

COMMONWEALTH OF MASSACHUSETTS  
Appeals Court

2020-P-0458

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CYNTHIA TROCKI, AS PERSONAL REPRESENTATIVE OF THE  
ESTATE OF STEPHEN PEKALA,  
PLAINTIFF-APPELLANT,

v.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEFENDANT-APPELLEE

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ON APPEAL FROM A JUDGMENT OF THE SUFFOLK SUPERIOR COURT

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**BRIEF FOR AMICI CURIAE, THE MASSACHUSETTS LAW  
REFORM INSTITUTE, THE MASSACHUSETTS CHAPTER  
OF THE NATIONAL ACADEMY OF ELDER LAW  
ATTORNEYS, MASSACHUSETTS SENIOR ACTION  
COUNCIL, AND JUSTICE IN AGING IN SUPPORT OF  
APPELLANT ESTATE OF STEPHEN PEKALA**

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## **IDENTITY AND INTEREST OF AMICI CURIAE**

Amicus curiae the **Massachusetts Law Reform Institute** (MLRI) is a not-for-profit statewide poverty law and policy center that seeks to advance laws, policies, and practices that secure economic, racial, and social justice for low-income people and communities.

MLRI's health care practice focuses on assuring low income and underserved populations access to affordable health care coverage. Its health care attorneys have expertise in federal and state Medicaid law and provide assistance to legal aid offices throughout the state on cases involving MassHealth eligibility and access to services.

The rights of low-income individuals age 55 and older to understand and make informed decisions about enrolling in managed care and the extent to which participating in MassHealth will impoverish their families and loved ones after their deaths raise important issues for low income and underserved communities that directly relate to MLRI's mission and goals.

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**Massachusetts Chapter of the National Academy of Elder Law Attorneys** (MassNAELA) is a non-profit organization that was incorporated

in 1992 to serve the legal profession and the public with the following mission:

- To provide information, education, networking, and assistance to Massachusetts attorneys, bar organizations, and other individuals or groups advising elderly clients, clients with special needs and their families;
- To promote high standards of technical expertise and ethical awareness among attorneys, bar organizations and other individuals or groups engaged in the practice of advising elderly clients, clients with special needs and their families;
- To develop public awareness and advocate for the benefit of the elderly, those with special needs and their families, by promoting public policies that support our mission; and
- To encourage involvement and enhance membership in, and to promote networking among members of the National Academy of Elder Law Attorneys.

MassNAELA is a voluntary association whose members consist of a dedicated group of elder law and special needs attorneys across the Commonwealth of Massachusetts.

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**Massachusetts Senior Action Council (MSAC)** is a statewide, grassroots, senior-led organization that empowers its members to use their own voices to address key public policy and community issues that affect their health and well-being. Now in its fourth decade of organizing, Mass. Senior Action is an effective, grassroots activist group, led by

seniors fighting for social justice and for developing intergenerational social change strategies to safeguard and strengthen the systems that all community members need to rely on for economic and health security.

MSAC members include MassHealth recipients age 55 or over subject to estate recovery. Its board of directors and membership have identified the lack of meaningful information to MassHealth applicants and members about estate recovery as well as recovery of unfair amounts as serious problems that do not respect the rights of MassHealth beneficiaries to make informed decisions and provide for their family members and loved ones.

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**Justice in Aging** (formerly the National Senior Citizens Law Center) has as its principal mission protecting the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of legal aid attorneys and other local advocates, Justice in Aging seeks to ensure the health and economic security of older adults with limited income and resources.

Since 1972, Justice in Aging has worked to promote the independence and well-being of low-income older adults, especially

women, members of the LGBTQ community, people of color, people with disabilities and people with limited English proficiency.

Justice in Aging works to ensure access to public benefit programs that allow low-income older adults to live with dignity and independence. Much of their work involves advocacy for health services and programs, including Medicare and Medicaid. Justice in Aging is concerned about the ability of low-income older adults who are eligible for Medicaid programs to have meaningful notice of the estate recovery provisions and about ensuring that recoveries are consistent with Medicaid law.

## **RULE 17(C)(5) DECLARATION**

Amici and their counsel declare that they are independent from the parties and have no economic interest in the outcome of this case.

None of the conduct described in Mass. R. App. P. 17(c)(5) has occurred:

- (A) No party or party's counsel authored this brief in whole or in part;
- (B) No party or party's counsel contributed money that was intended to fund the preparation or submission of this brief;
- (C) No person or entity—other than the amici curiae, their members, or its counsel—contributed money that was intended to fund preparing or submitting this brief; and
- (D) No amici curiae or their counsel represent or has represented one of the parties to the present appeal in another proceeding involving similar issues; no amici curiae or their counsel was a party or represented a party in a proceeding or legal transaction that is at issue in the present appeal.

## **ISSUES ADDRESSED BY AMICI CURIAE**

1. Is the full amount of EOHHS's capitation payment to a Senior Care Organization, made without regard to whether the Medicaid member receives any services, a payment for "medical assistance" as defined by the state and federal estate recovery statutes?

2. Do Medicaid members who begin to accrue a debt to EOHHS payable by their estates on turning 55 have a right to notice of how the choice to enroll in a Senior Care Organization will affect their debt burden?

3. Can EOHHS evade the federal statutory prohibition on estate recovery for the Medicaid payment of Medicare cost-sharing by delegating the responsibility to make such payments to a Senior Care Organization?

## **SUMMARY OF ARGUMENT**

This case raises legal issues of first impression regarding Medicaid estate recovery and managed care. Specifically, it concerns the power of a Medicaid agency that pays a fixed monthly capitation rate to a Senior Care Organization (SCO) regardless of whether the Medicaid member receives any services in a month, to recover the full capitation payment from the member's estate, and to do so with no notice about estate recovery given to the member at the time the member chooses to enroll in the SCO, and without having to comply with a federal statute barring recovery of Medicaid cost-sharing from the estates of members dually eligible for Medicare.

The Medicaid agency may be able to recover the costs of certain medical services provided to the recipient and paid for by the SCO under its contract with the agency. However, the Executive Office of Health and Human Services (EOHHS) is not entitled to recover the full capitation payment it pays to the SCO every month even in a month in which the Medicaid member receives no services. Both the state and federal Medicaid statutes limit estate recovery to state payments for "medical assistance." 42 U.S.C. § 1396p(b)(1); Mass. Gen. Laws c. 118E, § 31(b). The term "medical assistance" is defined in both state and

federal law to mean payment of the costs of medical care and services provided to the recipient. Mass. Gen. Laws c. 118E, § 8(d); *see*, 42 U.S.C. § 1396d(a). The capitation payments made by a Medicaid agency pursuant to its contract with a managed care organization are also defined by law and do not represent the costs of services provided to the recipient. Mass. Gen. Laws c. 118E, § 9D; 42 C.F.R. § 438.2. Applying fundamental principles of statutory construction to the language and intent of the statutes, it is clear the full amount of a capitation payment is not subject to estate recovery, and subregulatory guidance to the contrary is entitled to no deference from the court. *Pages 14 through 23.*

However, if the court finds that capitation payments are included in the definition of medical assistance, the state Medicaid agency is still not entitled to recovery because it has violated the notice rights of Medicaid members by failing to give them adequate information about how their choice to enroll in a SCO may increase their indebtedness. Medicaid members who turn 55 begin amassing a debt during their lifetime payable by their estates after death. This debt burdens the individual's property interests and creates a corollary right to notice that is set out in federal subregulatory directives interpreting the Medicaid Act and informed by basic principles of due process. The federal agency

directs state Medicaid agencies to provide notice that will enable the member to make an informed decision whether to enroll in managed care. The EOHHS fails to give the required notice, and this failure leaves low income seniors vulnerable to misinformation from the SCO and the EOHHS itself. *Pages 23 through 33.*

Further, the federal authorization of estate recovery is for medical assistance *except* for Medicare cost-sharing. 42 U.S.C. § 1396p(b)(1)(B)(ii). Mr. Pekala was dually eligible for Medicaid and Medicare. The EOHHS claims this exception does not apply when medical assistance takes the form of a capitation payment to a SCO and the SCO pays the Medicare cost-sharing. The EOHHS's interpretation violates the plain language of the statute and a well-settled body of law holding that a state Medicaid agency cannot evade its obligations under the Medicaid Act by delegating its duties to a private entity like a managed care organization. *Pages 34 through 39.*

## **ARGUMENT**

### **I. The full amount of EOHHS's capitation payment to a Senior Care Organization (SCO), made without regard to whether the Medicaid member receives any services, is not payment for "medical assistance" as defined by the state and federal estate recovery statutes.**

This case raises legal questions of first impression regarding Medicaid estate recovery and Medicaid managed care. Both federal and state statutes defining the scope of Medicaid estate recovery limit it to recovery of "medical assistance," a term that each statute specifically defines. 42 U.S.C. §§ 1396p(b), 1396d(a); Mass. Gen. Laws c. 118E, §§ 8(d), 31(b). While the parties do not dispute that the state Medicaid agency made monthly capitation payments to a Senior Care Organization (SCO) in which Mr. Pekala was enrolled, the Executive Office of Health and Human Services (EOHHS) never established that those capitation payments constituted "medical assistance" within the meaning of federal and state law. Nor has EOHHS shown what medical assistance Mr. Pekala received, paid for by the SCO pursuant to its contract with EOHHS, that may properly be subject to estate recovery.

The resolution of this question and the related questions discussed in section II and III are of great importance to low-income Medicaid beneficiaries, particularly those who are dually eligible for both Medicaid and Medicare, and their families. When it was created in 2004, the Massachusetts

Senior Care Options (SCO) program in which Mr. Pekala was enrolled was one of the first managed care programs for dually eligible individuals in the country. Mass. Gen. Laws c. 118E, § 9D. Because the SCO is responsible for paying for all Medicaid services including long term services and supports designed to avoid nursing home admissions, the capitation rates paid to the SCO may be significantly higher than the costs of services some dually eligible individuals would incur in traditional Medicaid fee for service. Sixteen years later, enrollment in the SCO has reached over 60,000 seniors, however with respect to estate recovery and capitation payments, the rights of this growing number of SCO enrollees remain largely uncharted terrain.<sup>1</sup>

The EOHHS claim against Mr. Pekala's modest estate in this case consists exclusively of capitation payments it made to a Senior Care Organization in which Mr. Pekala was enrolled. *Id.* The SCO statute defines capitation as follows:

[A] set dollar payment per enrollee per month that the division pays to a senior care organization to cover a specified set of services and administrative costs without regard to the actual number of services provided.

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<sup>1</sup> Between 2012 and 2019, SCO enrollment of seniors in the community grew from under 20,000 to 59,000 and SCO enrollment of seniors in nursing homes from 3,000 to 3,700. Office of Medicaid, MassHealth Monthly Caseload Report, November 2019, *available at* <https://www.mass.gov/lists/masshealth-measures#2019-masshealth-monthly-caseload-reports->

*Id.*

The definition of “capitation payment” in the federal Medicaid managed care regulations also recognizes that the payment is a fixed amount that is payable even if the Medicaid member receives no services:

*Capitation payment* means a payment the State makes periodically to a contractor on behalf of each beneficiary enrolled under a contract and based on the actuarially sound capitation rate for the provision of services under the State plan. The State makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment.

42 C.F.R. § 438.2. (Emphasis added).

While the state notes in its brief that the federal Medicaid statute limits estate recovery to “medical assistance” and defines the term, it fails to identify anything in the lengthy and detailed federal definition of medical assistance which would encompass a capitation payment. *Appellee’s Brief at 22*. Instead, its argument turns on the word “payment.” There is no dispute that the state made the capitation payments to the SCO: The question is whether such payments constitute “medical assistance.” The plain language of both the federal and state estate recovery statutes show they do not.

“Medical assistance” is defined in the federal Medicaid statute at 42 U.S.C. § 1396d(a) as “payment of part or all of the cost of the following care and services” for certain categories of eligible individuals. 42 U.S.C. § 1396d(a). The definition goes on to list 30 types of care and services beginning

with inpatient hospital services. Following this list, there is a paragraph consisting of four sentences. The second sentence provides that the earlier reference to payment also includes payment of Medicare cost-sharing and Medicare Part B premiums, and, except for individuals eligible for Medicare Part B who do not enroll in Part B, it includes payment of “other insurance premiums for medical or any other type of remedial care or the cost thereof.” *Id.* Nothing in this definition refers to managed care or to capitation payments to a Medicaid managed care organization as “medical assistance.”<sup>2</sup>

In 1990, the Ninth Circuit Court of Appeals was called on to decide whether Medicaid paid Medicare premiums were subject to estate recovery at a time when the federal definition of “medical assistance” had not yet been amended to expressly include payment for Medicare cost-sharing and Medicare Part B premiums as it does today. *Pottgieser v. Kizer*, 906 F. 2d 1319 (9<sup>th</sup> Cir. 1990). At the time of the decision, “medical assistance” was defined as “payment of part or all of the cost of the following care and services, followed by 21 enumerated services”; payment of Medicare premiums was not

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<sup>2</sup> Capitation payments *are* specifically named in other sections of the Act. Medicaid Managed Care Organization are defined in the Payment To States section of the Medicaid Act at 42 U.S.C. § 1396b(m). This section of the Act provides for payments to states for “expenditures for capitation payments” pursuant to federal Medicaid managed care regulations. 42 U.S.C. § 1396b(m)(7).

listed. *Id.* at 1320. The Medicaid agency argued as the state does here that since medical assistance is a payment, any form of payment is recoverable. The Court disagreed:

A definition which declares what a term means . . . excludes any other meaning that is not stated. . . . In drafting § 1396d(a), Congress stated only that medical assistance consisted of payment of the *cost* of certain services. Medicare insurance premiums are unrelated to the cost of services rendered to an individual because they are set according to the aggregate amount expended by the entire program. Premiums are part of the “total amount expended” by a state, but this is not the phrase Congress chose to use in drafting § 1396d(a).

*Id.* at 1322. (Internal quotation marks omitted.)

