

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2508732
<b>Decision Date:</b>	09/12/2025	<b>Hearing Date:</b>	08/07/2025
<b>Hearing Officer:</b>	Susan Burgess-Cox	<b>Record Open to:</b>	09/04/2025

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katina Dean & Ron Rambo



*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>	09/12/2025	<b>Hearing Date:</b>	08/07/2025
<b>MassHealth's Reps.:</b>	Katina Dean & Ron Rambo	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	All Parties Appeared by Telephone		

### 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 May 29, 2025, MassHealth denied the appellant's request for medical transportation services. (130 CMR 407.411; Exhibit 1). On June 2, 2025, the appellant filed a timely appeal. (130 CMR 610.015; Exhibit 2). On June 9, 2025, the Board of Hearings issued a notice scheduling a hearing for July 9, 2025. (Exhibit 3). On July 2, 2025, the appellant submitted a request to reschedule the hearing with supporting documentation. (Exhibit 4; Exhibit 5). The Board of Hearings determined that the appellant presented good cause to reschedule the hearing. (130 CMR 610.048; Exhibit 4). On July 9, 2025, the Board of Hearings rescheduled the hearing for August 1, 2025. (Exhibit 6). On July 10, 2025, the Board of Hearings provided due notice to the parties and rescheduled the hearing for August 7, 2025. (130 CMR 610.048; Exhibit 7). The record was held open to provide MassHealth with the opportunity to work with the appellant's provider regarding the PT-1 process and consider a revised submission. (Exhibit 9). As of September 4, 2025, the agency had not received any other information from the provider. (Exhibit 10).

Denial of assistance is valid grounds for appeal.

### Action Taken by MassHealth

MassHealth denied the appellant's request for medical transportation services.

## Issue

Whether MassHealth was correct in denying the appellant's request for medical transportation services pursuant to 130 CMR 407.411.

## Summary of Evidence

All parties appeared by telephone. The appellant is enrolled in MassHealth and requested transportation services to an address in [REDACTED] (Testimony; Exhibit 4). The appellant resides in [REDACTED]. On May 29, 2025 and June 11, 2025, MassHealth denied the appellant's request for transportation to a provider in [REDACTED].

The MassHealth representative testified that the denial was based on the regulations at 130 CMR 407.411(C) which state that MassHealth pays for eligible members to be transported to sources of medical care only within the member's locality, unless otherwise authorized by MassHealth. (Testimony; Exhibit 8). Locality refers to the town or city in which the member resides or immediately adjacent communities. (Testimony; Exhibit 8). The request for transportation was to a physician that provides treatment for diseases of the skin and subcutaneous tissue. MassHealth determined that there were other physicians providing this treatment within the appellant's town or adjacent communities that the appellant could see. The doctor requesting the medical transportation services did not indicate why it was necessary for the appellant to receive treatment at this office rather than one within his locality.

The MassHealth representative testified that the form that a provider fills out specifically asks them to justify the reason for the member to see a provider outside of their locality. In that section, the appellant's provider stated "escort needed please". The MassHealth representative testified that the need for an escort is not something that the agency considers in determining whether an individual cannot see someone within their locality.

The appellant testified that he filed a request for hearing as the notice on appeal did not clearly indicate what information the agency would need to authorize the service. The MassHealth representative responded that the form utilized by the providers specifically asks them to justify the reason for the member to see a provider outside of their locality. The appellant's provider did not give a reason other than the need for an escort which the agency determined was not relevant to a member seeing someone outside of their locality.

During the hearing, the MassHealth representative continued to refer to the "PT-1" Form that the agency uses in making these decisions. A copy of the form was provided to the Board of Hearings.

MassHealth did not provide a copy to the appellant. The appellant had several questions about the form but did not have a copy to refer to. It was noted at the hearing that the form includes several sections. The section at issue was #3 that speaks to the “Name and Location of Treating Provider/Facility”. (Exhibit 8). This section includes requirements for the treating provider’s name, facility name, address, telephone number, provider ID, and specifically asks “Is the treating facility within the members locality (city or town of residence, or any adjacent city or town?”. The form then specifically states “If no, please justify:”. This is the section where the appellant’s provider said “escort needed please” rather than providing justification for seeing a provider outside of the appellant’s locality as defined in the regulations.

