

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2408590
Decision Date:	12/2/2024	Hearing Date:	August 6, 2024
Hearing Officer:	Stanley M. Kallianidis	Record Open Date:	October 6, 2024

Appellant Representative:



MCO Representative:

Cassandra Horne



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	MCO- Denial of Internal Appeal
Decision Date:	12/2/2024	Hearing Date:	August 6, 2024
MCO Rep.:	Cassandra Horne	Hearing Location:	Taunton MEC

Authority

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

Jurisdiction

On April 29, 2024, the appellant received two “Notices of Denial or Change: Denial of Level 1 Appeal,” from Commonwealth Care Alliance (CCA)¹ denying transportation reimbursements for \$590.00 and \$1,112.98 (Exhibits 1 & 2, respectively). The appellant appealed the action in a timely manner on May 30, 2024 (130 CMR 610.015(B); Exhibit 3). Disputes involving MCOs are valid grounds for appeal (130 CMR 610.032).

A hearing notice was sent to the parties on July 15, 2024 (Exhibit 4). A prior hearing was rescheduled at the request of the appellant (Exhibit 5).

¹ Commonwealth Care Alliance is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000.

Action Taken by the MCO

The appellant's MCO denied her request for transportation reimbursement.

Issue

The appeal issue is whether the appellant's MCO was correct, pursuant to 130 CMR 508.001(B) and 407.431 to deny her request for transportation reimbursement.

Summary of Evidence

The appellant's attorney's reasonable accommodation request to have the appellant present her case first due to her mental health disabilities was approved by the hearing officer (Exhibit 6).

The appellant and her attorney argued that it was wrong for CCA to deny the appellant's request for transportation reimbursement to an out-of-network dentist, [REDACTED] for the period August 31, 2022-June 6, 2023. The attorney explained that the appellant had previously been approved by CCA to receive treatment from [REDACTED] as an accommodation of her disabilities even though his office was greater than 50 miles from the appellant's home.

The appellant and her attorney further argued that the appellant's disabilities made it impossible to use CCA's van transportation vendor, [REDACTED] and that is why the appellant did not contact [REDACTED] prior to making the trips. After receiving treatment from [REDACTED] the appellant tried contacting [REDACTED] but did not receive any response from them. Additionally, the appellant submitted EZ-Pass receipts for her requested reimbursement trips but did not receive any acknowledgment from CCA.

The appellant's attorney also stated that CCA failed to respond to her request to resolve the issue through a reasonable accommodation process. The request was made because the parties knew that the Fair Hearing process was a traumatizing experience for the appellant. Finally, the attorney stated that the appellant had three submissions to submit into evidence. The record was extended for the appellant to resubmit these documents as they were not available for the hearing.

The CCA representative testified that the appellant, a CCA member since [REDACTED] 2020, was denied transportation reimbursement to an out-of-network provider, [REDACTED] for the period August 31, 2022-June 6, 2023. The specific dates of service for which transportation reimbursement was requested were August 31, 2022, September 22, 2022, October 25, 2022, November 17, 2022, December 7, 2022, January 26, 2023, February 16, 2023, March 23, 2023, April 25, 2023, May 3, 2023, May 11, 2023, May 18, 2023, June 1, 2023 and June 6, 2023 (Exhibit 7).

The CCA representative testified that the transportation reimbursements were denied because there was no request for prior authorization and also because there were no receipts provided by the appellant within 45 days from the dates of service. According to CCA policy, CCA may cover medically necessary non-emergency transportation trips which exceed covered distance when it reviews for appropriateness and determines there is not another provider within covered distance (Exhibit 7).

According to the 2023 CCA One Care Member Handbook, “The plan covers transportation you need for medical reasons for medical reasons other than emergencies to approved destinations. This non-emergency transportation is covered by our plan under the MassHealth benefit.” Also, “The plan uses [REDACTED] for all non-emergency rides and transportation must be arranged by [REDACTED] to be covered by CCA One Care” (Exhibit 8).

The record was left open until September 6, 2024 for the appellant to submit a memorandum and any supporting documentation. CCA was given until October 6, 2024, for CCA to submit its response (Exhibit 9). The appellant’s attorney submitted a memorandum and documents during this time frame, while CCA did not submit any additional documents or response (Exhibit 10).

In her memorandum, the appellant’s attorney contended that CCA’s refusal to reimburse the appellant for travel should be overturned because it was not supported by the evidence, misapplied rules for travel, and ignored the appellant’s disabilities and her request for reasonable accommodation as well as MassHealth’s regulations pertaining to travel, specifically 130 CMR 407.431(C). This regulation allows for private travel reimbursement for members who have “exceptional circumstances” due to their disabilities as public transportation or shared transportation is not available to them.