While the definition of medical assistance now includes payment for Medicare premiums, the reasoning of the Ninth Circuit applies with equal force to the issue before the court today, namely, whether capitation payments are medical assistance.<sup>3</sup> Congress has provided a detailed definition of the term “medical assistance” and nowhere in the definition does it include capitation

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<sup>3</sup> Section 4402 of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), Pub. L. No. 101-508 (1990) amended several provisions of the Act with respect to states paying premiums to enroll members in employer-based group health plans and also amended the definition of “medical assistance” in 1990 to specifically include payments for Medicare premiums. From 1990 to 2010, Medicare premiums were subject to estate recovery. Effective in 2010, Congress amended the estate recovery statute itself to prohibit estate recovery for Medicare cost-sharing and Medicare premiums. Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Pub. L. No. 110-275 (2008) (codified at 42 U.S.C. § 1396p(b)(1)(B)(ii) (2010)).

payments. When a statute specifically defines a term, it excludes any meaning not stated. *Perez v. Bay State Ambulance & Hosp. Rental Service Inc.*, 413 Mass. 670, 675 (1992). Nor are capitation payments the equivalent of care and services. Capitation payments in the SCO are a set monthly amount unrelated to the costs of care and services rendered to the individual enrollee. The SCO itself, under its contract with EOHHS, may pay for care and services to the member and to that extent EOHHS may be able to recover a portion of its capitation payment. However, the full capitation payment is not itself recoverable as medical assistance under the statute.

Further, the authorization of estate recovery is set out in the statute as an exception to the general rule that there shall be “[n]o adjustment or recovery of” correctly paid benefits. 42 U.S.C. § 1396p(b)(1). The Massachusetts estate recovery statute uses similar language making estate recovery the exception to the rule. Mass. Gen. Laws c. 118E, § 31(b). When a statutory provision is an exception to a general rule it should be narrowly construed. *Dept. of Public Welfare v. Anderson*, 377 Mass. 23, fn.3 (1979). Were there any ambiguity in the statute, it must be construed in favor of the general rule that there is no estate recovery for correctly paid benefits. *See, e.g., Globe Newspaper Co., v. District Attorney for Middlesex. Co.*, 439 Mass 374, 383 (2003) (any ambiguity

in exception to public records law must be read in favor of disclosure); *LeClair v. Town of Norwell*, 430 Mass 328, 336 (1999).

Subregulatory guidance from the federal Medicaid agency in the form of the *State Medicaid Manual*, HCFA Pub. No. 45-3, Transmittal 75 § 3810 (Jan. 2001) (hereafter cited as SMM) and Center for Medicaid and CHIP Services, *Coordination of Benefits and Third Party Liability (COB/TPL) Handbook* (2020), Section III. B. Estates (hereafter the Handbook) to the extent they presume that capitation payments may be recovered in full, are not persuasive. An agency's erroneous interpretation of a federal statute is entitled to no deference from the Court. *Boston Housing Auth. v. Natl. Conf. of Firemen*, 458 Mass. 155, 164 (2010); see, *Pottgieser v. Kizer*, 906 F. 2d at 1323.

The Massachusetts Medicaid statute is “pursuant to and in conformity with” the federal Medicaid statute. Mass. Gen. Laws c. 118E, § 9. State law tracks federal law in limiting estate recovery to “medical assistance” correctly paid for certain individuals. Mass. Gen. Laws c. 118E, § 31(b). The state definition of “medical assistance,” like the federal definition, extends to the cost of medical care and services. Medical Assistance is defined in Mass. Gen. Laws c. 118E, § 8(d) as follows:

“Medical assistance”, payment by the department, or its agent, or any predecessor or successor agency, of all or part of the cost of the medical care and services provided to recipients of any program established

under this chapter, but not including benefits provided under section nine A.

The state definition of the “cost of the medical care and services provided to recipients” is in sharp contrast to the state definition of a capitation payment in Mass. Gen. Laws c. 118E, § 9D(a): “a set dollar payment per enrollee per month ...without regard to the actual number of services provided.” The plain language of the state statute, particularly when read in light of the governing federal law, clearly evinces no intent to impose a debt on the estates of Medicaid members for a fixed payment unrelated to the costs of medical care and services the individual actually received.

A capitation rate is problematic in many ways as the source of a debt owed by an individual in estate recovery. The capitation rate is calculated by actuaries to cover the costs of covered services for a population as a whole not for an individual. *Appellant’s Brief* pp. 19-22. Further, the capitated payment includes the administrative costs of maintaining a network of providers and paying and adjudicating claims that the Medicaid agency itself performs in the fee for service system. *See*, Mass. Gen. Laws c. 118E, § 9D(a) (definition of capitation). Such administrative costs are not included in the definition of medical assistance, and the agency does not attempt to recover for its own administrative costs for Medicaid members enrolled in the fee for service system. The state also uses increases or decreases in the amount of the

capitation rates as incentives for the SCO to achieve larger goals such as reducing nursing home stays. For example, the Medicaid agency will continue to pay the higher nursing home capitation rate for 90 days after an individual returns home from a nursing home. Health Managements Associates (HMA), *Value Assessment of the Senior Care Options (SCO) Program*, p.21 (Mass. Assoc. of Health Plans, July 21, 2015), available at: [https://www.maahp.com/wp-content/uploads/2017/04/SCO-White-Paper-HMA-2015\\_07\\_20-Final.pdf](https://www.maahp.com/wp-content/uploads/2017/04/SCO-White-Paper-HMA-2015_07_20-Final.pdf). These payment incentives may reflect laudable goals, but the costs of achieving them cannot be fairly charged to an individual Medicaid member.

Nothing in the federal or state Medicaid statutes authorize estate recovery for the full amount of capitation payments. Recovery is limited to “medical assistance” a term defined in both state and federal law to mean the costs of medical care and services not capitation payments. To the extent there is any ambiguity it must be read in favor of the general rule that correctly paid benefits are not subject to estate recovery.

**II. If EOHHS can recover the full amount of its capitation payments to a SCO, Medicaid members have a right to enough information to make an informed decision whether to enroll in a SCO.**

If the Court determines that capitation payments are subject to recovery, then the Court must address whether Medicaid members have a right to know about the significant debt they may incur by choosing to enroll in a SCO. This is especially important to persons, like Mr. Pekala, who are dually eligible for Medicare and Medicaid. For dually eligible individuals enrolling in managed care must be voluntary. 42 U.S.C. § 1396u-2(a)(2)(B); Mass. Gen. Laws c. 118E, § 9D(c). In this case Mr. Pekala had no way to know that by enrolling in a SCO he was incurring a debt of \$2750 to \$3250 per month every month he was enrolled. It is undisputed that had he known, he would not have enrolled in a SCO.

**A. Medicaid members have a legally protected interest in being able to provide for their families after the member's death and to know how their choice of health plan may increase debts payable from their estates.**

When an individual age 55 or older receives Medicaid services, the costs of those services become a debt. The debt to MassHealth arises during the lifetime of the MassHealth member, even though the right of enforcement matures only on or after the death of said MassHealth member debtor. *Dept. of Public Welfare v. Anderson*, 377 Mass. 23, 32 (1979). Incurring a debt during

one's lifetime that will encumber one's property after death burdens a protected property interest.

The right to dispose of one's property is a basic property right protected by due process; it is one of the strands in the bundle of property rights, which include the rights to possess, use and dispose of one's property. U.S. Const. amend. XIV; *Loretto v. Teleprompter Manhattan CATV Corp.*, 458 U.S. 419, 435 (1982). This property right includes the right to dispose of one's property not only during one's lifetime but after death. *Restatement (Third) of Property: Wills and Other Donative Transfers*, Introduction ("The organizing principle of the American law of donative transfers is freedom of disposition. Property owners have the nearly unrestricted right to dispose of their property as they please, either during life or at death.") accord, *Bd. of Regents of State Colleges v. Roth*, 408 U.S. 564, 571-572 (1972) ("[T]he property interests protected by procedural due process extend well beyond actual ownership of real estate, chattels, or money.").

Courts holding that state Medicaid estate recovery laws cannot be applied to recover Medicaid spending incurred prior to the effective date of the state law have implicitly recognized a Medicaid member's property interest in being able to pass on property after death. *See, e.g., In re Estate of Burns*, 131 Wash. 2d 104, 117 (1997) (because the Medicaid program covers medical

expenses for even minor health concerns, a person might choose to forego a minor procedure to preserve his or her estate); *Estate of Wood v. Arkansas Dep't. of Human Servs.*, 319 Ark. 697, 701 (1995) (changing the nature of Medicaid from “an outright entitlement” to “a loan” affected a vested property right held by the Medicaid beneficiary).

Even if a Medicaid member had a general knowledge about Medicaid estate recovery by virtue of the cryptic statement on the Medicaid application, the member would be hard-pressed to find any information about estate recovery for a capitation payment. As the Appellant maintains, “An informed choice by a Massachusetts citizen requires some basic information about estate recovery and how the payments subject to estate recovery fundamentally differ between traditional fee for service and managed care.” *Appellant’s Brief at 28*. The choice directly affects the amount of debt a member incurs during the member’s lifetime and the extent of the encumbrance on property the member leaves to his loved ones and family members after death.

In order to make this choice affecting their protected property interest, Medicaid members have a corollary right to sufficient information to make an informed choice. The State argues that the Medicaid due process cases cited by the Appellants are inapposite. *Appellee Brief fn. 6 at 22*. It is true that in most of the reported Medicaid cases, the protected property interest is the Medicaid

benefit itself, and the right to notice is related to the right to a hearing to dispute an erroneous denial of eligibility or covered services. However, courts have also found a right to notice about available program benefits when there is no right to a hearing such as right to notice of a newly available benefit. *See, e.g., Grueschow v. Harris*, 492 F. Supp. 419, 423-424 (D.S.D. 1980) (due process requires notice of newly-created welfare benefit), *aff'd*, 633 F.3d 1264 (8<sup>th</sup> Cir. 1980) (affirmed without reaching due process claim); *Carey v. Quern*, 588 F. 2d 230, 232 (7<sup>th</sup> Cir. 1978) (failure to provide a procedure for informing the plaintiffs of their right to a clothing allowance was “inconsistent with the requirements of due process”); *Gonzalez v. Blum*, 127 Misc.2d 558, 560-61 (N.Y.Sup. 1985) (due process requires that applicants for public assistance be notified of availability of programs for emergency relief).

Courts have also found a due process right to obtain sufficient information to make an informed decision when other protected interests are at stake. *See, Knight v. Grossman*, 942 F.3d 336, 341-42 (7<sup>th</sup> Cir. 2019) (holding that a prisoner’s liberty interest in refusing unwanted treatment entails a corollary right to receive information required to decide whether to refuse treatment); *Pabon v Wright*, 459 F. 3d 241, 246 (2d Cir. 2006); *Benson v. Terhune*, 304 F.3d 874, 884 (9th Cir. 2002); *White v. Napoleon*, 897 F.2d 103, 113 (3d Cir. 1990).

In the context of Medicaid estate recovery, the State Medicaid Manual directs state Medicaid agencies to provide a general notice of Medicaid estate recovery to all applicants and a separate notice to Medicaid members when they enroll in managed care that describes whether the capitation payment will be recovered in whole or in part. *State Medicaid Manual*, HCFA Pub. No. 45-3, Transmittal 75 § 3810 (G) and (A) (6). (Jan. 2001) (hereafter cited as SMM). By its terms, these instructions are “official interpretations of the law and regulations, and as such are binding on State Medicaid agencies.” *SMM*, Foreword, (B) (1). In the 20 years since the federal agency directed Massachusetts to provide a separate notice of estate recovery to Medicaid members enrolling in managed care, MassHealth has failed to comply. Nor does it provide even general notice to Medicaid members respecting estate recovery and managed care that meets the standards of adequate notice as more fully discussed in Appellant’s Brief, pp 31-32.

Any question of adequate notice in Medicaid has due process dimensions that further undermine the EOHHS position that the SMM is not enforceable and that it need not inform Medicaid members that they will be indebted for the full amount of the capitation payment. The Medicaid statute and due process of law stand behind the federal Medicaid agency’s requirement of notice.

The difference in the size of the debt incurred in Medicaid managed care compared to Medicaid fee for service may be substantial. In this case, the Appellant's affidavit states that the decedent used very few Medicaid services, and that most of the services he used were paid for by Medicare. *Appellant's Brief p. 15*. Had he not chosen to enroll in a SCO, his estate would only have been liable for the costs of the Medicaid services he used excluding Medicare cost-sharing.

Other cases also show that the debt for capitation payments to a SCO may be significantly higher than it would have been in traditional fee for service. In a recent case in which the Medicaid agency brought an action against the personal representative of the estate of a MassHealth member to enforce its estate recovery claim pursuant to Mass. Gen. Laws c. 118E, § 32, the accounting of the MassHealth claim spanned 15 years, five during which the MassHealth member was enrolled in MassHealth fee for service followed by ten in which she was enrolled in a SCO. *Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B, filed Jan 21, 2020, (Exhibit 8 of the Affidavit of Rhonda MacLeod attached to the Complaint shows MassHealth fee for service spending from 2005-2009 and SCO capitated monthly premiums paid from 2010-2019). She enrolled in the SCO in

February 2010. The month before the member enrolled in the SCO, the services she received cost \$975.50. The following month, the agency paid the SCO a capitation rate of \$2730.42 per month. The decedent remained in the SCO for 10 years. She died at home little knowing she was leaving her surviving children and co-tenants of the property saddled with debt.

The EOHHS goes through the procurement process to solicit applications from managed care plans seeking to become Senior Care Organizations. The Request for Applications for SCO Contracts opened for bids in Jan 2015 for the five-year term beginning Jan. 1, 2016 and is posted on the state procurement website. Shown below are the rate cells for dually eligible individuals. *EOHHS, Request for Applications for SCO Contracts, Attachment A Model Contract, pp 76-79 and Appendix E Capitation Rates (2015), available at* <https://www.commbuys.com/bsa/external/bidDetail.sdo?docId=BD-15-1039-EHS01-EHS01-00000002276&external=true&parentUrl=bid>. The tremendous variation in capitation rates for individuals living at home in the community range from under \$2795.54 per month for someone like Mr. Pekala who was deemed Nursing Home Certifiable (NHC) to \$406.87 per month for someone diagnosed with Alzheimer's, Dementia or a Chronic Mental Illness (AD/CMI), to \$161.82 for anyone else.

