 3). Prior to the hearing the appellant asked to have her psychotherapist included in the hearing. At the hearing, the psychotherapist asked for a copy of the hearing decision. The psychotherapist agreed to be recognized as an appeal representative for the appellant, not just a witness.

A decision of an ICO to "deny or provide limited authorization of a requested service, including the type or level of service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit" is valid grounds for appeal. (130 CMR 610.032(B)).

Action Taken by the Integrated Care Organization

The MassHealth-contracted Integrated Care Organization (ICO), Commonwealth Care Alliance (CCA), denied the appellant's prior authorization request for individual psychotherapy with an out-of-network provider. (130 CMR 508.007; 130 CMR 450.000).

Issue

Whether CCA was correct in denying the appellant's prior authorization request for individual psychotherapy with an out-of-network provider.

Summary of Evidence

All parties to the hearing appeared by telephone. Documents from CCA are incorporated into the hearing record as Exhibit 4. Documents submitted by the appellant are incorporated into the hearing record as Exhibit 5.

The appellant has been enrolled in an Integrated Care Organization (ICO), Commonwealth Care Alliance (CCA) since April 2023. The appellant submitted a request to authorize individual psychotherapy with an out-of-network provider.[1] CCA denied the request. The notice from CCA states that CCA covers behavioral health services only if they are provided by an in-network provider. The notice provides a list of three in-network providers with offices in the same city as the appellant.

The CCA Member Handbook states that members must get care from network providers. Usually, the plan will not cover care from a provider who does not work with CCA One Care. There are a few exceptions to note:

- The plan covers emergency or urgently needed care from an out-of-network provider anywhere in the United States and its territories. To learn more about what emergency or urgently needed care means, refer to Section I in this chapter.
- If you need care that our plan covers, and our network providers cannot provide it for you, then you can receive the care from an out-of-network provider. The care you receive from out-of-network providers must receive prior authorization by CCA OneCare before you seek care. In this situation, we will cover the care at no cost to you.
- The plan covers out-of-network care in unusual circumstances. The care you receive from out-of-network providers must receive prior authorization by CCA OneCare before you seek care. In such a situation, we will cover these services at no cost to you. If you do not get authorization for out-of-network care in advance, you will be responsible for

[1] As noted above, this provider appeared at the hearing and agreed to serve as an appeal representative for the appellant.

payment for the service. Some examples of unusual circumstances which may lead to out-of-network care are the following:

  - You have a unique medical condition and the services are not available from network providers.
  - Services are available in network but are not available timely as warranted by your medical condition.
  - Your PCP/care team determines that a non-network provider can best provide the service or transitioning you to another provider could endanger life, or cause suffering or pain, or significantly disrupt the current course of treatment.

- The plan covers kidney dialysis services when you are outside the plan's service area for a short time. You can get these services at a Medicare-certified dialysis facility.
- If you need family planning services, you may receive those services from any CCA One Care network provider or from any MassHealth contracted Family Planning Services Provider.
- When you first join the plan, you can continue seeing the providers you see now for 90 days or until your Individualized Care Plan (ICP) is complete. During the 90 days or until assessment and your Individualized Care Plan (ICP) are completed, CCA One Care will contact you to help you find providers in our network. After 90 days or when your assessment and Individualized Care Plan (ICP) are complete, we will no longer cover your care that is provided by out-of- network providers unless we agreed to do so for a longer period as part of your Individualized Care Plan (ICP*)* or another exception as described above applies.

If you use an out-of-network provider, the provider must be eligible to participate in Medicare or MassHealth.

- We cannot pay a provider who is not eligible to participate in Medicare or MassHealth.
- If you use a provider who is not eligible to participate in Medicare or MassHealth, you must pay the full cost of the services you get.
- Providers must tell you if they are not eligible to participate in Medicare or MassHealth.

The CCA representative testified that the appellant's psychotherapist is enrolled as a Senior Buy-In Qualified Medicare Beneficiary (QMB)-only provider and can only receive payment for medical services to QMB members enrolled in MassHealth Senior Buy-In and to certain MassHealth Standard members eligible for QMB benefits. The CCA representative testified that the appellant does not fall under one of these categories so CCA cannot pay for services provided by the appellant's psychotherapist as she is not eligible to participate under the terms of the regulations or Member Handbook.

