

# Representing clients in MassHealth cases

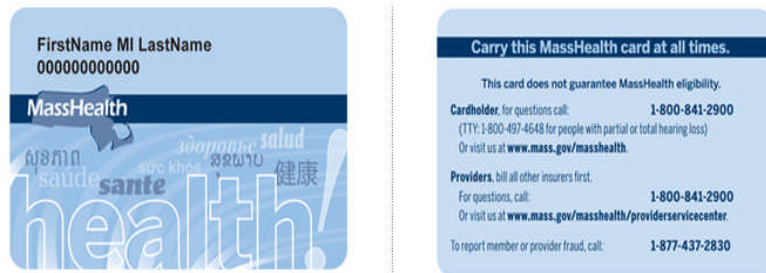
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617-357-0700 Ext. 318

# What is MassHealth?

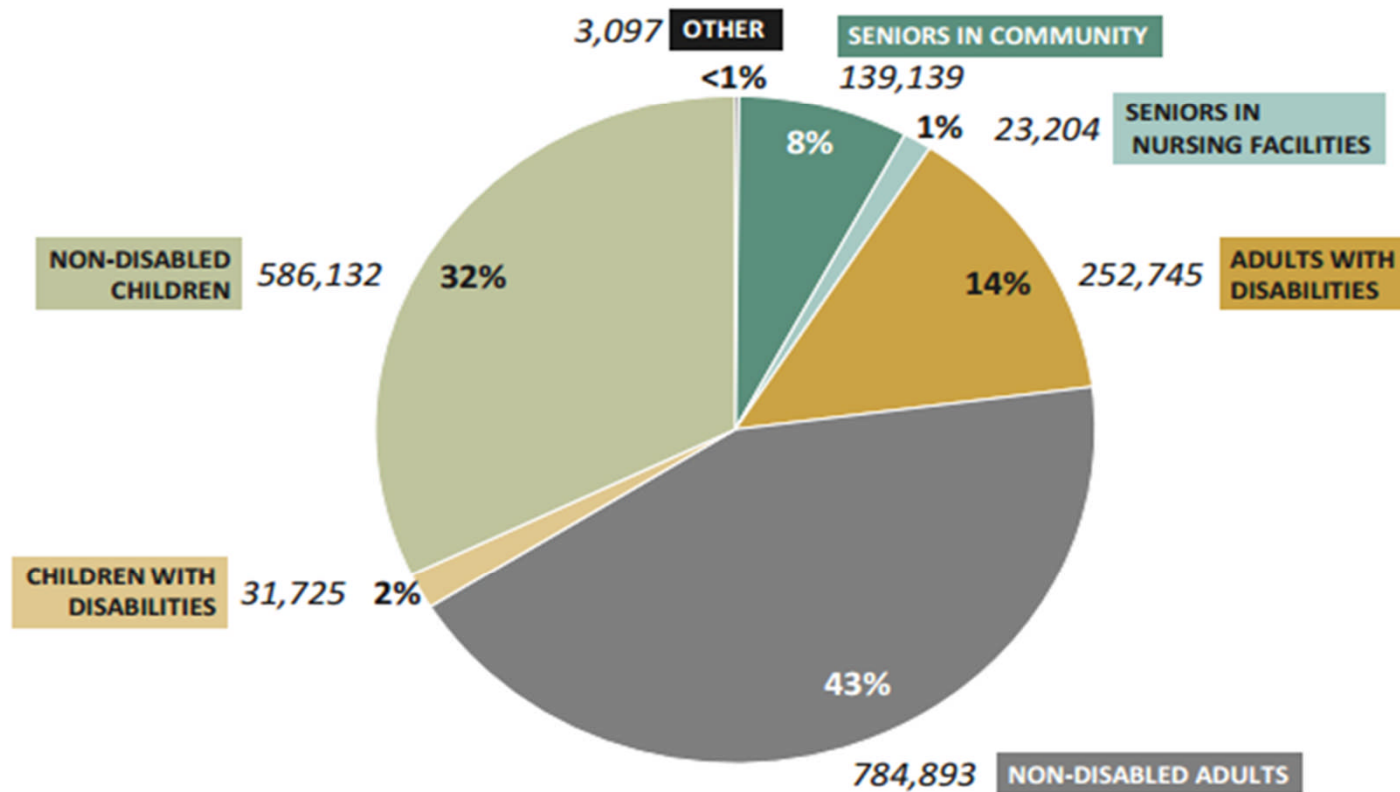


This information is provided by [MassHealth](http://MassHealth).