Rates for Contract Year 2014						
	Community Settings of Care			Institutional Settings of Care		
	Other	AD/CMI	NHC	Tier 1	Tier 2	Tier 3
Dually Eligible	SA	SE	SI	LA	LC	LE
Greater Boston	\$161.82	\$406.87	\$2795.54	\$4,139.69	\$6544.01	\$8341.63
Dually Eligible	SB	SF	SJ	LA	LC	LE
Outside Greater Boston	\$124.26	\$326.39	\$3306.66	\$4,139.69	\$6544.01	\$8341.63

Fifty-one percent of SCO enrollees are classified as “Nursing Home Certifiable.” Health Managements Associates (HMA), *Value Assessment of the Senior Care Options (SCO) Program*, p. 21 (Mass. Assoc. of Health Plans, July 21, 2015). As explained in the Appellant’s brief these rates are not based on actual costs incurred by the individual member. *Appellant’s brief pp. 20-22*. Basic principles of due process require that Medicaid members who may be incurring debt of such vastly different amounts and all unrelated to their actual use of services, must be informed at the time they are choosing whether to enroll in a SCO.

**B. The failure of EOHHS to provide adequate notice at the time of managed care enrollment leaves elderly and disabled individuals vulnerable to misinformation from the SCO and EOHHS itself.**

Without clear notice from MassHealth, elderly and disabled individuals are vulnerable to misinformation from the SCO to induce them to enroll. It is in the financial interests of the SCO to enroll individuals like Mr. Pekala whom it may characterize as “Nursing Home Certifiable,” but who in fact will use very few of the services that they are eligible to receive from Medicaid. Indeed, Medicaid may be paying the SCO thousands of dollars per month in capitated rates even if the member uses no Medicaid services whatever.

In this case, the undisputed facts were that the SCO representative assured Mr. Pekala and his daughter that enrolling in the SCO would not lead to estate recovery unless Mr. Pekala entered a nursing home, and that Mr. Pekala and his daughter believed that to be true. In most estate recovery cases, the voice of the Medicaid member is silenced by death, but in this case the voice of Mr. Pekala is loud and clear. There is no doubt he would not have enrolled in the SCO had the state notified him that the capitated monthly payments it made to the SCO were debts he was amassing each month payable after death from his estate even if he used no Medicaid services whatever.

Mr Pekala is not alone. NAELA members have represented estates in at least two other cases where similar allegations were made against a SCO

inducing elderly and disabled Medicaid members to enroll in the SCO based on incorrect representations that estate recovery only applied to the costs of nursing home care. In each of those two cases, the Medicaid agency sued the personal representative to enforce its claim and the personal representative filed a third party complaint against the SCO based on its misrepresentation or failure to disclose the extent of estate recovery in managed care. *Executive Office of Health & Human Svs. v. Estate of LoGrande, and Estate of LoGrande v. Commonwealth Care Alliance*, Suffolk Superior Court No. 1884CV-01444E and *Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B.<sup>4</sup>

The Medicaid agency itself is complicit in this misinformation: The marketing materials it produces and makes available to the SCOs and the

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<sup>4</sup> In *Estate of LoGrande*, the case was settled after the Superior Court judge, on reconsideration, stayed his earlier grant of the agency's motion for summary judgment pending further proceedings on whether a Medicaid capitation payment is within the scope of estate recovery. Wilkins, J., Order of June 13, 2019. In *Estate of Gravito*, the case was settled after the Superior Court judge denied the SCO's motion to dismiss all claims in the estate's third party complaint against it. Leighton, J., Order of Aug. 11, 2020.

public prominently reassure members that they can enroll “at no cost to you.”<sup>5</sup> As discussed in the next section, the state supplies further misinformation when it notifies members that there is no estate recovery for Medicare cost-sharing but fails to inform them that it does not extend this protection to members who enroll in a SCO. Thus, in the case of estate recovery, Massachusetts not only fails to provide its members with the notice required by federal law, it affirmatively misinforms them.

**III. EOHHS cannot evade the federal prohibition on estate recovery for Medicaid payments of Medicare cost-sharing by delegating the duty to make such payments to the SCO.**

In 2008, Congress enacted the Medicare Improvements for Patients and Providers Act (MIPPA), Pub. L. No. 110-275, a multi-faceted piece of legislation that included several provisions designed to make Medicare more affordable for low income individuals and those dually eligible for Medicaid

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<sup>5</sup> The SCO marketing brochure produced by the Medicaid agency states: **Senior Care Options (SCO)! A health care plan that’s as individual as you are.** Did you know that there is a program for MassHealth Standard members aged 65 and older that provides you with all your MassHealth benefits? If you have Medicare, all of those services are covered too, plus more. There is no cost to you. Office of Medicaid, Senior Care Options (SCO)! A health care plan that’s as individual as you are, *available at* <https://www.mass.gov/service-details/senior-care-options-sco-brochures>.

and Medicare. Section 115 of MIPPA addressed Medicaid estate recovery for Medicaid-paid Medicare costs as follows:

SEC. 115. ELIMINATING APPLICATION OF ESTATE RECOVERY.

(a) In General.—Section 1917(b)(1)(B)(ii) of the Social Security Act (42 U.S.C. 1396p(b)(1)(B)(ii)) is amended by inserting “(but not including medical assistance for [M]edicare cost-sharing or for benefits described in section 1902(a)(10)(E))” before the period at the end.

(b) Effective Date.—The amendment made by subsection (a) shall take effect as of January 1, 2010.

The touchstone of statutory interpretation is the plain language of the statute. *Rahim v. Dist. Attorney for Suffolk Dist.*, 486 Mass. 544, 547 (2020).

The plain language Congress used in MIPPA could not be clearer: Recovery for medical assistance does not include recovery for medical assistance for Medicare cost-sharing. Nothing in this express Congressional prohibition of estate recovery for “medical assistance for [M]edicare cost-sharing” limits its scope to direct state spending to the exclusion of state spending for Medicaid managed care capitated rates. Indeed, the State’s implicit argument that the meaning of “medical assistance” for Medicare cost-sharing in this section of § 1396p excludes capitation payments directly contradicts its explicit argument that the same phrase in the same section of federal law includes capitation payments as “medical assistance” subject to estate recovery. “When the Legislature uses the same term in . . . different statutory sections, the term

should be given a consistent meaning throughout.” *Commonwealth v. Morgan*, 476 Mass. 768, 777 (2017).

According to CMS, the intent of Congress in enacting Section 1115 of MIPPA was to encourage dual eligible beneficiaries to more fully utilize Medicare cost-sharing benefits and allay concerns that Medicaid will lay claim to recover the value of these cost-sharing benefits from their estates. CMS, *State Medicaid Director Letter SMDL #10-003* (Feb. 18, 2010) RE: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), page 2.

Subsequently, the Massachusetts Medicaid agency promulgated regulations reflecting the MIPPA estate recovery limitations “in accordance with 42 U.S.C. 1396p(b)(B).” 130 Mass. Code. Reg. 515.011(A)(3). The state’s 2020 Senior Guide to Health Coverage informed MassHealth member that when they are “eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost sharing benefits paid on or after January 1, 2010.” *Appellant’s brief p. 13 and 34*. The very form letter that MassHealth sends to personal representatives accompanying the agency’s Notice of Claim for estate recovery also restates the prohibition. *Record Appendix p. 54*. Nothing in any of these state documents identifies any limitation in the scope of the estate recovery prohibition for members enrolled in managed care.

As authority for its position the state invokes sections of the State Medicaid Manual (SMM) a federal subregulatory document written seven years before MIPPA was enacted and nine years before its prohibition against estate recovery for Medicare cost-sharing took effect. Obviously, the SMM is no longer reliable authority on the subject of estate recovery for Medicare cost-sharing inasmuch as Section 3810 (A) (3) of the SMM states that estate recovery is not only permitted but in some cases required for Medicare cost-sharing, an instruction that has been expressly overruled by a subsequent act of Congress.

The state also cites to more recent federal subregulatory guidance, the Center for Medicaid and CHIP Services, Handbook. See, *Appellee's brief at 24-25*. This 84 page Handbook includes only a few pages on estate recovery. It makes three general points about the scope of Medicaid estate recovery none of which alone or in combination support the state's position. It simply restates that recovery for some assistance is mandatory, for other assistance it is optional (except for Medicare cost-sharing), and that a state may recover for a full or partial capitation payments depending on whether the payments are recoverable in full or in part. It does not say a state may elect to recover for Medicare cost-sharing so long as it delegates payment to a managed care organization. Handbook at 62.

The state cannot evade its responsibility to comply with MIPPA's prohibition on recovery for Medicare cost-sharing by delegating its obligation to pay for Medicare cost-sharing to a SCO. When a state Medicaid agency has delegated the agency's obligation under the Act to authorize a network of providers to deliver covered services and to approve and pay for covered service to eligible Medicaid members to a Managed Care Organization (MCO), like a SCO, then that Managed Care Organization is acting as an agent of the state. *J.K. v. Dillenberg*, 836 F. Supp. 694, 699 (D. Ariz. 1993). For this reason the decisions of an MCO to deny payment for a covered service is subject to the same notice and hearing rights as a denial by the agency itself. As the court in *J.K. v Dillenberg* wrote, "[t]he public policy implications of Defendants' position [that the MCO was not a state actor], if accepted, would be devastating. It is patently unreasonable to presume that Congress would permit a state to disclaim federal responsibility by contracting away its obligations to a private entity." *Id.*

The courts have applied the same principal to reject attempts by state Medicaid agencies to evade compliance in other settings such as enforcement of Medicaid's requirement for Early and Periodic Screening, Diagnosis and Treatment services for children. *John B. v. Menke*, 176 F. Supp. 2d 786 (M.D.Tenn. 2001) ("Clearly, the failure of State contractors to follow the

federal requirements does not relieve the State Defendants of their responsibilities.”). *see, L.S. by & through Ron S. v. Delia*, No. 5:11-CV-354-FL, 2012 WL 12911052 (E.D.N.C. Mar. 29, 2012); *accord, K.C. ex rel. Afr. H. v. Shipman*, 716 F. 3d 107 (4<sup>th</sup> Cir. 2013) (where state Medicaid agency elected not to appeal from judgment in favor of Medicaid members, the managed care agency had no right to appeal).

MassHealth’s failure to apply MIPPA to its estate recovery claims for decedents who were enrolled in a SCO may lead to large differences in liability based on a member’s choice of fee for service or managed care. Congress could not have intended states to evade the prohibitions in MIPPA at such heavy cost for MassHealth members and the family members who will survive them based on a choice of managed care. Further, the state’s failure to supply adequate notice to enable members to make an informed choice between a SCO or traditional fee for services is even more egregious given its position that MIPPA protections only apply in fee for service.

The plain language of the federal MIPPA statute prohibits estate recovery for Medicaid paid Medicare cost-sharing in light of its aim to encourage low-income Medicare beneficiaries to obtain such assistance without fear of repayment. There is no suggestion anywhere in the law that this prohibition does not apply to decedents who were enrolled in managed care. In

other Medicaid cases, the courts have made clear that a state cannot evade its responsibilities under the Act by delegating its functions to a managed care organization. The Appeals Court should draw the same conclusion here.

**IV. There is a strong equity interest in narrowly construing the Medicaid agency's power to recover correctly paid Medicaid benefits from the family and loved ones of deceased Medicaid members.**

No other public benefit program requires that correctly paid benefits be recouped from deceased beneficiaries' family members. The Medicaid statute does require such recoupment, but only in limited circumstances. The statutory and constitutional constraints on estate recovery are in furtherance of compelling policy considerations for limiting the burden that Medicaid estate recovery places on low-income Massachusetts families.

The situation of Mr. Pekala is typical of older adults enrolled in MassHealth and Medicare. His only income was social security. He died owning a home valued at \$136,300, a truck valued at \$800 and \$363 in the bank. Most Medicaid members are poor. The upper income limit to qualify for Medicaid for most adults age 65 or older living at home is 100 percent of the federal poverty level, \$12,888 per year for one person in 2021. 130 Mass. Code. Reg. 519.005. However, in 2019, the majority (68 percent) of people age 65 or older enrolled in MassHealth had income well *under* 100 percent of poverty.

Manatt Health, *Faces of MassHealth Data Book* (Blue Cross Blue Shield of Massachusetts Foundation, March 2019) Table on FPL Age, *available at* <https://www.bluecrossmafoundation.org/publication/faces-masshealth-portrait-diverse-population>.

The burden of estate recovery falls disproportionately on low-income Medicaid members like Mr. Pekala who are least likely to have the knowledge or resources to obtain legal advice on estate planning. Kristal Vardaman and Tamara Huson, *Medicaid Estate Recovery: Draft Chapter and Recommendations*, p. 8, Medicaid and CHIP Payment and Access Commission (MACPAC), Jan. 28, 2021, *available at* <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Estate-Recovery-Draft-Chapter-and-Recommendations.pdf>.

At death, Medicaid members, like Mr. Pekala, generally owned only one thing of any significant value: their homes.<sup>6</sup> For low-income Medicaid members who have any assets, their homes represent a large majority of those assets.

*Medicaid Estate Recovery: Draft Chapter and Recommendations*, p. 6, *supra*.

Data from the Health and Retirement Study show assets of deceased Medicaid enrollees age 65 and older are quite modest, with a substantial proportion of

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<sup>6</sup> An applicant's primary residence is not a countable asset for purposes of Medicaid eligibility. 130 Mass. Code. Regs. 520.008(A).

individuals having little or no wealth. Their average net wealth was \$44,393.

*Ibid.* However, even these modest amounts reflect a low-income Medicaid member's lifetime investment and could provide housing stability for the deceased member's surviving family.<sup>7</sup>

In Massachusetts, 80 percent of the amount collected from estate recovery comes from sale of the family home. Naomi Karp et al., ABA Commission on Law and Aging, *Medicaid Estate Recovery: A 2004 Survey of State Programs and Practices*, at 54 (Table 7) (June 2005), available at [https://assets.aarp.org/rgcenter/il/2005\\_06\\_recovery.pdf](https://assets.aarp.org/rgcenter/il/2005_06_recovery.pdf).

Medicaid estate recovery burdens fall especially hard on minority families that live in multigenerational homes. Decades after the Fair Housing Act of 1968 made discriminatory policies illegal, minority households still face additional struggles to obtain a home, including limited access to credit and mortgages, and frequent lack of a family member to assist with a down payment or co-sign for the home. Michele Lerner, *Blacks in the U.S. Face a*

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<sup>7</sup> On Jan. 29, 2021 the Commission approved three recommendations to Congress: making Medicaid estate recovery optional, making recovery of the actual costs of service when it is less than the managed care capitation payment optional and directing the Secretary to establish minimum hardship standards including a minimum asset threshold. *Medicaid Estate Recovery: Draft Chapter and Recommendations*, available at <https://www.macpac.gov/publication/medicaid-estate-recovery-draft-chapter-and-recommendations/>

*Huge Gap in Homeownership Rate, Compared to Whites, Here's Why.* The Washington Post (July 23, 2020), available at <https://www.washingtonpost.com/business/2020/07/23/black-homeownership-gap/?arc404=true>.

