

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part, Approved in part	Appeal Number:	2419369
Decision Date:	1/29/2025	Hearing Date:	01/10/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katina Dean, 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:	Dismissed in part, Approved in part	Issue:	Transportation
Decision Date:	1/29/2025	Hearing Date:	01/10/2025
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 December 23, 2024, MassHealth denied the Appellant's Provider Request for Transportation (PT-1) for [REDACTED] on the grounds that the Appellant's provider does not participate with Medicaid and for [REDACTED] on the grounds that the facility is outside the Appellant's locality. *See* 130 CMR 407.411 and Exhibit 1. The Appellant filed this appeal in a timely manner on December 18, 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 [REDACTED] does not participate with Medicaid and [REDACTED] facility is outside the Appellant's locality.

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 his identity and testified that he has been receiving cancer treatment at [REDACTED]. The Appellant testified that he has two oncologists on his team, [REDACTED]. The Appellant explained that he continues to receive his ongoing care at the facility because he received his cancer diagnosis and surgery there, and it was recommended that he maintain continuity of care. Based on this discussion, the MassHealth representative agreed to approve the PT-1 request for [REDACTED].

The MassHealth representative testified that [REDACTED] is an “order and 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 his appointments.

The Appellant testified that he had spoken with [REDACTED] and they stated that [REDACTED] accepts Medicaid and that MassHealth must have an error on their end. The Appellant explained that he has monthly appointments for port flushing. During the hearing, the hearing officer reviewed the Board of Registration in Medicine Physician License Verification website, in which [REDACTED] is listed as affiliated with [REDACTED] and that she accepts Medicaid. Exhibit 5.

Findings of Fact

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

1. The Appellant is a MassHealth Standard with Senior Buy-In member. Exhibit 4.
2. The Appellant is receiving cancer treatment at [REDACTED] and his treating providers are [REDACTED]. Testimony.
3. [REDACTED] accepts Medicaid. Testimony, Exhibit 5.
4. On December 23, 2024, MassHealth denied the Appellant’s PT-1 for transportation on the grounds that [REDACTED] does not participate with Medicaid. Testimony, Exhibit 1.
5. At the hearing, the MassHealth representative approved the PT-1 request for [REDACTED].

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.

(A) MassHealth Standard.

(1) Covered Services. The following services are covered for MassHealth Standard members (see 130 CMR 505.002: MassHealth Standard and 130 CMR 519.002: MassHealth Standard).

....

(vv) transportation services;

130 CMR 450.105(A)(1)(vv).

At the hearing, the MassHealth representative agreed to approve the PT-1 request for [REDACTED] based on the Appellant's testimony. Therefore, his appeal for the PT-1 for [REDACTED] is approved, and this portion of the appeal is dismissed.

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

Order for MassHealth

Approve the Appellant's PT-1 requests.

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

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