Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Remanded	**Appeal Number:**	2511025
Decision Date:	9/17/2025	**Hearing Date:**	09/11/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for ACO:
Mass General Brigham Health Plan
Nichol Foss, Mgr. Appeals & Grievances
Christina Thompson, Supervisor, Appeals & Grievances
Emily Chin, MD, Medical Dir.

Michaele Freeman, MCO Contract Mgr. for MassHealth

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:	Remanded	**Issue:**	Managed Care Organization-Denial of Internal Appeal
Decision Date:	9/17/2025	**Hearing Date:**	09/11/2025
ACO's Reps.:	Nichol Foss, et al.	**Appellant's Rep.:**	Pro se
Hearing Location:	Remote	**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 May 27, 2025, Mass General Brigham Health Plan (MGBHP), a MassHealth accountable care organization (ACO), informed Appellant that it had denied an internal appeal of a prior authorization request for the drug Zepbound because the medical evidence did not meet the medical necessity criteria (Exhibit 1). Appellant filed this appeal in a timely manner on July 28, 2025 (130 CMR 610.015(B) and Exhibit 2). An ACO's denial of a request for prior authorization is valid grounds for appeal to the Board of Hearings (130 CMR 610.032(B)(2)).[1]

Action Taken by ACO

MGBHP denied Appellant's prior authorization request for the drug Zepbound.

[1] An accountable care organization is defined at 130 CMR 501.001 as an entity that enters into a population-based payment model contract with EOHHS as an accountable care organization, wherein the entity is held financially accountable for the cost and quality of care for an attributed or enrolled member population. ACOs include Accountable Care Partnership Plans, Primary Care ACOs, and MCO-Administered ACOs.

Issue

The appeal issue is whether MassHealth's agent or designee, MGBHP, was correct in denying Appellant's internal appeal of a prior authorization request for the drug Zepbound because Appellant did not meet the prior authorization and medical necessity criteria for the requested drug.

Summary of Evidence

Appellant appeared at hearing via telephone and video.[2] MGBHP appeared at hearing via video and was represented by its manager of appeals and grievances, supervisor of appeals and grievances, and a medical director. The MCO contract manager for MassHealth also appeared at hearing via video as an observer.

MGBHP testified as follows: Appellant is an adult between 21 and 64 years of age and has been enrolled in MGBHP since June 24, 2023. On April 18, 2025, Appellant's medical provider submitted a prior authorization request for Zepbound (tirzepatide) injectable 7.5mg. A denial letter was issued on April 18, 2025 stating:

Per your health plan's criteria, this drug is covered if you meet the following:
One of the following:

A. Your weight lost is 5% or more (from baseline body weight).
B. Both of the following:
    (I) Your doctor submits documentation (for example: chart notes, lab results) to show improvement in secondary measures (for example: blood glucose, blood pressure).
    (II) Your doctor confirms improvement in secondary measures is believed to be due to this drug even though you have not had a loss in body weight (attestation that the improvement in secondary measures is believed to be related to anti-obesity therapy despite a lack of reduction in body weight).

(Exhibit 4, p. 19)

On May 13, 2025, a standard appeal request was received from Appellant's medical provider. On May 23, 2025, an MGBHP medical director upheld the appeal request stating the member did not meet criteria for coverage. On May 27, 2025, MGBHP issued notice informing Appellant that her internal appeal had been denied because "you or your provider requested for a medication to be given by needle (Zepbound). This is to treat your condition of too much body fat (obesity). This request cannot be approved. MassHealth formulary requirements are not met as you do not have

[2] Appellant initially appeared by video, but connectivity issues resulted in her continued participation in the hearing by telephone.

a BMI (body mass index/ratio of weight and height) that is 30 or greater and you do not have documented associated illnesses related to weight. Therefore, the request for Zepbound remains denied at this time." The notice dated May 27, 2025 identifies Clinical Information Reviewed: "Mass General Brigham Health Plan's initial denial letter dated April 18, 2025; office visit progress notes dated [redacted] 2025."(Exhibit 1, p. 1.)