In October 2019 the Atlantic Monthly reported on the burden of estate recovery on minority families leading with the story of a Dorchester, Massachusetts family whose house was paid off after the homeowner died and his insurance paid the mortgage. “He died believing that he had secured a legacy for his family, which, in just a few generations, had lifted itself out of slavery, segregation and poverty to own a piece of the American dream.” Decades later, with his widow now in failing health, the house indebted and in poor repair, and the death of the adult son who had been caring for her, a guardian of the state admitted his widow to a nursing home and MassHealth placed a lien on the house. A daughter and her family moved to Boston to bring her mother home from the nursing facility and care for her at home. MassHealth removed the lien. The family did not know that with title to the house solely in the mother’s name, the house would still be subject to estate recovery. The daughter and her husband cashed in their savings to rehabilitate the old house and pay off the mother’s debts. When the daughter’s husband was diagnosed with

Alzheimer's she devoted herself to caring for him and her mother in the family house. Her mother died at home. The daughter was stunned to receive a bill from MassHealth's estate recovery unit for almost \$200,000. The author concluded, "If homeownership is one of the greatest means of upward mobility, then estate recovery, a program that strips property from the people who stand to benefit from it the most, is an insidious obstacle, perpetuating cycles of poverty and pushing displaced families back into the welfare system." Rachel Corbett, *Medicaid's Dark Secret*, The Atlantic (Oct. 2019), *available at* <https://www.theatlantic.com/magazine/archive/2019/10/when-medicaid-takes-everything-you-own/596671/>.

These policy considerations are reflected in the statutory limitations on estate recovery. Any ambiguity should be construed in furtherance of the general rule that no correctly paid benefits shall be subject to recovery rather than the exception which must be narrowly construed.

## **CONCLUSION**

For all these reasons, the Court should reverse the Superior Court's entry of summary judgment for EOHHS, and enter summary judgment for the Estate of Pekala.

Respectfully submitted,

AMICI CURIAE,

By their attorneys,

/s/ Victoria Pulos

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Dated: March 15, 2021

## **CERTIFICATE OF COMPLIANCE**

I, Victoria Pulos, certify that this brief complies with the relevant rules of court pertaining to the preparation and filing of briefs including Rule 20 and those sections of Rule 16 required by Rule 17.

This Brief complies with the applicable length limit of Rule 20(a)(2) in that it uses Times New Roman, a proportionally-spaced font, and the portions of the Brief required by Rule 16(a)(5)-(11), including headings, footnotes, and quotations, contain 7,481 words as counted in Microsoft Word.

/s/ Victoria Pulos

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Victoria Pulos, BBO# 407880

Dated: March 15, 2021

## **CERTIFICATE OF SERVICE**

I, Victoria Pulos, hereby certify that I have this day caused a copy of the attached Brief of Amici Curiae in Estate of Pekala v. EOHHS, No 2020-P-0458 to be served on all counsel of record via efilema, the efilng portal for the Massachusetts Appeals Court, and by email to counsel for the Appellant, Charles E. Vander Linden at cvanderlinden@starrvanderlinden.com and Emily Starr at estarr@starrtraiger.com and on counsel for the Appellee, Phoebe Fischer-Groban at phoebe.fischer-groban@mass.gov

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## ADDENDUM

1. Office of Medicaid, MassHealth Monthly Caseload Report, November 2019. *Available at* <https://www.mass.gov/lists/masshealth-measures#2019-masshealth-monthly-caseload-reports-> (Excerpt shows enrollment of Seniors in MassHealth Standard in SCO in each November from 2012-2019).  
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2. *Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B, filed Jan 21, 2020, Exhibit 8 of the Affidavit of Rhonda MacLeod attached to the Complaint, (Excerpt shows spending from 2009-2013)  
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3. Request for Applications for SCO Contracts (opened Jan 2015), *available at* <https://www.commbuys.com/bsa/external/bidDetail.sdo?docId=BD-15-1039-EHS01-EHS01-00000002276&external=true&parentUrl=bid> (Excerpt of Attachment A Model Contract for MassHealth Senior Options, Section 4 Payment and Financial Provisions pp. 76-79, and Appendix E Capitation Payments 2014)  
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4. *Executive Office of Health & Human Svs. v. Estate of LoGrande, and Estate of LoGrande v. Commonwealth Care Alliance*, Suffolk Superior Court No. 1884CV-01444E, Wilkins, J., Order of June 13, 2019  
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5. *Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B, Leighton, J., Order of Aug. 11, 2020.  
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6. Office of Medicaid, **Senior Care Options (SCO)! A health care plan that's as individual as you are**, *available at* <https://www.mass.gov/service-details/senior-care-options-sco-brochures>  
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7. Manatt Health, *Faces of MassHealth Data Book* (Blue Cross Blue Shield of Massachusetts Foundation, March 2019), *available at* <https://www.bluecrossmafoundation.org/publication/faces-masshealth-portrait-diverse-population> (Excerpt shows Table of FPL and Age)  
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8. Medicaid and CHIP Payment and Access Commission (MACPAC), Report To Congress on Medicaid and CHIP, Chapter 3, Medicaid Estate Recovery: Improving Policy and Promoting Equity, (March 2021) *available at* <https://www.macpac.gov/publication/medicaid-estate-recovery-improving-policy-and-promoting-equity/> (Excerpt shows Appendix 3A Demographics, Income and Wealth of Deceased Medicaid Beneficiaries Age 65 and Older)  
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9. Naomi Karp et al., ABA Commission on Law and Aging, *Medicaid Estate Recovery: A 2004 Survey of State Programs and Practices*. *available at* [https://assets.aarp.org/rgcenter/il/2005\\_06\\_recovery.pdf](https://assets.aarp.org/rgcenter/il/2005_06_recovery.pdf) (Excerpt shows Table 7 at p.54)  
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## Addendum-1

Office of Medicaid, MassHealth Monthly Caseload Report, November 2019. *Available at* <https://www.mass.gov/lists/masshealth-measures#2019-masshealth-monthly-caseload-reports-> (Excerpt shows enrollment of Seniors in MassHealth Standard in each November from 2012-2019).

All MassHealth Members - Snapshot Report for November 2019																	Change November 30, 2019 - July 31, 2012 or start of program		
Population Groups							31-Jul-12	30-Nov-12	30-Nov-13	30-Nov-14	30-Nov-15	31-Dec-15	30-Nov-16	30-Nov-17	30-Nov-18	30-Nov-19		# change	% change
STANDARD																			
Seniors																			
Family Assistance Seniors	Adults (all)	Seniors	Seniors	Seniors (excluding SCO, PACE, and Buy In Aged)	76	-	-	-	8,196	6,288	6,497	7,573	8,064	8,385	8,645		1,182	90.3%	
PACE	Adults (all)	Seniors	Seniors	PACE	79	2,946	2,955	3,088	3,320	3,717	3,719	4,157	4,467	4,688	4,901		1,955	66.4%	
Community Seniors	Adults (all)	Seniors	Seniors	Seniors (excluding SCO, PACE, and Buy In Aged)	18	72,614	73,013	73,014	71,504	72,371	72,636	73,165	68,923	65,860	64,695		(7,919)	-10.9%	
Institutional Seniors	Adults (all)	Seniors	Seniors	Seniors (excluding SCO, PACE, and Buy In Aged)	19	22,142	21,911	21,023	20,725	19,801	19,889	19,724	18,189	17,934	17,655		(4,487)	-20.3%	
SCO Community	Adults (all)	Seniors	Seniors	SCO	52	19,698	21,498	26,930	32,383	36,889	37,069	41,450	48,667	54,002	59,088		39,390	200.0%	
SCO Institutional	Adults (all)	Seniors	Seniors	SCO	53	3,001	3,160	3,171	3,390	3,390	3,382	3,331	3,406	3,547	3,780		779	26.0%	
Total Seniors						120,401	122,537	127,226	139,518	142,456	143,192	149,400	151,716	154,416	158,764		38,363	31.9%	
TOTAL STANDARD							1,037,357	1,054,413	1,065,321	1,147,883	1,213,086	1,228,440	1,239,751	1,210,598	1,168,570	1,132,666		95,309	9.2%

## Addendum-2

*Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B, filed Jan 21, 2020, Exhibit 8 of the Affidavit of Rhonda MacLeod attached to the Complaint, (Excerpt shows spending from 2009-2013)

# Medical Billing History Report

From Date : 10/1/1993  
To Date : 3/3/2019  
Case Number : EST284891  
Client Name : GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker : Abraham, Marina

Person SSN : XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	1/1/2010	1/29/2010	HomeCareCorpElderlyW alver	2011209764192-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	12/31/2009	12/31/2009	MedicalSuppliesDurable Goods	2010005721471-1	MT AUBURN HOSPITAL	S5161-00100 Emer rspns sys serv permonth	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
B	12/30/2009	3/30/2010	Pharmacy	5211202005544-3	NEIGHBORHOOD PHARMACY	A4258-00100 Lancet device each	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$2.89
B	12/30/2009	3/30/2010	Pharmacy	5211202005544-2	NEIGHBORHOOD PHARMACY	A4259-00100 Lancets per box	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$3.47
P	12/29/2009	12/29/2009	Pharmacy	2509363547997-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG	500TB	\$2.34
B	12/18/2009	12/18/2009	Physician	2010015209844-2	MASS GENERAL PHYS ORG INC	ECG ROUTINE ECG W/LEAST 12 LDS W/18R	ATRIAL FIBRILLATION	\$0.66
B	12/17/2009	12/17/2009	HospitalLicensedHealthC enter	2010049219547-1	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPIS	\$11.87
C	12/17/2009	12/17/2009	HospitalLicensedHealthC enter	3010047103360-1	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX		\$34.33
P	12/10/2009	12/10/2009	Pharmacy	2509344591024-1	CIAMPA APOTHECARY	VITAMIN D CAPS USP 100'S		\$6.10
C	12/10/2009	12/10/2009	HospitalLicensedHealthC enter	3010028102663-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST 25 MIN		\$19.41
P	12/10/2009	12/10/2009	Pharmacy	2509344591077-1	CIAMPA APOTHECARY	SENNA LAXATIVE TABLETS		\$1.54
P	12/9/2009	12/9/2009	Pharmacy	2509343580434-1	CIAMPA APOTHECARY	S5130-00100 Homaker service nos per 15m		\$1.74
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-3	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-8	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-9	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-2	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-6	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$41.20
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-7	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-5	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	12/3/2009	12/3/2009	HomeCareCorpElderlyW alver	2010188750759-4	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
C	12/3/2009	12/3/2009	HospitalLicensedHealthC enter	3010021103563-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST15 MIN		\$14.92
M	12/1/2009	12/31/2009	HomeCareCorpElderlyW alver	2010188750762-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40



# Medical Billing History Report

From Date: 10/1/1993  
To Date: 3/3/2019  
Case Number: EST284891  
Client Name: GRAVITO, IDALIA M  
Provider Name:

Date: 01/16/2020

Case Worker: Abraham, Marina

Person SSN: XXXXX5263

Inv	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	12/1/2009	12/31/2009	HomeCareCorpElderlyW alver	2010188750762-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	12/1/2009	12/31/2009	HomeCareCorpElderlyW alver	2010188750762-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	12/1/2009	12/31/2009	HomeCareCorpElderlyW alver	2010188750762-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	12/1/2009	12/31/2009	HomeCareCorpElderlyW alver	2010188750762-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	11/30/2009	11/30/2009	MedicalSuppliesDurable alver	2009337741356-1	MT AUBURN HOSPITAL	SS161-00100 Emer rspsns sys serv permonth	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
P	11/28/2009	11/28/2009	Pharmacy Goods	2509332529334-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG BT	500TB	\$2.34
P	11/24/2009	11/24/2009	Pharmacy	2509328590443-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
P	11/14/2009	11/14/2009	Pharmacy	2509318549200-1	CIAMPA APOTHECARY	PHARMACOLOGIC MGMT MIN		\$3.61
C	11/12/2009	11/12/2009	HospitalLicensedHealthC enter	3010047103366-1	CAMBRIDGE HEALTH ALLIANCE	MEDICAL PSYCTX		\$19.41
B	11/12/2009	11/12/2009	HospitalLicensedHealthC enter	2010049219543-1	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPIS	\$11.87
P	11/11/2009	11/11/2009	Pharmacy	2509315549263-1	CIAMPA APOTHECARY	WEARABLE ECG 24 HR W/VISUAL SUPIMPOS SCAN REC		\$1.74
C	11/6/2009	11/6/2009	HospitalLicensedHealthC enter	3009331118468-1	MGH CHARLESTWN HLTHCARE CTR	ECG ROUTINE ECG W/LEAST 12 LDS W/IR	ATRIAL FIBRILLATION	\$53.14
B	11/6/2009	11/6/2009	Physician	2009338225573-2	MASS GENERAL PHYS ORG INC	T1019-00100 Personal care ser per 15 min		\$0.66
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717449-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-4	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-2	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-7	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$123.60
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-8	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-6	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-5	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717447-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717449-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00

User: AbrahamM



# Medical Billing History Report

From Date : 10/1/1993  
To Date : 3/3/2019

Case Number : EST284891  
Client Name : GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker : Abraham, Marina  
Person SSN : XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717449-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717449-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$61.80
M	11/2/2009	11/30/2009	HomeCareCorpElderlyW alver	2010176717449-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	10/31/2009	10/31/2009	MedicalSuppliesDurable Goods	2009311704237-1	MT AUBURN HOSPITAL	SS151-00100 Emer rspons sys serv permonth	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
P	10/30/2009	10/30/2009	Pharmacy	2509303585683-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
P	10/30/2009	10/30/2009	Pharmacy	2509303585652-1	CIAMPA APOTHECARY	VITAMIN D CAPS USP 100'S		\$6.10
P	10/29/2009	10/29/2009	Pharmacy	2509302571428-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG BT		\$2.34
B	10/6/2009	10/20/2009	HospitalLicensedHealthC enter	2010049219550-2	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPIS	\$11.87
B	10/6/2009	10/20/2009	HospitalLicensedHealthC enter	2010049219550-1	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPIS	\$11.87
C	10/6/2009	10/20/2009	HospitalLicensedHealthC enter	3011248119273-1	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX		\$19.41
C	10/6/2009	10/20/2009	HospitalLicensedHealthC enter	3011248119273-2	CAMBRIDGE HEALTH ALLIANCE	PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX		\$34.33
P	10/2/2009	10/2/2009	Pharmacy	2509275537222-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
P	10/2/2009	10/2/2009	Pharmacy	2509275537373-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG BT		\$2.34
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-9	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-2	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-8	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-6	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-7	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-4	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766606-5	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766613-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00



