

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401873
Decision Date:	04/16/2024	Hearing Date:	03/07/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Katina Dean, MassHealth Transportation
Authorization Unit
Ron Rambo, Appeal Coordinator,
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:	Transportation Services
Decision Date:	04/16/2024	Hearing Date:	03/07/2024
MassHealth's Reps.:	Katina Dean; Ron Rambo	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (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

On 2/6/24, MassHealth denied Appellant's request for medical transportation services. See Exhibit 1. On 2/6/24, Appellant filed a timely appeal of the agency's decision with the Board of Hearings (BOH). See 130 CMR 610.015(B); Exhibit 2. Denial of a request for medical transportation is a valid basis for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for transportation services on the basis that the medical provider did not participate with MassHealth.

Issue

The appeal issue is whether MassHealth properly denied Appellant's request for medical transportation.

Summary of Evidence

A representative from the MassHealth Transportation Authorization Unit appeared at the hearing and testified via telephone as follows: MassHealth received a Provider Request for Transportation (PT-1) on behalf of Appellant seeking authorization for medical transportation to attend appointments two times per week. See Exh. 5. In completing the PT-1, Appellant's primary care provider wrote "[REDACTED]" as the "Provider Name" and with the Provider ID "[REDACTED]." Id. On 2/6/24, MassHealth denied the request for medical transportation services on the basis that the "medical provider does not participate with Medicaid." Id. A MassHealth denial notice was generated and sent to the appellant on 2/7/24. See Exh 1. The MassHealth representative explained that pursuant to program regulations, MassHealth only provides transportation services to bring members to and from their MassHealth covered services. Because MassHealth could not match the identified provider name or ID number with a contracted provider, MassHealth was unable to cover any associated transportation services for these appointments.

Appellant appeared at the hearing and testified that the PT-1 at issue in this appeal was one of multiple PT-1 requests her provider has submitted for her to attend physical therapy (PT) appointments, and which MassHealth has erroneously denied. Appellant indicated that she has been attending PT for the last six weeks to address a shoulder injury but has had to pay out of pocket for transportation through Uber, or obtain rides through family and friends, despite having sent multiple requests for MassHealth transportation services. Appellant stated that she cannot understand why MassHealth has not approved the PT-1 requests as she is receiving physical therapy through [REDACTED], one of the largest MassHealth providers in the area and which is definitely part of MassHealth's network. Appellant stated that "[REDACTED]" is the name of the office location where she receives the services, and it is part of [REDACTED].

During the hearing, Appellant indicated that she was presently in the office of her physical therapy provider, and, at her request, was given time to confer with office staff to confirm the correct provider MassHealth ID. Upon doing so, Appellant reported back a different provider ID number than was entered on the PT-1, and which MassHealth verified was associated with "[REDACTED]" - a recognized MassHealth provider. MassHealth could not overturn the denial at hearing, because neither the correct provider name nor the correct ID had been referenced anywhere in the original request. However, if Appellant's provider submitted an updated PT-1 with the corrected information, the transportation services would be approved.

Findings of Fact

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

1. MassHealth received a Provider Request for Transportation (PT-1) on behalf of Appellant seeking authorization for transportation to attend physical therapy appointments two times per-week.

2. In completing the PT-1, Appellant's primary care provider wrote "[REDACTED]" as the "Provider Name" and with the Provider ID "1[REDACTED]"
3. MassHealth could not match the identified provider name or ID number with a contracted MassHealth provider.
4. On 2/6/24, MassHealth denied the request for medical transportation services on the basis that the "medical provider does not participate with Medicaid."
5. The PT-1 identified the incorrect provider name and provider, but Appellant's provider can resubmit the PT-1 with the updated/correct information for MassHealth review.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth erred in denying Appellant's request for transportation services. MassHealth 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.)

MassHealth will authorize request for transportation made pursuant to the following criteria:

- (1) The Provider Request for Transportation (PT-1) form must be used to request authorization for brokered transportation.
- (2) ***A Provider Request for Transportation (PT-1) form must be completed and submitted by an authorized provider,*** managed-care representative, day habilitation program representative, or early intervention program representative, and approved by MassHealth.
- (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;***

See 130 CMR 407.421(C) (emphasis added).

In the instant case, Appellant's provider completed the PT-1, but failed to identify the correct provider name or ID number. As stated above, it is the responsibility of the provider to submit "adequate information" to MassHealth to demonstrate that the transportation is being used to attend medically necessary covered MassHealth services. Id. Because MassHealth could not determine that Appellant was seeking transportation to attend covered services by a MassHealth provider, there was no error in MassHealth's 2/6/24 denial of transportation services.

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.

Casey Groff
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Katina Dean, MAXIMUS - Transportation, 1 Enterprise Drive, Suite 310, Quincy, MA 02169