

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505212
<b>Decision Date:</b>	8/25/2025	<b>Hearing Date:</b>	04/29/2025
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	05/21/2025

**Appearances for Appellant:**

Pro se, [REDACTED] Power of Attorney

**Appearance for MassHealth:**

Katina Dean, Transportation Unit



*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>	8/25/2025	<b>Hearing Date:</b>	04/29/2025
<b>MassHealth's Rep.:</b>	Katina Dean	<b>Appellant's Rep.:</b>	Pro se, with Power of Attorney
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 3 (Remote)	<b>Aid Pending:</b>	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 April 10, 2025, MassHealth denied the appellant's prior authorization request for coverage of transportation services because MassHealth determined that the appellant's medical provider does not participate with Medicaid (130 CMR 407.411; Exhibit 5, p. 1). The appellant filed this appeal in a timely manner on or about April 10, 2025 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for coverage of transportation services because MassHealth determined that the appellant's medical provider does not participate with Medicaid.

## Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request for transportation.

## Summary of Evidence

The appellant, an adult MassHealth Standard member who is over the age of 65, appeared at the hearing by telephone with his power of attorney.<sup>1</sup> MassHealth was represented by a worker from the MassHealth Transportation Unit. The record establishes the following: On or about March 31, 2025, MassHealth received a prior authorization request for coverage of transportation services to the appellant's medical provider located at [REDACTED] Massachusetts.<sup>2</sup> On April 10, 2025, MassHealth denied that request because the provider in question reflects "inactive" in MassHealth's computer system, which means that his provider does not participate with Medicaid.

The appellant testified that the MassHealth transportation schedule that he submitted indicates that MassHealth provided transportation to him to this location on a weekly basis from June 2024 to April 19, 2025 (Exhibit 5, p. 3). The MassHealth representative stated that MassHealth's computer system does not show any authorized PT-1s to that location because the provider does not participate with Medicaid. The appellant stated that he submitted a document that was generated by MassHealth, which clearly shows he was provided weekly transportation to that facility. *Id.* Further, the appellant confirmed with his power of attorney that he has a letter from his doctor which states "this letter is to certify [the appellant] is currently a patient under my care. As the patient's primary care team, we believe the patient would benefit from continuing to go to [REDACTED] for continuity of care and care of medically necessary treatments." (Exhibit 6).<sup>3</sup> He stated that this letter, signed by his doctor, is the same doctor who submitted his PT-1. The appellant testified that he also has a letter from his practitioner, [REDACTED] which states: "This note confirms that [the] patient is a current patient at our clinic and is receiving weekly acupuncture treatments from June 2024 through May 2025, at our treatment center at [REDACTED] Ma. His treatment plan is ongoing through the summer, May through August 2025. This patient is a pro bono patient and does not pay for his services." (Exhibit 5, p. 2).

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<sup>1</sup> The appellant initially requested a virtual hearing (Exhibit 2). The MassHealth representative appeared virtually; however, after attempts were made for the appellant to access the Teams link proved unsuccessful, the appellant appeared by telephone (See, Exhibit 2, pp. 4-5).

<sup>2</sup> The appellant's Prescription for Transportation (otherwise known as a PT-1) states that his provider is located at: [REDACTED] (Exhibit 1, p. 2). The appellant's submission states that his provider is located at [REDACTED] Massachusetts [REDACTED] [REDACTED]

<sup>3</sup> This letter was not initially received by the hearing officer; the appellant submitted another copy at the hearing *via* e-mail. (Exhibit 6, p. 2).

The appellant testified that he was given other reasons by MassHealth as to why his request for transportation was not approved. He explained that one source told him that it had to do with distance. He stated that MassHealth provided him with a list of alternative acupuncturists that are in his area. The appellant contacted the first acupuncturist listed, who informed him that she does not know why she is named on that list because she does not accept MassHealth Standard coverage. The remaining acupuncturists on that list are located in [REDACTED] MA, which is also where [REDACTED] is located. He stated that none of the acupuncturists that he contacted accepts MassHealth Standard coverage either. Additionally, the providers described above charge an initial cost of \$200 and the treatments are \$95 per session. In comparison, [REDACTED] does not cost anything due to the appellant's age and income. Thus, MassHealth does not have to pay for his treatments because there is no fee. The MassHealth representative responded, stating that if MassHealth is not paying for or billed for services, MassHealth cannot transport the appellant to a provider in this circumstance.