# Medical Billing History Report

From Date: 10/1/1993 Case Number: EST284891  
To Date: 3/3/2019 Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766613-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$41.20
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766613-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766613-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	10/1/2009	10/30/2009	HomeCareCorpElderlyW alver	2010173766613-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
C	10/1/2009	10/1/2009	HospitalLicensedHealthC enter	3009325103140-1	CAMBR DGE HEALTH ALLIANCE	OFFICE OUTPT EST 25 MIN		\$19.41
B	9/30/2009	12/29/2009	Pharmacy	5211202004442-3	NEIGHBORHOOD PHARMACY	A4235-00100 Lithium batt for glucose mon	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$0.37
B	9/30/2009	12/29/2009	Pharmacy	5211202004442-2	NEIGHBORHOOD PHARMACY	A4259-00100 Lancets per box	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$3.47
M	9/30/2009	9/30/2009	MedicalSuppliesDurable Goods	2009280750722-1	MT AUBURN HOSPITAL	S5161-00100 Emer rspns sys serv per month	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
P	9/12/2009	9/12/2009	Pharmacy	2509255538494-1	CIAMPA APOTHECARY	VITAMIN D CAPS USP 100'S		\$6.10
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-5	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-2	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$41.20
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-4	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-6	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	9/3/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711663-3	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	9/1/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711665-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	9/1/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711665-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	9/1/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711665-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$41.20
M	9/1/2009	9/25/2009	HomeCareCorpElderlyW alver	2010090711665-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
P	9/1/2009	9/1/2009	Pharmacy	2509244604201-1	CIAMPA APOTHECARY	VITAMIN D CAPS USP 100'S		\$1.74
P	9/1/2009	9/1/2009	Pharmacy	2509244604174-1	CIAMPA APOTHECARY	OFFICE OUTPT EST 25 MIN		\$6.10
C	9/1/2009	9/1/2009	HospitalLicensedHealthC enter	3009280103002-1	CAMBRIDGE HEALTH ALLIANCE	SENNA LAXATIVE TABLETS		\$19.41
P	9/1/2009	9/1/2009	Pharmacy	2509244604191-1	CIAMPA APOTHECARY	S5161-00100 Emer rspns sys serv per month	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$1.57
M	8/31/2009	8/31/2009	MedicalSuppliesDurable Goods	2009258751007-1	MT AUBURN HOSPITAL			\$20.00

User: AbrahamM



# Medical Billing History Report

From Date: 10/1/1993 To Date: 3/3/2019  
Case Number: EST284891  
Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
P	8/29/2009	8/29/2009	Pharmacy	2509241528435-1	CIAMPA APOTHECARY	LORAZEPAM 1MG	500TB BT	\$4.37
M	8/22/2009	8/22/2009	Pharmacy	2009240707197-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION	\$113.76
C	8/14/2009	8/14/2009	AcuteOutpatientHosp	3009375103581-1	CAMBRIDGE HEALTH ALLIANCE	RADEX RIBS UNI 2 VIEWS		\$34.26
P	8/14/2009	8/14/2009	Pharmacy	2509226585896-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG BT	500TB	\$1.67
P	8/11/2009	8/11/2009	Pharmacy	2509223582408-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
P	8/11/2009	8/11/2009	Pharmacy	2509223582390-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$1.66
P	8/11/2009	8/11/2009	Pharmacy	2509223582393-1	CIAMPA APOTHECARY	T1019-00100 Personal care ser per 15 min		\$1.29
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706198-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706198-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706198-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706198-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706198-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$41.20
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-6	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-7	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-5	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-8	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-4	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	8/3/2009	8/3/2009	HomeCareCorpElderlyW alver	2009309706194-2	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.00
M	7/31/2009	7/31/2009	MedicalSuppliesDurable Goods	2009258751003-1	MT AUBURN HOSPITAL	SS161-00100 Emer rspns sys serv permonth	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION	\$113.76
M	7/23/2009	7/23/2009	Pharmacy	2009205713087-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg		\$53.14
C	7/17/2009	7/17/2009	AcuteOutpatientHosp	3009224104864-1	MASS GENERAL HOSPITAL	WEARABLE ECG 24 HR W/VISUAL SUPINIMPOS SCAN REC		\$680.00
D	7/17/2009	7/17/2009	GroupPracticeOrganizati on	2409205540099-1	HIGHLAND DENTAL ASSOC	DS110-00100 Dentures complete maxillary		

User: AbrahamMM



# Medical Billing History Report

From Date : 10/1/1993  
To Date : 3/3/2019  
Case Number : EST284891  
Client Name : GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker : Abraham, Marina  
Person SSN : XXXXX5263

Inv	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
D	7/17/2009	7/17/2009	GroupPracticeOrganizat	2409205540098-1	HIGHLAND DENTAL ASSOC	D5212-00100 Dentures mand part resin		\$554.00
P	7/15/2009	7/15/2009	Pharmacy	2509196592720-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
B	7/10/2009	7/10/2009	Physician	2009214240830-2	MASS GENERAL PHYS ORG INC	ECG ROUTINE ECG W/LEAST 12 LDS W/1&R	ATRIAL FIBRILLATION	\$0.66
P	7/9/2009	7/9/2009	Pharmacy	2509190587154-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG	500TB	\$1.67
C	7/7/2009	7/7/2009	Hospital/LicensedHealthC	3009224102068-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST15 MIN		\$14.92
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715659-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715659-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$61.80
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715659-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715659-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715659-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-5	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-7	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-6	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-9	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$123.60
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-2	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-8	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	7/1/2009	7/31/2009	HomeCareCorpElderlyW	2011209715656-4	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$1.57
P	6/30/2009	6/30/2009	Pharmacy	2509181603859-1	CIAMPA APOTHECARY	SENNA LAXATIVE TABLETS	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
M	6/30/2009	6/30/2009	MedicalSuppliesDurable Goods	2009264749643-1	MT AUBURN HOSPITAL	SS161-00100 Emer rspns sys serv permonth	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$1.73
B	6/27/2009	9/25/2009	Pharmacy	2009245204064-2	NEIGHBORHOOD PHARMACY	A4259-00100 Lancets per box	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$11.82
B	6/27/2009	9/25/2009	Pharmacy	2009245204064-1	NEIGHBORHOOD PHARMACY	A4253-00100 Blood glucose/reagent strips	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	

User: AbrahamM

# Medical Billing History Report

From Date: 10/1/1993 Case Number: EST284891  
To Date: 3/3/2019 Client Name: GRAVITO, IDALIA M

Date: 01/16/2020  
Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	6/25/2009	6/25/2009	Pharmacy	2009177708346-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION	\$113.76
P	6/24/2009	6/24/2009	Pharmacy	2509175593902-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$1.29
P	6/12/2009	6/12/2009	Pharmacy	2509163560174-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
P	6/12/2009	6/12/2009	Pharmacy	2509163559753-1	CIAMPA APOTHECARY	VITAMIN D CAPS USP 100'S		\$3.61
P	6/12/2009	6/12/2009	Pharmacy	2509163560025-1	CIAMPA APOTHECARY	OFFICE OUTPT EST 25 MIN		\$6.10
C	6/12/2009	6/12/2009	Hospital/Licensed Health Center	3009195103203-1	CAMBIDGE HEALTH ALLIANCE			\$19.41
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709247-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709247-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-5	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-7	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-3	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-4	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-2	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-6	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709239-8	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709247-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	6/1/2009	6/26/2009	HomeCareCorpElderlyW alver	2009255709247-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	5/31/2009	5/31/2009	MedicalSuppliesDurable Goods	2009264749640-1	MT AUBURN HOSPITAL	SS161-00100 Emer rspns sys serv per month	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR ATRIAL FIBRILLATION	\$20.00
B	5/29/2009	5/29/2009	Physician	2009176207122-2	MASS GENERAL PHYS ORG INC	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R		\$0.66
M	5/28/2009	5/28/2009	Pharmacy	2009155706386-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION	\$113.76
P	5/24/2009	5/24/2009	Pharmacy	2509144523729-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$1.29
P	5/13/2009	5/13/2009	Pharmacy	4009133084443-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG 500TB BT		\$1.67
P	5/13/2009	5/13/2009	Pharmacy	4009133084439-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711399-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00

User: AbrahamM

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# Medical Billing History Report

From Date : 10/1/1993 To Date : 3/3/2019

Case Number : EST284891  
Client Name : GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker : Abraham, Marina  
Person SSN : XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711399-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711399-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711399-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW	2009238711399-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-8	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-6	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-3	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-7	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-2	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-5	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	5/1/2009	5/29/2009	HomeCareCorpElderlyW alver	2009238711396-4	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$123.60
M	4/30/2009	4/30/2009	MedicalSuppliesDurable Goods	2009264749638-1	MT AUBURN HOSPITAL	S5161-00100 Emer rspns sys serv per month	DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR	\$20.00
M	4/30/2009	4/30/2009	Pharmacy	4009126245774-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg UNSPECIFIED	URINARY INCONTINENCE	\$113.76
P	4/29/2009	4/29/2009	Pharmacy	4009119037780-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$3.61
P	4/23/2009	4/23/2009	Pharmacy	4009113031054-1	CIAMPA APOTHECARY			\$1.29
P	4/23/2009	4/23/2009	Pharmacy	4009113031058-1	CIAMPA APOTHECARY			\$1.66
D	4/17/2009	4/17/2009	Dentist	4109117015466-1	MALOUF SHIBLY D			\$139.00
D	4/17/2009	4/17/2009	Dentist	4109117015464-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flip		\$139.00
D	4/17/2009	4/17/2009	Dentist	4109117015460-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flip		\$139.00
D	4/17/2009	4/17/2009	Dentist	4109117015463-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flip		\$139.00
D	4/17/2009	4/17/2009	Dentist	4109117015459-1	MALOUF SHIBLY D	OFFICE OUTPT NEW 20 MINUTES		\$50.94
D	4/17/2009	4/17/2009	Dentist	4109117015461-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flip		\$139.00
D	4/17/2009	4/17/2009	Dentist	4109117015462-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flip		\$139.00



# Medical Billing History Report

From Date: 10/1/1993 To Date: 3/3/2019

Case Number: EST284891  
Client Name: GRAVITO, IDALLIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv To	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
D	4/17/2009	4/17/2009	Dentist	4109117015465-1	MALOUF SHIBLY D	D7210-00100 Rem imp tooth w mucoper flap	500TB	\$139.00
P	4/14/2009	4/14/2009	Pharmacy	4009104030358-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG BT		\$1.67
P	4/14/2009	4/14/2009	Pharmacy	4009104030363-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.14
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-4	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-2	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-8	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-5	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-3	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$103.00
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-7	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-9	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	4/2/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731651-6	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$113.76
M	4/2/2009	4/2/2009	Pharmacy	4009093200981-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg	URINARY INCONTINENCE UNSPECIFIED	\$103.00
M	4/1/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731654-4	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	4/1/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731654-2	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	4/1/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731654-5	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$103.00
M	4/1/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731654-3	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$61.80
M	4/1/2009	4/30/2009	HomeCareCorpElderlyW alver	2009215731654-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$1.74
P	4/1/2009	4/1/2009	Pharmacy	4009091073944-1	CIAMPA APOTHECARY	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/31/2009	3/31/2009	HomeCareCorpElderlyW alver	4009135252637-1	SOM/CAMB ELDER SERVICES	S5161-00100 Emer rspns sys serv permonth		\$20.00
M	3/31/2009	3/31/2009	MedicalSuppliesDurable Goods	4009113202397-1	MT AUBURN HOSPITAL	S5130-00100 Homaker service nos per 15m		\$20.60
M	3/31/2009	3/31/2009	HomeCareCorpElderlyW alver	4009135252616-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/30/2009	3/30/2009	HomeCareCorpElderlyW alver	4009135252636-1	SOM/CAMB ELDER SERVICES			

User: AbrahamM



# Medical Billing History Report

From Date: 10/1/1993  
To Date: 3/3/2019

Case Number: EST284891  
Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCW	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
B	3/28/2009	6/26/2009	Pharmacy	4009110088674-1	NEIGHBORHOOD PHARMACY	A4253-00100 Blood glucose/reagent strips	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$11.82
B	3/28/2009	6/26/2009	Pharmacy	4009110088675-1	NEIGHBORHOOD PHARMACY	A4259-00100 Lancets per box	DIABETES MELLITUS WITHOUT COMPLICATION TYPE I NOT	\$1.73
M	3/27/2009	3/27/2009	HomeCareCorpElderlyW alver	4009135252615-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
D	3/27/2009	3/27/2009	Dentist	4109092015945-1	SHTYENBERG PAUL	D2751-00100 Crown porcelain fused base m		\$571.00
D	3/27/2009	3/27/2009	Dentist	4109092015946-1	SHTYENBERG PAUL	D2751-00100 Crown porcelain fused base m		\$571.00
M	3/27/2009	3/27/2009	HomeCareCorpElderlyW alver	4009135252635-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/26/2009	3/26/2009	HomeCareCorpElderlyW alver	4009135252634-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/26/2009	3/26/2009	HomeCareCorpElderlyW alver	4009135252614-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$82.40
M	3/25/2009	3/25/2009	HomeCareCorpElderlyW alver	4009135252633-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/24/2009	3/24/2009	HomeCareCorpElderlyW alver	4009135252613-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	3/24/2009	3/24/2009	HomeCareCorpElderlyW alver	4009135252632-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/23/2009	3/23/2009	HomeCareCorpElderlyW alver	4009135252631-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
D	3/20/2009	3/20/2009	Dentist	4109086015233-1	SHTYENBERG PAUL	D2954-00100 Prefab post/core + crown		\$178.00
M	3/20/2009	3/20/2009	HomeCareCorpElderlyW alver	4009135252630-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
D	3/20/2009	3/20/2009	Dentist	4109086015231-1	SHTYENBERG PAUL	D3310-00100 "End thxpy, anterior tooth"		\$375.00
B	3/20/2009	3/20/2009	Physician	4009130089441-1	MASS GENERAL PHYS ORG INC	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	ATRIAL FIBRILLATION	\$0.66
D	3/20/2009	3/20/2009	Dentist	4109086015232-1	SHTYENBERG PAUL	D2954-00100 Prefab post/core + crown		\$178.00
D	3/20/2009	3/20/2009	Dentist	4109086015230-1	SHTYENBERG PAUL	D3310-00100 "End thxpy, anterior tooth"		\$375.00
M	3/20/2009	3/20/2009	HomeCareCorpElderlyW alver	4009135252612-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	3/19/2009	3/19/2009	HomeCareCorpElderlyW alver	4009135252629-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/19/2009	3/19/2009	HomeCareCorpElderlyW alver	4009135252611-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$82.40
M	3/18/2009	3/18/2009	HomeCareCorpElderlyW alver	4009135252628-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60

