

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. 2014-30344 QHP
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.*, following Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████, Appeals Coordinator, PHI Air Medical, appeared and testified on Appellant's behalf. ██████████, Appellant's mother; ██████████, PHI Clinical Manager; and ██████████, PHI Director of Patient Financial Services; appeared as witnesses for Appellant. ██████████, Director of Customer Service, represented ██████████, the Medicaid Health Plan (MHP). ██████████, RN, Director of Health Services, and ██████████, Utilization Review, appeared as witnesses for the MHP.

ISSUE

Did the MHP properly deny Appellant's request for emergency air transportation?

FINDINGS OF FACT

Based upon the competent, material, and substantial evidence presented, I find, as material fact:

1. Appellant is a ██████████ Medicaid beneficiary, born ██████████, who is currently enrolled in the Respondent MHP. (Exhibit A, p 7)
2. On ██████████, following emergency air transportation provided to Appellant on ██████████, the provider, ██████████, requested post service authorization for the transport from Respondent MHP. (Exhibit A, pp 6-15; Testimony)
3. On ██████████, the MHP sent Appellant and the provider a denial notice stating that the request was denied because the provider did not receive prior authorization for air transport, ██████████ Hospital ██████████,

the hospital Appellant was transferred from, requested ambulance transport, and Appellant's coverage ended on ██████████. (Exhibit A, pp 23-28)

4. On ██████████, the provider requested a Level 1 review of Respondent MHP's determination. The request for review contained Appellant's medical records from HFMH, the hospital Appellant was transferred from, and ██████████ Hospital, the hospital Appellant was transferred to. (Exhibit A, pp 23-68; Testimony)
5. On ██████████, the MHP upheld the original denial, finding that air transportation was not required and that it would have been more expedient to transport Appellant via ambulance, which the referring hospital had initially requested. (Exhibit A, pp 17-22; Testimony)
6. On ██████████, the provider requested a Level 2 review of Respondent MHP's determination, in which it argued that prior authorization is not required for emergency transportation and the air transportation was medically necessary. (Exhibit A, pp 73-81; Testimony)
7. On ██████████, the MHP again upheld the original denial, finding that prior authorization was not obtained, medical necessity for air transport was not met, Appellant was stable from a respiratory standpoint at the time of transport, time to facility was not an issue with either physician involved, both physicians agreed that ground transport was appropriate, ██████████ (the referring hospital) requested ██████████ ambulance transport, and it would have been more expedient to transport patient via ambulance as requested. (Exhibit A, pp 69-72; Testimony)
8. On ██████████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)

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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). *The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. Contractors must operate consistent with all applicable Medicaid provider manuals and publications for coverage(s) and limitations. (Emphasis added by ALJ)* If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 1-Z.

*Article II-G, Scope of Comprehensive Benefit Package.
MDCH contract (Contract) with the Medicaid Health Plans,
September 30, 2004.*

The major components of the Contractor's utilization management plan must encompass, at a minimum, the following:

- Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- An annual review and reporting of utilization review activities and outcomes/interventions from the review.

The Contractor must establish and use a written prior approval policy and procedure for utilization management purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverage(s) established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that utilization management decisions be made by a health care

professional who has appropriate clinical expertise regarding the service under review.

*Article II-P, Utilization Management, Contract,
September 30, 2004.*

The DCH-MHP contract provisions require that all services provided be medically necessary. With regard to prior authorization, the [REDACTED] Administrative Manual provides, in pertinent part:

Per the terms of the Plan contract with the Michigan Department of Community Health, Members may access any of the following services directly, without prior authorization or referral from the PCP or [REDACTED]:

- Emergency Room Services – Facility and Professional Components

* * * *

- Emergency Transportation

* * * *

Exhibit A, pp 25-26

The Michigan Medicaid Provider Manual provides, with regard to Ambulance services, in pertinent part:

1.1 GENERAL INFORMATION

This chapter applies to Ambulance providers and Hospital-Owned Ambulance Services.

The Michigan Department of Community Health (MDCH), which administers the Medicaid Program, reimburses for ambulance services as medically necessary and appropriate when:

- Medical/surgical or psychiatric emergencies exist; and/or
- No other effective and less costly mode of transportation for medical treatment can be used because of the beneficiary's medical condition.

Services that have been excluded from direct reimbursement to ambulance providers are:

- Services that are not medically necessary.

1.2 COMMON TERMS

The following terms have specific meanings in the Ambulance Program:

Emergency Medical Condition

An Emergency Medical Condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to pregnant women, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.

1.4 MEDICAL NECESSITY

The medical care personnel in attendance, including the Emergency Medical Technician (EMT) at the scene of an emergency, determine medical necessity and appropriateness of service within the scope of accepted medical practice and Medicaid guidelines. Medical necessity for nonemergency transports must be substantiated with a physician's written order. Ambulance providers must maintain documentation of the medical necessity and appropriateness of service in the beneficiary's file.