- 1.8 million members
- \$15 billion budget
- Mostly federal-state Medicaid
- Also federal-state non-Medicaid Children's Health Ins. Progr. (CHIP)
- Tiny number in state-only program

# MASSHEALTH ENROLLMENT AS OF NOVEMBER 2015

PERCENT OF TOTAL MASSHEALTH ENROLLMENT (1.82 Million), NOVEMBER 30, 2015



source: MassHealth November 2015 Caseload Snapshot Report

# Medicaid

- 42 USC §1396 et seq.
- 42 CFR Part 430 et seq.
- Federal agency: Centers for Medicare and Medicaid Services (CMS)
- Federal website: [Medicaid.gov](https://www.Medicaid.gov)
- 2dry sources: National Health Law Program, [healthlaw.org](https://www.healthlaw.org)

# How Medicaid works

- States operate within framework of federal law:
  - Eligibility: mandatory & optional groups
  - Benefits: mandatory & optional services
  - Flexibility for states in many areas: delivery systems, rates, amount, duration & scope of covered benefits, premiums & cost sharing...
  - State plan approved by CMS
  - Federal reimbursement –in Mass. 50% or more of total costs

# 1115 Demonstrations

- 42 USC § 1315 (§ 1115 of Soc Sec Act)
- Secretary of HHS can authorize federal reimbursement beyond Medicaid options & can waive many provisions of Medicaid statute
- MassHealth has operated under an 1115 demonstration for most of its under 65 population since 1997

# MassHealth

- Single state agency: Executive Office of Health and Human Services (EOHHS)
- Day to day administration: Office of Medicaid
- Long term services & supports -Dept. of Elder Affairs & Office of Medicaid
- G.L. c. 118E
- 130 Code of Mass. Regs (CMR)
- Website: [mass.gov/masshealth](http://mass.gov/masshealth)



The Official Website of the Executive Office of Health and Human Services (EOHHS)

# Health and Human Services

Departments & Divisions

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SEARCH

A-Z Topic Index

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Researcher

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Departments

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## MassHealth

Apply for Health Coverage

MassHealth Members and Applicants

MassHealth Providers

Contact MassHealth

Resource Center

Member Library

Provider Library

Regulations

Other Resources and Publications

### Welcome to MassHealth

In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called **MassHealth**. MassHealth members may be able to get doctors visits, prescription drugs, hospital stays, and many other important services at little or no cost.



### Additional Programs, Plans, and Services

Find out more about some of MassHealth's programs, including Children's Behavioral Health Initiative, SCO, One Care, and MFP.



Daniel Tsai  
Assistant Secretary for  
MassHealth

#StateWithoutStigMA

The Stigma Of Drug Use Hurts. Recovery is Possible.

### Important Updates

MassHealth Renewal

VIDEO: Learn about our website's new look

MassHealth Innovations

Subscribe | Learn more

### Connect to MassHealth

MassHealth Customer Service



# MassHealth Administration

- Exec. Office of Health & Human Svs. -Boston
- Office of Medicaid –Boston & Quincy
- 4 Regional MassHealth Enrollment Centers (MECs)
  - Chelsea
  - Taunton
  - Tewksbury
  - Springfield
- Many functions contracted out to U Mass Medical & to private companies

# Telephone numbers & addresses

<http://www.mass.gov/eohhs/gov/departments/masshealth/contact-masshealth.html>

The screenshot shows the official website of the Executive Office of Health and Human Services (EOHHS). The header includes the EOHHS logo, the text "The Official Website of the Executive Office of Health and Human Services (EOHHS)", and "Health and Human Services" with a sub-link for "Departments & Divisions". A search bar is present with the text "Search..." and a dropdown menu set to "in Health & Human Services". Below the header is a navigation menu with tabs for "A-Z Topic Index", "Health Care & Insurance", "Consumer", "Licensing", "Provider", "Researcher", "Government Agencies", and "Departments". The "Government Agencies" tab is currently selected. A breadcrumb trail reads: "Home > Government Agencies > Departments & Divisions > MassHealth > Contact MassHealth". The main heading is "Contact MassHealth". On the left is a vertical sidebar with buttons for "Apply for Health Coverage", "MassHealth Members and Applicants", "MassHealth Providers", "Contact MassHealth" (highlighted), and "Resource Center". The main content area lists contact categories with expandable icons (+): "Applicant and Member Contacts", "Health Plan Contacts", "Provider Contacts", and "Other Contacts".