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User: AbrahamM



# Medical Billing History Report

From Date : 10/1/1993  
To Date : 3/3/2019

Case Number : EST284891  
Client Name : GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker : Abraham, Marina  
Person SSN : XXXXX5263

Inv	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	3/17/2009	3/17/2009	HomeCareCorpElderlyW alver	4009135252610-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	3/17/2009	3/17/2009	HomeCareCorpElderlyW alver	4009135252627-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/13/2009	3/13/2009	HomeCareCorpElderlyW alver	4009135252626-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/13/2009	3/13/2009	HomeCareCorpElderlyW alver	4009135252609-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	3/12/2009	3/12/2009	HomeCareCorpElderlyW alver	4009135252608-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	3/12/2009	3/12/2009	HomeCareCorpElderlyW alver	4009135252625-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/11/2009	3/11/2009	HomeCareCorpElderlyW alver	4009135252624-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/10/2009	3/10/2009	HomeCareCorpElderlyW alver	4009135252623-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/10/2009	3/10/2009	HomeCareCorpElderlyW alver	4009135252607-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$1.29
P	3/9/2009	3/9/2009	Pharmacy	4009068185586-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$20.60
M	3/9/2009	3/9/2009	HomeCareCorpElderlyW alver	4009135252622-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$1.14
P	3/9/2009	3/9/2009	Pharmacy	4009068185582-1	CIAMPA APOTHECARY	ASPIR-LOW 1/4 TABLET		\$1.67
P	3/9/2009	3/9/2009	Pharmacy	4009068187707-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG		\$19.41
C	3/6/2009	3/6/2009	Hospital/LicensedHealthC enter	4009110139681-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST 25 MIN	DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATI	\$20.60
M	3/6/2009	3/6/2009	HomeCareCorpElderlyW alver	4009135252606-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	3/6/2009	3/6/2009	HomeCareCorpElderlyW alver	4009135252621-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	3/5/2009	3/5/2009	HomeCareCorpElderlyW alver	4009135252605-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$113.76
M	3/5/2009	3/5/2009	Pharmacy	4009079262363-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg UNSPECIFIED	URINARY INCONTINENCE UNSPECIFIED	\$20.60
M	3/5/2009	3/5/2009	HomeCareCorpElderlyW alver	4009135252620-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/4/2009	3/4/2009	HomeCareCorpElderlyW alver	4009135252619-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/3/2009	3/3/2009	HomeCareCorpElderlyW alver	4009135252604-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	3/3/2009	3/3/2009	HomeCareCorpElderlyW alver	4009135252618-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	3/2/2009	3/2/2009	HomeCareCorpElderlyW alver	4009135252617-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60

User: AbrahamM



# Medical Billing History Report

From Date: 10/1/1993 Case Number: EST284891  
To Date: 3/3/2019 Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	2/28/2009	2/28/2009	MedicalSuppliesDurable	4009082267014-1	MT AUBURN HOSPITAL	SS161-00100 Emer rspns sys serv permonth		\$20.00
M	2/27/2009	2/27/2009	HomeCareCorpElderlyW	4009125399296-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
D	2/27/2009	2/27/2009	Dentist	4109068022298-1	MALOUF SHIBLY D	D0330-00100 Dental panoramic film		\$62.00
M	2/27/2009	2/27/2009	HomeCareCorpElderlyW	4009125399916-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
D	2/27/2009	2/27/2009	Dentist	4109068022297-1	MALOUF SHIBLY D	OFFICE OUTPT NEW 20 MINUTES		\$50.94
M	2/26/2009	2/26/2009	HomeCareCorpElderlyW	4009125399295-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$82.40
M	2/26/2009	2/26/2009	HomeCareCorpElderlyW	4009125399915-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/25/2009	2/25/2009	HomeCareCorpElderlyW	4009125399914-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/24/2009	2/24/2009	HomeCareCorpElderlyW	4009125399294-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	2/24/2009	2/24/2009	HomeCareCorpElderlyW	4009125399913-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/23/2009	2/23/2009	HomeCareCorpElderlyW	4009125399912-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/20/2009	2/20/2009	HomeCareCorpElderlyW	4009125399911-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/20/2009	2/20/2009	HomeCareCorpElderlyW	4009125399293-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	2/19/2009	2/19/2009	HomeCareCorpElderlyW	4009125399910-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$82.40
M	2/19/2009	2/19/2009	HomeCareCorpElderlyW	4009125399292-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	2/18/2009	2/18/2009	HomeCareCorpElderlyW	4009125399909-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/17/2009	2/17/2009	HomeCareCorpElderlyW	4009125399291-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	2/17/2009	2/17/2009	HomeCareCorpElderlyW	4009125399908-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/16/2009	2/16/2009	HomeCareCorpElderlyW	4009125399907-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/13/2009	2/13/2009	HomeCareCorpElderlyW	4009125399290-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	2/13/2009	2/13/2009	HomeCareCorpElderlyW	4009125399906-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/12/2009	2/12/2009	HomeCareCorpElderlyW	4009125399905-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/12/2009	2/12/2009	HomeCareCorpElderlyW	4009125399289-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$82.40

User: AbrahamM

# Medical Billing History Report

From Date: 10/1/1993 Case Number: EST284891  
To Date: 3/3/2019 Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv Tp	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	2/11/2009	2/11/2009	HomeCareCorpElderlyW alver	4009125399304-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/10/2009	2/10/2009	HomeCareCorpElderlyW alver	4009125399288-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	2/10/2009	2/10/2009	HomeCareCorpElderlyW alver	4009125399303-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/9/2009	2/9/2009	HomeCareCorpElderlyW alver	4009125399302-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
P	2/8/2009	2/8/2009	Pharmacy	40090390001297-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$1.29
P	2/8/2009	2/8/2009	Pharmacy	40090390001300-1	CIAMPA APOTHECARY			\$1.14
P	2/8/2009	2/8/2009	Pharmacy	40090390001299-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG TABS 500		\$1.67
D	2/6/2009	2/6/2009	Dentist	4109043000388-1	HIGHLAND DENTAL ASSOC	D0150-00100 Comprehensive oral evaluation		\$37.00
M	2/6/2009	2/6/2009	HomeCareCorpElderlyW alver	4009125399287-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
B	2/6/2009	2/6/2009	Physician	4009071034003-1	MASS GENERAL PHYS ORG INC	ECG ROUTINE ECG W/LEAST 12 LDS W/IR	ATRIAL FIBRILLATION	\$0.66
M	2/6/2009	2/6/2009	HomeCareCorpElderlyW alver	4009125399301-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/5/2009	2/5/2009	Pharmacy	4009051220797-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg UNSPECIFIED	URINARY INCONTINENCE UNSPECIFIED	\$113.76
M	2/5/2009	2/5/2009	HomeCareCorpElderlyW alver	4009125399286-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	2/5/2009	2/5/2009	HomeCareCorpElderlyW alver	4009125399300-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/4/2009	2/4/2009	HomeCareCorpElderlyW alver	4009125399299-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/3/2009	2/3/2009	HomeCareCorpElderlyW alver	4009125399285-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	2/3/2009	2/3/2009	HomeCareCorpElderlyW alver	4009125399298-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	2/2/2009	2/2/2009	HomeCareCorpElderlyW alver	4009125399297-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/31/2009	1/31/2009	MedicalSuppliesDurable Goods	4009078279539-1	MT AUBURN HOSPITAL	S5161-00100 Emer rspns sys serv per month		\$29.90
M	1/31/2009	1/31/2009	HomeCareCorpElderlyW alver	4009119174475-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	1/31/2009	1/31/2009	HomeCareCorpElderlyW alver	4009119174494-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/30/2009	1/30/2009	HomeCareCorpElderlyW alver	4009119174493-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/30/2009	1/30/2009	HomeCareCorpElderlyW alver	4009119174474-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60



# Medical Billing History Report

From Date: 10/1/1993 Case Number: EST284891  
To Date: 3/3/2019 Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Invt Tp	From Date	To Date	Provider Type	TCH	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
M	1/27/2009	1/27/2009	HomeCareCorpElderlyW alver	4009119174492-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/27/2009	1/27/2009	HomeCareCorpElderlyW alver	4009119174473-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	1/26/2009	1/26/2009	HomeCareCorpElderlyW alver	4009119174491-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/23/2009	1/23/2009	HomeCareCorpElderlyW alver	4009119174472-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	1/23/2009	1/23/2009	HomeCareCorpElderlyW alver	4009119174490-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/22/2009	1/22/2009	HomeCareCorpElderlyW alver	4009119174489-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/22/2009	1/22/2009	HomeCareCorpElderlyW alver	4009119174471-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	1/21/2009	1/21/2009	HomeCareCorpElderlyW alver	4009119174488-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/20/2009	1/20/2009	HomeCareCorpElderlyW alver	4009119174487-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/20/2009	1/20/2009	HomeCareCorpElderlyW alver	4009119174470-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	1/19/2009	1/19/2009	HomeCareCorpElderlyW alver	4009119174486-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/16/2009	1/16/2009	HomeCareCorpElderlyW alver	4009119174485-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
C	1/16/2009	1/16/2009	HospitalLicensedHealthC enter	4009043001731-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST 25 MIN	ATRIAL FIBRILLATION	\$19.41
M	1/16/2009	1/16/2009	HomeCareCorpElderlyW alver	4009119174469-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
M	1/15/2009	1/15/2009	HomeCareCorpElderlyW alver	4009119174484-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/15/2009	1/15/2009	HomeCareCorpElderlyW alver	4009119174468-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$82.40
M	1/14/2009	1/14/2009	HomeCareCorpElderlyW alver	4009119174483-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/13/2009	1/13/2009	HomeCareCorpElderlyW alver	4009119174482-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/13/2009	1/13/2009	HomeCareCorpElderlyW alver	4009119174467-1	SOM/CAMB ELDER SERVICES	S5130-00100 Homaker service nos per 15m		\$20.60
P	1/12/2009	1/12/2009	Pharmacy	4009012129097-1	CIAMPA APOTHECARY			\$3.61
C	1/12/2009	1/12/2009	AcuteOutpatientHosp	4009050155863-1	CAMBRIDGE HEALTH ALLIANCE	OFFICE OUTPT EST15 MIN	HYPERTONICITY OF BLADDER	\$24.15
B	1/12/2009	1/12/2009	Physician	4009025168528-1	CAMBRIDGE HOSP MULTISP GRP	OFFICE OUTPT EST15 MIN	HYPERTONICITY OF BLADDER	\$33.74
M	1/12/2009	1/12/2009	HomeCareCorpElderlyW alver	4009119174481-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60

User: AbrahamM



# Medical Billing History Report

From Date: 10/1/1993  
To Date: 3/3/2019

Case Number: EST284891  
Client Name: GRAVITO, IDALIA M

Date: 01/16/2020

Case Worker: Abraham, Marina  
Person SSN: XXXXX5263

Inv	From Date	To Date	Provider Type	TCN	Provider Name	Procedure Code Description	Diagnosis Code Description	Net Claim Line Amt
B	1/12/2009	1/12/2009	Physician	4009025168529-1	CAMBRIDGE HOSP MULTISP GRP	MEAS POST-VOIDING RESIDUAL URINE&/BLDR CAP	HYPERTONICITY OF BLADDER	\$14.71
M	1/9/2009	1/9/2009	HomeCareCorpElderlyW alver	4009119174480-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/9/2009	1/9/2009	HomeCareCorpElderlyW alver	4009119174466-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$61.80
P	1/9/2009	1/9/2009	Pharmacy	4009009170673-1	CIAMPA APOTHECARY	MULTIVITAMINS TABS ( 8 VITAMINS )		\$2.29
P	1/9/2009	1/9/2009	Pharmacy	4009009171021-1	CIAMPA APOTHECARY	CLONAZEPAM 0.5MG TABS 500		\$2.67
P	1/9/2009	1/9/2009	Pharmacy	4009009171041-1	CIAMPA APOTHECARY			\$2.66
M	1/8/2009	1/8/2009	Pharmacy	4009015186601-1	CIAMPA APOTHECARY	T4527-00100 Adult size pull-on lg UNSPECIFIED	URINARY INCONTINENCE UNSPECIFIED	\$113.76
C	1/8/2009	1/8/2009	AcuteOutpatientHosp	4009068026310-1	CAMBRIDGE HEALTH ALLIANCE	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	UNSPECIFIED CHEST PAIN	\$5.64
B	1/8/2009	1/8/2009	Physician	4009025121322-1	CAMBRIDGE HOSP MULTISP GRP	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	ATRIAL FIBRILLATION	\$6.78
B	1/7/2009	1/7/2009	Physician	4009019097873-1	CAMBRIDGE HOSP MULTISP GRP	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	UNSPECIFIED CHEST PAIN	\$13.56
B	1/7/2009	1/7/2009	Physician	4009037055450-1	CAMBRIDGE HOSP MULTISP GRP	EMER DEPT HI SEVERITY&URGENT EVAL	UNSPECIFIED CHEST PAIN	\$7.86
M	1/7/2009	1/7/2009	HomeCareCorpElderlyW alver	4009119174479-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
B	1/7/2009	1/7/2009	Physician	4009019099991-1	CAMBRIDGE HOSP MULTISP GRP	RADEX CH 1 VIEW FRNT	ATRIAL FIBRILLATION	\$7.05
M	1/6/2009	1/6/2009	HomeCareCorpElderlyW alver	4009119174465-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$41.20
M	1/6/2009	1/6/2009	HomeCareCorpElderlyW alver	4009119174478-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/5/2009	1/5/2009	HomeCareCorpElderlyW alver	4009119174464-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$20.60
M	1/5/2009	1/5/2009	HomeCareCorpElderlyW alver	4009119174477-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$2.14
P	1/4/2009	1/4/2009	Pharmacy	4009004143485-1	CIAMPA APOTHECARY	T1019-00100 Personal care ser per 15 min		\$20.60
M	1/2/2009	1/2/2009	HomeCareCorpElderlyW alver	4009119174476-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		\$41.20
M	1/2/2009	1/2/2009	HomeCareCorpElderlyW alver	4009119174463-1	SOM/CAMB ELDER SERVICES	SS161-00100 Emer rspns sys serv permonth		\$29.90
M	12/31/2008	12/31/2008	MedicalSuppliesDurable Goods	4009035185393-1	MT AUBURN HOSPITAL	T1019-00100 Personal care ser per 15 min		\$20.60
M	12/31/2008	12/31/2008	HomeCareCorpElderlyW alver	4009075129192-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$20.60
M	12/30/2008	12/30/2008	HomeCareCorpElderlyW alver	4009075129191-1	SOM/CAMB ELDER SERVICES	T1019-00100 Personal care ser per 15 min		\$41.20
M	12/30/2008	12/30/2008	HomeCareCorpElderlyW alver	4009075129173-1	SOM/CAMB ELDER SERVICES	SS130-00100 Homaker service nos per 15m		