2.1 AIR AMBULANCE

MDCH reimburses air ambulance providers who are licensed by the State of Michigan and properly enrolled with MDCH. Providers must indicate on the enrollment application that they are requesting either fixed-wing air ambulance or helicopter air ambulance status.

2.1.B. HELICOPTER AIR AMBULANCE

Helicopter air ambulance providers must submit a copy of their license with their enrollment application. The Medicaid Provider Enrollment file reflects enrollment as a helicopter air ambulance provider.

MDCH covers helicopter air ambulance services only under the following circumstances:

- Time and distance in a ground ambulance would be a hazard to the life of the patient.
- Necessary care and services for the beneficiary's needs are not available at the local hospital.
- Transport is for medical or surgical procedures only and not for diagnostic purposes.

(Refer to the Ambulance Services subsection of this chapter for documentation requirements for emergency and medically necessary services.)

Coverage of helicopter air ambulance services includes the helicopter base rate, mileage, and waiting time:

- **Base Rate:** Reimbursement for the helicopter air ambulance base rate includes oxygen, equipment and supplies essential for the provision of services, and accompanying personnel.
- **Mileage:** Mileage may only be billed for loaded air miles.
- **Waiting Time:** Waiting time which exceeds 30 minutes is reimbursable as detailed in the Waiting Time subsection of this section.

*Medicaid Provider Manual
Ambulance Chapter
October 1, 2013, pp 1-6*

In its denial notice, the MHP indicated that Appellant did not meet the criteria for air transport because prior authorization was not obtained, medical necessity for air transport was not met, Appellant was stable from a respiratory standpoint at the time of transport, time to facility was not an issue with either physician involved, both physicians agreed that ground transport was appropriate, ██████████ (the referring hospital) requested ██████████ ambulance transport, and it would have been more expedient to transport patient via ambulance as requested.

Appellant's representative argued that, under the Medicaid Provider Manual, prior authorization is not required for emergency transport, both the doctor at ██████████ and the doctor at ██████████ Hospital eventually agreed and requested that Appellant be transferred via air transport, and medical necessity did exist for air transport. (Exhibit 1).

Here, it would appear from the above policy that Appellant's representatives are correct that prior authorization would not be required for the air transport at issue here because the MHP's own policy indicates that prior authorization is not required for "Emergency

Transportation”, and it is reasonable to conclude that “Emergency Transportation” would include the air transport at issue here.

In addition, it also appears that Appellant’s representative is correct that it would not have been more expedient to transport Appellant via ambulance. As Appellant’s representative points out in its appeal, the MHP’s conclusion that it would have been more expedient to transport Appellant via ambulance is only supported if one compares the time it took from the time air transport was dispatched until the time Appellant arrived at ██████████ Hospital, with the time it would have taken just to drive in an ambulance from one hospital to the other. Prep times would have been the same or similar for both modes of transportation, and Appellant’s mother also testified that the weather was bad on the date of service and the roads were icy. Hence, it likely would have taken significantly longer to transport Appellant via ambulance than it did to transport him by air. According to the evidence, actual time in the air transport was 9 minutes, while actual time in the ambulance would have been, in the best case scenario, 36 minutes. (Exhibit 1)

So, the only remaining question is whether it was medically necessary to transport Appellant via air. The MHP argues that Appellant’s vital signs were generally normal at the time of transport and that he had been at HFMH for close to 9 hours by the time he was transported. Appellant’s representatives argue that Appellant’s condition was worsening (or at the very least, not improving), that his heart rate was elevated, and that it was more appropriate to transport him via air because he would then have two critical care providers available to him in the helicopter while he only would have had one provider available to him in the ambulance.

Under its contract with the Department, an MHP may devise criterion for coverage of medically necessary services, as long as those criteria do not effectively avoid providing medically necessary services. The MHP’s air transport approval process is consistent with Medicaid policy and allowable under the DCH-MHP contract provisions. A close look at the documentation submitted supports the MHP’s position that air transport was not medically necessary. ██████████ at ██████████, the referring hospital, recommended, at least initially, that ambulance transportation for Appellant was sufficient. While ██████████ apparently later changed his mind, it should be pointed out that he only changed his mind after air transport was already on the scene. Furthermore, Appellant was not on any monitoring equipment or oxygen at the time of transport, and Appellant had been in the ██████████ emergency department for 6 hours and the pediatric floor for 3 hours by the time he was air lifted to ██████████ Hospital. Given the above, especially the fact that Appellant was in ██████████ for 9 hours before being transported, it is difficult to see how emergency transportation was medically necessary. The MHP’s determination is upheld based on the documentation submitted.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's request for emergency air transportation based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is AFFIRMED.



Robert J. Meade
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc:

[REDACTED]

RJM [REDACTED]

Date Signed: 04/09/2014

Date Mailed: 04/09/2014

***** 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.