# Eligibility for full MassHealth

- Resident of Massachusetts
- US Citizen or non-citizen with an eligible immigration status
- Financially eligible
  - Income but no asset test for most under 65
  - Income & asset test for most 65 or older & those applying for nursing facility care
  - Different income standards for different groups

# Financial Eligibility Standards

- Current monthly income must be under applicable income ceiling
- Ceiling expressed as percentage of federal poverty level by family size
- Income methodology determines family size & what to include in income
- Higher income levels for people with disabilities/health conditions
- SEE INCOME TABLES in Materials

## 2016 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		120% Federal Poverty Level		133% Federal Poverty Level		135% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$990	\$11,880	\$50	\$600	\$1,188	\$14,256	\$1,317	\$15,804	\$1,337	\$16,044
2	\$650	\$7,800	\$1,335	\$16,020	\$67	\$804	\$1,602	\$19,224	\$1,776	\$21,312	\$1,803	\$21,636
3	\$775	\$9,300	\$1,680	\$20,160	\$84	\$1,008			\$2,235	\$26,820		
4	\$891	\$10,692	\$2,025	\$24,300	\$102	\$1,224			\$2,694	\$32,328		
5	\$1,016	\$12,192	\$2,370	\$28,440	\$119	\$1,428			\$3,153	\$37,836		
6	\$1,141	\$13,692	\$2,715	\$32,580	\$136	\$1,632			\$3,611	\$43,332		
7	\$1,266	\$15,192	\$3,061	\$36,732	\$154	\$1,848			\$4,071	\$48,852		
8	\$1,383	\$16,596	\$3,408	\$40,896	\$171	\$2,052			\$4,532	\$54,384		
For each additional person add	\$133	\$1,596	\$347	\$4,164	\$18	\$216			\$462	\$5,544		

# Different income methodologies

## 130 CMR

1. Modified Adjusted Gross Income (MAGI) §506
  - Pregnant women, children, parents/caretaker relatives, non-disabled adults under age 65
2. Disabled Adult MAGI §506.002(A)(2) & (C)
3. Eligibility based on being age 65 or older §520
  - SSI-based methodology
  - Income & asset rules
4. Nursing Home Care § §520.025-.027 &520.016
5. Home & Community Based Services §519.007

# MassHealth coverage types

130 CMR § 505 & 519 (eligibility) 450.105(benefits)

## 5 Types of MassHealth

MassHealth Standard –the “good” MassHealth

MassHealth CarePlus-since 2014 Affordable Care Act

MassHealth CommonHealth-for disabled with income too high for Standard

MassHealth Family Assistance-includes CHIP for children in families with income too high for Standard

MassHealth Limited-only emergency care for those not eligible for Standard/CarePlus due to immigration eligibility rules

