

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2508998
<b>Decision Date:</b>	9/3/2025	<b>Hearing Date:</b>	06/23/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**

Pro se

**Appearances for MassHealth:**

Orlando Leon, HNE Compliance & Appeals Sup.  
Chelaine Bocher, HNE Appeals Coordinator  
Dawn Martin, HNE Utilization Manager  
Deana Helin, HNE Appeals Nurse  
Sarah Fallon, HNE Utilization Sup.  
Michaele Freeman, MH Contract Manager



*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>	Denied	<b>Issue:</b>	ACO/HNE
<b>Decision Date:</b>	9/3/2025	<b>Hearing Date:</b>	06/23/2025
<b>MassHealth's Reps.:</b>	Orlando Leon, HNE Compliance & Appeals Sup.; Chelaine Bocher, HNE Appeals Coordinator; Dawn Martin, HNE Utilization Manager; Deana Helin, HNE Appeals Nurse; Sarah Fallon, HNE Utilization Sup.; Michael Freeman, MH Contract Manager	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephonic)		

## 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 6/6/25, [REDACTED] an accountable care organization (ACO), denied the appellant's Expedited Internal Appeal because it is not medically necessary for the appellant to see an out-of-network provider who specializes in [REDACTED] as HNE

determined the appellant did not seek care from an in-network provider to evaluate her condition. (Exhibit 1). The appellant filed this appeal in a timely manner on 6/10/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## **Action Taken by Accountable Care Organization (ACO):**

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

## **Issue**

The appeal issue is whether HNE was correct in denying the appellant's prior authorization request to see an out-of-network provider.

## **Summary of Evidence**

The appellant is a [REDACTED] female with a history of multiple sclerosis (MS), depression, and thoracic outlet syndrome for which previous surgery has been performed. (Exhibit 5). [REDACTED] is an Accountable Care Organization (ACO). The HNE representative testified that on 04/14/25, a Prior Authorization (PA) request from the appellant's primary care physician (PCP) was received by HNE requesting to see an out-of-network Ear, Nose, and Throat (ENT) doctor because of [REDACTED]. The HNE representative testified that the appellant had a computed tomography (CT) of the neck, and there were no CT findings of [REDACTED] because the calcified portions of the styloid processes do not appear elongated. The appellant has been worked up for possible [REDACTED] versus jugular outflow compression by an ENT in [REDACTED] who requested referral by the appellant's PCP to an out-of-network ENT in Massachusetts. (Exhibit 5). The HNE representative testified that on 4/25/25, HNE denied the PA request because it was not medically necessary to see an out-of-network provider. The HNE representative testified that there are several ENTs in-network for the appellant to see. The HNE representative testified that HNE determines medical necessity based on clinical information submitted for the appellant. The HNE reviewer stated that after all records were reviewed, there is no conclusive diagnosis of [REDACTED] for the appellant, and there is no documentation that the appellant has seen an ENT in-network to evaluate her condition. "Therefore, based on the information provided, the medical necessity of the out-of-network referral is not confirmed. This is consistent with scientific literature on the patient's condition." (Exhibit 5).<sup>2</sup>

[REDACTED]

The appellant appealed the 4/25/25 denial, and an Expedited Internal Appeal was conducted. A denial was issued on 6/6/25.

HNE defines “medically necessary” as follows:

A. [REDACTED] defines certain services which are reasonably calculated by a provider to prevent, diagnose, evaluate, and treat conditions (illness, injury, disease) as Medically Necessary or as a Medical Necessity. The service must meet ALL of the following in order to be Medically Necessary.

- Service is clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient’s illness, injury, or disease; AND
- Service is based on the following:
  - Credible scientific evidence published in peer-reviewed medical literature recognized by the relevant medical community
  - Specialty Society recommendations
  - Views of physician experts practicing in relevant clinical area; AND
- Service is not more costly than an alternative service or sequence of services, which is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease; AND
- Service is not primarily for the convenience of the patient, physician, or other health care provider;

AND

- Service is substantiated by submitted clinical records.

B. [REDACTED] uses clinical criteria to decide if some services or procedures are Medically Necessary. You can access HNE Medical Policy criteria on [REDACTED] Website or use the following link:

[REDACTED]

(Exhibit 5).

[REDACTED] Member Handbook states that:

[REDACTED]

You may visit most Out-of-Network Specialists only if the BeHealthy Partnership approves it in advance. Services provided by Out-of-Network Specialists require Prior Authorization. If there are In-Network Providers who offer the service, the BeHealthy Partnership will only approve Out-of-Network service requests under special circumstances. Before you schedule an appointment or seek health care from an Out-of-Network Specialist, including a Behavioral Health Provider, ask your PCP or treating Provider to send an Authorization request to the BeHealthy Partnership. After reviewing the request, we will notify you and your Provider of our decision in writing. If you do not receive written approval from the BeHealthy Partnership for Out-of-Network specialty care, the BeHealthy Partnership will not cover the requested services.<sup>3</sup>

The appellant testified that she has not seen an in-network ENT because there are only five doctors nationwide who are familiar with [REDACTED] and none are in-network. The appellant testified that she did research and diagnosed herself with [REDACTED]. The appellant testified that she went to the best thoracic surgeon in [REDACTED] who performed Thoracic Outlet Syndrome surgery and told her she should see an ENT who specializes in [REDACTED]. The appellant testified that she is in a chat group where she learned about the surgery to fix the condition. The appellant submitted a letter from her PCP that states, [REDACTED] is characterized as elongated styloid process or calcification that compresses the nearby nerves and blood vessels. The appellant also submitted printouts from ChatGPT regarding [REDACTED] which state in part “[n]umerous peer-reviewed and clinical sources confirmed that calcified styloid ligaments, even when not elongated, can cause clinically significant neurovascular compression resulting in symptoms identical to [REDACTED]...” (Exhibit 2).

