

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

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant

_____ /

Docket No. 2012-67442 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 for the Department. The record was left open for both parties to submit documentation clarifying the provider's Medicaid status. Documentation was received from the Appellant on ██████████ (Exhibit 4, pages 1-15) and from the Department on ██████████ (Exhibit 5, pages 1-2).

ISSUE

Did the Department properly deny the Appellant's requests for medical transportation expense reimbursement?

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 submitted Medical Transportation Statements requesting mileage reimbursement for medical transportation to physical therapy appointments in ██████████ and ██████████. (Exhibit 2, pages 1-7)
3. On ██████████, the Department received a DHS-54A Medical Needs form completed by the Appellant's physical therapist indicating she is not a Medicaid enrolled provider. (Exhibit 2, pages 8-9)
4. On ██████████, the Department issued a Medical Transportation Notice to the Appellant indicating the requests for medical transportation could not be

approved because the Appellant requested transportation to a provider who is not enrolled in Medicaid. (Exhibit 1, page 12)

5. On [REDACTED] and [REDACTED], the Appellant's Requests for Hearing were received by the Michigan Administrative Hearing System. (Exhibit 1, page 4; Exhibit 3, pages 4-5)
6. The Appellant received physical therapy from a Medicaid enrolled provider. (Exhibit 4, pages 1-15; Exhibit 5, page 2)

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. In part, the policy states:

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 V.A. hospitals and hospitals which do not charge for care (such as St. Jude Children's Hospital, Shriners Hospital).

Bridges Administrative Manual (BAM), 825 Medical Transportation
Pages 2 of 17, January 1, 2011

In this case, the Appellant submitted Medical Transportation Statements requesting mileage reimbursement for medical transportation to physical therapy appointments in [REDACTED]. (Exhibit 2, pages 1-7) However, on [REDACTED], the Department received a DHS-54A Medical Needs form completed by the Appellant's physical therapist indicating she is not a Medicaid enrolled provider. (Exhibit

2, pages 8-9) Accordingly, the Department issued a Medical Transportation Notice to the Appellant on ██████████, indicating the requests for medical transportation could not be approved because the Appellant requested transportation to a provider who is not enrolled in Medicaid. (Exhibit 1, page 12)

The Appellant testified that the physical therapist made a mistake completing the DHS-54A Medical Needs form and the services were provided by a Medicaid enrolled provider. (Appellant Testimony) The record was left open and the Appellant submitted documentation showing that the physical therapy bills were paid by Medicaid. (Exhibit 4, pages 1-15) It appears that while the physical therapist herself was not a Medicaid enrolled provider, the physical therapy services were provided through ██████████ Hospital, ██████████, which is a Medicaid enrolled provider. The Department confirmed that attending physician Dr. ██████████ from ██████████ Hospital is an enrolled Medicaid provider. (Exhibit 5, page 2)

The Department denied the Appellant's medical transportation requests for physical therapy appointments based on the DHS-54A Medical Needs form completed by the physical therapist indicating she is not a Medicaid enrolled provider. (Exhibit 2, pages 8-9) Based on the information available to the Department at that time, the denial was appropriate. However, the recently available information indicates an error was made in completing the ██████████ DHS-54A, because the Appellant received physical therapy services from a Medicaid enrolled provider. Accordingly, the Department should reprocess the Appellant's requests for medical transportation to physical therapy appointments in ██████████ and ██████████ and consider the recent clarification of the provider's Medicaid status. The Department must issue written notice of the medical transportation expense reimbursement determinations to the Appellant.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied the Appellant's medical transportation reimbursement request based on the recent clarification of the provider's Medicaid status.

IT IS THEREFORE ORDERED that:

The Department's decision is REVERSED. The Department must re-process the Appellant's requests for medical transportation to physical therapy appointments in [REDACTED] and [REDACTED] and consider the recent clarification of the provider's Medicaid status. The Department must issue written notice of the medical transportation expense reimbursement determinations to the Appellant.

/s/

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

cc:

[REDACTED]

Date Mailed: 1/4/2013

***** 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.