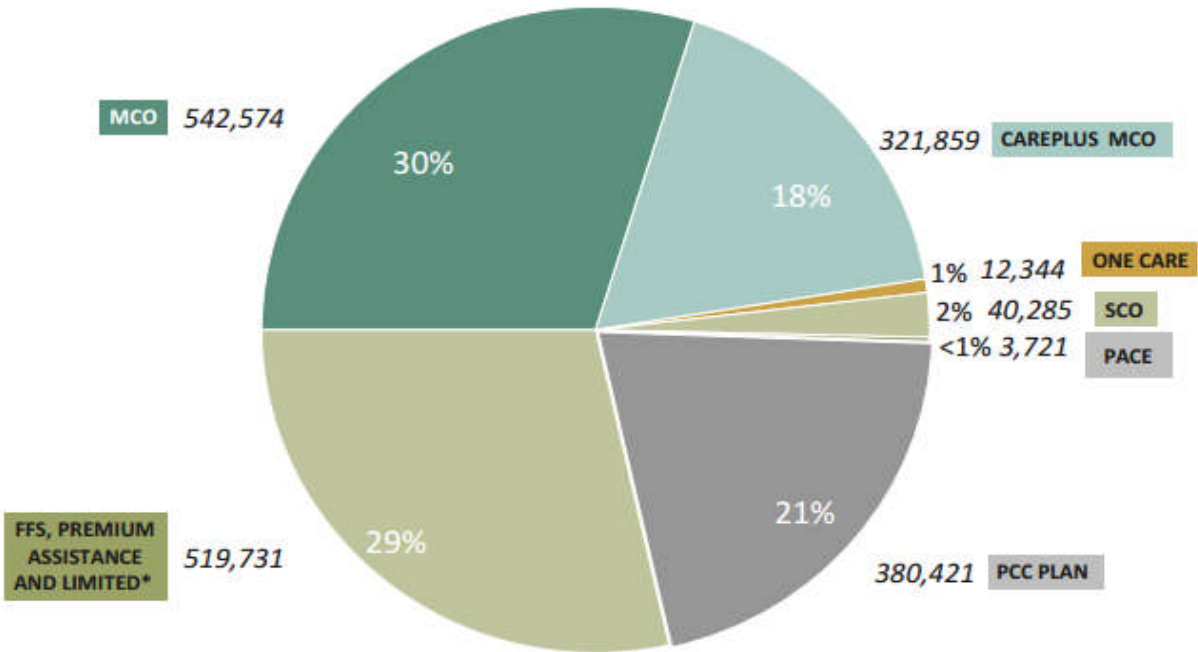
# What you get with MassHealth

- Access to health care providers who accept MassHealth rates as payment in full less any allowed copayment
- Range of covered services that vary by coverage type
  - See Benefit Table in Materials
- Delivery system includes managed care and fee for service



# NEARLY THREE-QUARTERS OF MASSHEALTH MEMBERS ARE ENROLLED IN MANAGED CARE

MASSHEALTH ENROLLMENT (1.82 million) BY PAYER TYPE, NOVEMBER 30, 2015



NOTE: "PACE" is the Program of All-inclusive Care for the Elderly and is an integrated care program for persons age 55 and older who are clinically eligible for nursing facility level of care but who are able to remain in the community as a result of the PACE program extra services and care planning. Those in fee-for-service (FFS) include seniors not enrolled in SCO, people with other coverage as primary (e.g., Medicare or employer-sponsored insurance) and people who live in an institution. For some with other insurance, MassHealth helps pay the premium; these are referred to as "Premium Assistance." MassHealth Limited provides coverage for emergency medical services for 124,000 undocumented non-citizens. source: MassHealth November 2015 Snapshot Report

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# How to qualify for MassHealth

- Automatic if eligible for certain cash aid: SSI, TAFDC, EAEDC, foster care/adoption assistance
- By application to Office of Medicaid
  - On line (under 65): [mahealthconnector.org](http://mahealthconnector.org)
  - By telephone (under 65) 800-841-2900
  - Paper application submitted by mail or fax
    - ACA-3 (most under 65) or SACA-2 (most 65 or older)
  - In person at one of 4 MassHealth Enrollment Centers

# Help applying for MassHealth

- 1600 trained “certified application counselors” and “navigators”
  - At most hospitals & community health centers
  - At many community based organizations including
    - Health Care for All Help Line 800-272-04232
    - Boston Public Health Commission 800-847-0710
  - Find help near your client by zipcode  
<https://betterhealthconnector.com/enrollment-assisters>
- SHINE-help for elderly & disabled with Medicare & MassHealth 800-243-4636 and press 3

# Eligibility issues

- Denied or terminated for not meeting substantive eligibility criteria or wrong benefit
  - Not living in Massachusetts
  - Ineligible immigration status
  - Over-income (seniors: over-assets)
  - Not disabled (higher income standard)
- Denied or terminated for procedural misstep
  - Very common

# Administrative reasons for denial or termination

- Initial paper application “missing critical data”
- Unable to complete on-line application
- Application or verification lost
- After initial “provisional” eligibility did not submit requested verification by deadline
- After data match identified discrepancy, did not submit requested info by deadline
- Did not reply to request for info at annual renewal
- Mail returned by post office as undeliverable

# Eligibility scenario

- Client goes to pharmacy to fill child's prescription, pharmacy reports child's MassHealth is no longer active
- Client calls MassHealth
  - waits on hold 20 min & is disconnected, no more minutes left on her prepaid phone card
  - waits on hold 20 min & is told they can only speak to head of household listed on application (her husband)
- Client says she never got any notices or that she gets dozens of notices & stopped opening them

# How to figure out what's going on from your client

- Ask client if she has any notices, read them
  - May be useful info
  - Lack of useful info may give rise to claim of inadequate notice which may extend applicable deadlines
- If client has on-line account, ask her to access it- will have copies of notices & deadlines
- Get a history of her recent dealings with MH & with “assisters”
- Get basic info to determine if client should be eligible

# Basic eligibility info

- Residence-address? homeless? Recent move?
- US citizen or immigrant? Documents available to verify status?
- Income
  - Who lives with & is related to her? Who are filers & dependents on last year's tax return & expected to be on for this year?(MAGI)
  - Current monthly income of everyone in her household
- Med. ID. No. or SSN & DOB



# How to figure out what's going on from MassHealth

- MassHealth will need client's permission (or other legal authorization) to talk to you
  - Client in your office
  - Client on 3-way call
  - Client has signed "Permission to Share Information Form" that you previously faxed to MassHealth
  - You previously faxed completed "Authorized Representative Designation Form" to act for client
  - FAX 857-323-8300 (cover sheet on line)

# Permission to Share Information Form

## SECTION 7 Signature/Legal guardian

Fill out the following section if this form is being filled out by someone who has the legal authority to act on behalf of the applicant or member (such as the parent of a minor child, an eligibility representative, or a legal guardian).

