

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510603
Decision Date:	10/03/2025	Hearing Date:	08/13/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Ron Rambo, 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:	Denied	Issue:	Transportation
Decision Date:	10/03/2025	Hearing Date:	08/13/2025
MassHealth's Rep.:	Ron Rambo	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South (Telephonic)	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 July 18, 2025,¹ MassHealth denied a Provider Request for Transportation (PT-1) because MassHealth determined that the Appellant's provider did not provide a medical reason why the Appellant needed medical services at a location more than twenty-five miles away.² 130 CMR 407.411 and Exhibit 1. The Appellant filed this appeal in a timely manner on July 17, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the PT-1 for transportation because the Appellant's provider did not provide a medical reason why the Appellant needed to be seen at a location over twenty-five miles away.

Issue

¹ The notice submitted as the basis of the appeal is dated after the appeal was filed. *Compare* Exhibits 1 with 2.

² The notice also stated that another PT-1 request to a different provider was denied because it was not a MassHealth-reimbursable service. Exhibit 1. At the hearing, the MassHealth representative testified that that issue had been resolved.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411, in denying the PT-1 because the Appellant's provider did not provide a medical reason why the Appellant needed to be seen at a location over twenty-five miles away.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a worker from MAXIMUS transportation services. The Appellant verified her identity.

The MassHealth representative testified that UMass Memorial Medical Group submitted a PT-1 form for transportation to a dental office on behalf of the Appellant. The MassHealth representative testified that the PT-1 form was denied because the Appellant's provider did not provide a medical reason why the Appellant needed to be seen at this particular office, which is [REDACTED] from the Appellant's home and outside the locality. The MassHealth representative testified that the Appellant's provider needs to provide information explaining why the Appellant needs to be seen at this particular dental office, such as proof that the Appellant is an existing patient, or continuity of care, among others. He testified that if the provider submits a revised request that includes that information, MassHealth will likely approve it.

Findings of Fact

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

1. The Appellant is a [REDACTED] and a MassHealth Standard member (Testimony, Exhibit 4).
2. By notice dated July 18, 2025, MassHealth denied the PT-1 form that UMass Memorial Medical Group submitted for transportation to a dental office in Marlborough, MA (Testimony, Exhibit 1).
3. The dental office requested is [REDACTED] away from the Appellant's home and outside the locality (Testimony, Exhibit 1).
4. The Appellant's PT-1 form was denied because the Appellant's provider did not provide a medical reason why the Appellant needed to be seen at a location over twenty-five miles away from her home (Testimony).
5. The Appellant filed this appeal in a timely manner on July 17, 2025 (Testimony, Exhibit 2).

Analysis and Conclusions of Law

MassHealth regulations provide as follows:

130 CMR 407.402: Definitions

The following terms used in 130 CMR 407.000 and Subchapter 6 of the *Transportation Manual* have the meanings given in 130 CMR 407.402, unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 407.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 407.000 and 450.000: *Administrative and Billing Regulations*.

Locality — the town or city in which a member resides and the surrounding communities within 25 miles of the town or city in which the member resides.

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*).

(1) In the case of public transportation, the MassHealth agency determines those medical services that are covered by MassHealth.

(2) In the case of fee-for-service ambulance and wheelchair van transportation, it is the responsibility of the transportation provider to judge which medical services are covered by MassHealth and to advise the member in cases where transportation is requested to a service that, in the provider's judgment, may not be or is not covered by MassHealth. If a member is in doubt as to whether or not a medical service is covered by MassHealth, the member should contact the MassHealth agency.

(3) In the case of brokered transportation, the MassHealth agency determines those services that are covered by MassHealth.

....

(C) Locality Restrictions. **The MassHealth agency pays for an eligible member to be transported to sources of medical care only within the member's locality, unless otherwise authorized by the MassHealth agency.** 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. Medical transportation originates from the member's home or other appropriate location, such as the office of another provider, and proceeds to the location of the medical appointment.

(emphases added)

Here, the PT-1 form request is for a transportation to a dental office that is [REDACTED] from the Appellant's home, which exceeds the twenty-five-mile limit set forth in the definition of "locality" under 130 CMR 407.402. However, if this service is deemed medically necessary, MassHealth would still cover transportation under 130 CMR 407.411(C). The Appellant's provider must provide information explaining why the Appellant needs to be seen at this particular dental office, outside of her locality. At this time, that information has not been provided in the PT-1 form submitted to MassHealth, so 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.

Emily Sabo
Hearing Officer
Board of Hearings

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