

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

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

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, VEYO Healthcare Logistics, sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying her transportation services because there is a closer appropriate provider offering the same services.

On ██████████ 2019, the Appellant requested an administrative hearing to contest Veyo's decision to deny medical transportation services to her current treating provider.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the 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 were present at the hearing:

██████████ Appellant
Arrika Denbin, Clinical Coordinator, Veyo
Karen Reid, Quality Assurance Supervisor, Veyo
Shevonne Alexis, Quality Assurance Coordinator, Veyo
Shelley Starr, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether Veyo is correct to deny transportation services to the Appellant's medical provider due to lack of medical necessity.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Appellant's Testimony; Hearing Record)
2. Veyo Healthcare Logistics is the Department's contractor for reviewing and scheduling the Medicaid recipient's requests for non-emergency medical transportation. (Veyo's Testimony; Hearing Record)
3. The Appellant resides in [REDACTED] Connecticut, which is located in an urban area of Connecticut. (Hearing Summary; Exhibit 5: CT office of Rural Health Map; Veyo's Testimony)
4. The contractual mileage guidelines state that members traveling outside of 10 miles in an urban area or 20 miles in a rural area are required to document their medical necessity need. (Hearing Summary; Veyo's Testimony; Hearing Record)
5. The Appellant receives non-emergency medical transportation services to her medical provider, [REDACTED] located at [REDACTED] where she receives drug rehabilitation services and methadone maintenance treatments. (Veyo's Testimony; Appellant's Testimony; Hearing Record)
6. The approximate distance from the Appellant's [REDACTED] home address to the [REDACTED] is approximately 18.5 miles, which is 8.5 miles over the contractual mileage guidelines. (Hearing Summary; Veyo's Testimony; Hearing Record)
7. On [REDACTED] 2019, Veyo determined that there are several providers that offer the same services and treatments that the Appellant is receiving in closer proximity. (Hearing Summary; Veyo's Testimony)
8. On [REDACTED] 2019, Veyo sent to the Appellant a Notice of Action informing her that transportation services would end effective [REDACTED] 2019, because the provider is outside of the local community and there are closer clinics who offer the same services and treatments as the Appellant's current clinic, [REDACTED] (Hearing Summary; Exhibit 1: Notice of Action dated [REDACTED] 2019)
9. On [REDACTED], 2019, Veyo received a letter of medical necessity from [REDACTED], [REDACTED]. The form was incomplete as it did not

provide a signature by a Licensed Practitioner. (Hearing Summary; Veyo's Testimony)

10. On [REDACTED] 2019, a Veyo Clinical Coordinator reviewed the letter of medical necessity document and determined that it could not be processed because a signature by a licensed practitioner was omitted. (Hearing Summary; Veyo's Testimony)
11. On [REDACTED] 2019, the Appellant contacted Veyo for an update on the status of her transportation services and was advised that a new medical necessity form is needed with the required signature. (Hearing Summary; Veyo's Testimony)
12. On [REDACTED], 2019, Veyo received an email from the Appellant with a new medical necessity form completed and signed by [REDACTED] who is the Appellant's Primary Care Physician located on [REDACTED], [REDACTED] (Hearing Summary; Appellant's Testimony; Hearing Record)
13. The letter of medical necessity completed by [REDACTED] stated, "client has medication that other clinics do not accept client with this medication." (Hearing Summary; Veyo's Testimony; Hearing Record)
14. On [REDACTED], a Veyo Clinical Coordinator reviewed the letter of medical necessity received from [REDACTED] and contacted [REDACTED] to obtain details to clarify which medication the Appellant is receiving that is a barrier to the Appellant receiving treatment at other area clinics. Veyo did not receive a response from [REDACTED]. (Hearing Summary; Veyo's Testimony)
15. [REDACTED] is the Administrative Services Organization for behavioral health services in the State of Connecticut. It provides DSS and Veyo information pertaining to medical necessity for behavioral health needs and lists prescribed medications. (Hearing Summary; Veyo's Testimony)
16. On [REDACTED] 2019, Veyo verified through the [REDACTED] interchange that the Appellant has no history of prescription medications since [REDACTED] of 2018. There are no active claims for a benzodiazepine medication or Gabapentin. (Veyo's Testimony; Hearing Summary)
17. On [REDACTED] 2019, Veyo sent the Appellant a Notice of Action, informing the Appellant that based on her medical necessity form, Veyo can only cover transportation to the closest appropriate provider and it has been determined that there are closer clinics within the community who offer the same services/treatments for non-emergency medical transportation services. (Veyo's Testimony; Exhibit 2: Notice of Action dated [REDACTED] 2019; Hearing Record)
18. On [REDACTED] 2019, Veyo received a second Medical Necessity form from [REDACTED] [REDACTED] with a hearing request advising that "the closer facility does not

