

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2513456
Decision Date:	12/19/2025	Hearing Date:	10/23/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	11/17/2025

Appearance for Appellant:



Appearance for Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO):
Cassandra Horne, Manager of Appeals and Grievances



*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:	Approved	Issue:	Managed Care Organization – Denial of Internal Appeal
Decision Date:	12/19/2025	Hearing Date:	10/23/2025
Commonwealth Care Alliance Rep.:	Cassandra Horne, Manager of Appeals and Grievances	Appellant’s Rep.:	[REDACTED]
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30 and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated 08/15/2025, Commonwealth Care Alliance One Care (CCA), a MassHealth integrated care organization¹ (ICO) that manages the appellant’s MassHealth benefits, denied the appellant out of network service (Exhibit 1). On 09/16/2025, a timely appeal was filed with the Board of Hearings on the appellant’s behalf (130 CMR 610.015(B); Exhibit 2).

Members enrolled in an ICO have a right to request a fair hearing for a decision to deny or provide limited authorization of a requested service, provided the member has exhausted all remedies available through the managed care contractor’s internal appeals process (130 CMR 610.032(B)(2)). The appellant exhausted CCA’s internal appeals process.

¹ An integrated care organization (ICO) is defined in 130 CMR 508.001 as "One Care plans." Members enrolled in an ICO (One Care plan) are participants in the Duals Demonstration (eligible for both MassHealth and Medicare), also known as "One Care." MassHealth members who are 21 through 64 years of age at time of enrollment may enroll in an ICO pursuant to 130 CMR 508.007(A).

Action Taken by CCA ICO

CCA One Care, a MassHealth ICO, denied the appellant's request for out of network services.

Issue

Was CCA, a MassHealth ICO, correct in denying the appellant's request for out of network services?

Summary of Evidence

Cassandra Horne, CCA's Manager of Appeals and Grievances, appeared telephonically at the fair hearing, as did the appellant and her mother. Ms. Horne reviewed a packet of information that was submitted in advance to the hearing record and provided to the appellant (Exhibit 4). She testified that the appellant is a MassHealth member whose care has been managed by CCA's One Care, a MassHealth ICO, since her enrollment in 2022.

The appellant is a [REDACTED] female whose urogynecologist requests for her to see [REDACTED], a Colon and Rectal Specialist at [REDACTED].

Ms. Horne reviewed the chronology of this request. She testified that the office note told CCA that the appellant has the above medical condition. Her provider wants her to see a Colon and Rectal specialist, [REDACTED]. The servicing location is at [REDACTED]. The doctor and the servicing location are not contracted with the appellant's health insurance plan. There are many in-network specialists close to where the appellant lives. The appellant's request would have been approved if the location was contracted with your health insurance plan.

Ms. Horne testified that the Clinical Coverage Criteria One Care and ICO is as follows:

CCA will review each request for an (out of network) OON exception on an individual basis to determine the medical necessity of the request. As outlined in the CCA Member Handbook (One Care) and Evidence of Coverage (SCO), CCA may provide OON exceptions in the following situations:

1. When the CCA provider network is unable to provide necessary covered services to a particular Member, CCA must cover these services OON for the Member for as long as CCA or CCA's provider network is unable to provide them. For example, this includes, but is not limited to any of the following:

a. The clinical specialty and expertise needed to care for Member's specific condition or health care need is not available from the CCA provider network.

Scenarios that may fall under this category include:

i. The Member has a rare medical condition or requires a specialized medical procedure for which there is no in-network (INN) provider with the necessary specialization, training, or expertise to provide evaluation, treatment, or perform the procedure. CCA will consider this circumstance when it is the opinion and recommendation of an INN specialty provider that the referral to an OON specialist provider is both medically necessary and the specialty care cannot be provided by a comparable INN provider.

ii. INN providers with the clinical expertise to address the Member's medical condition are not reasonably available within CCA's network adequacy standards.

b. Access barriers for receiving care from an INN provider. CCA must ensure that its network providers provide physical access, reasonable accommodations, and accessible equipment for Members with physical or mental disabilities. Scenarios that may fall under this category include:

i. The Member requires a timely/urgent service, and the Member is unable to access INN providers for this service within a reasonable time frame.

ii. An INN provider does not speak the Member's primary language and there is no INN provider available that speaks the language. CCA will consider this circumstance when it is the treating provider's opinion that treatment will likely be compromised due to a combination of the language barrier, treatment required to address the Member's condition, and/or inadequate traditional translation services (in-person and telephonic/video). The Member's CCA care team should support the Member in identifying INN alternatives, if any.

iii. An INN provider is not accessible due to inadequate accommodations for Member's disability and the Member's CCA care team is unable to identify accessible INN alternatives.

2. Unusual circumstances: CCA may approve OON exceptions in any of the following circumstances:

a. The Member or an INN treating specialist requests a second opinion from an OON provider. As outlined in the SCO Evidence of Coverage table, the Member's PCP/care team must be involved in helping to arrange a second opinion from an out-of-network provider, at no cost to the Member.

b. The Member is a resident in a nursing home or skilled nursing facility, cannot travel, and INN providers are not available to treat the Member in their current setting.

c. Follow-up after emergency OON specialist care, such as in the Emergency Department or a resulting inpatient admission. CCA may authorize up to 3 (three) follow-up visits with an OON specialty provider in these circumstances.