The MassHealth representative at hearing did not believe that it was necessary for the agency to provide a copy of the form to the appellant during the course of the appeal process. The representative at hearing had a supervisor come on the line to discuss the appeal process. During the course of the hearing, the supervisor stated that he would contact the appellant’s provider to discuss the process of submitting a request for transportation and the information necessary for the agency to consider in making a decision to authorize services to a provider outside of a member’s locality. The supervisor thought it was something that could be resolved through a discussion with the provider. The record was held open to provide the agency the opportunity to engage in these discussions and possibly resolve the issue on appeal. (Exhibit 9). At the close of the record open period, the agency had not received the necessary information from the provider. (Exhibit 10).

## **Findings of Fact**

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

1. The appellant is a MassHealth member whose MassHealth benefits include potential transportation services.
2. The appellant requested transportation services from his residence in [REDACTED] to an office in [REDACTED].
3. MassHealth denied the appellant’s request for medical transportation because the provider is not in his locality.
4. The appellant’s doctor did not indicate the medical reasons that prevented the appellant from receiving medical treatment in his locality or any facility closer to his residence.

## **Analysis and Conclusions of Law**

MassHealth 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. (130 CMR 407.411(A)). Member's who qualify for MassHealth Standard or CommonHealth may be eligible for transportation services. (130 CMR 450.105).

In addition to having certain types of transportation not covered by MassHealth, the agency has locality restrictions which allow MassHealth to pay for members to be transported to sources of medical care only within the member's locality, unless otherwise authorized by MassHealth. (130 CMR 407.411). Locality refers to the town or city in which the member resides and to immediately adjacent communities. (130 CMR 407.411(C)). However, 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)). Medical transportation originates from the member's home and proceeds to the location of the medical appointment. (130 CMR 407.411(C)). Other points of origin, such as from one doctor's office to another, require approval from MassHealth. (130 CMR 407.411(C)).

The appellant requested transportation from a residence in [REDACTED] to an office in [REDACTED]. [REDACTED] is not an immediately adjacent community to [REDACTED]. Therefore, the appellant would have to overcome the locality restrictions to receive authorization for transportation services to this provider. (130 CMR 407.411).

All forms of transportation, except public transportation, require prior authorization from MassHealth. (130 CMR 407.421(A)). A prescription for transportation (PT-1) completed by a physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist or managed-care representative can be used to obtain prior authorization. (130 CMR 407.421(A)(1)). The PT-1 form is used for authorizing transportation that is provided through selective contracts. (130 CMR 407.421(C)(1)). A completed PT-1 must contain the following information:

- (a) the member's social security number, name, and address;
- (b) the specific physical or mental disability that prohibits the use of public transportation;
- (c) the medical care that will be received;
- (d) how often transportation is needed (specific dates or specified number of trips per week for the duration of treatment);
- (e) the destination of the trip (the name and address of the location of the service covered by MassHealth);
- (f) the expected duration of the need for transportation (specific time period not to exceed six months for acute illness and one year for chronic illness);
- (g) the date on which the prescription is written;

- (h) the signature of the physician, physician assistant, nurse midwife, dentist or dental third-party administrator, nurse practitioner, psychologist, or managed-care representative;
- (i) if the member is residing in a nursing facility, the medical services or equipment that are needed and cannot be obtained in the facility; and
- (j) if the treatment destination is outside the member's locality, the medical services or equipment that are needed and cannot be obtained locally. (130 CMR 407.421(C)(3)).

The PT-1 submitted by the appellant's provider failed to include information about the medical services or equipment that are needed and cannot be obtained locally. (130 CMR 407.421(C)(3)(j)). Therefore, there was no written justification as to why the appellant had to obtain treatment outside of his locality. The justification of "escort needed" does not correlate with the need for treatment outside of the appellant's locality. The decision made by MassHealth was correct.

This appeal is denied.

As noted by both MassHealth representatives at hearing, the appellant's provider can submit a PT-1 form with information to justify the need for the appellant to receive treatment at a facility outside of his locality at anytime.

## **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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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

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