



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
MAHS Docket No.: 16-001025  
[REDACTED]  
[REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. Petitioner appeared and testified on her own behalf. [REDACTED] Appeals Review Officer, represented the Michigan Department of Health and Human Services (DHHS or Department). [REDACTED], Community Resource Coordinator, testified as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's request for medical transportation mileage 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. Petitioner is a Medicaid beneficiary who had an appointment with a [REDACTED] on or about [REDACTED]. (Exhibit A, page 6).
2. On [REDACTED] the [REDACTED] DHHS local office received a Medical Needs Transportation Statement seeking medical transportation mileage reimbursement with respect to that appointment. (Exhibit A, pages 6-7).

3. In that form, the medical provider completed Section II, but did not sign in Section IV and, instead, there was just an arrow draw from the provider's name in Section II to the part of Section IV where the medical provider was supposed to have signed. (Exhibit A, page 6).
4. The Medical Needs Transportation Statement was then returned to Petitioner as incomplete and she was advised that she needed to resubmit it with the medical provider's signature in Section IV. (Testimony of Department's Community Resource Coordinator).
5. On [REDACTED], the W [REDACTED] DHHS local office received another copy of the unsigned Medical Needs Transportation Statement. (Exhibit A, pages 15-16).
6. While still unsigned in Section IV, the local office then forwarded it to the Department's Accounting Center, which received the Medical Needs Transportation Statement on [REDACTED]. (Exhibit A, page 13).
7. On [REDACTED], the Accounting Center contacted the local office and requested that it provide a medical provider's signature for the form. (Exhibit A, page 14).
8. The local office then confirmed by email that the information in Section II was insufficient. (Exhibit A, page 20).
9. On [REDACTED], the [REDACTED] DHHS local office also sent Petitioner a letter indicating that the Medical Needs Transportation Statement was being returned to her as incomplete and that it needed a medical provider's signature in Section IV. (Exhibit A, page 19).
10. On [REDACTED], the Accounting Center again contacted the local office and requested the medical provider's signature, while also indicating that it would return the form for follow up if no signature was received by [REDACTED] (Exhibit A, page 13).
11. On [REDACTED], the Department's Accounting Center returned the statement and billings to the local [REDACTED] DHHS office unpaid due to the lack of a medical provider's signature on the form. (Exhibit A, page 12).
12. On [REDACTED], the Department's Community Resource Coordinator sent Petitioner a letter noting that a signed form has still not been received; that she has attached another copy of the form; and that Petitioner needs to return the signed form by [REDACTED] or the request for reimbursement would be denied. (Exhibit A, page 9).

13. On [REDACTED], the Department sent Petitioner written notice that her request for medical transportation mileage reimbursement was denied because the “Medical Transportation Statement for [REDACTED] was not returned with the medical provider’s signature.” (Exhibit A, page 5).
14. On [REDACTED], the [REDACTED] DHHS local office received another Medical Needs Transportation Statement seeking reimbursement for the appointment in [REDACTED]. (Exhibit A, page 8).
15. The new statement was the same as the previous one, but with the medical provider having signed it in Section IV. (Exhibit A, page 8).
16. On [REDACTED], the Department sent Petitioner written notice that her request for medical transportation mileage reimbursement was denied because the “Medical Transportation Statement for [REDACTED] was not properly completed within [REDACTED] days of the appointment.” (Exhibit A, page 5).
17. On [REDACTED] [REDACTED], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter regarding the denial of Petitioner’s request for reimbursement. (Exhibit A, pages 4-5).

### 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.

Medical transportation is a Medicaid covered service and the applicable Department policy governing medical transportation coverage in this case is found in Bridges Administrative Manual 825 (hereinafter “BAM 825”). That policy states in part:

Each Michigan Department of Human Services (MDHS) office must furnish information in writing and orally, as appropriate, to all applicants and to all other individuals who request it acknowledging that medical transportation is **ensured** for transportation to and from medical services providers for Medicaid (MA) covered services. Michigan Department of Community Health (MDCH) Publication 669, Medicaid Handbook Fee-for-Service, may be used to provide written information.

It is important that DHS staff verify client eligibility prior to the authorization of transportation in order to determine who is responsible for payment.

Payment for medical transportation may be authorized only after it has been determined that it is not otherwise available, and then for the least expensive available means suitable to the client's needs.

\* \* \*

### **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.

\* \* \*

### **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.

**Exception:** A MSA-4674 is not required for volunteer services drivers if a DHS-4681, Volunteer Transportation 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.

*BAM 825, 1-2, 14*

Here, Petitioner submitted MSA-4674 Medical Transportation Statements seeking medical transportation mileage reimbursement, but her requests were denied.

In support of its actions, the Department's witness testified that the first two times the Medical Transportation Statements were submitted, they could not be approved because they were not signed by the medical provider, as required by the above policy. She also testified that the Department gave Petitioner multiple opportunities to have the form resubmitted with the signature, but Petitioner failed to meet the final deadline set by the Department and that it therefore denied her request. The Department's witness further testified that, while the Department subsequently received a signed Medical Transportation Statement, the request was again denied as it was received more than ■ calendar days from the date of service, which is the deadline set in the above policy, and past the deadline set by the Department when it gave Petitioner additional time to resubmit the form.

In response, Petitioner testified that, while she does not dispute the timeline testified to by the Department's witness, she promptly did everything she was asked to do and she should not be penalized for her doctor's failure to initially sign the form or timely resubmit it. She also noted that she has never had a problem with submitting Medical Transportation Statements before or after the issues in this case.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her request for medical transportation mileage reimbursement.

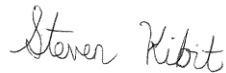
Given the record in this case, Petitioner has failed to meet that burden of proof and the Department's decision must therefore be affirmed. The above policy clearly provides that, in order to authorize payment, a Medical Transportation Statement must be received within 90 calendar days from the date of service and signed by the medical provider. Here, no Medical Transportation Statement signed by the medical provider was received within ■ calendar days of the date of service. Moreover, while the Department granted Petitioner additional time past ■ days to get the form signed and resubmitted, she failed to meet that deadline as well. To the extent Petitioner argues that she should not be punished for his doctor's failures, the undersigned Administrative Law Judge is sympathetic as she is somewhat dependent on her doctor to complete the form, but her argument must still be rejected in light of the above policy and undisputed facts in this case.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's request for medical transportation mileage reimbursement.

**IT IS THEREFORE, ORDERED** that:

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



SK/db

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**Steven Kibit**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**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

**Agency Representative**

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

**DHHS Department Rep.**

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]