The MGBHP representatives testified that Appellant had previously been approved for Wegovy and was automatically transitioned to Zepbound when MassHealth no longer covered Wegovy effective January 1, 2025. The MGBHP representatives testified that the April 18, 2025 prior authorization request was treated as a new initial request for coverage of Zepbound. Medical records dated [redacted] 2025 record a body mass index (BMI) of 28.3 (Exhibit 4, p. 82). [redacted] explained that pursuant to the MassHealth prior authorization requirements in the MassHealth Drug List, approval of Zepbound for members with a BMI greater than 27 but below 30 requires documentation of other weight-related comorbid conditions: coronary heart disease or other atherosclerotic disease; or dyslipidemia; or hypertension; or non-alcoholic steatohepatitis (NASH); or obstructive sleep apnea; or systemic osteoarthritis; or type 2 diabetes mellitus, none of which are indicated in Appellant's medical records. For members with a BMI of 30 or over, a trial and contraindication of phentermine is required. Because Appellant does not meet prior authorization criteria, her internal appeal was denied.

Appellant testified that she understood the denial of Zepbound to be related to the amount of weight she lost while taking the drug between January 2025 and March 2025. She asserted that she met criteria by documenting weight loss of more than 5%. In a narrative submitted with her appeal request, Appellant outlined the following: she started treatment with Wegovy, 0.25mg, August 29, 2024 following a recorded weight of [redacted] pounds at a primary care visit on [redacted] 2024. At the next visit on [redacted] 2024, her weight was [redacted] pounds, which shows progress after four injections. She was scheduled to receive the next four injections on [redacted] 2024 but due to pharmacy stock issues, delivery was delayed until [redacted] 2024. She continued with the injections at 0.25 mg and by [redacted] 2024, her weight was [redacted] pounds, reflecting a 10% loss from August 2024. She was intolerant to the 0.25 mg dose and began gaining back weight. On October 28, 2024, she started a third treatment cycle, but again received 0.25 mg, and her weight continued to increase. At a physician visit on [redacted] 2024, she was advised to escalate the dosage. She finished the prescribed 0.25 mg she had already received, and on [redacted] 2024 received another supply of 0.25mg, which she thought would have automatically increased to a higher dosage. On November 27, 2024, she contacted her physician to request a refill and dosage increase to 1 mg. On December 21, 2024, she expected an increased prescription, but insurance did not cover it, and she was told that Wegovy was no longer covered by MassHealth. She was transitioned to Zepbound 0.5mg on January 10, 2025.

Appellant asserted that from October 6, 2024 to January 10, 2025, she was either on a dose too low to be effective, or had no medication at all between December 23, 2024 and January 10, 2025 while waiting for insurance to approve the change from Wegovy to Zepbound, during which time her

weight returned to [redacted] pounds. Zepbound increased to 0.75mg on February 6, 2025, and her weight was recorded at [redacted] pounds at a follow-up appointment on February 14, 2025, which is a 5.6% decrease from the original [redacted] pounds. She did not receive the next dose as scheduled on March 7, 2025 because prior authorization was not processed. On March 19, 2025, at a follow-up visit after three weeks without treatment, her weight was recorded at [redacted] pounds, showing weight re-gain during the period without the medication. Appellant argues that since she started Zepbound on January 10, 2025 at a weight of [redacted] pounds, her weight was reduced to [redacted] pounds on February 14, 2025 which is a 5.6% loss from her [redacted]-pound starting weight on August 13, 2024. Her weight recorded on [redacted] 2025 is [redacted] pounds and resulted from a gap in coverage due to insurance delays. See Exhibit 4, pp. 71-73.

Findings of Fact

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

1) Appellant is an adult between the ages 21 and 65.

2) Appellant has been enrolled in MGBHP since June 24, 2023.

3) Appellant's medical provider submitted a prior authorization request for Zepbound (tirzepatide) injectable 7.5mg which was denied by MGBHP on April 18, 2025 because:

> Per your health plan's criteria, this drug is covered if you meet the following:
> One of the following:
>
> A. Your weight lost is 5% or more (from baseline body weight).
> B. Both of the following:
> i. Your doctor submits documentation (for example: chart notes, lab results) to show improvement in secondary measures (for example: blood glucose, blood pressure).
> ii. Your doctor confirms improvement in secondary measures is believed to be due to this drug even though you have not had a loss in body weight (attestation that the improvement in secondary measures is believed to be related to anti-obesity therapy despite a lack of reduction in body weight).

4) On May 13, 2025, a standard appeal request was received from Appellant's medical provider.

5) On May 23, 2025, a MGBHP medical director upheld the denial stating the member did not meet criteria for coverage.

6) The denial of the May 23, 2025 internal appeal was based on the clinical information reviewed which included "Mass General Brigham Health Plan's initial denial letter dated April 18, 2025; office visit progress notes dated March 19, 2025" (Exhibit 1).