The appellant would need to meet one of the above criteria in order to be approved for OON coverage. Because she did not meet this requirement, the requested medical service is denied.

Ms. Horne testified that there are nine (9) in-network Colon and Rectal specialists within 15 miles from where the appellant lives.

CCA gave the appellant the following list of INN providers near her home:



Ms. Horne testified that the appellant's request for service was received on 07/08/2025. The request was denied on 07/08/2025 because CCA determined that the appellant can receive care from an INN provider. The appellant submitted an appeal request on 07/18/2025. On 07/28/2025, CCA requested additional information from the appellant and her providers. CCA reviewed the appeal on 08/04/2025. On 08/08/2025, the CCA medical director reviewed the appeal and denied it. The denial was sent to the appellant on 08/15/2025. On 08/15/2025, the appellant appealed to the Board of Hearings.

The appellant appeared telephonically at the fair hearing and was assisted by her mother. She was referred to [REDACTED] by her gynecologist [REDACTED]. The appellant testified that she tried to contact the other specialists for the care and they could not perform the procedure. Appellant states the procedure is complicated and requires multiple steps. They testified together that they have contacted each of the providers suggested by CCA and in response, they learned that none provide the services required by the appellant.

The hearing officer asked the appellant to provide evidence of the calls to the providers. The record remained open in this matter until 10/31/2025 for the appellant's submission and until 11/07/2025 for CCA's response (Exhibit 5). During the record open period, the appellant submitted a copy of the list of providers from CCA with the appellant's notes, handwritten next to the providers' information, showing that the appellant contacted (or attempted to contact) those providers, but that none can provide the care needed by the appellant (Exhibit 6).

CCA made no submission to the hearing record during the record open period.

Findings of Fact

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

1. The appellant, an adult residing in the community, is a member of ACA One Care plan, a MassHealth ICO (Testimony; Exhibit 4).
2. The appellant submitted a request for service to CCA on 07/08/2025, seeking authorization to see an out of network (OON) medical provider.
3. The request was denied on 07/08/2025 because CCA determined that the appellant can receive care from an in network (INN) provider (Testimony; Exhibit 4).
4. The appellant submitted an appeal request to CCA on 07/18/2025. On 07/28/2025, CCA requested additional information from the appellant and her providers. CCA reviewed the appeal on 08/04/2025. On 08/08/2025, the CCA medical director reviewed the appeal and denied it. The denial was sent to the appellant on 08/15/2025 (Testimony; Exhibit 4).
5. On 08/15/2025, the appellant appealed to the Board of Hearings (Testimony; Exhibit 4).
6. A fair hearing was held on 10/23/2025 (Exhibit 3).
7. Appellant's referring provider stated in her medical record that she "needs to see a colorectal surgeon with specific training in pelvic floor reconstruction and neither I nor any [of] my partners offer that" (Testimony; Exhibit 4).
8. The referral was to an OON provider (Testimony).
9. CCA, in denying the request for an OON provider, provided the appellant with a list of INN providers near the appellant's home (Testimony; Exhibit 4).
10. The appellant contacted each of the providers suggested by CCA. None was able/available to provide the appellant with the care she needs (Exhibit 5).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 508.007(C) address Obtaining Services when Enrolled in an Integrated Care Partnership Plan as follows:

Obtaining Services When Enrolled in an ICO. When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of

available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports.

Under 130 CMR 508.018, MassHealth members who are enrolled in MassHealth-contracted ICO are entitled to a fair hearing under 130 CMR 610.018: *MassHealth: Fair Hearing Rules* if the ICO internal appeals process denies a member's requested covered benefits in whole or in part. The member may appeal to the Office of Medicaid Board of Hearings.

Under 130 CMR 450.204, 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 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. 130 CMR 450.204(A)

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

Appellant requested authorization from CCA to obtain care at an OON provider to treat her medical condition; specifically, she needs to see a colorectal surgeon with specific training in pelvic floor reconstruction. She was referred to the OON provider by her INN medical provider.

CCA denied the request for authorization because the appellant did not meet the necessary criteria to obtain OON services.

At the fair hearing, the CCA representative testified that it pays for out of network providers only under certain circumstances. CCA determined that the appellant did not meet the criteria set out in the OON guidelines because, according to CCA, there are INN medical providers available within 15 miles of the appellant's home.

The appellant appealed because none of the suggested providers are able/willing to provide her the care she is requesting. The hearing officer asked the appellant if she had any evidence to show that she contacted those providers. The hearing record was held open for the appellant's submission. During the record open period, the appellant submitted a copy of the list of providers that were sent to the appellant when her request was denied. Next to each provider's information are notes from the appellant, describing that at least one provider is retired, the contact information for some of the providers are for incorrect departments, some are duplicates, and other notes showing that they informed her that they were not able to provide the care requested. CCA did not submit a response to the appellant's evidence.

By providing contemporaneous notes about the availability of INN providers showing that none are able to assist her, the appellant has met her burden of showing that CCA erred in denying her OON visits.

CCA has shown no reason why the appellant's OON services should be upheld, given the evidence in the hearing record. Accordingly, this appeal is approved.

Order for ICO

Per 130 CMR 610.018 (C), CCA must provide or arrange for the service in dispute, to wit: authorization for services from Dr. Mullins, as expeditiously as the member's health condition requires but no later than 72 hours from the date CCA receives this fair hearing decision.

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, Division of Medical Assistance, at the address on the first page of this decision.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108