

**FILED**

**APR 25 2014**

STATE OF FLORIDA  
DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF APPEAL HEARINGS

OFFICE OF APPEAL HEARINGS  
DEPT. OF CHILDREN & FAMILIES



APPEAL NO. 14F-00882

PETITIONER,

Vs.

AGENCY FOR HEALTH  
CARE ADMINISTRATION  
CIRCUIT: 07 Flagler  
UNIT: AHCA

RESPONDENT.

**FINAL ORDER**

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on March 6, 2014 at 8:42 a.m.

**APPEARANCES**

For the Petitioner:



For the Respondent:

Deweece Ogden  
Medical Health Care Program Analyst  
Agency for Health Care Administration (AHCA)

**ISSUE**

Whether petitioner should be reimbursed for travel expenses associated with a dental appointment on January 7, 2014.

**PRELIMINARY STATEMENT**

Petitioner appeared pro se. Petitioner's composite exhibit "1" was accepted into evidence.

Petitioner's evidence was not received by the respondent. The admitted exhibit was e-mailed to the respondent by the undersigned. The record was held open through March 13, 2014 to facilitate respondent's review and, if desired, response in writing. A response was not received.

Ms. Ogden appeared as both the representative and witness for the respondent. Respondent's composite exhibit "1" was accepted into evidence.

**FINDINGS OF FACT**

1. Petitioner is an adult female (date of birth: [REDACTED]).
2. At all times relevant to this proceeding, petitioner was Medicaid eligible.
3. In January 2014 wisdom teeth erupted under petitioner's denture. The dental condition resulted in pain.
4. A dental appointment was scheduled for January 7, 2014. The dentist was located in Duval County.
5. When certain conditions are met, Medicaid provides transportation to covered medical services.
6. Petitioner has never used Medicaid transportation services.
7. Flagler County Transport provides transportation to Medicaid beneficiaries residing in Flagler County.

8. In advance of the dental appointment, petitioner attempted several times to contact Flagler County Transport to schedule transportation. Petitioner called 904-798-4251 for this purpose. Petitioner was not successful making contact. Additionally, a reply was not received from the party called.

9. The phone number 904-798-4251 is not associated with Flagler County Transport.

10. The party associated with the phone number 904-798-4251 is not known.

11. Flagler County Transport never issued an authorization for transportation to the dental appointment at issue.

12. Petitioner hired an individual to transport her to the dental appointment. The total cost of the trip was \$60.00.

13. On January 9, 2014 petitioner contacted the Area 4 Medicaid Office by e-mail.

Petitioner requested reimbursement for the travel expenses. Petitioner wrote, in part:

I need a claim paper that I had to go 47 miles one way to see a dental I [REDACTED] paid \$60.00 to go for dental care I have my receipts no transportant were avible to me I want to be reimbrise I received SSI 721 per I need my money back I called for 3 day for transportation phone no 9047984251 no repley ...

14. On January 10, 2014, a representative from the Area 4 Medicaid Office sent to petitioner an e-mail which stated, in part:

Unfortunately, you are not eligible for a reimbursement. The phone number that you dialed for three days (904-798-4251), is not the phone number for transportation. The Medicaid transportation provider in Flagler County is Flagler County Transport. Their phone number is (386) 313-4100 and their fax number is (386) 313-4143. They have been the Flagler county Medicaid transportation provider for several years now and they

are very responsive to Medicaid recipients in Flagler County who have no other means of transportation to their Medicaid covered services.

The process to request transportation is:

1. You must not have any other means of transporting yourself to your Medicaid covered services.
  2. You must contact the Medicaid transportation provider for your county (Flagler County Transport) and let them know that you need transportation assistance.
  3. The Medicaid transportation provider will mail you an application which will verify that you have no other means of transportation.
  4. You must give Flagler County Transport three days' notice for scheduling purposes.
15. Other than the e-mail dated January 10, 2014, no other notice regarding reimbursement was issued by the respondent.
16. On January 27, 2014 petitioner contacted the Office of Appeal Hearings and requested a hearing in regard to the reimbursement matter.
17. Petitioner states she was aware she must "apply" for transportation services and then wait for approval. Petitioner opines this process can take a week or two and she required immediate dental assistance.

#### **CONCLUSIONS OF LAW**

18. By agreement between the Agency for Health Care Administration (AHCA) and the Department of Children and Families, AHCA has conveyed jurisdiction to the Office of Appeal Hearings to conduct this hearing pursuant to § 120.80, Fla. Stat.
19. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 65-2.056.

20. In accordance with Fla. Admin. Code § 65-2.060 (1), the burden of proof was assigned to the petitioner. The standard of proof in an administrative hearing is by a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence," (Black's Law Dictionary at 1201, 7<sup>th</sup> Ed.).

