

**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. 2013-59557 TRN

██████████

██████████ ██████████

Appellant

_____ /

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 request for medical transportation 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. Effective ██████████ the Appellant's Medicaid coverage changed from Fee for Service Medicaid to enrollment in Managed Care, specifically a Health Maintenance Organization ("HMO"). (Exhibit 1, page 12, Appellant Testimony)
3. The Appellant submitted Medical Transportation Statements to the Department requesting mileage reimbursement for doctor appointments from ██████████ through ██████████ (Exhibit 1, pages 6-11)
4. On ██████████ the Department denied the Appellant's request for medical transportation mileage reimbursement based on policy regarding transportation costs to be provided by the HMO. (Exhibit 1, page 5)
5. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, pages 4-11)

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 which do not charge for care.

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** 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 MANAGED 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.

No Referral to HMO

The following services are not provided by HMOs:

- Dental.
- Substance abuse.
- Community mental health.

Evaluate requests for medical transportation for these services. Do not refer clients to HMOs for transportation to these services.

The Department denied the Appellant's request for medical transportation reimbursement based on her enrollment in an HMO. (Exhibit 1, page 5; Eligibility Specialist Testimony)

The Appellant testified that if she had been notified that the HMO would be responsible for the medical transportation when she was enrolled, she would have timely sought reimbursement through the HMO. However, the Appellant was not aware of this until she received the ██████████ denial notice. Further, the Appellant could not seek reimbursement from the HMO for all of the appointments that had already occurred because the HMO only allows for a █ day period after the appointment. The process for requesting medical transportation mileage reimbursement with the HMO is much simpler and the Appellant prefers it to the cumbersome and somewhat embarrassing process that was required to receive reimbursement through the Department. (Appellant Testimony)

The above cited policy is clear that medical transportation costs are not covered by the Department for individuals enrolled in HMOs unless the service is not provided by the HMO, specifically dental, substance abuse or community mental health services. The Medical Transportation Statements submitted by the Appellant do not establish that the services were dental, substance abuse or community mental health services. The Eligibility Specialist and this ALJ are bound by the Department policy, and have no authority to grant any exceptions. Accordingly, the Department's determination to deny the Appellant's Medical transportation reimbursement requests because she was enrolled in an HMO at the time of the dates of service, and the services were not dental, substance abuse or community mental health services 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 request for medical transportation reimbursement 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

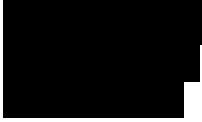
Date Signed: ██████████

Date Mailed: ██████████

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Decision and Order

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.