\_\_\_\_\_  
Printed name of person filling out this form

\_\_\_\_\_  
Signature of person filling out this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Authority of person filling out this form to act on behalf of the applicant or member:\*

*\* If this form is being filled out by someone who has been appointed by a court as a legal guardian or conservator, or who has power of attorney or health-care proxy, a copy of the applicable legal document must be attached.*

## Where to send this form

Please follow the instructions below.

- ▶ If you are **applying for health benefits** and wish to submit a PSI, send it to

MassHealth Enrollment Center  
Central Processing Unit  
P.O. Box 290794  
Charlestown, MA 02129-0214

- ▶ If you are **already getting health benefits** and wish to submit a PSI, send it to

MassHealth Enrollment Center  
P.O. Box 1231  
Taunton, MA 02780

- ▶ If you are **authorizing only specific information to be shared (such as your claims information or application file)**, and have checked off the second, third, or fourth box in Section 2, send the PSI to

Privacy Office  
600 Washington Street  
Boston, MA 02111

## MASSHEALTH

### Permission to Share Information (PSI) Form

- ▶ **Use this form** if you want MassHealth to share the information we have about you with another person or organization, such as
  - a family member, friend, or other relative;
  - someone who helps take care of you;
  - someone who helps you fill out MassHealth forms; or
  - a social worker, lawyer, or health-care advocacy group.
- ▶ **Do not** use this form if you want
  - information about yourself;
  - information about your children under age 18 (You can usually get this without filling out any forms.); or
  - your eligibility and payment information to be shared with your health-care provider. (Your health-care provider can get information about your MassHealth eligibility and payment for services provided to you without you filling out any forms.)
- ▶ **Important:** If you decide that you do need to fill out this form, you must fill out all sections completely. Please print clearly.

# Who answered the phone?

## **Customer Service Center 800-841-2900**

- Private company, Maximus, under contract with MassHealth
- Can supply information but cannot make changes
- Will refer to “eligibility specialist” a/k/a MEC if needed
- Record of call; can get customer ref. no

## **MassHealth Enrollment Center 888-665-9993**

- State employees
- To report a change or get error corrected must go through MEC
- Cases not assigned to particular worker

# What to ask MassHealth

- Was there a denial or termination notice?
  - Address on notice; is there a homeless indicator?
  - Date of notice, decision, reason, deadlines
- Underlying basis of decision
  - If procedural, what were prior notices requesting info by what deadlines
  - If substantive, what is computer record of residence, citizenship/immigration status, family size, income, etc.

# Can it be fixed right now?

- Missing or erroneous info that can be supplied now by phone or by fax to attention of worker
- Error apparent in system –e.g. data entry from paper application
- What will be the effective date of the change –avoid gaps in coverage that may leave client with medical debt for services on uncovered days. May need to appeal for full relief.

# Avoiding termination

- For termination of ongoing eligibility (vs. initial denial)
  - Appeal received by Board of Hearings within 10 days of date of notice or before date of action will preserve benefits pending appeal
    - Newer forms –must ask for aid pending
    - Call BOH to confirm receipt 617-847-1200

# Reinstating benefits after termination (under 65-MAGI)

- If termination is for not returning renewal form by deadline, form returned within 90 days of termination will reinstate back to termination date. 130 CMR §502.007(C)(2)(b)(iii)
- If termination for missing other information, reinstatement is 10 days prior to receipt of info re-establishing eligibility §502.002
- Reapplying on-line or by telephone, same day determination, 10 days retro. (May not be possible in some cases)

# Researching eligibility issues

under 65/MAGI 130 CMR

- Application, verification & renewal §502.001 et seq.
- Residence §503.002
- Citizenship & immigration status §504.001 et seq
  - See also MLRI Memo in Materials
- Financial eligibility §506.001 et seq
  - See also MLRI PPT on MAGI in Materials



# Special eligibility rules

- The fetus is included in family size of a pregnant woman increasing applicable income ceiling for family members
- Former foster children who aged out of foster care are eligible up to age 26 regardless of income
- Infant born to mother on MassHealth is eligible for 1 year regardless of increase in family's income

