

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

██████████ 2018
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # ██████████ 113015

██████████
██████████

NOTICE OF DISMISSAL

On, ██████████ 2017, Connecticut Dental Health Partnership / BeneCare Dental Plans ("BeneCare") sent ██████████ a notice of action denying a request for prior authorization of orthodontia for minor child, ██████████, indicating that the severity of ██████████ malocclusion did not meet the medical necessity requirement to approve the proposed treatment.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefit.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

The administrative hearing was rescheduled at the Appellant's request. On ██████████ 2018, OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████, 2018, in accordance with sections 17b-60, 17b-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:

██████████, Appellant
Rosaurio Monteza, BeneCare's Representative
Dr. Joseph D'Ambrosio, BeneCare's Dental Consultant (via telephone)

Sybil Hardy, Hearing Officer

On [REDACTED] 2018, the hearing record was re-opened to allow CTDHP additional time to review new medical evidence submitted into the record. On [REDACTED] 2018, the hearing 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 in accordance with state law.

FINDINGS OF FACT

1. The Appellant is the mother of the child, [REDACTED]. (Hearing Record, Appellant's Testimony)
2. [REDACTED] is 11 years old [REDACTED] and a participant in the Medicaid program, as administered by the Department. [REDACTED] (Appellant's Testimony, Exhibit 2: [REDACTED] Malocclusion Severity Assessment, [REDACTED]/17)
3. BeneCare is the Department of Social Services' (the "Department") contractor for reviewing dental provider's request for prior authorization of orthodontic treatment. (Hearing Record)
4. [REDACTED] in [REDACTED] Connecticut is [REDACTED] treating orthodontist (the "treating orthodontist"). (Hearing Record, Exhibit 1: Prior Authorization Claim Form, [REDACTED]/17)
5. On [REDACTED] 2017, BeneCare denied the treating orthodontist's request for prior authorization for orthodontic services for the reason that [REDACTED] did not meet Phase One treatment guidelines. (Exhibit 4: NOA, [REDACTED]/17)
6. On [REDACTED] 2018, the Appellant requested an administrative hearing to contest the Department's decision to deny coverage of services. (Hearing Record, Exhibit 5: Administrative Hearing Request, [REDACTED] 18)
7. On [REDACTED] 2018, the administrative hearing was held and the hearing remained open for the submission of additional medical evidence. (Hearing Record)
8. On [REDACTED] 2018, BeneCare reviewed new medical evidence and determined that [REDACTED] now meets the medical necessity criteria. (Exhibit 10: Review of New Medical Evidence, [REDACTED]/18)
9. As a result of the Medical Review, BeneCare approved orthodontic treatment for [REDACTED] and the denial was overturned. BeneCare's decision to approve the Appellant's

orthodontic treatment means there has been no “action” taken to deny orthodontic services under the HUSKY program. (Exhibit 10)

CONCLUSIONS OF LAW

1. Section 17b-2 & 17b-262 of the Connecticut General Statutes designates that the Department is the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program.
2. Uniform Policy Manual (“UPM”) § 1570.25 (c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department, in accordance with the Department’s policies and regulations. The Fair Hearing decision is intended to resolve the dispute.

UPM § 1570.25(F)(1) provides that the Department must consider several types of issues at an administrative hearing, including the following:

- a. eligibility for benefits in both initial and subsequent determinations

The Department has approved the Appellant’s request for orthodontic treatment. Thus, the Appellant has not experienced any loss of benefits.

The Appellant’s hearing issue has been resolved. Therefore, there is no issue on which to rule. “When the actions of the parties themselves cause a settling of their differences, a case becomes moot.” McDonnell v. Maher, 3 Conn. App. 336 (Conn. App. 1985), citing, Heitmuller v. Stokes, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921). The service which the Appellant had originally requested has been approved; there is no practical relief that can be afforded through an administrative hearing.

DECISION

The Appellant’s appeal is **DISMISSED** as moot.



 Sybil Hardy
 Hearing Officer

Pc: CHNCT

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.