

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411757
Decision Date:	9/3/2024	Hearing Date:	08/30/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Katina Dean (Maximus) *via 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

Appeal Decision:	Denied	Issue:	Transportation
Decision Date:	9/3/2024	Hearing Date:	08/30/2024
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Worcester MassHealth Enrollment Center	Aid Pending:	N/A

Authority

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

Jurisdiction

Through a notice dated July 24, 2024, MassHealth denied the appellant's prescription for medical transportation (PT-1) because MassHealth determined that the medical provider was outside of the appellant's locality. (See 130 CMR 407.411; Exhibit (Ex.) 6). The appellant filed this appeal in a timely manner on July 29, 2024. (See 130 CMR 610.015(B); Ex. 2; Ex. 3). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PT-1.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.000, in determining that the PT-1 should be denied.

Summary of Evidence

The appellant is an adult MassHealth Standard member under the age of 65 who represented

himself. (See Ex. 3). MassHealth was represented by a worker from the MassHealth Transportation Unit. Both parties appeared at hearing by telephone.

The MassHealth representative testified to the following. A PT-1 was submitted on the appellant's behalf on July 24, 2024 seeking authorization for transportation from his home in [REDACTED] Massachusetts¹ to [REDACTED] which is located at [REDACTED] Connecticut. (Testimony; Ex. 5). MassHealth does not pay for transportation to sources of medical care that are not within 25 miles of where a MassHealth member lives. (Testimony). MassHealth denied the PT-1 because the destination provider is 102.6 miles from the appellant's address. (Testimony; Ex. 6).

The appellant responded by stating the following. The appellant was attempting to obtain [REDACTED] treatment. (Testimony). After performing a thorough search, the appellant found that the closest facility offering [REDACTED] was the one in Connecticut. (Testimony). The appellant knew that it was quite far away, but it was the nearest option. (Testimony). The facility accepts the appellant's insurance, at least it did for the consultation appointment the appellant had four or five days ago. (Testimony). The appellant is still waiting for his managed care provider to approve the prior authorization request for the entire course of treatment. (Testimony). The treatment involves a significant commitment of time, five days a week for seven weeks. (Testimony). The appellant does have a car, but it is very old, and he is concerned that his car would not be able to get him to and from the appointments. (Testimony).

Findings of Fact

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

1. The appellant is an adult MassHealth Standard member under the age of 65. (Ex. 3).
2. A PT-1 form was submitted on the appellant's behalf on July 24, 2024 seeking authorization for transportation from his home in southeast Massachusetts to [REDACTED] which is located at [REDACTED] Connecticut. (Testimony; Ex. 5).
3. The appellant is trying to obtain [REDACTED] treatment from the Connecticut facility. (Testimony; Ex. 5).
4. MassHealth does not pay for transportation to sources of medical care that are not within 25 miles of where a MassHealth member lives. (Testimony; Ex. 6).
5. MassHealth denied the PT-1 because the destination provider is 102.6 miles from the

¹ The record does contain the appellant's actual street address, but this information has been omitted here for reasons of confidentiality.

appellant's address. (Testimony; Ex. 6).

Analysis and Conclusions of Law

MassHealth pays for transportation services that meet the requirements of 130 CMR 407.000 only when members are traveling to obtain medical services covered under the member's coverage type. (130 CMR 407.411(A)). MassHealth pays for an eligible member to be transported to sources of medical care only within the member's locality, unless otherwise authorized by the MassHealth agency. (130 CMR 407.411(C)). The term "Locality" in this context means the town or city in which a member resides and the surrounding communities within 25 miles of the town or city in which the member resides. (130 CMR 407.402). MassHealth determines the distance of medical transport by starting at the member's home and proceeding to the location of the medical appointment. (130 CMR 407.411(C)).

The appellant has requested that MassHealth pay for transportation services from his home in [REDACTED] Massachusetts to a medical provider in [REDACTED] Connecticut. By MassHealth's calculation, the medical provider is located 102.6 miles from the appellant's address. MassHealth correctly concluded that the provider is beyond the appellant's locality, i.e. it was not located in the town or city in which the appellant resides and the surrounding communities within 25 miles of the town or city in which the appellant's resides.

The regulations do also state that when necessary medical services are unavailable in the member's locality, transportation to the nearest medical facility in which treatment is available is covered by MassHealth. (130 CMR 407.411(C)). The appellant did testify that after he performed his own research, he discovered the destination provider was the closest provider performing the type of treatment the appellant was seeking. There is no reason to doubt appellant's credibility on this point, but the appellant's testimony, by itself, does not have sufficient weight to permit this hearing officer to reach a different conclusion than MassHealth. Furthermore, there is no evidence that this treatment is covered by MassHealth and the appellant is awaiting a determination by his managed care provider.

For the above stated reasons, the appeal is DENIED.²

Order for MassHealth

None.

² That said, the appellant is permitted to have the medical provider submit another PT-1 if the treatment is approved, and may wish to have that provider submit more evidence that the Connecticut provider is the closest provider administering the requested treatment.

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.

Scott Bernard
Hearing Officer
Board of Hearings

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