# Income rules for people with disabilities

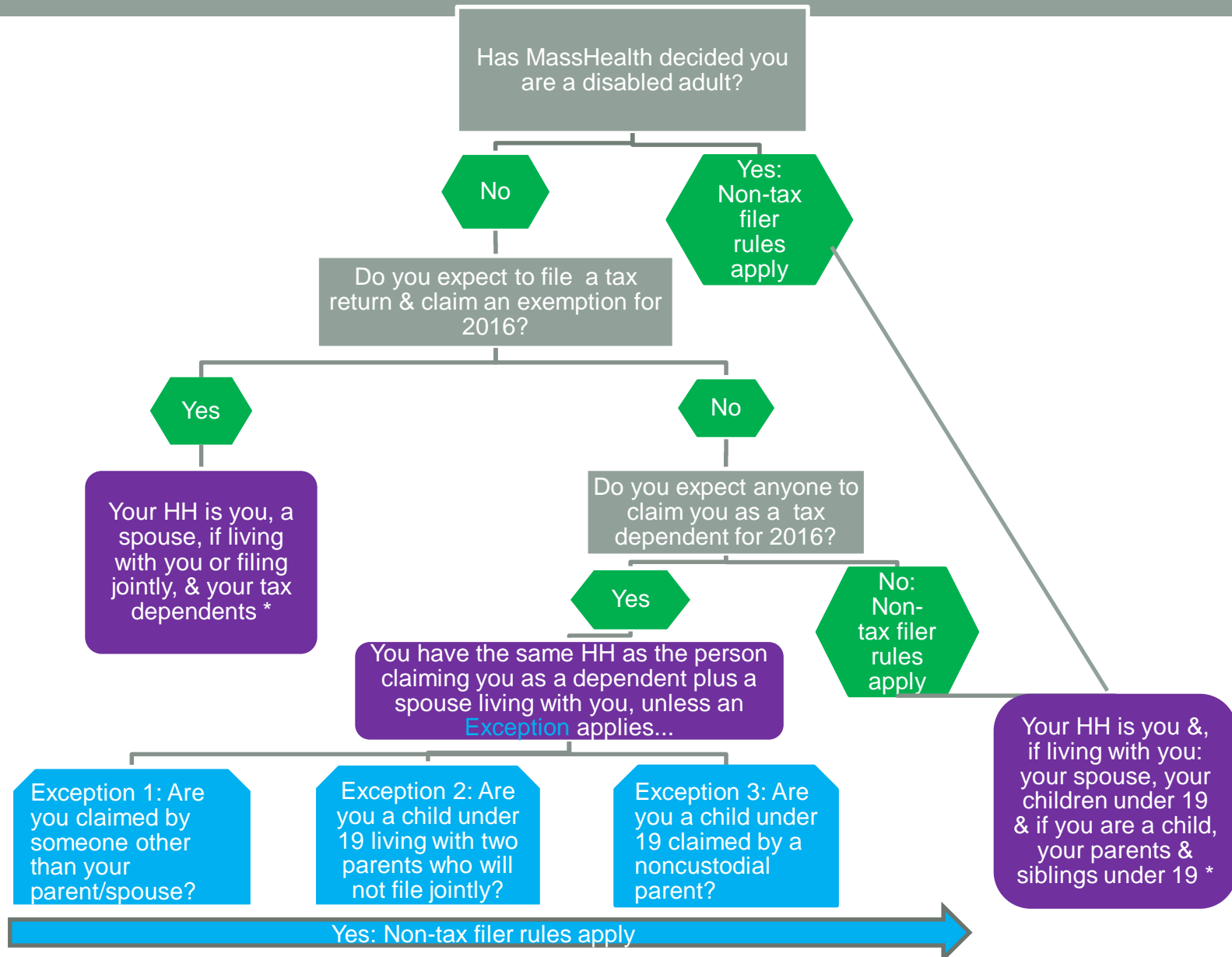
- CommonHealth-no upper income limit for children or working disabled; one time spenddown for non-working adults
- Disabled Adult MAGI rule –does not count income of parents claiming adult child as tax dependent
- Deemed SSI-continues MassHealth Standard for certain former SSI recipients now receiving only Social Security Insurance-Based benefits
- Higher income standard for people medically eligible for nursing facility care but able to live at home with supports

# More special rules

- Family with children under 19 all on MassHealth Standard who have increase in earned income over 133% FPL, remain eligible for Transitional MassHealth Standard for 12 months regardless of income

# MAGI (new in 2014)

- 5% FPL deduction from income
- Counts income that would count in Adjusted Gross Income (line 37 Form 1040) PLUS tax exempt Social Security, interest income & foreign income
- Not counted: child support income, income of a child not required to file a return, VA income, worker's comp. income, etc.