User: AbrahamM

## Capitation Report by Member

Report Period Oct 1, 1993 to Mar 3, 2019

Member Name:

**GRAVITO IDALIA M**

### NewMMIS Managed Care Payments

Year - Month	Provider Name	Amount Paid
2010 - FEBRUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - MARCH	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - APRIL	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - MAY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - JUNE	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - JULY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - AUGUST	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - SEPTEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - OCTOBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - NOVEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2010 - DECEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,730.42
2011 - JANUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - FEBRUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - MARCH	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - APRIL	110031450A - COMMONWEALTH CARE ALLIANCE	\$4,512.86
2011 - MAY	110031450A - COMMONWEALTH CARE ALLIANCE	\$4,512.86
2011 - JUNE	110031450A - COMMONWEALTH CARE ALLIANCE	\$4,512.86
2011 - JULY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - AUGUST	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - SEPTEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - OCTOBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - NOVEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2011 - DECEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - JANUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - FEBRUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - MARCH	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - APRIL	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - MAY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - JUNE	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - JULY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - AUGUST	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - SEPTEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - OCTOBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - NOVEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2012 - DECEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,798.68
2013 - JANUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - FEBRUARY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - MARCH	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - APRIL	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - MAY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - JUNE	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - JULY	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - AUGUST	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46
2013 - SEPTEMBER	110031450A - COMMONWEALTH CARE ALLIANCE	\$2,747.46

### Addendum-3

Request for Applications for SCO Contracts (opened Jan 2015), *available at* <https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-15-1039-EHS01-EHS01-00000002276&external=true&parentUrl=bid> (Excerpt of Attachment A Model Contract for MassHealth Senior Options, Section 4 Payment and Financial Provisions pp. 76-79, and Appendix E Capitation Payments 2014)

## SECTION 4. PAYMENT AND FINANCIAL PROVISIONS

### Section 4.1 General Financial Provisions

#### A. Capitation Payments

EOHHS will make monthly capitation payments to the Contractor in accordance with the rates of payment and payment provisions set forth herein for all Covered Services actually and properly delivered to eligible Enrollees in accordance with and subject to all applicable federal and State laws, regulations, rules, billing instructions, and bulletins, as amended. The Contractor will receive two monthly capitation payments for each Dual Eligible Enrollee: one amount from Medicare and a second amount from MassHealth. Medicare and MassHealth each produce different Rate Cells (RCs) according to the individual Enrollee's clinical and demographic status and setting of care.

For those Enrollees who are eligible for MassHealth only, the Contractor will receive one monthly capitation payment from MassHealth.

#### B. Modifications to Capitation Rates

EOHHS will notify the Contractor in advance and in writing of any proposed changes to the Capitation Rates by RC. Updated MassHealth Capitation Rates will be established by amendment to this Contract.

### Section 4.2 MassHealth Rate Cells (RCs)

MassHealth will pay the Contractor monthly capitation amounts for Enrollees according to the RCs in **Subsection 4.2(A)-(F)**.

MassHealth Capitation Rates for community-based Enrollees will vary according to two regions: Greater Boston and Outside Greater Boston. These regions are defined by the zip code of the Enrollee's residence. A table of cities and zip codes for the Greater Boston Region is attached as **Appendix F**.

	Community Settings of Care			Institutional Settings of Care		
	Other	AD/CMI*	NHC*	Tier 1*	Tier 2*	Tier 3*
Dual Eligible, Greater Boston	RC 20	RC 22	RC 24	RC 26	RC 27	RC 28
Dual Eligible, Outside Greater Boston	RC 21	RC 23	RC 25	RC 26	RC 27	RC 28

	Community Settings of Care			Institutional Settings of Care		
	Other	AD/CMI*	NHC*	Tier 1*	Tier 2*	Tier 3*
<b>MassHealth Only, Greater Boston</b>	RC 30	RC 32	RC 34	RC 36	RC 37	RC 38
<b>MassHealth Only, Outside Greater Boston</b>	RC 31	RC 33	RC 35	RC 36	RC 37	RC 38

\*AD/CMI is Alzheimer's/Dementia or Chronic Mental Illness. NHC is Nursing Home Certifiable. See **Subsections 4.2(D), (E) and (F)** below for a description of tier levels.

#### A. Community Other

If an Enrollee is a community resident, does not meet NHC criteria, and does not have a diagnosis of Alzheimer's disease, dementia, or chronic mental illness, the Enrollee will be classified as Community Other.

##### 1. RC 20: Community Other, Dual Eligible, Greater Boston

If the Community Other Enrollee is Dual Eligible and resides in Greater Boston, the Contractor will be paid a monthly RC 20 rate for every month in which the Enrollee remains in this RC.

##### 2. RC 21: Community Other, Dual Eligible, Outside Greater Boston

If the Community Other Enrollee is Dual Eligible and resides Outside Greater Boston, the Contractor will be paid a monthly RC 21 rate for every month in which the Enrollee remains in this RC.

##### 3. RC 30: Community Other, Medicaid Only, Greater Boston

If the Community Other Enrollee is Dual Eligible and resides in Greater Boston, the Contractor will be paid a monthly RC 30 rate for every month in which the Enrollee remains in this RC.

##### 4. RC 31: Community Other, Medicaid Only, Outside Greater Boston

If the Community Other Enrollee is Dual Eligible and resides Outside Greater Boston, the Contractor will be paid a monthly RC 31 rate for every month in which the Enrollee remains in this RC.

#### B. Community Alzheimer's Disease/Dementia or Chronic Mental Illness (AD/CMI)

If an Enrollee is a community resident, does not meet NHC criteria, and has a diagnosis of AD/CMI, the Enrollee will be classified as Community AD/CMI.

1. RC 22: Community AD/CMI, Dual Eligible, Greater Boston

If the Community AD/CMI Enrollee is Dual Eligible and resides in Greater Boston, the Contractor will be paid a monthly RC 22 rate for every month in which the Enrollee remains in this RC.

2. RC 23: Community AD/CMI, Dual Eligible, Outside Greater Boston

If the Community AD/CMI Enrollee is Dual Eligible and resides Outside Greater Boston, the Contractor will be paid a monthly RC 23 rate for every month in which the Enrollee remains in this RC.

3. RC 32: Community AD/CMI, MassHealth Only, Greater Boston

If the Community AD/CMI Enrollee is MassHealth only and resides in Greater Boston, the Contractor will be paid a monthly RC 32 rate for every month in which the Enrollee remains in this RC.

4. RC 33: Community AD/CMI, MassHealth Only, Outside Greater Boston

If the Community AD/CMI Enrollee is MassHealth only and resides Outside Greater Boston, the Contractor will be paid a monthly RC 33 rate for every month in which the Enrollee remains in this RC.

C. Nursing Home Certifiable (NHC)

If an Enrollee is a community resident, is limited in two or more activities of daily living (ADLs), and has a skilled nursing need three or more times per week, as recorded through the Minimum Data Set-Home Care (MDS-HC) form and approved by EOHHS, or if an Enrollee is in the first three months of a nursing facility stay, the Enrollee will be classified NHC.

1. RC 24: NHC, Dual Eligible, Greater Boston

If the Enrollee is Dual Eligible and resides in Greater Boston, the Contractor will be paid a monthly RC 24 rate for every month in which the Enrollee remains in this RC.

2. RC 25: NHC, Dual Eligible, Outside Greater Boston

If the Enrollee is Dual Eligible and resides Outside Greater Boston, the Contractor will be paid a monthly RC 25 rate for every month in which the Enrollee remains in this RC.

3. RC 34: NHC, MassHealth Only, Greater Boston

If the Enrollee is MassHealth only and resides in Greater Boston, the Contractor will be paid a monthly RC 34 rate for every month in which the Enrollee remains in this RC.

4. RC 35: NHC, MassHealth Only, Outside Greater Boston

If the Enrollee is MassHealth only and resides Outside Greater Boston, the Contractor will be paid a monthly RC 35 rate for every month in which the Enrollee remains in this RC.

#### D. Institutional Tier 1

If an Enrollee has more than a three-month consecutive stay in an institutional long term care setting, continues to reside in a nursing facility, and is classified into Management Minute Categories (MMC) level H, J, or K, the Enrollee will be classified as Institutional Tier 1. The Contractor will be paid a monthly RC 26 rate for Dual Eligible Enrollees or a monthly RC 36 rate for MassHealth-only Enrollees for every month in which the Enrollee remains in this RC.

The Contractor will also be paid at the Institutional Tier 1 rate (RC 26 or RC 36) for those months which fall in the first three months after an Enrollee's discharge from a nursing facility to a community setting.

#### E. Institutional Tier 2

If an Enrollee has more than a three-month consecutive stay in an institutional long term care setting, continues to reside in a nursing facility, and is classified into Management Minute Categories (MMC) level L, M, N, P, R, or S, the Enrollee will be classified as Institutional Tier 2. The Contractor will be paid a monthly RC 27 rate for Dual Eligible Enrollees or a monthly RC 37 rate for MassHealth-only Enrollees for every month in which the Enrollee remains in this RC.

The Contractor will also be reimbursed at the Institutional Tier 2 rate (RC 27 or RC 37) for nursing facility residents who have elected hospice and who have resided in a nursing facility for more than three months.

#### F. Institutional Tier 3

If an Enrollee has more than a three-month consecutive stay in an institutional long term care setting, continues to reside in a nursing facility, and is classified into Management Minute Category (MMC) level T, the Enrollee will be classified as Institutional Tier 3. The Contractor will be paid a monthly RC 28 rate for Dual Eligible Enrollees or a monthly RC 38 rate for MassHealth-only Enrollees for every month in which the Enrollee remains in this RC.

### **Section 4.3 Medicare Payment**

To obtain payment from Medicare, the Contractor shall comply with the Medicare-Advantage-Part D provisions.

## Appendix E

### Capitation Rates

#### Rates for Contract Year 2014

	Community Settings of Care			Institutional Settings of Care		
	Other	AD/CMI	NHC	Tier 1	Tier 2	Tier 3
Dually Eligible Boston	SA \$161.82	SE \$406.87	SI \$2795.54	LA \$4,139.69	LC \$6544.01	LE \$8341.63
Dually Eligible Outside Greater Boston	SB \$124.26	SF \$326.39	SJ \$3306.66	LA \$4,139.69	LC \$6544.01	LE \$8341.63
MassHealth Only, Greater Boston	SC \$494.40	SG \$1231.50	SK \$3889.80	LB \$4,139.69	LD \$6544.01	LF \$8341.63
MassHealth Only, Outside Greater Boston	SD \$442.06	SH \$1121.04	SL \$3563.56	LB \$4,139.69	LD \$6544.01	LF \$8341.63

## Addendum-4

*Executive Office of Health & Human Svs. v. Estate of LoGrande, and Estate of LoGrande v. Commonwealth Care Alliance*, Suffolk Superior Court No. 1884CV-01444E, Wilkins, J., Order of June 13, 2019

05.28

14

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS:

SUPERIOR COURT  
C.A. NO: 1884CV01444E

Notice sent

6/13/2019

I. C. S.

S. C. B.

P.T. O.

L. R. G.

J. J. F.

R. J. M.

M. & R., PC.

K. M. R.

EXECUTIVE OFFICE OF HEALTH  
AND HUMAN SERVICES  
PLAINTIFF,

VS.

SANDRA LOGRANDE, AS PERSONAL  
REPRESENTATIVE OF THE ESTATE  
OF SALVATORE LOGRANDE  
DEFENDANT

SANDRA LOGRANDE, AS PERSONAL  
REPRESENTATIVE OF THE ESTATE  
OF SALVATORE LOGRANDE  
THIRD PARTY PLAINTIFF

VS.

COMMONWEALTH CARE  
ALLIANCE, INC.,  
THIRD PARTY DEFENDANT

6/13/19 Upon  
reconsideration  
the Court's  
Order of  
April 19, 2019  
is stayed  
with respect  
to any  
recovery of  
Medicaid capitation premiums  
paid to Commonwealth Care  
Alliance pending further discovery  
and litigation over whether  
such amounts are within the  
scope of estate recovery on the  
facts and law applicable to this  
CAP.

(sc)

WILKINS

MOTION FOR RECONSIDERATION OF DEFENDANT, SANDRA LOGRANDE,  
PERSONAL REPRESENTATIVE OF THE ESTATE OF SALVATORE LOGRANDE

Defendant Sandra LoGrande hereby respectfully moves for Reconsideration of the Court's order issued April 17, 2019, allowing in part plaintiff EOHHS's motion for summary judgment pursuant to Rule 56. Specifically, the Court declared that "EOHHS has a right to estate recovery in the amount of \$176,965.83 under G. L. c. 118E §§ 31, 32, against 22 Dale Avenue only at this time." The Defendant respectfully requests Reconsideration of this order,

## Addendum-5

*Executive Office of Health & Human Svs. v. Estate of Gravito and Estate of Gravito v. Commonwealth Care Alliance*, Suffolk Superior Court No. 2084CV-00178B, Leighton, J., Order of Aug. 11, 2020.

