



4. On ██████████ ██████, the Department issued a Medical Transportation Notice to the Appellant indicating that her request could not be approved because the Department will no longer be reimbursing for transportation for episodic doctor visits. (Exhibit 1, page 5)
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.

Department policy governing medical transportation coverage is found in the Bridges Administrative Manual (BAM), Section 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
- One time, 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).

#### **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.**

### **MEDICAL TRANSPORTATION EVALUATION**

Evaluate a client's request for medical transportation to maximize use of existing community resources.

- If the client, or his/her family, neighbors, friends, relatives, etc. can provide transportation, they are expected to do so, **without reimbursement.** If transportation has been provided to the client at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship.
- Do not routinely authorize payment for medical transportation. Explore why transportation is needed and all alternatives to payment.
- Do not authorize payment for transportation unless first requested by the client.

- Use referrals to public or nonprofit agencies who provide transportation to meet individual needs without reimbursement.
- Use free delivery services that are offered by a recipient's pharmacy.
- Use bus tickets or provide for other public transportation arrangements.
- Refer to volunteer services or use state vehicles to transport the client if payment for a personal vehicle is not feasible.

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### **Payment Authorization**

#### **MSA-4674**

Use the MSA-4674, Medical Transportation Statement, to:

- Authorize payment for routine travel expenses that do not require advance payment,
- Verify that transportation was provided.

Use an MSA-4674 to authorize payment whenever a less expensive means for medical transportation is not otherwise available. Use comparable documentation from the provider and/or transporter if the client is unable to obtain the MSA-4674 prior to a medical visit.

A separate MSA-4674 is required for each medical provider or transporter. Chronic and ongoing treatment to the **same provider** may have more than 5 multiple trips within a calendar month reflected on the MSA-4674-A, Medical Transportation Statement - Chronic and Ongoing Treatment; see Reference Forms & Publications (RFF) manual.

You must receive the MSA-4674 within 90 days from the date of service in order to authorize payment. Do not make payment less frequently than monthly.

**Exception:** An MSA-4674 is not required for volunteer services drivers if an DHS-4681, Volunteer Transportation

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Request/Authorization, is submitted for payment to the local office fiscal unit.

The client and medical provider(s) (or their staff) must sign the form. The transporter must sign if payment is to be issued to the transporter, except for mass transit transporters.

*Bridges Administrative Manual (BAM),  
Section 825 Medical Transportation,  
October 1, 2012, Pages 2-3 and 11-12 of 17*

The Eligibility Specialist testified that the Department denied the Appellant's request for medical transportation mileage reimbursement because it was brought to attention of the workers in the ██████████ County DHS office that they would no longer be reimbursing for episodic medical visits. (Eligibility Specialist Testimony) The Department cited the second bullet point under the policy provision for medical transportation not covered "reimbursement for transportation for episodic medical services and pharmacy visits that has already been provided." *Bridges Administrative Manual (BAM), Section 825 Medical Transportation, October 1, 2012, Page 2.* However, it appears there may be some confusion about the meaning of this policy provision. At one point the Eligibility Specialist's testimony indicated they would only reimburse for transporting for medical treatment that requires multiple appointments but not one time doctor's visits. (Eligibility Specialist Testimony) That interpretation is not in accordance with the earlier policy provisions addressing covered medical transportation, which specifically includes: chronic and ongoing treatment; prescriptions; medical supplies; and one time, occasional, and ongoing visits for medical care. *Bridges Administrative Manual (BAM), Section 825 Medical Transportation, October 1, 2012, Page 2.*

The information provided on the ██████████ Medical Transportation Statement did not indicate the ██████████ trip to the doctor's office was part of any episodic treatment plan. (Exhibit 1, page 6) There was no other evidence presented to establish that the ██████████ was part of an episodic treatment plan. Accordingly, the Department should not have considered the policy addressing episodic medical services in reviewing this medical transportation mileage reimbursement request.

However, based on the information provided on the ██████████ Medical Transportation Statement, the denial was appropriate under other provisions of the Medical Transportation policy. For example, the form indicates the Appellant transported herself to the doctor's office on ██████████ and the round trip was ██████████ miles. (Exhibit 1, page 6) As the Eligibility Specialist indicated, if the Appellant can transport herself locally, for example to the grocery store, she should also be able to transport herself to a local doctor's office. (Eligibility Specialist Testimony) The policy provisions addressing the medical transportation evaluation indicate that if the client can

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provide transportation, they are expected to do so, without reimbursement. *Bridges Administrative Manual (BAM), Section 825 Medical Transportation, October 1, 2012, Page 3.*

The Appellant's testimony indicates the information she provided on the [REDACTED] Medical Transportation Statement was not accurate. Rather, she paid a friend to drive her to the doctor's office. (Appellant Testimony) It is important for the Appellant to provide accurate information for the Department to utilize in evaluating her requests for medical transportation mileage reimbursement.

Lastly, the medical transportation policy requires the medical provider(s) or their staff sign the Medical Transportation statement. *Bridges Administrative Manual (BAM), Section 825 Medical Transportation, October 1, 2012, Page 12.* On the [REDACTED] Medical Transportation Statement, it appears to be signed "State Receptionist" in the box for the Medical Provider's signature. (Exhibit 1, page 6)

The Department policy is clear that a client is expected to maximize use of existing community resources, including the ability to transport themselves, and that the medical provider(s) or their staff must sign the Medical Transportation Statement. Based on the information provided on the [REDACTED] Medical Transportation Statement, the Department's determination to deny this request for medical transportation mileage reimbursement was appropriate.

**DECISION AND ORDER**

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's determination to deny the Appellant's request for medical transportation mileage reimbursement was appropriate based on the information provided on the [REDACTED] Medical Transportation Statement.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

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CL/db

cc:



**\*\*\* 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.