

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2012-67441 TRN

Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████, the Appellant, appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Eligibility Specialist, appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly deny the Appellant's requests for medical transportation reimbursement for trips to a doctor's office outside the community?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary.
2. The Appellant lives in ██████████, Michigan. (Exhibit 1)
3. The Department received Medical Transportation Statements from the Appellant requesting mileage reimbursement for appointments at a doctor's office in ██████████, Michigan in ██████████, ██████████ and ██████████. (Exhibit 1, pages 35-37)
4. On ██████████, the Department denied the Appellant's requests for medical transportation mileage reimbursement to the doctor's office in ██████████, Michigan based on policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. (Exhibit 1, page 33)

5. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, page 3)

CONCLUSIONS OF LAW

The Medicaid program was established pursuant to Title XIX of the Social Security Act (SSA) and is implemented by 42 USC 1396 *et seq.*, and Title 42 of the Code of Federal Regulations (42 CFR 430 *et seq.*). The program is administered in accordance with state statute, the Social Welfare Act (MCL 400.1 *et seq.*), various portions of Michigan's Administrative Code (1979 AC, R 400.1101 *et seq.*), and the State Plan promulgated pursuant to Title XIX of the SSA.

Policy addressing medical transportation coverage under the State Medicaid Plan is found in the Bridges Administrative Manual (BAM), 825 Medical Transportation:

COVERED MEDICAL TRANSPORTATION

Medical transportation is available to obtain medical evidence or receive any MA-covered service from any MA-enrolled provider, including:

- Chronic and ongoing treatment.
- Prescriptions.
- Medical Supplies,
- Onetime, occasional and ongoing visits for medical care.

Exception: Payment may be made for transportation to VA hospitals and hospitals with do not charge for care (e.g., St. Jude Children's Hospital, Shrines Hospital).

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (e.g., AA meetings, medically unsupervised weight reduction, trips to pharmacies for reasons other than obtaining MA-covered items).
- Reimbursement for transportation for episodic medical services and pharmacy visits that has already been provided.
- Transportation costs for long-term care (LTC) residents. LTC facilities are expected to provide transportation for services outside their facilities.

- Transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. Encourage clients to obtain medical care in their own community unless referred elsewhere by their local physician.
- DCH authorized transportation for clients enrolled in managed care is limited. See "**CLIENTS IN MANAGED CARE.**"

Exception: Dental, substance abuse or community mental health services are not provided by managed care; therefore, an DCH authorization for medical transportation for these services may still be necessary.

- Transportation services that are billed directly to MA. See "**BILLED DIRECTLY TO DCH.**"

Bridges Administrative Manual (BAM), 825 Medical Transportation
Pages 2-3 of 17, January 1, 2011
(Underline added by ALJ)

The Department was prepared to address several denials of requests for medical transportation reimbursement that were based on different issues. The Appellant testified that the only issue she is contesting is in regards to her doctor in ██████████, Michigan. Accordingly, this ALJ will only review that denial.

The Department denied the Appellant's requests for medical transportation reimbursement to a doctor's office in ██████████, Michigan. The documentation shows this doctor is a primary care physician. (Exhibit 1, pages 35-37) The Eligibility Specialist explained that he denied the requests because the services would be available locally. (Eligibility Specialist Testimony)

The Appellant testified that all the doctors she currently sees are on one team and are associated with ██████████. The Appellant has tried to go for treatment in the community a few times, but with all of her issues this was impossible. The other doctors are not on the same page and do not have the access to her other treatment records, like all the doctors on her current team have. While this doctor in ██████████ is not classified as a specialist, the Appellant feels he is a specialist for her and she trusts him. (Appellant Testimony)

The Appellant lives in ██████████, Michigan and the doctor's office at issue for this denial of medical transportation reimbursement requests is a primary care doctor located in ██████████, Michigan. (Exhibit 1, pages 35-37) The Appellant did not contest that there are primary care physician's available locally. Rather, the Appellant

asserted that she needs to see this doctor because he is on the same team as her other doctors, which is important with all of her medical conditions and access to treatment records between providers. However, the information available to the Department was not sufficient to establish that the Appellant must see a primary care physician in ██████████, Michigan. No documentation has been provided from local primary care physician's indicating they can not treat the Appellant. No documentation was provided from the Appellant's current primary care physician in ██████████, Michigan explaining why a local primary care physician is not appropriate and the Appellant must continue treatment with his office. Accordingly, the Department's determination to deny the Appellant's requests for medical transportation reimbursement to the clinic her doctor's office in ██████████, Michigan must be upheld.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's medical transportation reimbursement requests for trips to a doctor's office outside the community based on the available information.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

/s/
Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc: ██████████

Date Mailed: 2/19/2013

***** NOTICE *****

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.