**NOTIFY**

✓ 8/12

**COMMONWEALTH OF MASSACHUSETTS**

**SUFFOLK, ss:**

**SUPERIOR COURT**

**C.A. NO: 2084CV00178B**

EXECUTIVE OFFICE OF HEALTH )  
AND HUMAN SERVICES, )  
Plaintiff, )

vs. )

LUISA RALEZA, AS PERSONAL )  
REPRESENTATIVE OF THE ESTATE )  
OF IDALIA GRAVITO, )  
Defendant/Third-Party Plaintiff, )

vs. )

COMMONWEALTH CARE )  
ALLIANCE, INC., )  
Third-Party Defendant. )

**DECISION AND ORDER ON  
THIRD-PARTY DEFENDANT'S MOTION  
TO DISMISS THIRD-PARTY COMPLAINT**

After hearing, the third-party defendant's motion to dismiss the third-party complaint is  
**Allowed in Part and Denied in Part**, as follows:

1. The motion is **Allowed** as to Counts I and III of the third-party complaint because no factual basis for these counts is described in that pleading and no such basis could be articulated at the hearing. Counts I and III are therefore **Dismissed Without Prejudice** to re-file if discovery develops factual support for the claims made therein;

2. The motion is also **Allowed** as to Count IV of the third-party complaint because the third-party plaintiff failed to follow the requirement that she serve a demand letter as set out in General Laws, c. 93A prior to filing suit. This count is also **Dismissed Without Prejudice** to re-file in compliance with the statute if possible and appropriate;

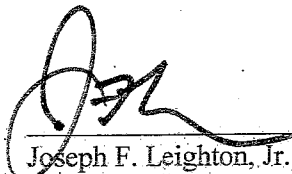
3. The motion is **Denied** as to Count II of the third-party complaint because the allegations made therein, taken as true, are sufficient to suggest, plausibly, a cognizable theory of recovery, including a theory under which the third-party defendant may have owed a duty of care

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MD

to the third-party plaintiff by virtue of the relationship of the parties, regulation and/or contractual obligation. See, *Iannacchino v. Ford Motor Co.*, 451 Mass. 623, 636 (2008).

4. The court takes no action on the motion as it applies to Count V of the third-party complaint, reserving judgment until a motion to certify a class is properly before it.

**SO ORDERED.**

  
\_\_\_\_\_  
Joseph F. Leighton, Jr.  
Associate Justice of the Superior Court

Dated: August 11, 2020

## Addendum-6

Office of Medicaid, **Senior Care Options (SCO)! A health care plan that's as individual as you are,** *available at* <https://www.mass.gov/service-details/senior-care-options-sco-brochures>

# Senior Care Options (SCO)!

## A health care plan that's as individual as you are.

Did you know that there is a program for MassHealth Standard members aged 65 and older that provides you with all your MassHealth benefits? If you have Medicare, all of those services are covered too, plus more. There is no cost to you.

### How does it work?

If you join a **SCO** plan, you receive comprehensive, medically necessary health care services. Nurses and other **SCO** staff will visit you at home. This helps your care providers find out what you need to stay healthy and remain at home. If you decide to join a **SCO** plan, you must go to doctors and other providers in the **SCO**

plan's provider network (except in special circumstances). Enrollment is voluntary. You can enroll and disenroll any month of the year.

You may be eligible to enroll if you:

- are eligible for MassHealth Standard;
- are age 65 or older; and
- live in the service area of a **SCO** plan.



MassHealth Customer Service can tell you more about the **SCO** Program. It can also direct you to one, or more, of the five **SCO** plans serving the town you live in.

**Call**  
**1-888-885-0484**  
**and**  
**Get to Know SCO.**

## Get to Know SCO.

If you decide to enroll in the **SCO** Program, here are some of the benefits.



**\$0** Doctor appointments



**\$0** Dental care and preventive and restorative services, including dentures



**\$0** Vision services



**\$0** Prescription and over-the-counter drugs



**Rides** to and from medical appointments, with authorization



**24/7 phone** access to a team who can answer your health care questions or give you the information you may need

Interested members can contact MassHealth Customer Services Center or the individual **SCO** plans to learn more about which plan is best for them and to request enrollment.

Here are the five **SCO** plans available.

- Commonwealth Care Alliance  
(1-866-610-2273)
- NaviCare (HMO)  
(1-877-255-7108)
- Senior Whole Health  
(1-888-566-3526)
- Tufts Health Plan Senior Care Options  
(1-855-880-0056)
- UnitedHealthCare  
(1-855-517-3462)

Call the number and Get to Know **SCO**!

**1-888-885-0484**

(TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled)

Monday–Friday  
8:00 a.m.–5:00 p.m.  
(except for holidays)



## Get to Know SCO



**A health care plan that's as individual as you are**

## Addendum-7

Manatt Health, *Faces of MassHealth Data Book* (Blue Cross Blue Shield of Massachusetts Foundation, March 2019), *available at* <https://www.bluecrossmafoundation.org/publication/faces-masshealth-portrait-diverse-population> (Excerpt shows Table of FPL and Age)

MassHealth Coverage by Income and Age, Among Individuals Enrolled as of June 30, 2018

Income as a percentage of federal poverty level	Number enrolled				Percent of eligibility group total			
	Under age 19	19-64	65 or older	Total	Under age 19	19-64	65 or older	Total
At or below 86%*	365,462	695,940	131,803	1,193,205	56.5%	69.3%	68.3%	64.7%
87-133%	116,888	222,607	38,077	377,572	18.1%	22.2%	19.7%	20.5%
Above 133%	164,442	85,901	23,102	273,445	25.4%	8.6%	12.0%	14.8%
Missing	4	3	2	9	0.0%	0.0%	0.0%	0.0%
Total	646,796	1,004,451	192,984	1,844,231	100.0%	100.0%	100.0%	100.0%

Notes:

\* 86% FPL reflects an income eligibility limit that applied to certain MassHealth eligibility categories prior to expansions that have occurred over time. Most enrollees continue to have incomes below this level.

## Addendum-8

Medicaid and CHIP Payment and Access Commission (MACPAC), Report To Congress on Medicaid and CHIP, Chapter 3, Medicaid Estate Recovery: Improving Policy and Promoting Equity, (March 2021) *available at* <https://www.macpac.gov/publication/medicaid-estate-recovery-improving-policy-and-promoting-equity/> (Excerpt shows Appendix 3A Demographics, Income and Wealth of Deceased Medicaid Beneficiaries Age 65 and Older)

# APPENDIX 3A: Medicaid Estate Recovery Policies

**TABLE 3A-1.** Demographics, Income, and Wealth of Deceased Medicaid Beneficiaries Age 65 and Older in the Health and Retirement Study, 2012–2016

Characteristic	Total sample	Net value of total wealth			
		Quartile 1 (less than \$0)	Quartile 2 (\$0 to \$2,027)	Quartile 3 (\$2,028 to \$48,499)	Quartile 4 (greater than \$48,500)
Demographics					
Age					
Years: mean (median)	81.8 (81.5)	80.1 (79.0)	82.6 (82.4)	82.1 (82.5)	82.0 (81.8)
Gender					
Female	65.4%	58.2%	73.8%	71.1%	55.5%
Male	34.6	41.8	26.2	28.9	44.5
Race					
White, non-Hispanic	52.3	45.5	50.4	56.8	56.4
Black, non-Hispanic	29.1	33.5	29.6	28.8	24.4
Hispanic	16.3	19.4	17.4	12.5	15.9
Other, non-Hispanic	2.4	1.6	2.6	1.9	3.3
Marital status					
Married	27.9	24.9	19.8	29.2	51.5
Non-married	72.1	75.1	80.2	70.8	48.5
Education					
Years: mean (median)	10.1 (11.0)	10.1 (10.7)	10.0 (10.5)	9.8 (11.5)	10.5 (11.0)
Chronic conditions					
Number: mean (median)	4.0 (3.9)	4.4 (4.0)	4.0 (4.0)	3.9 (4.0)	3.5 (3.7)

**TABLE 3A-1. (continued)**

Characteristic	Total sample	Net value of total wealth			
		Quartile 1 (less than \$0)	Quartile 2 (\$0 to \$2,027)	Quartile 3 (\$2,028 to \$48,499)	Quartile 4 (greater than \$48,500)
<b>Disability status</b>					
Had cognitive impairment	12.9	15.3	14.2	13.1	8.9
Had a disability	28.2	27.8	35.6	30.8	18.4
<b>Work status</b>					
Retired	86.4%	88.5%	84.1%	84.3%	88.8%
<b>Income</b>					
Below 100 percent of federal poverty level	32.4	43.6	32.7	28.6	24.7
Total household income: mean (median)	\$19,918 (\$14,980)	\$13,967 (\$11,786)	\$15,589 (\$13,389)	\$18,512 (\$14,245)	\$30,764 (\$19,120)
<b>Wealth</b>					
Home equity: mean (median)	\$27,364 (\$19,686)	-\$6,954 (\$0)	\$8 (\$0)	\$12,880 (\$2,000)	\$98,694 (\$75,905)
Additional property equity: mean (median)	\$764 (\$0)	\$0 (\$0)	\$0 (\$0)	\$0 (\$0)	\$2,963 (\$0)
Total value of financial assets: mean (median)	\$17,364 (\$3,845)	\$0 (\$0)	\$275 (\$0)	\$4,105 (\$2,000)	\$64,396 (\$12,450)
Net value of total wealth: mean (median)	\$44,393 (\$30,624)	-\$14,236 (-\$2,900)	\$304 (\$8)	\$17,709 (\$12,500)	\$173,436 (\$112,258)

**Notes:** The total sample was composed of 578 Medicaid beneficiaries who participated in the Health and Retirement Study and passed away during the 2012, 2014, and 2016 survey periods. Assets are in 2016 dollars.

**Source:** LeadingAge LTSS Center @UMass Boston, 2021, analysis for MACPAC of the Health and Retirement Study, 2012–2016.

**TABLE 3A-2.** Income and Wealth of Deceased Medicaid Beneficiaries Age 65 and Older in the Health and Retirement Study, by Demographic Characteristic, 2012–2016

Characteristic	Below 100% federal poverty level	Total household income		Home equity		Additional property equity		Total value of financial assets		Net value of total wealth	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Gender											
Female	34.8%	\$16,366	\$12,513	\$23,465	\$0	\$796	\$0	\$11,603	\$59	\$36,330	\$900
Male	25.2	22,491	17,375	34,894	0	758	0	26,318	750	66,277	3,500
Marital status											
Married	19.8	26,600	22,168	50,816	15,000	1,131	0	38,699	3,000	91,217	30,800
Non-married	37.1	13,995	12,000	18,386	0	647	0	8,199	0	29,502	500
Age											
65–74	26.6	25,607	13,878	28,828	0	0	0	29,650	282	59,266	1,800
75–84	35.3	17,714	12,876	31,174	0	357	0	11,970	165	46,740	4,500
≥ 85	29.8	16,883	14,036	23,290	0	1,594	0	13,652	233	39,617	1,250
Race											
White, non-Hispanic	24.5	22,599	14,628	25,784	0	968	0	24,777	800	54,072	2,100
Black, non-Hispanic	38.8	14,947	12,000	25,316	0	648	0	9,864	0	35,502	800
Hispanic	28.6	14,655	13,200	33,989	0	537	0	3,119	0	37,753	1,000
Disability status											
Had a disability	36.3	20,661	12,000	17,952	0	6	0	14,487	0	37,309	475
Did not have a disability	28.4	19,876	14,262	30,619	0	1,044	0	17,441	462	49,863	2,000

**Notes:** The total sample was composed of 578 Medicaid beneficiaries who participated in the Health and Retirement Study and passed away during the 2012, 2014, and 2016 survey periods. Assets are in 2016 dollars.

**Source:** LeadingAge LTSS Center @UMass Boston, 2021, analysis for MACPAC of the Health and Retirement Study, 2012–2016.

## Addendum-9

Naomi Karp et al., ABA Commission on Law and Aging, *Medicaid Estate Recovery: A 2004 Survey of State Programs and Practices*. available at [https://assets.aarp.org/rgcenter/il/2005\\_06\\_recovery.pdf](https://assets.aarp.org/rgcenter/il/2005_06_recovery.pdf) (Excerpt shows Table 7 at p.54)

#2005-06  
June 2005

# **Medicaid Estate Recovery: A 2004 Survey of State Programs and Practices**

by

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The AARP Public Policy Institute, formed in 1985, is part of the Policy and Strategy Group at AARP. One of the missions of the Institute is to foster research and analysis on public policy issues of importance to older Americans. This publication represents part of that effort. The views expressed herein are for information, debate, and discussion, and do not necessarily represent formal policies of AARP.

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**TABLE 7: Recoveries from Real Property—Most Recent Fiscal Year**

	No. of Estates w/ Recovery from Real Property	% of Real Property Recoveries Involving Enrollees' Homes	Total Amount Recovered from Real Property (% of Total Estate Recovery)
AL			
AK			
AZ			
AR	60	100%	\$1,344,194 (84%)
CA			
CT			
DE	20	100%	\$422,848 (85%)
DC	48	100%	\$1,323,456 (78%)
FL			
HI	33	100%	\$2,297,873 (92%)
ID	360	71%	\$4,100,000 (73%)
IL	909		\$7,142,110 (42%)
IN			
IA	450	100%	\$8,658,202 (80%)
KS	524	100%	\$2,178,000 (38%)
KY			
LA	2	100%	\$85,907 (86%)
ME		92%	
MD			
MA	703	90%	\$26,000,000 (93%)
MN			
MS			
MT			
NE			
NV	26	100%	\$162,443 (14%)
NH			
NJ			
NM			
NY			
NC			
ND			
OH	1000	100%	
OK	150	100%	\$1,750,000 (97%)
OR	720	95%	\$15,000,000 (75%)
PA	620	100%	\$13,167,338 (54%)
RI			
SC	355	99%	\$4,884,126 (100%)
SD	12	80%	\$325,000 (27%)
TN		100%	\$3,100,000 (100%)
UT	140	100%	\$2,255,000 (98%)
VT			
VA			
WA	518		\$9,300,000 (80%)
WV	58	95%	\$373,591 (94%)
WI			
WY	175	95%	
Avg.	328	96%	\$4,946,195 (74%)
Median	175	100%	\$2,276,000 (82%)