

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2415117
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	10/30/2024
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kay George, RN



*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>	Transportation
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	10/30/2024
<b>MassHealth's Rep.:</b>	Kay George, RN	<b>Appellant's Rep.:</b>	Son
<b>Hearing Location:</b>	Quincy		

### 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 September 9, 2024, MassHealth's agent, FallonHealth, denied Appellant's Level One appeal of its earlier determination to deny a request for transportation services ( Exhibit A). Appellant filed for an appeal in a timely manner on October 2, 2024 (see 130 CMR 610.015(B) and Exhibit A). Denial of a request for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth's agent, FallonHealth, denied Appellant's Level One appeal of its earlier determination to deny a request for transportation services.

### Issue

The appeal issue is whether MassHealth's agent, FallonHealth, properly applied the controlling regulation(s) to accurate facts when it denied Appellant's Level One appeal of its earlier determination to deny a request for transportation services

### Summary of Evidence

Both parties appeared by telephone. Prior to hearing, MassHealth's agent, FallonHealth (Fallon) submitted a packet of documentation, Exhibit B. Appellant's Fair Hearing Request was accompanied by a one-page copy of a page that compares Fallon NaviCare benefits to MassHealth benefits, Exhibit A.

A representative from MassHealth's agent, Fallon, testified that the subject action concerns one of its members covered by the NaviCare Senior Option Plan and concerns the denial of transportation from [REDACTED]. The Fallon representative testified that the distance between these two locations is 55 miles. The Fallon representative also testified that the destination of [REDACTED] in [REDACTED] is the location of the [REDACTED] is Appellant's home address.

The Fallon representative testified that pursuant to the FallonHealth Handbook, transportation services outside of a 30-mile radius from the member's home are covered only for medical destinations and for medically necessary reasons. Fallon does not cover transportation to casinos. The Fallon representative cited pages 38 and 46 of the member handbook (Exhibit B).

Appellant was represented by her adult son who testified that according to a pamphlet or booklet that he had received about the NaviCare Senior Option Plan, members are eligible for free rides up to 140 trips per year. The son testified that Appellant resides in a very remote and rural area and all shopping and appointments lie beyond the 30-mile radius from her home. The son testified that they have often called and obtained permission for transportation beyond 30 miles; therefore, he knows that exceptions to the 30-mile limitation are made.

The son further testified that Appellant suffered a stroke in 2023 and has residual cognitive deficits. According to the son, Appellant's mood is greatly improved when she goes to the casino and she "lights up" while she is there. She also greatly enjoys getting lobster rolls. The son asserted that trips to the casino are medically beneficial for Appellant.

In response, the Fallon representative testified that the exceptions the son referenced were not made by Fallon, but were instead made by the transportation company, which seems to be willing to absorb the cost of going beyond 30 miles, but that is not covered by Fallon unless it is to a medical destination to receive medically necessary treatment.

## Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. Appellant is covered by MassHealth's agent, Fallon, under its NaviCare Senior Option Plan.
2. Fallon denied a request from Appellant for transportation from her home located at [REDACTED]
3. The distance between the two locations is 55 miles.
4. Appellant made a Level One internal appeal which Fallon denied through notice dated September 9, 2024 which Appellant now appeals to this Board (Exhibit A).
5. Pursuant to the FallonHealth Handbook, transportation services outside of a 30-mile radius from the member's home is covered only for medical destinations and for medically necessary reasons (Exhibit B).
6. The [REDACTED] located at [REDACTED] is not a medical destination.
7. Medical necessity for Appellant to travel from her home to the [REDACTED] has not been established.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

Appellant has filed no documentation from a medical professional to establish medical necessity for Appellant to travel to the [REDACTED] (130 CMR 450.204).

Fallon's NaviCare program offers more transportation benefits than required by MassHealth (Medicaid). These benefits are governed by Fallon's written policies which include the following:

*Transportation (non-emergent non-medical) For ambulance transportation (non-emergent, non-medical) to be covered, you, your doctor or other plan provider must get prior authorization (approval in advance) from the plan. Plan will cover up to a total of 140 one-way*

*trips per year by ambulance when authorized as medically necessary, van/chairvan, rideshare services or taxi to locations such as the grocery store or religious services. Transports are limited to up to a 30-mile radius from the member's pick-up location based upon the plan's transportation vendor system. Additionally, the plan will reimburse friends or family designated by the member for qualified non-emergent nonmedical transportation mileage noted above based upon the plan's transportation vendor calculation. Transportation, including friends and family reimbursements, must be coordinated and arranged during Fallon's business hours by calling the plan's transportation vendor. We suggest making these arrangements at least 2 business days in advance.*

**2024 Evidence of Coverage for NaviCare HMO SNP 92 Chapter 4 Medical Benefits Chart (what is covered) page 92 (Exhibit B, page 46).**

*Social transportation: For NaviCare members, the Plan will cover up to 140 one-way transports per year via van/chairvan, taxi or ambulance (when required). Transports are limited to a 30-mile radius and must be coordinated and arranged during the Plan's business hours, four business days in advance. Services covered under this benefit may include transportation to SilverSneakers or other qualified fitness center locations, or transportation to a pharmacy for prescription pick-up, nutritional and dietary services, and health fairs.*

*Transportation will NOT be approved to the following locations and/or for the following purposes (please note: this list is not all-inclusive):*

*1. Gambling and institution such as [REDACTED] or other local casinos or gambling establishments*

**Fallon - Transportation Services Payment Policy Effective 01/01/2021 page 7 of 14 (Exhibit B, page 38)**

On this record, there is no evidence and/or basis whatsoever to conclude that Fallon's denial of Appellant's request to cover transportation services for the 55-mile trip between her home and the [REDACTED] does not properly comply with MassHealth requirements governing medical necessity and transportation services and/or Fallon's written policies governing the provision of such services.

For the foregoing reasons, the 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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Fallon Health, Member Appeals and Grievances, 10 Chestnut Street, Worcester, MA 01608