In addition to the memorandum, the attorney submitted documentation of the trips in question to [REDACTED] office by the appellant between August 31, 2022-June 6, 2023. Included in this “Appellant Submission 1” were dates of travel and the roundtrip mileage as well a printout from [REDACTED] office showing that the appellant was treated on these days (Exhibit 11).

In “Appellant Submission 2” were emails sent by the appellant and her attorney to CCA stating that the appellant cannot use public transportation due to the “complexity of her medical conditions.” Also stated was an email to CCA that the appellant cannot “ride with make passengers or strangers.” Finally, the appellant included a letter from her physician, [REDACTED] which stated the appellant has “a very complex medical history,” and “due to her medical condition she requires private transportation to take her to and from her appointments” (Exhibit 12).

In “Appellant Submission 3” the attorney included her calculations of the amount of reimbursement for the 14 trips- \$612.50 for 2022 based upon 980 miles and a federal reimbursement rate of \$.625 per mile; \$1,155.42 for 2023 based upon 1764 miles and a rate of \$.655; and \$121.80 for 28 toll trips at \$4.35 per one-way trip. The total reimbursement requested was \$1,889.72 (Exhibit 13).

In “Appellant Submission 4” the attorney included more emails from her and the appellant to CCA, EZ Pass documentation of the tolls paid for the trips to [REDACTED] office, a CCA One Care Summary of Benefits 2023 page which states that prior authorization is not required for transportation to medical appointments, and a copy of MassHealth’s regulation 130 CMR 407.431 as it relates to transportation reimbursement (Exhibit 14).

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant a CCA member since October 1, 2020, was denied transportation reimbursement to an out-of-network provider, [REDACTED] for the period August 31, 2022-June 6, 2023 (Exhibits 1 & 2).
2. The 14 dates of service for which transportation reimbursement was requested were August 31, 2022, September 22, 2022, October 25, 2022, November 17, 2022, December 7, 2022, January 26, 2023, February 16, 2023, March 23, 2023, April 25, 2023, May 3, 2023, May 11, 2023, May 18, 2023, June 1, 2023 and June 6, 2023 (Exhibits 1 & 2).
3. The appellant had previously been approved by CCA to receive treatment from [REDACTED] as an accommodation of her disabilities even though his office was greater than 50 miles from the appellant’s home (testimony).
4. CCA may cover medically necessary non-emergency transportation trips which exceed covered distance when it reviews for appropriateness and determines there is not another provider within covered distance (Exhibit 7).
5. According to the 2023 CCA One Care Member Handbook, “The plan covers transportation you need for medical reasons for medical reasons other than emergencies to approved destinations. This non-emergency transportation is covered by our plan under the MassHealth benefit.” Also, “The plan uses [REDACTED] for all non-emergency rides and transportation must be arranged by [REDACTED] to be covered by CCA One Care” (Exhibit 8).
6. According to CCA One Care Summary of Benefits 2023, prior authorization is not required for transportation to medical appointments (Exhibit 14).
7. According to a letter from [REDACTED] the appellant has “a very complex medical history,” and “due to her medical condition she requires private transportation to take her to and from her appointments” (Exhibit 12).
8. The appellant documented with a printout from [REDACTED] office that she traveled to and was treated at his office on the 14 days in question (Exhibit 11).

9. The appellant documented with EZ Pass receipts that she paid tolls on the dates in question (Exhibit 14).
10. The appellant submitted calculations of the amount of reimbursement for the 14 trips- \$612.50 for 2022 based upon 980 miles and a federal reimbursement rate of \$.625 per mile; \$1,155.42 for 2023 based upon 1764 miles and a rate of \$.655; and \$121.80 for 28 toll trips at \$4.35 per one-way trip. The total reimbursement requested was \$1,889.72 (Exhibit 13).

Analysis and Conclusions of Law

130 CMR 508.001(B) Obtaining Services from an MCO.

(1) Primary Care. When the member selects or is assigned to either a PCC or MCO, that MassHealth managed care provider will deliver the member's primary care, decide if the member needs medical or other specialty care from other providers, and make referrals for such necessary medical services.

(2) Other Medical Services (Excluding Behavioral-Health Services).

(a) Service Delivery to Members Enrolled in the PCC Plan. All medical services to members enrolled in the PCC Plan, except those services listed in 130 CMR 450.118(J): *Referral for Services*, require a referral or authorization from the PCC. MassHealth members enrolled in the PCC Plan may receive those services listed in 130 CMR 450.118(J): *Referral for Services*, for which they are otherwise eligible, without a referral from their PCC.