## MASSHEALTH MAGI Household (HH)

\* If a pregnant woman is in household, add number of babies expected to family size.

# Researching MAGI

- MLRI Powerpoint in materials
- NHeLP, An Advocate's Guide to MAGI
- CBPP, The Health Care Assister's Guide to Tax Rules
- 130 CMR §506
- 42 CFR 435.603
- IRS.gov on tax filing status, when dependents are required to file a return, taxable/non-taxable income

# ConnectorCare

- Same application as MassHealth but separate notice
- Higher income standard & more liberal immigration eligibility rules than MH
- Restrictive rules on eligibility for other coverage & open enrollment periods (not in MH)
- Website: [mahealthconnector.org](http://mahealthconnector.org)
- Connector Customer Service: 877-623-6765

# MassHealth post-eligibility issues

- Managed care assignment, changing plans & providers
- Locating a provider who will accept MassHealth
- Language & disability access
- Amount of premiums or cost-sharing & nonpayment
- Premium assistance for cost of private insurance or help with Medicare premiums & cost-sharing
- Third party liability/recovery
- More....



# Denial of Prior Authorization

- Individual is eligible for MassHealth
- Issue is whether a particular service/benefit is covered or medically necessary
- If doctor believes service is not necessary, recourse is to change doctors or ask for a second opinion
- If doctor asks MassHealth or MassHealth Managed Care entity for authorization & it says no, recourse is appeal

# Finding out what's going on with a benefit denial

- Written denial notice (to client & doctor)
- Talk to doctor/provider to explain med. issues & to get copy of relevant records (will need signed HIPPA-compliant release - providers may have their own forms)
- Is it a covered service?
- Is it medically necessary?
- Generally need cooperative provider to prevail

# Who said no?

- Was denial by MassHealth prior authorization unit or MassHealth managed care entity?
  - MassHealth PA Unit 1-800-862-8341
  - MCO or Partnership
  - Obtain copy of PA request, PA decision & info used in making decision
  - Must exhaust internal managed care appeal process prior to request for fair hearing

# Researching coverage issues

- Must know MassHealth coverage type
- High level benefit rules –see MLRI Benefits Table in Materials with cites to regulations
- [Mass.gov/masshealth](http://Mass.gov/masshealth)-look for provider manuals, medical necessity guidelines
- Managed Care entities-look at Member Handbook on MCE website
- Federal Medicaid; case law; medical literature

# Medical necessity

- General Definition of medical necessity  
130 CMR §450.204(A) treatment must be reasonably expected to do some good & no less costly comparable service
- May be more specific criteria for a particular service in regulation or subregulatory guidelines
- MCO cannot be more restrictive than fee for service, 42 CFR §438.210

# Issues in service denial cases

- Prior authorization criteria specific to the benefit in question e.g. §406.412 drug limits would result in inadequate treatment
- Children & youth under 21-services to correct or ameliorate a medical condition (EPSDT) §450.144, See e.g. Rosie D. v. Romney, 410 F.Supp2d 18 (W.D. Mass. 2006)
- Services must be sufficient to reasonably achieve purpose, can't arbitrarily limit based on diagnosis. 42 CFR §440.230

# Managed Care Appeals

- If service denied by MCO, Partnership, SCO Plan or One Care Plan-
  - Must first exhaust plan's internal appeal process
  - Expedited process available
  - If not successful, Plan will issue denial appealable to Board of Hearings
    - In SCO & One Care appeal options through Medicare too

130 CMR §§ 508.006, 610.032

# Deadlines to appeal

- Date for Board of Hearings to receive appeal
  - 30 day from date of receipt of notice
- In termination of ongoing benefits, appeal received within 10 days of date of notice or before date of action will preserve benefits pending appeal §610.036
- All denial/termination notices are accompanied by Fair Hearing Request form



## HOW TO ASK FOR A FAIR HEARING

**Your Right to Appeal:** If you disagree with the action by MassHealth, you have the right to appeal and ask for a fair hearing before an impartial hearing officer. The Board of Hearings must get your fair hearing request form no later than **30 calendar days** from the date you got MassHealth's official written notice telling you of the action to be taken.

If you want to ask for a fair hearing because MassHealth did not take action on your application or on your request for service, MassHealth did not send you a written notice of the action to be taken, or a MassHealth employee's behavior toward you was coercive or improper, the Board of Hearings must get your fair hearing request form no later than 120 calendar days from the date of your application or your request for service, MassHealth's action, or the MassHealth employee's improper behavior.