7) On May 27, 2025, MGBHP issued notice informing Appellant that her internal appeal had been denied because "you or your provider requested for a medication to be given by needle (Zepbound). This is to treat your condition of too much body fat (obesity). This request cannot be approved. MassHealth formulary requirements are not met as you do not have a BMI (body mass index/ratio of weight and height) that is 30 or greater and you do not have documented associated illnesses related to weight. Therefore, the request for Zepbound remains denied at this time."

8) Appellant had been previously approved for Wegovy and was automatically transitioned to Zepbound when MassHealth no longer covered Wegovy effective January 1, 2025.

9) The April 18, 2025 prior authorization request was treated by MGBHP as a new initial request for coverage of Zepbound.

10) Medical records dated [redacted] 2025 record a body mass index (BMI) of [redacted] (Exhibit 4, p. 82).

11) Appellant is not diagnosed with one of the following comorbid conditions: coronary heart disease or other atherosclerotic disease; or dyslipidemia; or hypertension; or non-alcoholic steatohepatitis (NASH); or obstructive sleep apnea; or systemic osteoarthritis; or type 2 diabetes mellitus.

12) Appellant has not trialed phentermine.

13) Appellant started treatment with Wegovy, 0.25mg on [redacted] 2024 following a recorded weight of [redacted] pounds at a primary care visit on [redacted] 2024.

14) On [redacted] 2024, her weight was [redacted] pounds after 4 Wegovy injections.

15) Appellant was scheduled to receive the next four Wegovy injections on September 26, 2024, but due to pharmacy stock issues, delivery was delayed until September 30, 2024. Appellant continued with the Wegovy injections at 0.25 mg and by [redacted] 2024, her weight was [redacted] pounds.

16) On October 28, 2024, Appellant started a third treatment cycle with Wegovy, but again received 0.25 mg, and her weight continued to increase. At a physician visit on [redacted] 2024, she was advised to escalate the dosage. She finished the prescribed 0.25 mg she had already received.

17) On November 27, 2024, Appellant contacted her physician to request a refill of Wegovy and a dosage increase to 1 mg.

18) On December 21, 2024, Appellant expected an increased prescription, but insurance did not cover it, and she was told that Wegovy was no longer covered by MassHealth. Appellant was automatically transitioned without prior authorization to Zepbound 0.5mg on January 10, 2025.

19) Effective January 1, 2025, Wegovy is no longer covered by MassHealth for weight loss in adults over 18 years of age.

20) Zepbound was increased to 0.75mg on February 6, 2025, and Appellant's weight was recorded at [redacted] pounds at follow-up appointment on [redacted] 2025.

21) Appellant did not receive the next dose of Zepbound as scheduled on March 7, 2025 because prior authorization was not processed.

22) On [redacted] 2025, at a follow-up visit Appellant's weight was recorded at [redacted] pounds, showing weight re-gain during the period without the medication.

23) There are 4 recorded weights in the [redacted] 2025 progress notes: [redacted] 2025: [redacted] pounds; [redacted] 2025: [redacted] pounds; [redacted] 2025: [redacted] pounds; [redacted] 2024: [redacted] pounds (Exhibit 4, p. 74).

Analysis and Conclusions of Law

MassHealth members who are younger than 65 years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider. 130 CMR 508.001(A).

Pursuant to 130 CMR 508.010(B), members are entitled to a fair hearing under 130 CMR 610.000: *MassHealth: Fair Hearing Rules* to appeal:

> (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…

Appellant exhausted the internal appeal process through her ACO and thus is entitled to a fair

hearing pursuant to the above regulations. As MassHealth's agent, MGBHP is required to follow MassHealth rules and regulations pertaining to a member's care. By regulation, MassHealth will not pay for services that are not medically necessary. 130 CMR 450.204 states the following regarding medical necessity:

> (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. …
>
> (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 MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.***

(emphasis added).

As subsection (D) indicates, MassHealth establishes additional medical necessity criteria throughout its regulations and publications governing specific health-related service-types. For coverage of prescription drugs, MassHealth publishes and routinely updates a "Drug List" - a formulary that identifies whether a covered drug is subject to prior approval and the specific criteria required to establish medical necessity for the drug. See 130 CMR 406.422; see also 130 CMR 450.303. The criteria used to determine medical necessity is "based upon generally accepted standards of practice, review of the medical literature, federal and state policies, as well as laws applicable to the Massachusetts Medicaid Program."[3] Further, the criteria reflect MassHealth's policy as described in its pharmacy regulations and the reviews conducted by the agency and the Drug Utilization Review (DUR) board. See Id.

