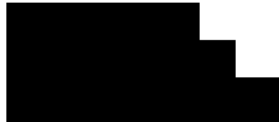


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2207384
<b>Decision Date:</b>	11/9/2022	<b>Hearing Date:</b>	11/03/2022
<b>Hearing Officer:</b>	Paul C. Moore		

**Appellant Representative:**  
Pro se (by telephone)

**MassHealth Representative:**  
Katina Dean, Transportation Specialist,  
Maximus (by telephone)



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Medical Transportation
<b>Decision Date:</b>	11/9/2022	<b>Hearing Date:</b>	11/03/2022
<b>MassHealth Rep.:</b>	Katina Dean	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote		

## Authority

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

## Jurisdiction

Via notice dated September 19, 2022, MassHealth informed the appellant that it had denied her request for medical transportation to Harvard Dental Care, 114 Mount Auburn Street, Cambridge because the medical provider does not participate with Medicaid (130 CMR 407.411; Exhibit 1). The appellant filed this timely appeal with the Board of Hearings (BOH) on October 4, 2022 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for medical transportation.

## Issue

Did MassHealth correctly deny the appellant's request for medical transportation?

## Summary of Evidence

A MassHealth representative from the transportation authorization unit testified by telephone that a prescription for medical transportation (PT-1 form) was submitted on the appellant's behalf on September 19, 2022 seeking authorization for transportation from her home in [REDACTED] to [REDACTED] (Exhibit 3). The representative testified that MassHealth denied the PT-1 Form on September 19, 2022 because the medical provider is not a MassHealth-participating provider (Testimony).

The appellant, who is over age 65, appeared by telephone and indicated that she has been going to Harvard Dental Care for over twenty years, and that she has a lot of "mouth problems." She sees a periodontist and general dentist there. She goes to this provider about every three months, and pays the provider out of pocket, using a credit card. She saw a MassHealth dentist in the past, but it was a "bad experience." She used to drive herself to these appointments in [REDACTED], but approximately two years ago she had a failed right hip surgery, and therefore is no longer able to drive there safely. She stated that she now uses a cane. Sometimes her daughter would drive her to Harvard Dental Care, but her daughter now has a full-time job and can no longer assist her (Testimony).

## Findings of Fact

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

1. A PT-1 form was submitted on the appellant's behalf on September 19, 2022 for medical transportation from her home in [REDACTED] to [REDACTED] (Testimony).
2. Harvard Dental Care is not a MassHealth-participating provider (Testimony; Exh. 3).
3. On September 19, 2022, MassHealth denied the appellant's request for medical transportation because Harvard Dental Care is not a MassHealth provider (Testimony; Exh. 1).
4. The appellant filed a timely appeal with the BOH on October 4, 2022 (Exh. 2)

## Analysis and Conclusions of Law

At issue in this appeal is the denial of the appellant's request for authorization for medical transportation. MassHealth regulations at 130 CMR 407.403(A)(1) address transportation services for eligible members as follows:

MassHealth Members. The MassHealth agency covers transportation services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. The MassHealth regulations at 130 CMR 450.105: Coverage Types specifically state, for each MassHealth coverage

type, which services are covered and which members are eligible to receive those services.

MassHealth regulations at 130 CMR 407.411(A) address transportation utilization restrictions as follows:

Covered Services. The MassHealth agency pays for transportation services that meet the requirements of 130 CMR 407.000 **only when such services are covered under the member's MassHealth coverage type and only when members are traveling to obtain medical services covered under the member's coverage type** (see 130 CMR 450.105: Coverage Types).

(Emphasis added)

The appellant did not dispute that Harvard Dental Care does not accept MassHealth, and indicated that she pays for her services there using a credit card.

Since the treating provider, Harvard Dental Care, does not accept MassHealth, the services provided are not covered under the appellant's MassHealth coverage type. Therefore, MassHealth's denial of the PT-1 to Harvard Dental Care is supported by the regulations.

For these reasons, this appeal is DENIED.

## Order for MassHealth

None.

## Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Paul C. Moore  
Hearing Officer  
Board of Hearings

cc: Katina Dean, Maximus – Transportation, 200 Newport Avenue, 2<sup>nd</sup> Floor, Quincy, MA 02171