

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304151
Decision Date:	7/18/2023	Hearing Date:	07/05/2023
Hearing Officer:	Patricia Mullen		

Appearances for Appellant:
Pro se



Appearance for MassHealth:
Katina Dean, Transportation Unit



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization – Transportation Services
Decision Date:	7/18/2023	Hearing Date:	07/05/2023
MassHealth's Rep.:	Katina Dean	Appellant's Reps.:	Pro se; Care Coordinator, residential facility
Hearing Location:	Chelsea MassHealth Enrollment Center (remote)	Aid Pending:	No

Authority

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

Jurisdiction

Through notices dated April 28, 2023 and May 19, 2023, the MassHealth Transportation Authorization Unit denied the appellant's Provider Request for Transportation (PT-1) because MassHealth determined that the medical provider to which appellant sought transport does not participate with MassHealth. (see 130 CMR 407.411 and Exhibits 1 & 2). The appellant filed this appeal in a timely manner on May 19, 2023. (see 130 CMR 610.015(B) and Exhibit 3). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032). The appeal hearing was originally scheduled for June 22, 2023, but was rescheduled because the MassHealth representative was not available by phone at that time. (Exhibit 5).

Action Taken by MassHealth

MassHealth denied the appellant's request for transportation services to a provider because said provider does not participate with MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411, in denying appellant's request for transportation services.

Summary of Evidence

The appellant appeared telephonically at the hearing and verified her identity. Also appearing telephonically with the appellant was the care coordinator from her residential facility. MassHealth was represented telephonically by a worker from the MassHealth Transportation Unit. The appellant is over the age of 21, and open on MassHealth CarePlus. (Exhibit 7¹). The MassHealth representative stated that appellant is currently enrolled in Tufts Health Together, a MassHealth managed care organization (MCO). The MassHealth representative stated that MassHealth received a PT-1, submitted on appellant's behalf, requesting transportation to provider, Your Everlasting Solution, on April 27, 2023. (Exhibit 4). The MassHealth representative stated that the request was denied because the provider does not participate with MassHealth. The MassHealth representative testified that there are no prior PT-1s from appellant on file requesting transportation to this provider. The MassHealth representative noted that the PT-1 form did not include a provider ID for Your Everlasting Solution. (Exhibit 4). The MassHealth representative noted further that a search of the MassHealth database of MassHealth providers did not produce any results for this provider. At hearing, the appellant's care coordinator supplied the National Provider Identifier (NPI) number for the individual clinician the appellant sees at this provider. The MassHealth representative searched the NPI number in MassHealth's provider database, but the provider's name did not come up as a MassHealth provider.

The care coordinator stated that the residential facility has been providing transportation services for appellant, but will no longer be able to do so following appellant's forthcoming discharge into the community. The care coordinator testified that the provider at issue is an electrolysis provider that appellant sees for gender affirming care. The care coordinator noted that she believed MassHealth has been paying for appellant's treatment by said provider. The care coordinator stated that there are other MassHealth members at the facility, seeing the same provider, and she believed MassHealth was covering the services. The MassHealth representative noted that just because individual doctors at a location accept MassHealth doesn't mean the facility as a whole does, and she suggested that the appellant have the individual clinician at the location submit a new PT-1 request under their own name if they are indeed a MassHealth participating provider.

The appellant confirmed that she is enrolled in a Tufts Health Together MCO, but neither appellant nor the care coordinator could definitively testify as to whether the MCO was the entity covering

¹ The Medicaid Management Information Systems (MMIS) screen, showing the appellant's MassHealth history, was added to the case file after the hearing and marked as exhibit 7.

the bills associated with appellant's electrolysis treatment. The hearing officer explained that MCOs, like Tufts, must cover the same services that MassHealth covers, but might also cover a greater range of services than MassHealth, if they so choose. The hearing officer suggested that appellant reach out to the provider to see if they have a MassHealth contract, and determine whether they are being paid by the Tufts MCO or by MassHealth. The hearing officer noted that, if the provider is being paid through Tufts, then it would be worthwhile to check if transportation services are provided through the MCO. The hearing officer noted that should the provider be able to supply a MassHealth provider ID, appellant should re-submit the PT-1 request and include that information. The care coordinator indicated that she sent an email to the provider during the hearing to seek clarification on these issues.