[3] See MassHealth Drug List at: https://mhdl.pharmacy.services.conduent.com/MHDL/

The MassHealth Drug List shows the following criteria for authorization of Zepbound which were last revised in August 2025.

- Documentation of the following is required for obesity, overweight, or moderate to severe obstructive sleep apnea (OSA) with obesity:
    - appropriate diagnosis; **and**
    - member is ≥ 18 years of age; **and**
    - member weight (dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent]); **and**
    - member has been counseled to continue reduced-calorie diet and increased physical activity; **and**
    - requested quantity is ≤ four pens/28 days; **and**
    - requested agent will not be used in combination with another GLP-1 receptor agonist; **and**
    - one of the following*:
        - inadequate response to phentermine with or without topiramate defined as all of the following:
            - member is adherent to phentermine (defined as ≥ 90 out of the last 120 days)**; **and**
            - one of the following:
                - insufficient clinical response defined as < 5% reduction in body weight from baseline despite initial trial of ≥ three months of treatment with the maximally tolerated dose of phentermine; **or**
                - plateaued clinical response defined as no weight loss for at least ≥ three months of treatment with the maximally tolerated dose of phentermine; **and**
            - member's current BMI is ≥ 27 kg/m^2 (dated within the 90 days prior to treatment initiation of requested agent); **or**
        - medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy; **or**
        - medical records documenting contraindication to phentermine; **and**
    - one of the following:
        - member BMI is ≥ 30 kg/m^2 (dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent]); and
        - both of the following:
            - member BMI is ≥ 27 kg/m^2 (dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent]); **and**

        - one of the following weight-related comorbid conditions:
            - coronary heart disease or other atherosclerotic disease; **or**
            - dyslipidemia; **or**
            - hypertension; **or**
            - non-alcoholic steatohepatitis (NASH); **or**
            - obstructive sleep apnea; **or**
            - polycystic ovarian syndrome; **or**
            - prediabetes; **or**
            - systemic osteoarthritis; **or**
            - type 2 diabetes mellitus.

- **For recertification**, documentation of the following is required:
    - member weight (dated within the last 90 days); **and**
    - one of the following:
        - **weight loss of ≥ 5% from baseline body weight**; **or**
        - both of the following:
            - improvement in secondary measures; **and**
            - attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight; **or**
        - all of the following:
            - improvement in OSA symptoms, such as less daytime sleepiness, fewer sleep arousals, or fewer partner-reported snoring episodes or pauses in breathing; **and**
            - attestation that the improvement in OSA symptoms is believed to be related to anti-obesity therapy despite lack of reduction in body weight; **and**
            - medical records verifying baseline OR current OSA diagnosis with at ≥15 apnea-hypopnea index (AHI).

The first issue on appeal is whether the prior authorization request submitted on April 18, 2025 was correctly evaluated as an initial request for Zepbound rather than a request for recertification which imposes different criteria for approval. An initial request requires one of the following: an inadequate response to phentermine and either a BMI equal to or greater than 30, or a BMI equal to or greater than 27 and a weight-related comorbid condition. A recertification request imposes different prior authorization criteria tied to documented weight loss of 5% of more from the baseline body weight. MGBHP testified that the April 18, 2025 prior authorization request was treated as an initial request; however, the April 18, 2025 denial letter issued by MGBHP, and which is the determination reviewed and denied by MGBHP by notice dated May 27, 2025 (the subject of the instant appeal) is a determination made based on recertification criteria:

Per your health plan's criteria, this drug is covered if you meet the following:

One of the following:

A. Your weight lost is 5% or more (from baseline body weight).
B. Both of the following:
iii. Your doctor submits documentation (for example: chart notes, lab results) to show improvement in secondary measures (for example: blood glucose, blood pressure).
iv. Your doctor confirms improvement in secondary measures is believed to be due to this drug even though you have not had a loss in body weight (attestation that the improvement in secondary measures is believed to be related to anti-obesity therapy despite a lack of reduction in body weight).