21. In regard to this matter, analysis is first directed to respondent's notification process. It is noted that petitioner's only notification was through an e-mail dated January 10, 2014. As a result of this e-mail, petitioner was aware that her request for transportation reimbursement was denied. In response to that e-mail, petitioner timely requested a fair hearing and this proceeding followed. Consequently, petitioner right to a fair hearing was not compromised.

22. Analysis next turns to respondent's action related to the reimbursement request.

23. Fla. Admin. Code R. 59G-4.330 implements limitations for transportation services covered by Medicaid. These limitations are defined in the Florida Medicaid Transportation Coverage and Limitations Handbook (Transportation Handbook) – July 1997.

24. A coordinated system of transportation for Medicaid recipients exists in Flagler County. Page 2-2 of the Transportation Handbook identifies the role of a transportation coordinator and states: "Transportation Coordinators are responsible for receiving requests for transportation services, verifying the recipient's eligibility, prior authorizing the service, selecting the appropriate mode of transportation, and scheduling the least-costly carrier."

25. Pages 7-1 through 7-2 of the Transportation Handbook further explains prior and post authorization requirements and states in part:

**Prior Authorization Requirements**

All transportation services, except for emergency ambulance, must be prior authorized by the local transportation coordinator. For the purposes of this handbook, the entity responsible for authorizing transportation is referred to as the "Coordinator."

**Post Authorization**

Post authorization may be granted only if the medical service is immediately necessary because of an urgent situation and the Coordinator is unavailable and therefore, prior authorization cannot be obtained.

**Who Makes the Request**

The recipient or the recipient's representative calls the Coordinator to request transportation.

26. The only noted exception for prior authorization is in regard to emergency ambulance service. Such is not applicable to the issue before the undersigned.

27. A post authorization is permitted under specific conditions and when the transportation coordinator is not available.

28. Neither evidence nor testimony establishes the transportation coordinator was not available. Rather, petitioner's transportation issue focuses on calling a phone number not associated with Flagler County Transport.

29. Should a prior authorization request be denied, page 7-4 of the Transportation Handbook states "If the prior authorization is denied, the recipient has the right to appeal the decision."

30. The Findings of Fact establish no type of transportation authorization was issued by Flagler County Transport for the dental appointment on January 7, 2014.

31. It is noted that petitioner was aware of a prior authorization process as demonstrated by attempts to contact Flagler County Transport.

32. In regard to reimbursements to Medicaid beneficiaries, Fla. Admin. Code R. 59G-5.110, Claims Payment, further explains:

(1)(a) The agency provides eligible individuals with access to Medicaid services and goods by direct payment to the Medicaid provider upon submission of a payable claim to the fiscal agent contractor. Except as provided for by law or federal regulation, payments for services rendered or goods supplied shall be made by direct payment to the provider except that payments may be made in the name of the provider to the provider's billing agent if designated in writing by the provider. **Direct payment may be made to a recipient who paid for medically necessary, Medicaid-covered services received from the beginning date of eligibility (including the three-month retroactive period) and paid for during the period of time between an erroneous denial or termination of Medicaid eligibility and a successful appeal or an agency determination in the recipient's favor [emphasis added].** The services must have been covered by Medicaid at the time they were provided. Medicaid will send payment directly to the recipient upon submission of valid receipts to the Agency for Health Care Administration. All payments shall be made at the Medicaid established payment rate in effect at the time the services were rendered. Any services or goods the recipient paid before receiving an erroneous determination or services for which reimbursement from a third party is available are not eligible for reimbursement to the recipient.

33. The Findings of Fact establish petitioner was eligible for Medicaid at all times relevant to this proceeding. Consequently, petitioner's reimbursement request is not related to an erroneous denial or termination of Medicaid eligibility.

34. Petitioner has not established by the required evidentiary standard that respondent's action in this matter was incorrect.

35. Based on the authorities cited above, the respondent correctly denied petitioner's request for reimbursement of transportation expenses.

**DECISION**

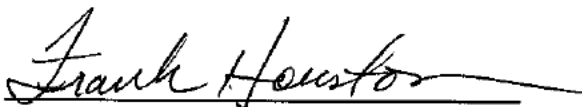
Based upon the foregoing Findings of Fact and Conclusions of Law, the petitioner's appeal is DENIED and respondent's action is AFFIRMED.

**NOTICE OF RIGHT TO APPEAL**

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The petitioner is responsible for any financial obligations incurred as the agency has no funds to assist in this review.

DONE and ORDERED this 25 day of April, 2014,

in Tallahassee, Florida.



Frank Houston  
Hearing Officer  
Building 5, Room 255  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700  
Office: 850-488-1429  
Fax: 850-487-0662  
Email: Appeal\_Hearings@dcf.state.fl.us

Copies Furnished To:

 Petitioner  
Lisa Broward, Area 4, AHCA Field Office Manager