

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510782
Decision Date:	10/6/2025	Hearing Date:	08/14/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearances for Mass General Brigham Health Plan Managed Care Organization:

Christina Thompson, Supervisor, Appeals and Grievances, MGBHP; Tianta Thompson, Appeals and Grievances Coordinator, MGBHP; Emily Chin, MD, Medical Director, MGBHP; Molly Seto, Vice President, Medicaid, MGBHP



*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
Decision Date:	10/6/2025	Hearing Date:	08/14/2025
Mass General Brigham MCO's Reps.:	Christina Thompson, Supervisor, Appeals and Grievances, MGBHP; Tianta Thompson, Appeals and Grievances Coordinator, MGBHP; Emily Chin, MD, Medical Director, MGBHP; Molly Seto, Vice President, Medicaid, MGBHP	Appellant's Rep.:	Daughter
Hearing Location:	Springfield MassHealth Enrollment Center	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 07/04/2025, Mass General Brigham Health Plan, a MassHealth MCO¹, informed the appellant that it reviewed her internal appeal of a denial for Radicava ORS 105 mg/5

¹ MGBHP is a MassHealth accountable care contractor as defined by regulations at 130 CMR 610.009 and described

Findings of Fact

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

1. The appellant, a MassHealth member who is [REDACTED] years of age, is enrolled in the MassHealth ACO Mass General Brigham Health Plan (MGBHP) since April 2025.
2. The appellant has a diagnosis of [REDACTED]
3. On 6/27/2025 MGBHP, through Optum RX, received a prior authorization request for Radicava ORS 105 mg/5 ml (Radicava) on behalf of the appellant.
4. The appellant's request for Radicava was denied due to coverage criteria not met.
5. According to MGBHP, Radicava is only covered if the member is not dependent on invasive mechanical ventilation with a tracheostomy.
6. On 07/1/2025, MGBHP received appeal request from [REDACTED] for the denial of Radicava.
7. On 07/03/2025-07/04/2025, MGBHP sought external review from Independent Review Organization, that determined the coverage criteria for Radicava were not met as the appellant is dependent on ventilation through tracheotomy.
8. On 07/04/2025, MGBHP upheld the appeal due to coverage criteria not met.
9. The appellant is dependent on invasive mechanical ventilation with a tracheotomy.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 508.006(A)(2) address member participation in a MassHealth managed care organization (ACO) as follows:

Obtaining Services when Enrolled in an Accountable Care Partnership Plan. (a) Primary Care Services. When the member selects or is assigned to an Accountable Care Partnership Plan, that Accountable Care Partnership Plan will deliver the member's primary care, determine if the member needs medical or other specialty care from other providers, and determine referral requirements for such necessary medical services.

130 CMR 508.010 addresses the members' right to a fair hearing as follows:

Members are entitled to a fair hearing under 130 CMR 610.000: MassHealth: Fair Hearing Rules to appeal. (A) the MassHealth agency's determination that the MassHealth member is required to enroll with a MassHealth managed care provider under 130 CMR 508.001; (B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process...

Regulations at 130 CMR 450.204 describe medical necessity, as follows:

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of acute inpatient hospital admissions are contained in 130 CMR 415.414

(E) Any regulatory or contractual exclusion from payment of experimental or unproven services refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

The MGBHP lists the eligibility criteria for Radicava as follows:

Coverage Guidelines Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs. OR Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Prescriber is a neurologist, neuromuscular specialist, or other specialist in the treatment of ALS, or consult notes from specialist are provided
2. Medical records supporting the diagnosis of definite, probable, or probable-laboratory supported ALS per El Escorial criteria
3. Pre-treatment ALSFRS-R questionnaire score within the past 12 weeks
4. **ALL of the following:**
 - a. Pre-treatment ALSFRS-R questionnaire score of ≥ 2 on each individual item
 - b. Pre-treatment FVC $\geq 80\%$
 - c. **Member is not dependent on invasive mechanical ventilation by intubation or tracheostomy**
5. Appropriate dosing
6. ONE of the following: Mass General Brigham Health Plan 2 d. Requested medication will be used in combination with riluzole e. Adverse reaction or contraindication to riluzole.

(Emphasis added.)

In the instant case, the appellant is a member of MassHealth's ACO, MGBHP. This appeal involves services that were denied by MGBHP, specifically a request for Radicava, a medication used to treat ■■■■■. MGBHP denied the request for Radicava and the appellant appealed twice to MGBHP. She now appeals to the Board of Hearings. The instant issue is whether MGBHP's denial of the requested test is supported by the regulations, the ACO's policies, and the material facts in the hearing record.

Undisputed is that the appellant requested Radicava ORS 105 mg/5 ml from MGBHP, the ACO. The appellant's daughter testified that prior to becoming a MassHealth member, the appellant received the medication for her ■■■■■ with satisfactory results. She requested the medication from MGBHP; however, her request was denied. MGBHP based its denial on its determination that the appellant does not meet the criteria for this medication; specifically, that she is dependent on invasive mechanical ventilation with tracheotomy.

At hearing, the appellant's representative testified that the appellant is dependent on invasive mechanical ventilation with tracheotomy. She asserted that there should be an exception to the ACO's policy. She did not cite to any regulatory or policy in support of her position.

The representatives from the ACO testified that there is no exception to the policy. The ACO's position is supported by the policy, regulations and facts in the hearing record. The ACO correctly

determined that the appellant, because she is dependent on invasive mechanical ventilation and tracheotomy. The ACO correctly applied its policy and regulations to the appellant's request when it was denied. This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

[REDACTED]

[REDACTED]

MassHealth Representative: Mass General Brigham Health Plan, Attn: Christina Thompson, 399 Revolution Drive, Suite 810, Somerville, MA 02145