

**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:

Docket No. 2013-29281 TRN
Case No. [REDACTED]

[REDACTED]

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge 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 [REDACTED]. The Appellant appeared without representation. [REDACTED] had no witnesses. [REDACTED]

[REDACTED] represented the Department. [REDACTED] witnesses were; [REDACTED] and [REDACTED].

ISSUE

Did the Department properly deny Appellant's request for reimbursement of medical transportation expenses?

FINDINGS OF FACT

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

1. At the time of hearing the Appellant is a [REDACTED]-year-old Medicaid-SSI beneficiary.
2. The Appellant undergoes specialist treatment for chronic pain in a non-local community (Bay City, Marlette, Davison) where [REDACTED] receives special services from [REDACTED] (See Department's Exhibit A, page 15)
3. The Appellant is enrolled in a Medicaid Health Plan (United Health Care) since [REDACTED]. Prior to that [REDACTED] was enrolled in the MHP from [REDACTED] through [REDACTED] (Appellant's Exhibit #1, page 9)

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4. The Department witness said that the Appellant was denied [REDACTED] multiple requests for transportation reimbursement because [REDACTED] was enrolled in a Medicaid Health Plan. (See Testimony of Hoard)
5. The requests for reimbursement were submitted to the ES on [REDACTED] [REDACTED] and [REDACTED] [two requests]. The response from the Department was sent within the 10-day requirement under policy. (See Testimony)
6. The Appellant did not qualify for an exception to policy. [REDACTED] medical treatment was not in furtherance of dental treatment, substance abuse or mental health as allowed under BAM 825 – the controlling authority for Medicaid transportation reimbursement.
7. The Department sent a notice of denial [DHS 301] to the Appellant on [REDACTED]. (Department’s Exhibit A, page 7 and 9)
8. The Appellant’s further appeal rights were contained therein.
9. The instant request for hearing was received by the Department of Human Services on [REDACTED] – it was referred to the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on [REDACTED] and scheduled for hearing on [REDACTED] [REDACTED] (Appellant’s Exhibit #1, page 5)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medical transportation is a Medicaid covered service. The policy manual states:

You must furnish information in writing and orally, as appropriate, to all applicants and to all other individuals who request it acknowledging that medical transportation is ensured for transportation to and from medical services providers for MA-covered services. MDCH Publication 141, Medicaid Health Care Coverage, may be used to provide written information.

Payment for medical transportation may be authorized only after it has been determined that it is not otherwise available, and then for the least expensive available means suitable to the client’s needs.

Medical transportation is available to:

- FIP recipients
- MA recipients
- SSI recipients

COVERED MEDICAL TRANSPORTATION

Medical transportation is available to obtain medical evidence of receive any [Medicaid-covered] service from any Medicaid-enrolled provider, including:

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

....

Bridges Administrative Manual, Medical Transportation, §825,
pp. 1, 2 of 17, 10-1-2012

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (such as 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 in this item.

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.

....

CLIENTS IN MANGAGED CARE

Health Maintenance Organizations (HMOs) are required to assure a recipient's need for transportation necessary to receive health care services is met. This requirement is limited to the services the HMO is required to provide, including referrals for medical services from:

- Specialists.
- Out-of-state medical providers.

Refer recipients to their health care plan provider if the Level of Care code is 07.

....

Supra, at pages 2, 3, 6 and 7.

The Department witness testified that the Appellant was ineligible for transportation or reimbursement because [REDACTED] was enrolled in a Medicaid Health Plan (HMO). [REDACTED] further explained that the Appellant submitted [REDACTED] requests for reimbursement of mileage expense in seriatim between the dates of [REDACTED] and [REDACTED] – thus triggering the 3-part denial within the Department's 10-day window of notice.

[REDACTED] also explained that a meeting was scheduled to discuss the requests on [REDACTED] which resulted in heated protests "by the Appellant and [REDACTED] companion." The Appellant acknowledged during [REDACTED] testimony that [they] "...did not have a very good discussion... a spat."

The Appellant testified that [REDACTED] had already spoken with "someone" at the MHP and they denied [REDACTED] because "[REDACTED] slips were too old."² The Appellant also protested the DHS negative action because, "...they always paid them in the past," [REDACTED] said.

Absent a recognized exception under the relevant policy³ for dental treatment,

¹ See Department's Exhibit A, notice of denial (DHS 301), pp. 9, 11 and 13.

² If accurate the appointment dates on the Appellant's "slips" ranged between [REDACTED] and [REDACTED]. See Department's Exhibit A, pp. 15 - 22

³ BAM 825

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substance abuse treatment or community mental health treatment - the Appellant must look to her MHP/HMO for mileage/transportation reimbursement.

Furthermore, the record shows that prior to [REDACTED] – the Appellant had an extended period of non-enrolled status – thus any payment then authorized by DHS may well have been appropriate – if it was in fact provided by the Department.⁴

Today - the evidence preponderates that the Appellant was – and remains – in an MHP/HMO. Thus, according to policy [REDACTED] is not eligible for Department provided transportation reimbursement unless [REDACTED] is seeking services not provided by [REDACTED] managed care plan; dental services, substance abuse treatment or community mental health services. There was no evidence submitted at hearing suggesting that the Appellant required such services⁵ or that [REDACTED] was not enrolled in a MHP.

The Appellant was directed to her MHP.

[REDACTED] failed to preponderate [REDACTED] burden of proof. The Department properly denied the Appellant's request for mileage/transportation reimbursement submitted between the dates of [REDACTED] and [REDACTED].

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for transportation reimbursement.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Dale Malewska
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc: [REDACTED]

⁴ See Appellant's Exhibit #1 at page 4 and Department's Exhibit A at page 5

⁵ She denied receiving those services at hearing.

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Date Mailed: _____

***** 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.