Exhibit 4, p. 19

On May 13, 2025 Appellant filed an internal appeal of the April 18, 2025 denial letter. The internal appeal on May 27, 2025 was based on clinical information reviewed which included "Mass General Brigham Health Plan's initial denial letter dated April 18, 2025; office visit progress notes dated March 19, 2025" (Exhibit 1). Unlike the April 18, 2025 denial (Exhibit 4, p. 19), the May 27, 2025 denial notice (Exhibit 1) cites prior authorization requirements for an initial request for prior authorization, and does not state whether there has been a 5% weight loss from the baseline body weight:

> "Reasons the Medical Evidence does not meet the medial review criteria: You or your provider requested for a medication to be given by needle (Zepbound). This is to treat your condition of too much body fat (obesity). This request cannot be approved. MassHealth formulary requirements are not met as you do not have a BMI (body mass index/ratio of weight and height) that is 30 or greater and you do not have documented associated illnesses related to weight. Therefore, the request for Zepbound remains denied at this time. Please discuss this with your doctor to determine the next appropriate steps for your care." (Exhibit 1)

Appellant started treatment on Zepbound on January 10, 2025 without prior authorization when she was automatically transitioned from Wegovy, which MassHealth no longer covered as of January 1, 2025 for MassHealth members over 18 years of age. Appellant continued treatment with Zepbound into March 2025. Because Appellant had already started treatment with Zepbound when the April 18, 2025 prior authorization request was submitted, it is a more reasonable reading of the prior authorization criteria to evaluate the April 18, 2025 prior authorization request as a request for recertification of Zepbound, and the recertification criteria cited in the April 18, 2025 MGBHP denial letter. Because Appellant is not diagnosed with any secondary measures or obstructive sleep apnea (OSA) outlined in the recertification criteria, a weight reduction equal to or greater than 5% from the baseline body weight would meet recertification prior authorization requirements.

Appellant argues that she lost more than 5% of her baseline body weight from when she started

treatment with Wegovy on [redacted] 2024, and also argues that her baseline weight was [redacted] pounds on [redacted] 2024, compared to her lowest weight on [redacted] 2024 of [redacted] pounds, and shows a 10% weight loss and the efficacy of an anti-obesity agent Wegovy. There are 4 recorded weights in the [redacted] 2025 progress notes: [redacted] 2025: [redacted] pounds; [redacted] 2025: [redacted] pounds; [redacted] 2025: [redacted] pounds; [redacted] 2024: [redacted] pounds (Exhibit 4, p. 74). The first recorded weight for the treatment period with Zepbound is [redacted] 2025 at [redacted] pounds, and would require a 5% weight loss of [redacted] pounds to [redacted] pounds to meet recertification criteria of a 5% weight loss from baseline body weight. If the recorded weight on [redacted], 2025 is considered the baseline weight, the required 5% weight loss during treatment with Zepbound is not documented in the medical records. However, it remains unclear whether the baseline weight is correctly established for the period limited to Zepbound treatment only, or whether baseline weight is recorded at the beginning of treatment with anti-obesity agents identified in the MassHealth Drug List which includes both Wegovy and Zepbound and other anti-obesity agents. Wegovy and Zepbound were treated interchangeably when Appellant was auto-transitioned to Zepbound in January 2025 without prior authorization or a phentermine trial.[4] The correct baseline weight was not established or discussed by MGBHP at hearing presumably because the April 18, 2024 prior authorization request was evaluated as an initial request, and not prior authorization criteria applicable to a recertification request. Therefore, if the baseline weight is determined to include the period of treatment with Wegovy, and a weight loss equal to or greater than 5% is documented prior to the April 18, 2025 recertification request, then coverage for Zepbound should be approved. If the baseline weight is determined to be a recorded weight commensurate with the start of Zepbound in January 2025, coverage should be denied.

Therefore, because the prior authorization request submitted to MGBHP on April 18, 2024 is correctly characterized as a recertification request for Zepbound as determined above, the appeal is REMANDED to MGBHP as ordered below.

Order for ACO (MGBHP)

Reevaluate the April 18, 2025 prior authorization request as a prior authorization request for recertification of Zepbound. Allow Appellant to submit medical records within 10 days of the date of this hearing decision documenting her weight during the period of treatment with Wegovy. Determine the appropriate baseline weight, and whether there was documented weight loss equal

[4] The MassHealth Drug List has the following footnote in the prior authorization requirements for Zepbound, which suggests that treatment with previous GLP1 medications is factored in evaluating prior authorization criteria: "Please note, members who have paid MassHealth pharmacy claims for a GLP-1 agonist within the last 90 days may bypass the phentermine trial. For all other members, documentation of clinical rationale why the member is not new to GLP-1 therapy is required to bypass the phentermine trial" (Exhibit 4, pp. 97-98).

to or greater than 5% of the baseline body weight. If a weight loss of 5% or greater from baseline weight is documented, approve the April 18, 2025 prior authorization request.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Michaele Freeman, MCO Contract Mgr. for MassHealth

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