

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506752
Decision Date:	07/18/2025	Hearing Date:	06/05/2025
Hearing Officer:	Christine Therrien		

Appearances for Appellant:



Appearance for Integrated Care Organization:
Jeremiah Mancuso, RN - Clinical Appeals and
Grievances Manager, Commonwealth Care
Alliance (CCA)



*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:	07/18/2025	Hearing Date:	06/05/2025
CCA's Rep.:	Jeremiah Mancuso	Appellant's Reps.:	[REDACTED]
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1	Aid Pending:	No

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 4/25/25, Commonwealth Care Alliance (CCA), an integrated care organization (ICO), denied the appellant's Level 1 internal appeal of a denial for psychotherapy with an out-of-network provider, because CCA determined the provider is not enrolled with both Medicare and MassHealth and is therefore not eligible to see CCA members. (Exhibit 1). The appellant filed this appeal in a timely manner on 4/30/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

CCA denied the appellant's prior authorization request to see an out-of-network provider.

Issue

The appeal issue is whether CCA was correct in denying the appellant's prior authorization request for individual psychotherapy with an out-of-network provider.

Summary of Evidence

The appellant is a disabled individual under the age of 65, who is enrolled in both Medicare and MassHealth and enrolled in Commonwealth Care Alliance (CCA) integrated care organization (ICO) OneCare plan. The CCA representative testified that a prior authorization request for service with an out-of-network psychotherapy provider was received on 03/04/2025. The CCA representative testified that a Notice of Denial of Medical Coverage was sent to the appellant on 03/14/2025. The CCA representative testified that services were denied because the appellant could receive care from an in-network provider. The CCA representative testified that the appellant submitted an expedited internal appeal request on 04/23/2025. The CCA representative testified that a CCA clinician reviewed and denied the appeal on 04/24/2025, with the rationale that the appellant did not qualify for coverage based on the CCA OneCare Member Handbook, Chapter 3 "Using the plan's coverage for your health care and other covered services" (pages 37-38).

The CCA representative testified that the provider is not enrolled with Medicare or Medicaid (MassHealth) and is therefore not eligible to see CCA members. The CCA representative testified that the decision letter was sent to the member and provider on 04/25/2025. There are over two dozen providers that are in-network with MassHealth. (Exhibit 2, p.3).

The appellant testified that he had been seeing this provider for years. The appellant testified that not being able to see his therapist has caused him to have stress-induced seizures. The appellant testified that the provider was enrolled with MassHealth in 2021. (Exhibit 2).

The "Letter of Agreement" between CCA and the appellant's provider, dated 5/5/2020, indicates it is effective from 5/1/2020 through 5/1/2021. (Exhibit 2, p. 11).

The CCA representative testified that any claims paid to the appellant's provider since the end of the Letter of Agreement were in error.

Findings of Fact

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

1. Commonwealth Care Alliance is an integrated care organization, and is MassHealth's

agent.

2. The appellant is under age 65 and disabled, is enrolled in both MassHealth and Medicare, and is enrolled in CCA's ICO OneCare plan.
3. On 03/04/2025, a prior authorization request for service was received by CCA from the appellant's psychotherapy provider.
4. On 03/14/2025, a Notice of Denial of Medical Coverage was sent to the appellant.
5. On 04/23/2025, services were denied because the appellant can receive care from an in-network provider.
6. On 04/23/2025, the appellant submitted an expedited internal appeal request.
7. On 04/24/2025, a CCA clinician reviewed and denied the appeal because the appellant did not qualify for coverage based on the CCA OneCare Member Handbook, Chapter 3: "Using the plan's coverage for your health care and other covered services" (pages 37-38).
8. The provider is not enrolled with Medicare or MassHealth and is therefore not eligible to see CCA members.
9. On 04/25/2025, CCA sent an appeal decision letter to the appellant.
10. There are over two dozen CCA providers that are in-network with MassHealth.
11. The "Letter of Agreement" between CCA and the appellant's provider, dated 5/5/2020, indicates it is effective from 5/1/2020 through 5/1/2021.
12. Claims paid to the appellant's provider since the end of the Letter of Agreement were in error.

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 state 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).

The CCA OneCare Member Handbook, Chapter 3, "Using the plan's coverage for your health care and other covered services," states that "[i]f you use an out-of-network provider, the provider must be eligible to participate in Medicare or MassHealth." (Exhibit 5, p. 38).

As noted above, the CCA may authorize payment for care with out-of-network providers under

certain conditions and may 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. The provider with whom the appellant was seeking authorization for coverage was not enrolled with MassHealth or Medicare at the time of the PA request. Therefore, the decision made by CCA was correct.

This appeal is **denied**.

Order for ICO (CCA):

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.

Christine Therrien
Hearing Officer
Board of Hearings

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