

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510193
Decision Date:	10/21/2025	Hearing Date:	08/25/2025
Hearing Officer:	Mariah Burns	Record Open:	09/22/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
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*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:	Managed Care Organization – Denial of Internal Appeal; Chiropractic Services
Decision Date:	10/21/2025	Hearing Date:	08/25/2025
MassHealth's Reps.:	[REDACTED]	Appellant's Rep.:	Pro se
Hearing Location:	Quincy	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 April 30, 2025, Fallon Health denied the appellant's internal appeal of a denial of his prior authorization request for coverage of chiropractic services due to the requested provider not being in network. *See* Exhibit 1. The appellant filed this appeal in a timely manner on July 10, 2025. *See* 130 CMR 610.015(B)(7) and Exhibit 2. Denial of a request for prior authorization is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

Fallon Health denied the appellant's prior authorization request for coverage of chiropractic services.

Issue

The appeal issue is whether Fallon Health acted within the scope of the regulations in denying the appellant's prior authorization request for chiropractic services.

Summary of Evidence

The appellant is an adult under the age of 65 who currently receives MassHealth CarePlus benefits as a member of the Fallon Community Health Plan Accountable Care Partnership Plan. Fallon Health was represented by an Appeals Nurse, and a MassHealth MCO Contract Manager observed the hearing. All parties appeared by telephone. The following is a summary of all the evidence and testimony provided at the hearing.

In March 2025, the appellant submitted a request for coverage of chiropractic services from March 4, 2025, to March 3, 2026. On March 12, 2025, Fallon Health denied the request because the listed provider is not in network with MassHealth or Fallon Health. On April 2, 2025, the appellant filed an internal appeal for that decision, which Fallon Health denied for the same reason on April 30, 2025. The Fallon Health representative testified that a previous request for that same provider was approved in error, as that provider was not and is not a MassHealth provider. The Fallon Health representative reported that Fallon Health was working with the provider in the hopes of enrolling them in MassHealth so the request could be covered.

The appellant reported that he believed the chiropractor to be in network because previous visits were covered. He expressed confusion that the coverage was suddenly stopped and stated that he has a rapport with this particular provider and does not wish to change chiropractors. The record was kept open until September 22, 2025, for Fallon to attempt to enroll the appellant's chiropractor as a MassHealth provider.

On September 23, 2025, Fallon Health reported that the provider did not wish to enroll with MassHealth, and Fallon was therefore unable to approve the appellant's request.

Findings of Fact

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

1. The appellant is an adult MassHealth CarePlus member under the age of 65 who is currently enrolled in the Fallon Community Health Plan Accountable Care Partnership Plan. Testimony, Exhibit 4.
2. On or about March 4, 2025, the appellant submitted a request for coverage of chiropractic services from March 4, 2025, to March 3, 2026. Testimony, Exhibit 5 at 4.
3. On March 12, 2025, Fallon Health denied the request because the listed provider is not in network with MassHealth or Fallon Health. Testimony, Exhibit 5 at 4.
4. April 2, 2025, the appellant filed an internal appeal of that decision, which Fallon Health

denied for the same reason on April 30, 2025. Exhibit 5 at 9, 11.

5. The appellant filed this appeal in a timely manner on July 10, 2025. Exhibit 2.

6. The chiropractor from whom the appellant wishes to receive coverage of care is not a current MassHealth provider and does not wish to enroll as one at this time. Testimony, Exhibit 6.

Analysis and Conclusions of Law

Federal law permits MassHealth to contract with individual private insurance companies, referred to as managed care organizations (MCOs), to deliver care to relevant members under the regulations. See 130 CMR 508.000. One such type of MCO is an accountable care organization (ACO), which is typically a private insurance company that contracts with MassHealth “wherein the entity is held financially accountable for the cost and quality of care for an attributed or enrolled member population.” 130 CMR 501.001.

An ACO has specific statutory and regulatory requirements by which it must abide regarding the scope of its coverage. Namely, the ACO must make “the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity.” 24 CFR § 438.2 (definition of managed care organization). Put otherwise, the ACO must provide everything under the MassHealth regulations and may have services or coverage that exceeds the scope of those provided by MassHealth. Typically, “[a]ll medical services to members enrolled in an MCO...are subject to the prior authorization and referral requirements of the MCO.” 130 CMR 508.004(2). Related to this case, MassHealth pays for chiropractic services when provided to eligible MassHealth members and “pays only chiropractors who are participating in MassHealth on the date of service.” 130 CMR 441.404. Fallon Health also contracts with MassHealth network providers who provide services to its MassHealth ACO members. See Exhibit 5 at 68.

MassHealth regulations apply to ACOs and provide that “[m]embers are entitled to a fair hearing under 130 CMR 610.00: MassHealth Fair Hearing Rules to appeal...a determination by...one of the...ICOs...if the member has exhausted all remedies available through the contractor’s internal appeals process.” 130 CMR 508.010(B). The appellant has the burden of proof at such a hearing “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.082(A) and (B).

In this case, the evidence shows that the chiropractor for whom the appellant wishes to receive coverage of services is not a MassHealth or Fallon Health provider and does not wish to enroll with

MassHealth. The MassHealth regulations clearly state that MassHealth only pays chiropractors who participate with MassHealth. Therefore, I find no error with Fallon Health's April 30, 2025, decision to deny the appellant's request for coverage of chiropractic services for an out of network provider.¹

For the foregoing reasons, the appeal is hereby denied.

Order for MassHealth

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: [REDACTED]

cc: [REDACTED]

¹ Unfortunately, no regulation provides that Fallon Health's previous mistaken decision to cover payment for this provider requires Fallon or MassHealth to provide coverage prospectively.