The provider seeking coverage had an office in Massachusetts until June 2024. The provider

currently has an address in [redacted] and appointments with the appellant are done through telehealth. The appellant's provider testified that she has been seeing the appellant for a number of years and has received payments from CCA for this treatment. The appellant's provider acknowledged that she was a QMB provider as most of her patients receive Medicare and MassHealth. The appellant's provider testified that she had not wanted to be a MassHealth provider in the past and does not want to change her status with OneCare. However, she would like to receive payment for the services provided to the appellant. The appellant's provider testified that she did not agree with the technicalities associated with her enrollment as a QMB-only provider. The appellant's provider testified that she has been paid in the past and did not understand why things would change this year. The appellant's provider testified that she contacted CCA to see if the appellant could keep seeing her and CCA said yes. The appellant's provider testified that she was 3 months into seeing the appellant when she was "blindsided" with the news that she was not going to be paid for three months of treatment.

The CCA representative responded that the fact that the provider received payment in the past does not guarantee that coverage would continue as the coverage can change from year to year. Additionally, the CCA representative noted that the agency may have made an error in the past which does not impact this new decision. The CCA representative testified that the appellant has the option to stay in this plan or choose another. The provider acknowledged not reading the manual to review the coverage options.

Findings of Fact

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

1. The appellant is enrolled in an Integrated Care Organization (ICO), Commonwealth Care Alliance (CCA).

2. The appellant submitted a request to authorize individual psychotherapy with an out-of-network provider.

3. CCA denied the request because the psychotherapist is not a MassHealth provider.

4. CCA covers behavioral health services if they are provided by an in-network provider.

5. CCA has at least three in-network psychotherapists who provide the same therapy services with offices in the same city as the appellant.

6. The appellant's psychotherapist is a Medicare enrolled provider.

7. The appellant's psychotherapist is a Senior Buy-In Qualified Medicare Beneficiary

(QMB) provider.

8. CCA ICO members are not part of the Senior Buy-In, QMB.

9. CCA will not reimburse a provider who is not eligible for does not participate in MassHealth or OneCare.

Analysis and Conclusions of Law

In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

(a) be 21 through 64 years of age at the time of enrollment;
(b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): MassHealth Standard or MassHealth CommonHealth as defined in 130 CMR 450.105(E): MassHealth CommonHealth;
(c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: Definition of Terms; and
(d) live in a designated service area of an ICO. (130 CMR 508.007(A)(1)).

The appellant meets the requirements to enroll in an ICO. (130 CMR 508.007).

When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. (130 CMR 508.007(C)). Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports. (130 CMR 508.007(C)).

CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services. (130 CMR 450.105). As an ICO, CCA can provide more to members than MassHealth allows but not less.

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)).

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, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth. (130 CMR 450.204(A)).

The MassHealth regulations governing psychologist services states that payment for services described at 130 CMR 411.404, which include psychotherapy services, is made only to providers who are participating in MassHealth as of the date of service. (130 CMR 411.404). A Qualified Medicare Beneficiaries (QMB)-only provider is a provider who provides medical services only to MassHealth Senior Buy-In members described in 130 CMR 519.010: MassHealth Senior Buy-In and in 130 CMR 505.007: MassHealth Senior Buy-In and Buy-In and certain MassHealth Standard members who are eligible for QMB benefits described in 130 CMR 519.002(A)(4)(c) and 130 CMR 505.002(O). (130 CMR 450.212(D)). QMB-only providers are subject to all regulations pertaining to providers participating in MassHealth except as specified in 130 CMR 450.000. (130 CMR 450.212(D)). QMB-only providers may bill only for medical services for QMB members and Standard members eligible for QMB benefits, whether or not the associated medical services are specified in 130 CMR 400.000 through 499.000. (130 CMR 450.212(D)). Therefore, even though the regulations at 411.000 speak to coverage for psychological services, such as those provided to the appellant by her psychotherapist, the services are not covered by MassHealth as the psychotherapist is enrolled as a QMB-only provider and the appellant is not a QMB member or Standard member eligible for QMB benefits.

As noted above, the CCA may authorize payment for care with out-of-network providers under certain conditions and require prior authorization. The CCA OneCare Member Handbook specifically states that if you use an out-of-network provider, the provider must be eligible to participate in Medicare or MassHealth. CCA cannot pay a provider who is not eligible to participate in Medicare or MassHealth. In this case, the provider with whom the appellant was seeking authorization for coverage was not enrolled in MassHealth under a category that could authorize payment for the appellant's treatment.

The decision made by the ICO was correct.

This appeal is denied.

Order for MassHealth Integrated Care Organization

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

[redacted]

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108