

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 739299

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ ██████████ 2015, BeneCare Dental Health Plans (“BeneCare”), administered by the Connecticut Dental Health Partnership (“CTDHP”), sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of orthodontia for ██████████, her minor child. The NOA stated that the severity of the ██████████ malocclusion did not meet the criteria set in state regulations to approve the proposed treatment.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization of orthodontia.

On ██████████ ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, OLCRAH issued a notice rescheduling the administrative hearing at the Appellant’s request for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61, and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ the Appellant
██████████ ██████████, the Appellant’s minor child and subject of the hearing

Nettie Sarro, CTDHP Grievance & Appeals Representative
 Dr. Julius Gold, CTDHP Dental Consultant, via telephone conference call
 Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2016, the record closed.

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of prior authorization through the Medicaid program for [REDACTED] orthodontic services was correct.

FINDINGS OF FACT

1. The Appellant is the mother of the minor child, [REDACTED] [REDACTED] whose date of birth is [REDACTED] 2004. (Hearing record and Exhibit 1: Request claim form)
2. [REDACTED] is a participant in the Medicaid program, as administered by the Department. (Hearing Record)
3. [REDACTED] already had braces when the Appellant and [REDACTED] moved to Connecticut from New York last year. (Appellant's testimony)
4. The Connecticut Dental Health Partnership, ("CTDHP") also known as BeneCare Dental Plans, is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing Record)
5. On [REDACTED] 2015, BeneCare received a prior authorization request from Dr. Pradipta Mazumder for full orthodontic treatment (braces) for the [REDACTED]. The request noted "active ortho treatment of approximately 15 months for transfer patient from another state." (Exhibit 1: Prior Authorization Request)
6. On [REDACTED] 2015, BeneCare received a Preliminary Handicapping Malocclusion Assessment Record with a score of 24 points, dental models and X-rays of [REDACTED] mouth from Dr. Mazumder. Dr. Mazumder noted that [REDACTED] was congenitally missing tooth number 10. (Ex. 2: Malocclusion Assessment Record signed [REDACTED], 2015)
7. A single missing tooth does not constitute a severe deviation and there are treatment options other than orthodontia. (Dr. Gold's testimony)
8. [REDACTED] has not seen an orthodontist in seven months and her teeth are shifting and getting more crooked. (Appellant's testimony)

9. ██████ back teeth hurt when she eats. Pieces of the braces have broken off in her mouth and front teeth are pushing forward. (██████ testimony)
10. On ██████ 2015, Dr. Robert Gange, DDS, BeneCare's orthodontic consultant, reviewed all of the information submitted by the treating orthodontist and determined that ██████ scored 5 points on the Malocclusion Assessment Record. Dr Gange did not respond to the question regarding severe deviations affecting the mouth and underlying structures. (Ex. 3: Dr. Gange's Malocclusion Assessment Record)
11. On ██████ 2015, BeneCare issued a notice denying the request for braces for ██████ (Exhibit 4: Notice of Action for Denied Services)
12. On ██████ 2016, Dr. Geoffrey Drawbridge, orthodontic consultant for BeneCare, independently reviewed ██████ records and arrived at a score of 9 points on the Malocclusion Assessment Record. Dr. Drawbridge noted that there were no severe deviations affecting ██████ mouth and underlying structures. (Exhibit 7: Dr. Drawbridge's Malocclusion Assessment Record)
13. There was no evidence presented of emotional, mental or behavioral issues related to the condition of ██████ mouth. (Record)
14. On ██████ 2015, BeneCare issued a letter to the Appellant advising that they had conducted an appeal review and the initial denial was upheld. It further stated that her provider's request for approval of braces for ██████ was denied for the following reasons: her score of 9 points was less than the 26 points needed for coverage; there was no presence found of any deviations affecting the mouth or underlying structures; there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the conditions of her teeth. (Exhibit 8: BeneCare determination letter)
15. On ██████ 2016, BeneCare issued a letter to the Appellant notifying her that her request of orthodontic services for ██████ was now approved. (Exhibit 10: CTDHP letter of ██████ 2016)

CONCLUSIONS OF LAW

1. Section 17b-2(8) of the Connecticut General Statutes states that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Uniform Policy Manual (“UPM”) § 1570.05(A) provides that the purpose of the Fair Hearing process is to allow the requester of the Fair Hearing to present his or her case to an impartial hearing officer if the requester claims that the Department has either acted erroneously or has failed to take a necessary action within a reasonable period of time.
3. UPM § 1570.25(C) provides in part that the administrative duties of Fair Hearing Official is to determine the issue of the hearing, consider all relevant issues, and render a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.
4. CTDHP overturned their denial of the request for braces for [REDACTED]
5. There is no denial of services or dispute for the undersigned to adjudicate.

DECISION

The Appellant’s appeal is **DISMISSED AS MOOT.**

Maureen Foley-Roy
Maureen Foley-Roy
Hearing Officer

CC: Diane D’Ambrosio, CTDHP
Rita LaRosa, CTDHP

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.