Following the hearing, the appellant submitted additional correspondence in support of his position. The appellant's submission included, *inter alia*, a MassHealth approval letter dated April 22, 2024, addressed to him which states that MassHealth approved his provider's request for PT-1 services to [REDACTED] effective April 19, 2024, to April 19, 2025, and that his transportation services will be provided by MART. (Exhibit 7, p. 1). The record was re-opened to allow MassHealth time to review this submission (Exhibit 7). MassHealth subsequently responded that the appellant's submitted document was reviewed and the PT-1 was approved in error. A [telephone] call was made to the treating location [REDACTED] MassHealth was told they do not bill any insurance for services as this is a school (Exhibit 8, p. 1). The record-open period was extended for the appellant to respond and submit a closing statement. (Exhibit 9). On July 18, 2025, the record was re-opened to obtain additional information. (Exhibit 13). On July 18<sup>th</sup> MassHealth responded, stating that the [REDACTED] at Massachusetts [REDACTED] is not a MassHealth provider. (Exhibit 14, p. 1). Additionally, MassHealth provided a screenshot, showing that [REDACTED] is inactive in MassHealth's computer system. (Exhibit 14, p. 2).

## Findings of Fact

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

1. The appellant is a MassHealth Standard member who is over the age of 65.
2. On or about March 31, 2025, MassHealth received a prior authorization request submitted on the appellant's behalf requesting coverage of transportation services to his provider, [REDACTED]

3. On April 10, 2025, MassHealth denied the request because the appellant's provider does not participate with Medicaid.
4. The appellant timely appealed this MassHealth action.
5. The appellant's provider is located at a school; this school does not participate with Medicaid.
6. The appellant is a pro-bono patient at the [REDACTED] and does not pay for his services.

## Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth was correct in denying the appellant's prior authorization request for transportation services to his provider. The appellant argues, *inter alia*, that MassHealth previously approved his PT-1s to his provider, [REDACTED] and thus should continue to do so now. MassHealth maintains that the appellant's provider does not participate with Medicaid and therefore his PT-1 request must be denied.

MassHealth provides non-emergency transportation for many MassHealth members living in the community who are going to medical appointments with MassHealth providers to get MassHealth-covered services. This service, referred to as non-emergency medical transportation, is available at no cost to eligible MassHealth members. (See, 130 CMR 407.411(A); 130 CMR 450.105). Transportation services are covered for MassHealth Standard members, subject to the restrictions set forth in 130 CMR 407.000. (See, 130 CMR 450.105(A)(1)(vv)).

MassHealth regulations set forth the following regarding the provider request for transportation:

- (1) The Provider Request for Transportation (PT-1) form must be used to request authorization for brokered transportation.
- (2) A Provider Request for Transportation (PT-1) form must be completed and submitted by an authorized provider, managed-care representative, day habilitation program representative, or early intervention program representative, and approved by MassHealth.
- (3) A completed PT-1 must contain:
  - (a) adequate information to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip's destination; and
  - (b) if recurring transportation is requested, the expected duration of the need for transportation (specific time period not to exceed six months for acute illness; one year for chronic illness; three years for early intervention and five years for day habilitation).

(130 CMR 407.421(C)).

In this case, the appellant is a MassHealth Standard member and is therefore eligible for coverage of transportation services. *Id.* However, MassHealth has provided testimony and documentary evidence that the provider in question is not a MassHealth provider. (Exhibit 14, p. 2). The appellant did not provide any evidence that confirms that the provider **is** a MassHealth provider. As noted by MassHealth, last year's approval was a MassHealth error that has now been rectified.

The appellant has not demonstrated that MassHealth erred in its decision to deny the appellant's request for coverage of transportation services. For these reasons, this 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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

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