

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2416714
Decision Date:	12/10/2024	Hearing Date:	12/06/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katina Dean, Maximus Transportation



*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:	Approved	Issue:	Transportation
Decision Date:	12/10/2024	Hearing Date:	12/06/2024
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 a notice dated November 1, 2024, MassHealth denied the Appellant's Provider Request for Transportation (PT-1) on the grounds that the Appellant's provider does not participate with Medicaid. *See* 130 CMR 407.411 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 31, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's PT-1 on the grounds that the Appellant's provider does not participate with Medicaid.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411, in denying the Appellant's PT-1s.

Summary of Evidence

The hearing was held telephonically. The Appellant verified her identity and testified that she has been receiving cancer treatment at the [REDACTED]. The Appellant testified that one of her treating oncologists, [REDACTED] who was listed as the provider on the PT-1, does accept Medicaid. The Appellant testified that she has been receiving treatment since April 2024, and that MassHealth has paid for her care and treatment during that time. The Appellant expressed her frustration that a mistake had been made.

The MassHealth representative testified that [REDACTED] is an “order or refer” provider and not someone authorized to render services, which is why the Appellant’s PT-1 was denied. The MassHealth representative explained that because [REDACTED] cannot render services for MassHealth, MassHealth cannot be billed for the Appellant’s transportation to her appointments.

Upon review of the Massachusetts Board of Registration in Medicine Physician License Verification website, [REDACTED] is listed as affiliated with the [REDACTED] and further, he accepts Medicaid. Exhibit 5.

Findings of Fact

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

1. The Appellant is a MassHealth CarePlus member. Exhibit 4.
2. The Appellant is receiving cancer treatment at [REDACTED] and one of her treating providers is [REDACTED] Testimony.
3. [REDACTED] accepts Medicaid. Testimony, Exhibit 5.
4. On November 1, 2024, MassHealth denied the Appellant’s PT-1 for transportation on the grounds that [REDACTED] does not participate with Medicaid. Testimony, Exhibit 1.

Analysis and Conclusions of Law

130 CMR 407.411: Transportation Utilization Requirements:

(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: Coverage Types).

130 CMR 407.411(A).

450.105: Coverage Types

A member is eligible for services and benefits according to the member's coverage type. Each coverage type is described below. Payment for the covered services listed in 130 CMR 450.105 is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment. See individual program regulations for information on covered services and specific service limitations, including age restrictions applicable to certain services.

....

(B) MassHealth CarePlus.

(1) Covered Services. The following services are covered for MassHealth CarePlus members (see 130 CMR 505.008: MassHealth CarePlus).

- (a) abortion services;
- (b) acupuncture services;
- (c) ambulance services;
- (d) ambulatory surgery services;
- (e) audiologist services;
- (f) behavioral health services;
- (g) certified nurse midwife services;
- (h) certified nurse practitioner services;
- (i) certified registered nurse anesthetist services;
- (j) chiropractor services;
- (k) clinical nurse specialist services;
- (l) community health center services;
- (m) dental services;
- (n) durable medical equipment and supplies;
- (o) family planning services;
- (p) hearing aid services;
- (q) home health services;
- (r) hospice services;
- (s) inpatient hospital services;
- (t) laboratory services;
- (u) nursing facility services;
- (v) orthotic services;
- (w) outpatient hospital services;
- (x) oxygen and respiratory therapy equipment;
- (y) pharmacy services;
- (z) physician services;
- (aa) physician assistant services;
- (bb) podiatrist services;
- (cc) prosthetic services;
- (dd) psychiatric clinical nurse specialist services;
- (ee) rehabilitation services;

- (ff) renal dialysis services;
- (gg) speech and hearing services;
- (hh) therapy services: physical, occupational, and speech/language;
- (ii) transportation services;
- (jj) urgent care clinic services;
- (kk) vision care; and
- (ll) X-ray/radiology services.

130 CMR 450.105(B)(1).

Here, I credit the testimony and evidence that [REDACTED] accepts Medicaid. *See also*, Exhibit 5. Therefore, I find that transportation for the Appellant is appropriate as a covered service under 130 CMR 407.411(A) and 130 CMR 450.105(B)(1)(ii). The appeal is approved.

Order for MassHealth

Approve the Appellant's PT-1 request.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

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