(b) Service Delivery to Members Enrolled in an MCO. All medical services to members enrolled in an MCO, except those services not covered under the MassHealth contract with the MCO and family planning services, are subject to the referral requirements of the MCO. MassHealth members enrolled in an MCO may receive family planning services from any MassHealth family planning provider and do not need an authorization or referral in order to receive such services. Members enrolled with an MCO should contact their MCO for information about covered services and referral requirements.

130 CMR 407.431: Reimbursement to Members for Transportation Expenses (A) Reimbursable Expenses.

Members may obtain direct reimbursement from the MassHealth agency in accordance with 130 CMR 407.431(B) for public transportation expenses that the member incurred when traveling to services covered by MassHealth.

(B) Method and Amount of Reimbursement. (1) In order to obtain reimbursement for public transportation expenses, a member must obtain documentation from an authorized provider, a day habilitation program representative, an early intervention program representative, a

managed-care representative, a registered nurse, a licensed practical nurse, a social worker, a case manager, or another medical professional who provided services for which the member seeks reimbursement of public transportation costs. The documentation must demonstrate that medical services covered by MassHealth were received, identify the date on which medical services were received, and identify the specific address where medical services were received. In cases where urgent care is needed, the documentation must also state the time medical services were received. Transportation receipts are also required when available. The member must submit documentation and receipts to the MassHealth agency and request reimbursement for public transportation expenses. (2) Transportation costs must total \$5.00 or more in order for the member to request reimbursement. The member must submit a request for reimbursement no later than 90 days after the earliest date on which transportation costs in excess of \$5.00 occurred. (3) If a member traveled outside his or her locality, the documentation must state the medical services that were needed and that could not be obtained locally. If a member traveled outside his or her locality when necessary medical services were available locally, transportation costs incurred are not reimbursable unless authorized by the MassHealth agency.

(C) Exceptional Circumstances. The MassHealth agency may authorize reimbursement to a member for direct transportation expenses not described in 130 CMR 407.431(A) which the member incurred when traveling to services covered by MassHealth, when the MassHealth agency determines that transportation is not otherwise available through MassHealth-contracted providers or selective broker contracts, and public transportation is not available as determined in accordance with 130 CMR 407.411(E)(3). The MassHealth agency may require the member to submit such documentation as it determines necessary to support a request for reimbursement under 130 CMR 407.431(C).

In the instant case, the appellant, a CCA member since October 1, 2020, was denied transportation reimbursement for 14 visits to an out-of-network provider, [REDACTED] between August 31, 2022-June 6, 2023. The appellant had previously been approved by CCA to receive treatment from [REDACTED] as an accommodation of her disabilities even though his office was greater than 50 miles from the appellant's home. This was consistent with CCA policy as it may cover medically necessary non-emergency transportation trips which exceed covered distance when it reviews for appropriateness and determines there is not another provider within covered distance.

While treatment to [REDACTED] office was authorized, the request for transportation reimbursement to his office was denied due to a lack of documentation such as EZ Pass receipts of the travel that was made and also because CCA requires transportation to be arranged by [REDACTED] CCA's van transportation vendor, to be covered. No such travel arrangement with [REDACTED] was made by the appellant in this case.

I have found however, based primarily on a letter from her physician [REDACTED] as also through her testimony and emails, the appellant documented that she has "a very complex medical history," and "due to her medical condition she requires private transportation to take her to and from her appointments," and cannot utilize public transportation or [REDACTED] shared rides.

With regard to the travel in question, I have found that the appellant documented with a printout from [REDACTED] office that she traveled to and was treated at his office on the 14 days in question, and with EZ Pass receipts that she paid tolls on the dates in question.

Therefore, based upon the above findings, and in accordance with 130 CMR 407.431(C), I conclude that the appellant's travel to [REDACTED] office was "not otherwise available through MassHealth-contracted providers or selective broker contracts." Accordingly, the appellant's request for private travel reimbursement is covered due to "exceptional circumstances" and payment must be rendered based upon the calculations submitted for reimbursement for the 14 trips- \$612.50 for 2022 based upon 980 miles and a federal reimbursement rate of \$.625 per mile; \$1,155.42 for 2023 based upon 1764 miles and a rate of \$.655; and \$121.80 for 28 toll trips at \$4.35 per one-way trip. The total of the calculations for reimbursement requested amounted to \$1,889.72.

The appeal is therefore approved as the appellant is entitled to the requested travel reimbursement.

Order for MCO

Reimburse appellant's travel expenses to [REDACTED] in the amount of \$1,889.72.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

Stanley M. Kallianidis
Hearing Officer
Board of Hearings

cc:

ICO Commonwealth Care Alliance
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