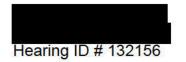
# STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD, CT 06105-3725

2019 Signature Confirmation



## **NOTICE OF DECISION**

### **PARTY**



## PROCEDURAL BACKGROUND

On, 2018, Community Health Network of CT ("CHNCT"), sent
for prior authorization for inpatient surgery for a vaginoplasty and breast augmentation with Dr.
On, 2018, the Appellant requested an administrative hearing to contest the Department's denial of the medical service.
On 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") scheduled an administrative hearing for 2019.
On 2019, 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 participated in the hearing:
, Appellant

, Appellant's mother and witness

Heather Shea, Registered Nurse, CHNCT

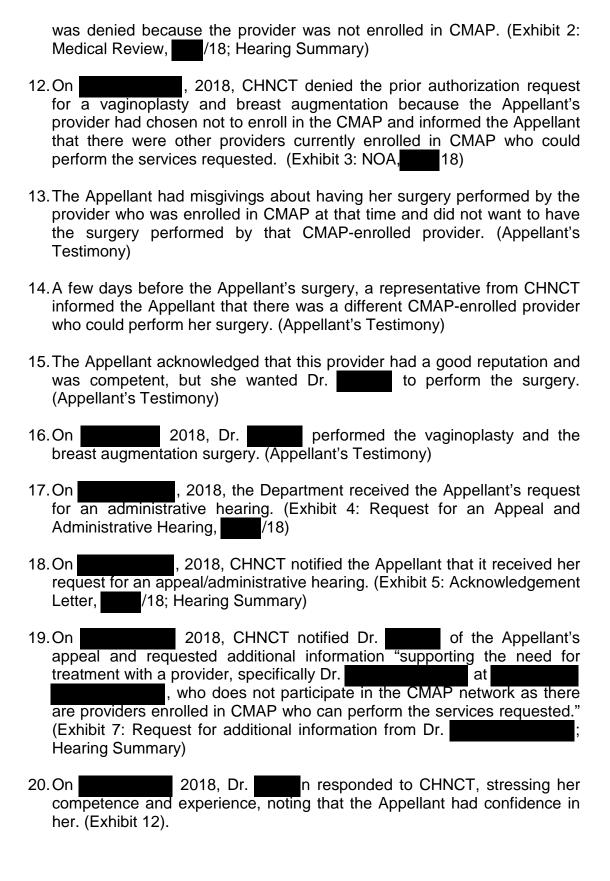
Carla Hardy, Hearing Officer

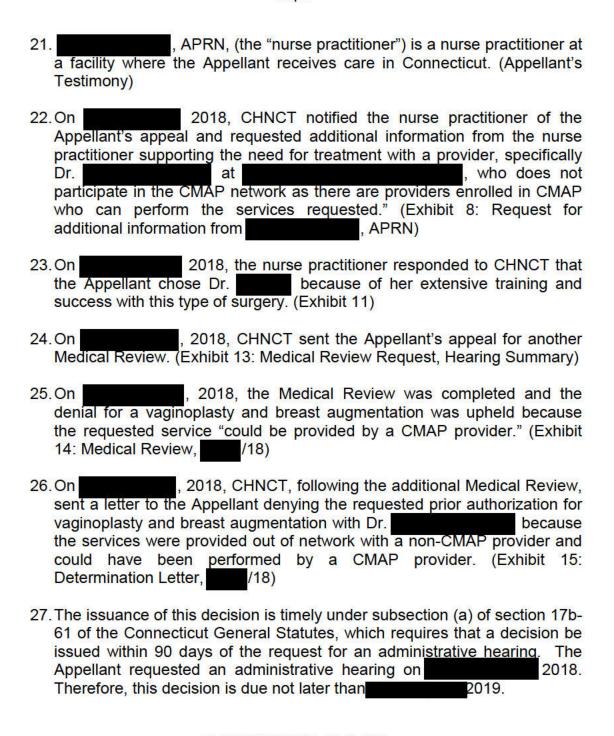
# STATEMENT OF THE ISSUE

The issue to be decided is whether it was correct for CHNCT decision to deny prior authorization for a vaginoplasty and breast augmentation to be performed by an out-of-state provider who refused to enroll in the Connecticut Medical Assistance Program ("CMAP")?

### **FINDINGS OF FACT**

	\ <u></u>
1.	The Appellant is years old (DOB /87). (Exhibit 1: Prior Authorization Request, /18)
2.	The Appellant is a participant in the Medicaid program, which is one of the medical assistance programs that is part of CMAP and administered by the Department of Social Services (the "Department"). (Hearing Record)
3.	CHNCT is the Department's contractor for administering the Medicaid program. (Hearing Record)
4.	Dr. is a Plastic and Reconstructive Surgeon. (Exhibit 1)
5.	Dr. practices at in ,
6.	On and asked her to enroll in CMAP. (Exhibit 3: NOA, Hearing Summary; CHNCT's Testimony)
7.	Dr. responded to the CHNCT representative that she chose not to enroll in CMAP. (Exhibit 3: MOA, 2018).
8.	Neither Dr. is enrolled in CMAP. (Exhibit 1)
9.	Neither Dr. accepts Medicaid. (Exhibit 1)
10	On submitted a request for prior authorization for a vaginoplasty and breast augmentation for a diagnosis of gender dysphoria. (Exhibit 1)
11	On 2018, the CHNCT's Medical Reviewer ("MR") denied the request for prior authorization. The MR determined that, while the medical information submitted by Dr. substantiated the medical necessity of the vaginoplasty and the breast augmentation, the request





### CONCLUSIONS OF LAW

 The Department is the designated 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. [Conn. Gen. Stat. §17b-2(8); Conn. Gen. Stat. §17b-262]

- 2. Section 17b-262-524(a) of the Regulations of Connecticut State Agencies provides that, to enroll in CMPA and receive payment from the Department, providers shall:
  - (1) Meet and maintain all applicable licensing, accreditation and certification requirements;
  - (2) meet and maintain all departmental enrollment requirements including the timely submission of a completed provider enrollment or reenrollment form and submission of all enrollment information and such affidavits as the department may require; and
  - (3) have a valid provider agreement on file which is signed by the provider and the department. This agreement, which shall be periodically updated, shall continue to be in effect for the duration specified in the agreement. The provider agreement specifies conditions and terms that govern the program and to which the provider is mandated to adhere in order to participate in the program.
- Section 17b-262-531(e) of the Regulations of Connecticut State Agencies provides that the Department "shall make payment only to a duly enrolled provider."
- 4. Section 17b-262-532(c) of the Regulations of Connecticut State Agencies provides that, "[i]n order to be paid for goods or services, out-of-state providers shall enroll in the Connecticut Medical Assistance Program."
- 5. CHNCT correctly determined that Dr. was not eligible to receive Medicaid reimbursement for the service she provided to the Appellant because she is not, and refused to become, enrolled as a CMAP provider.
- 6. CHNCT was correct to deny the request for prior authorization for vaginoplasty and breast augmentation from Dr. , a provider outside the CMAP network, because the requested services could have been performed by a provider who is enrolled in CMAP.

### **DECISION**

The Appellant's appeal is **DENIED**.

Carla Hardy Hearing Officer

Pc: appeals@chnct.org Fatmata Williams, DSS

### 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.