



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: July 1, 2016  
MAHS Docket No.: 16-005088  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

**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 Petitioner's request for a hearing.

After due notice, a hearing was held on June 2, 2016. [REDACTED], the Petitioner, appeared on her own behalf. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department).

During the hearing proceedings, the Department's Hearing Summary Packet was admitted as Exhibit A, pp. 1-7. The hearing record was left open for one day for Petitioner to provide her documentation regarding the medical transportation mileage reimbursement requests at issue. Petitioner's documentation was received on June 3, 2016, and has been admitted as Exhibit 1, pp. 1-14.

**ISSUE**

Did the Department properly process Petitioner's medical transportation mileage reimbursement requests?

**FINDINGS OF FACT**

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

1. Petitioner is a Medicaid beneficiary.
2. On [REDACTED], Petitioner submitted medical transportation mileage reimbursement requests to the Department for dates of service between [REDACTED]. (Exhibit 1)

3. The Department lost Petitioner's medical transportation mileage reimbursement requests, therefore, no case action was taken regarding these requests. (Exhibit A, p. 2; Appeals Review Officer Testimony)
4. On [REDACTED], Petitioner filed a hearing request contesting the Department's failure to act on her medical transportation mileage reimbursement requests within the Department's standard of promptness. (Exhibit A, p. 4)

### **CONCLUSIONS OF LAW**

The Medicaid program (MA) 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  
(January 1, 2016, pp. 2-3)*

#### **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 five multiple trips within a calendar month reflected on the MSA-4674-A, Medical Transportation Statement - Chronic and Ongoing Treatment.

The local office must receive the MSA-4674 from the transportation provider within 90 calendar days from the date of service to authorize payment. The local office must then approve the MSA-4674 and submit it to the appropriate MDHHS accounting service center within 10 business days of receipt of the form.

*Bridges Administrative Manual (BAM), 825 Medical Transportation  
(January 1, 2016, p. 14)*

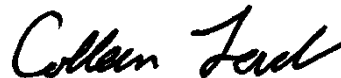
In this case, it was uncontested that the Department lost the medical transportation mileage reimbursement requests Petitioner submitted on [REDACTED]. Therefore, no case action was taken regarding these requests. (Exhibit A, p. 2; Exhibit 1; Appeals Review Officer Testimony) The Department's failure to act on Petitioner's requests for medical transportation mileage reimbursement with reasonable promptness must be reversed.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department failed to act on Petitioner's [REDACTED], medical transportation mileage reimbursement requests with reasonable promptness.

**IT IS, THEREFORE, ORDERED** that:

The Department's decision is **REVERSED**. If they have not already done so, the Department shall initiate processing Petitioner's [REDACTED], medical transportation mileage reimbursement requests in accordance with Department policy.



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**Colleen Lack**

Administrative Law Judge  
for Nick Lyon, Director

Department of Health and Human Services

CL/cg

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**Petitioner**



**DHHS Department Rep.**