## Findings of Fact

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

1. The appellant is a [REDACTED] female with a history of MS, depression, and thoracic outlet syndrome for which previous surgery has been performed.
2. [REDACTED] is an ACO contracted with MassHealth.
3. On 04/14/25, a PA request from the appellant’s PCP was received by HNE requesting to see an out-of-network ENT doctor because of [REDACTED]. The appellant had a CT scan of the neck, and there were no CT scan findings of [REDACTED] because the calcified

---

<sup>3</sup> [REDACTED] Member Handbook, Effective 4/1/25.  
[https://healthnewengland.org/Portals/\\_default/Shared%20Documents/behealthy/2025/2025\\_BeHealthy\\_Partnership\\_Handbook.pdf?ver=fdKAsTJ3ImWQfDq6Nms3ow%3d%3d](https://healthnewengland.org/Portals/_default/Shared%20Documents/behealthy/2025/2025_BeHealthy_Partnership_Handbook.pdf?ver=fdKAsTJ3ImWQfDq6Nms3ow%3d%3d)

portions of the styloid processes do not appear elongated.

4. The appellant has been worked up for possible [REDACTED] versus jugular outflow compression by an ENT in [REDACTED] who requested referral by the appellant's PCP to an out-of-network ENT in Massachusetts.
5. On 4/25/25, HNE denied the PA request because it was not medically necessary to see an out-of-network provider.
6. There are several ENTs in-network for the appellant to see.
7. HNE determines medical necessity based on clinical information submitted on behalf of the appellant.
8. The HNE reviewer stated that after all records were reviewed, there is not a conclusive diagnosis of [REDACTED] for the appellant, and there is no documentation that the appellant has seen an ENT in network to evaluate her condition. "Therefore, based on the information provided, the medical necessity of the out-of-network referral is not confirmed. This is consistent with scientific literature on the patient's condition."
9. The appellant appealed the 4/25/25 denial, an Expedited Internal Appeal was conducted and a denial was issued on 6/6/25.
10. HNE defines Medically Necessary as follows:
  - A. [REDACTED] defines certain services which are reasonably calculated by a provider to prevent, diagnose, evaluate, and treat conditions (illness, injury, disease) as Medically Necessary or as a Medical Necessity. The service must meet ALL of the following in order to be Medically Necessary.
    - Service is clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; AND
    - Service is based on the following:
      - Credible scientific evidence published in peer reviewed medical literature recognized by the relevant medical community
      - Specialty Society recommendations
      - Views of physician experts practicing in relevant clinical area; AND
    - Service is not more costly than an alternative service or sequence of services, which is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; AND
    - Service is not primarily for the convenience of the patient, physician, or other health care provider;

AND

- Service is substantiated by submitted clinical records.

B. [REDACTED] uses clinical criteria to decide if some services or procedures are Medically Necessary. You can access HNE Medical Policy criteria on [REDACTED] or use the following link:

<https://healthnewengland.org/Providers/Resources>

11. [REDACTED] and Member Handbook states that:

You may visit most Out-of-Network Specialists only if the BeHealthy Partnership approves it in advance. Services provided by Out-of-Network Specialists require Prior Authorization. If there are In-Network Providers who offer the service, the BeHealthy Partnership will only approve Out-of-Network service requests under special circumstances. Before you schedule an appointment or seek health care from an Out-of-Network Specialist, including a Behavioral Health Provider, ask your PCP or treating Provider to send an Authorization request to the BeHealthy Partnership. After reviewing the request, we will notify you and your Provider of our decision in writing. If you do not receive written approval from the BeHealthy Partnership for Out-of-Network specialty care, the BeHealthy Partnership will not cover the requested services.

12. The appellant has not had an appointment with an in-network ENT.

## **Analysis and Conclusions of Law**

MassHealth regulations outline the rules for ACOs. 130 CMR 508.006 states that all members of an ACO requesting services other than primary care are subject to the authorization and referral process.

MassHealth only pays for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the Prior Authorization process. (130 CMR 450.204).

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)).

(emphasis added)

Both the MassHealth regulations and the HNE medical policy indicate that a service is medically necessary if there is not a less costly alternative that is comparable, and the service requested is reasonably calculated to diagnose the member. The appellant has not yet seen an ENT who is in-network with HNE and who has the skill set to evaluate and diagnose the appellant, which is the less costly alternative. There is no reason that an in-network ENT is not the appropriate provider to assess the appellant for [REDACTED]. Visiting an out-of-network ENT is not medically necessary at this time. This 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.

---

Christine Therrien  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: [REDACTED] James Farrell, Complaints & Appeals, One Monarch Place, #1500, Springfield, MA 01144-1500

cc: Michaele Freeman, MassHealth contract manager