**How to Appeal:** To ask for a fair hearing, fill out the fair hearing request form (be sure to fill out **Section II-Reason for Appeal**) and send one copy with a copy of the MassHealth official written notice to: **Board of Hearings, Office of Medicaid, 100 Hancock Street, 6<sup>th</sup> Floor, Quincy, MA 02171** or fax them to **617-847-1204**. Please keep one copy of the fair hearing request form for your information.

**If You Are Now Getting MassHealth:** If the Board of Hearings gets your fair hearing request form before the date the action is taken or, if later, within 10 calendar days of the mailing date of MassHealth's written notice to you, you will keep getting MassHealth until a decision is made on your appeal. If you get MassHealth during your appeal, and then lose your appeal, you may have to pay MassHealth back for the cost of MassHealth benefits that you got during this time period. If you do not want to keep getting MassHealth during your appeal, please check **Box A in Section III** on the fair hearing request form. If you do not get MassHealth during your appeal, and then you win your appeal, MassHealth will restore your MassHealth benefits.

**Date of Fair Hearing:** At least 10 calendar days before the fair hearing, the Board of Hearings will send you a notice telling you the date, time, and place of the hearing. This will give you time to get ready for the hearing. If you want to have a fair hearing scheduled as soon as possible, check **Box B in Section III** on the fair hearing request form for an expedited hearing. If you have good cause for not being able to come to the hearing, or if you need a telephone hearing, you must call the Board of Hearings at **617-847-1200** or **1-800-655-0338** before the hearing date. If you do not reschedule or appear on time at the hearing without documented good cause, your appeal will be dismissed.

**Your Right to Be Helped at the Hearing:** At the hearing, you may represent yourself or be represented by a lawyer or other representative at your own expense. You may contact a local legal service or community

## FAIR HEARING REQUEST FORM

**FILL OUT ALL SECTIONS THAT APPLY.  
PRINT CLEARLY.**

### SECTION I: Applicant/Member Information

Name of Applicant or Member: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: (     ) \_\_\_\_\_

MassHealth I.D. or Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

Cardholder's Name on MassHealth card (if different): \_\_\_\_\_  
\_\_\_\_\_

### SECTION II: Reason for Appeal

I, \_\_\_\_\_

want a fair hearing because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Prior to Hearing

- No formal discovery, but right to review file & any info agency will use at hearing. §610.050
- If you obtain additional information, usually useful to submit to MassHealth in advance to see if it will change decision
- If issue resolved without a hearing, be sure resolution & effective date is in writing before appeal is dismissed
- Can ask Board of Hearings to issue subpoena §610.052

# Review case file prior to appeal

- In denial of service cases, record is mailed to appellant when fair hearing is scheduled but you will want to obtain it earlier
- For eligibility appeals, obtain record from MEC-can ask to examine paper file (if any) or print out of screens for on-line application
- For service appeals, obtain record from MCO or MH Prior Approval Unit. Ask Board of Hearings if unclear how to get file.

# At the Hearing

- Impartial hearing officer (lawyer)
- Eligibility cases-
  - MassHealth representative
  - Disability cases –U Mass. Disability Determination Rep.
- Service cases-
  - MH Prior Approval-consulting doctor/provider (may be on phone)
  - MH Drugs-U Mass. Drug Utilization Review Rep.
  - MCO appeals –MCO representative; may have a lawyer for MCO

# At the Hearing-2

- Hearings at MassHealth Enrollment Centers (eligibility) or in Quincy (services/disability)
- Can arrange telephonic hearing
- Can arrange witnesses to appear by telephone e.g. doctors
- Hearing is “de novo” -not limited to record at time of initial decision, §610.071(A)(2)
- Hearing is tape recorded
- May ask to keep record open for submission of additional information or legal memo

# Relief

- Successful appeal will go back to date of incorrect decision. 42 CFR § 431.246. 30 days to implement decision. § 610.086
- Client should be reimbursed for out of pocket expenses for services that should have been covered either by provider who can now bill MassHealth or by MassHealth itself. §501.015

# Judicial Review

- 14 days from date of hearing decision to request rehearing (optional)
- 30 days from date of fair hearing decision/denial of rehearing to file request for judicial review
- 130 CMR §§610.091-092
- GL. C. 30A, §14
- Superior Court Modified Standing Order 1-96  
Processing and Hearing of Complaints for Judicial Review of Administrative Agency Proceedings