Findings of Fact

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

1. The appellant is a MassHealth CarePlus member who is over the age of 21.
2. Appellant is enrolled in a Tufts Health Together MassHealth MCO.
3. At the time of the hearing, the appellant resided in a residential facility.
4. Appellant has been receiving gender affirming treatment from an electrolysis provider; through the date of the hearing, the residential facility has been providing appellant transportation services to the electrolysis provider; due to appellant's forthcoming move back into the community, the residential facility will no longer be able to provide transportation for appellant.
5. On April 27, 2023, MassHealth received a PT-1 submitted on appellant's behalf requesting transportation services to an electrolysis provider; the PT-1 request did not include a MassHealth provider ID for the provider.
6. MassHealth was unable to verify, based on the other information provided on the PT-1 request, that the provider is a MassHealth participating provider.
7. On April 28, 2023, MassHealth denied the request for transportation services, citing the fact that the medical provider to which appellant was seeking transportation services does not participate with Medicaid/MassHealth; MassHealth issued a second denial notice on May 19, 2023.
8. At hearing, MassHealth was unable to verify the electrolysis provider's status as a MassHealth participating provider using the provider's name and address, and was unable to

verify the individual clinician's status as a MassHealth participating provider using that clinician's NPI number.

Analysis and Conclusions of Law

The regulations at 130 CMR 407.411 address transportation utilization restrictions as follows:

(A) 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).**

(Emphasis added.)

Regulations at 130 CMR 407.421(C) outline the requirements for a provider request for transportation, stating in relevant part that:

(3) A completed PT-1 must contain:

(a) **adequate information** to determine the need for the transportation requested and that the member will receive a medically necessary service **covered by MassHealth at the trip's destination**; and

(b) if recurring transportation is requested, the expected duration of the need for transportation (specific time period not to exceed six months for acute illness; one year for chronic illness; three years for early intervention and five years for day habilitation).

(Emphasis added.)

In the present case, appellant requested MassHealth medical transportation to an electrolysis provider. The section on the PT-1 requesting the MassHealth provider ID number was left blank. The appellant's PT-1 request did not provide adequate information for MassHealth to determine that the appellant will receive a service covered by MassHealth at the requested destination, as is required by the regulations. (130 CMR 407.421(C)(3)(a)). The MassHealth representative searched for the provider by name and address, and searched for the individual clinician by NPI number, but neither is listed as a MassHealth provider in MassHealth's provider database.

The MassHealth regulations at 130 CMR 450.101, in relevant part, define "Provider" as an entity that "participates in MassHealth under a provider contract with the MassHealth agency." Furthermore, a provider is not "entitled to any payment from MassHealth unless on the date of service the provider was a participating provider." (130 CMR 450.231(A)). Thus, if the appellant's

electrolysis provider does not participate with MassHealth, any services given by this provider are not covered (i.e., reimbursable) by MassHealth under the appellant's MassHealth coverage type. MassHealth regulations unambiguously prohibit coverage of transportation services unless used for traveling to a MassHealth covered medical service. (130 CMR 407.411(A)). While appellant and her care coordinator posited that the services appellant received through the listed provider have been heretofore covered, they were unable to definitively state whether such coverage is being provided directly by MassHealth or through their MCO.

Appellant has the burden "to demonstrate the invalidity of the administrative determination." *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007). As the Appellant failed to supply, through the PT-1 request and through evidence provided at hearing, sufficient information to establish that the electrolysis provider to which she seeks transport is a MassHealth participating provider, Appellant has failed to meet this burden. Accordingly, MassHealth did not err in denying Appellant's request for transportation services. Appellant's appeal is therefore DENIED.

Per 130 CMR 508.004(B)(2), MassHealth members enrolled in an MCO are subject to the authorization requirements of that MCO, to the extent the services sought are to be covered by the MCO per their contract with MassHealth. Because appellant is a member of an MCO, appellant is advised to confer with their MCO as to whether the MCO is responsible for coverage of transportation services for MassHealth CarePlus members.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Katina Dean, MAXIMUS - Transportation, 55 Summer St., 8th Fl., Boston, MA 02110, 800-841-2900

