

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

IN THE MATTER OF:

██████████,

Appellant

**Docket No.** 15-018951 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 Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████, 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. Appellant is a Medicaid beneficiary currently enrolled in the Healthy Michigan Plan and receiving services through ██████████, a managed care plan. (Exhibit A, p 28; Testimony)
2. Appellant has been enrolled in a Medicaid Health Plan, or managed care plan, since at least ██████████ (Exhibit A, p 28; Testimony)
3. Appellant submitted Medical Transportation Statements to the Department requesting mileage reimbursement for medical appointments from ██████████ through ██████████. (Exhibit A, pp 12-27; Testimony)

4. On ██████████ ██████████, the Department denied Appellant's request for medical transportation mileage reimbursement based on policy requiring persons enrolled in managed care plans to seek transportation costs through their health plan. (Exhibit A, p 10; Testimony)
5. On ██████████ ██████████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)

### **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 U.S. Department of Veteran Affairs hospitals and hospitals which do not charge for care.

#### **MEDICAL TRANSPORTATION NOT COVERED**

Do not authorize payment for the following:

- Transportation for non-covered services (for example a 12 step program, medically unsupervised weight reduction, trips to pharmacies for reasons other than obtaining MA-covered items).

- Transportation for medical services that have 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.
- Transportation services that are billed directly to the Medical Services Administration (MSA); see BILLED DIRECTLY TO MSA.
- Transportation for a client enrolled in managed care is limited unless one of the following applies:

***Medicaid Exception:*** For MA clients enrolled in managed care, medical transportation related to dental, substance abuse, and/or community mental health services program (CMHSP) services is the responsibility of the county MDHHS office and not the managed care plan.

***Healthy Michigan Plan Exception:*** For HMP clients enrolled in managed care, medical transportation related to substance abuse or CMHSP services is the responsibility of the county MDHHS office and not the managed care plan. **Transportation to dental services for HMP clients enrolled in managed care is the responsibility of the managed care plan.**

*Bridges Administrative Manual (BAM), 825 Medical Transportation*  
Pages 2-3 of 20, October 1, 2015  
Emphasis added.

The Department denied Appellant's request for medical transportation reimbursement based on her enrollment in a managed care plan, Meridian Health Plan of Michigan.

Appellant testified that she thought the only transportation request that was denied was from an appointment in May 2015 because some other smaller requests from July 2015 were approved by the Department. Appellant indicated that if she had been told sooner that she had to seek payment through her health plan, she would have done so. Appellant testified that she has since spoke to her health plan and they will not

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retroactively pay for medical transportation, so she has been stuck with the costs herself. Appellant indicated that she had to borrow money to pay for the trips from friends and family.

In response, the Department's Eligibility Specialist testified that she did not realize that the transportation costs would not be covered until she submitted it for payment and was then told by her supervisor that persons in a managed care plan were not eligible for medical transportation. The Department's Eligibility Specialist also indicated that the costs that were reimbursed by the Department were reimbursed in error.

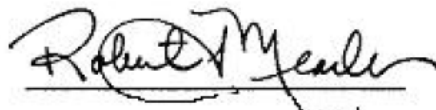
The above cited policy is clear that medical transportation costs are not covered by the Department for individuals enrolled in managed care plans unless the service is for substance abuse or community mental health services. The Medical Transportation Statements submitted by the Appellant do not establish that the services here were for 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 a managed care plan at the time of the dates of service, and the services were not substance abuse or community mental health services must be upheld.

**DECISION AND ORDER**


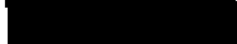
This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for medical transportation reimbursement based on the available information.

**IT IS THEREFORE ORDERED** that:

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



Robert J. Meade  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health  
and Human Services

Date Signed:   
Date Mailed: 

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RJM/cg

cc: [REDACTED]

**\*\*\* 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.