

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2511165
<b>Decision Date:</b>	10/23/2025	<b>Hearing Date:</b>	09/05/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

**Appearance for MassHealth:**

Pro se

Sheri Paiva



*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>	Community Eligibility- under 65
<b>Decision Date:</b>	10/23/2025	<b>Hearing Date:</b>	09/05/2025
<b>MassHealth's Rep.:</b>	Sheri Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MEC		

### 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 July 8, 2025, MassHealth informed Appellant that she is eligible for MassHealth CarePlus effective June 8, 2025 ([Exhibit A](#)). Appellant filed for an appeal with the Board of Hearings in a timely manner on July 30, 2025 indicating that she was appealing "charges for 6/10/25 and 6/17/25" ([See](#) 130 CMR 610.015(B) and [Exhibit A](#)). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that Appellant is eligible for MassHealth CarePlus effective June 8, 2025.

### Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it determined that Appellant is eligible for MassHealth CarePlus effective June 8, 2025.

## Summary of Evidence

Both parties appeared by telephone. Prior to hearing, Appellant submitted copies of what appear to be email communications between herself and others. The submission was sent under cover letter from Appellant dated August 14, 2025 indicating that she wanted to address charges incurred on [REDACTED] and re-establishing therapy with a provider she had been seeing for the past 2 years (collectively, Exhibit B).

At the outset of the appeal, the MassHealth representative and the hearing officer questioned Appellant as to what it was that she was appealing because it was not made apparent from Appellant's Request for Hearing (RFH) and the subject notice of July 8, 2025. The notice informed Appellant that she was eligible for CarePlus as of June 8, 2025. Appellant's RFH indicated that she was looking for coverage for two specific treatments received on June 10, 2025 and June 17, 2025 (Exhibit A).

After some discussion, the parties revealed the following: Earlier this year Appellant had been denied MassHealth coverage. She appealed the denial. While Appellant was awaiting her appeal hearing, she had two psycho-therapy treatments which gave rise to charges for dates of service [REDACTED]. Sometime thereafter, Appellant attended her appeal hearing and the appeal was ultimately approved. This caused the subject notice of July 8, 2025 (Exhibit A) to issue informing Appellant that her MassHealth CarePlus benefits had been reinstated effective June 8, 2025. Appellant also had to re-enroll with a managed care provider (MCO). Prior to losing coverage, her MCO was [REDACTED]. Upon re-enrolling, Appellant chose a different MCO. Appellant chose [REDACTED]). Appellant's coverage with [REDACTED] became effective June 24, 2025.

Appellant testified that after winning her earlier appeal, she was told by her psycho-therapy provider that the two bills were still not being covered. The Masshealth representative explained that Appellant needed to advise her provider's billing department that they need to bill MassHealth directly for any treatment that occurred between June 8, 2025 and June 23, 2025 which includes the two subject dates at issue. They should not bill [REDACTED] for any treatment rendered prior to June 24, 2025, the date that Appellant's coverage with [REDACTED] became effective. [REDACTED] would then be responsible for paying covered services rendered on or after June 24, 2025.

Appellant stated that she did not think coverage for the two dates should have been denied until her earlier appeal had been resolved. Confusion arose when Appellant brought up the matter of having a Single Care Agreement. The MassHealth representative explained that she was an eligibility worker and could not speak knowledgeably about the nature, terms and conditions of a Single Care Agreement either generally or specifically as to Appellant. Nevertheless, the Masshealth representative was able to access information about what a Single Care Agreement is and explained that it is a one-time agreement between an insurer and

a member to extend coverage for treatment rendered by an out-of-network provider. It became unclear whether Appellant was or is continuing to experience difficulty with obtaining psycho-therapy services through her long-time psycho-therapy provider because of the terms and conditions of the Single Care Agreement or some other factor, such as prior authorization, which lay beyond the scope of the appeal which concerns only her Masshealth eligibility.

## Findings of Fact

By a preponderance of the evidence, this record supports the following salient findings:

1. Earlier in 2025, Appellant had been denied MassHealth coverage.
2. Appellant appealed the denial.
3. While Appellant was awaiting her appeal hearing, she had two psycho-therapy treatments which gave rise to charges for dates of service [REDACTED] and [REDACTED].
4. Sometime thereafter, Appellant attended her appeal hearing and the appeal was ultimately approved.
5. The appeal approval caused the subject notice of July 8, 2025 (Exhibit A) to issue informing Appellant that her MassHealth CarePlus benefits had been reinstated effective June 8, 2025.
6. Appellant also had to re-enroll with a managed care provider (MCO).
7. Prior to losing coverage, her MCO was [REDACTED]. Upon re-enrolling, Appellant chose a different MCO.
8. Appellant chose [REDACTED].
9. Appellant's coverage with [REDACTED] became effective June 24, 2025.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

The subject action as set forth in the notice is Masshealth determination that Appellant was

eligible for MassHealth CarePlus benefits effective June 8, 2025. Appellant did not dispute this.

Appellant's concerns with the bills for service dated [REDACTED] were addressed at hearing. Appellant was advised that she needs to direct her provider to bill MassHealth and not her past or current MCO. If services for these two dates were covered services, (meaning that they were a service that Masshealth covers, that the provider was a Masshealth provider on the date of service, and that Appellant had an approval for prior authorization if such was needed), then MassHealth would cover the charges. On the date of hearing, Appellant had not yet directed her psycho-therapy provider to bill Masshealth directly for the two dates at issue.

The matter of whether Appellant could still be covered for services rendered by her long-time psycho-therapy provider is beyond the scope of this appeal. Whether or not Appellant can continue to treat with her long-term provider is an issue between her and her current MCO and would presumably depend on whether Appellant's provider is within the [REDACTED] network, whether such treatment would be otherwise allowable under a Single Care Agreement, and whether Appellant has received approval for prior authorization if such was necessary. These matters are beyond the scope of this hearing.

On the matter of whether payment of the [REDACTED] bills should have been covered while Appellant's earlier appeal was pending, Appellant provides no basis in fact or law to support her assertion. Her coverage could have continued during the pendency of her earlier appeal only if she had secured AID PENDING status. AID PENDING is granted to members who appeal their notice within ten days (130 CMR 610.036). Moreover, if Appellant believed she was entitled to AID PENDING status during her earlier appeal, she needed to address that matter at the earlier appeal, where she could have provided the necessary proof. The matter is not germane to this appeal where the subject action is an approval for benefits and does not involve "the reduction, suspension, termination, or restriction of assistance" (130 CMR 610.036(A)).

On this record, Appellant has failed to establish that the subject MassHealth's action (CarePlus eligibility as of June 8, 2025) is invalid due to an error of fact and/or law. For the foregoing reasons, the appeal is 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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616