allow client to be on benzodiazepine or Gabapentin which client is on and needs to continue to take.” “The clinic that is closer to client does not allow patients to be on Benzodiazepines which is why this client left there to begin with. I have spoken with clinic they will not accept the client. Therefore, we will appeal.” (Hearing Summary; Exhibit 4: Letter of Medical Necessity signed by [REDACTED] dated [REDACTED] 2019)

19. On [REDACTED] 2019, the Medical Necessity form was reviewed by a Veyo Clinical Coordinator. Based on the letter of medical necessity and the DSS Interchange through [REDACTED], the mileage request to [REDACTED] was denied due to closer providers being available. (Hearing Summary; Veyo's Testimony)
20. On [REDACTED] 2019, Veyo sent the Appellant a Determination letter, informing the Appellant that the Medical Necessity form was reviewed for the need to travel outside of your local community to see a provider, and it has been determined that there are closer clinics within your community who offer the same services and treatments. Veyo determined there is no medical need for the Appellant to see the provider outside of her local community. (Hearing Summary; Exhibit 3: Veyo Determination letter dated [REDACTED] 2019)
21. The Appellant is not currently taking a benzodiazepine or Gabapentin. She is currently taking Methadone and over the counter vitamins and is willing to schedule an intake appointment at a closer appropriate provider. (Appellant's Testimony; Hearing Record)
22. The hearing record does not reflect that the Appellant's current provider, [REDACTED], is providing services that are not provided by a closer appropriate provider. (Hearing Record)
23. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2019. Therefore, this decision is due not later than [REDACTED] 2019.

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 and 17b-262 provides that the Department of Social Services is the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act. The commissioner may make such regulations as are necessary to administer the medical assistance program.
2. Connecticut General Statutes § 17b-276(a) provides in part that the Commissioner of Social Services shall identify the geographic area of the state

where competitive bidding for nonemergency transportation services provided to medical assistance recipients to access covered medical services would result in cost savings to the state.

3. Connecticut General Statutes § 17b-276(c) provides that the Commissioner of Social Services shall only authorize payment for the mode of transportation service that is medically necessary for a recipient of assistance under a medical assistance program administered by the Department of Social Services.
4. Connecticut General Statutes § 17b-259(b) provides for purposes of the administration of the medical assistance programs by the Department of Social Services, “medically necessary” and “medical necessity” mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual’s medical condition, including mental illness, or its effect, in order to attain or maintain the individual’s achievable health and independent functioning provided such services are (1) consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual’s illness, injury or disease; (3) not primarily for the convenience of the individual, the individual’s health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results or treatment of the individuals illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
5. Connecticut General Statutes § 17b-259b(b) provides that clinical policies, medical policies, clinical criteria or any other generally accepted practice guidelines used to assist the evaluation of medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.
6. Connecticut General Statutes § 17b-259(b)(c) provides that upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity.
7. Regulations of Connecticut State Agencies § 17-134d-33(d) provides that payment for medical transportation services is available for all Medicaid eligible recipients subject to the conditions and limitations which apply to these services.

8. Regulations of Connecticut State Agencies § 17-134d-33(e)(2)(B) provides the Department reserves the right to limit its payment of transportation to the nearest appropriate provider of medical services when it has made a determination that traveling further distances provides no medical benefit to the recipient.
9. Regulations of Connecticut State Agencies § 17 -134d-33(e)(2)(C) provides that the Department may pay for only the least expensive appropriate method of transportation, depending on the availability of the service and the physical and medical circumstances of the patient.
10. Regulations of Connecticut State Agencies § 17-134d-33(f)(1) provides that the Department may pay for transportation services which are required in order for a recipient to receive necessary medical care which is covered under the Medicaid program.

Veyo is correct to cover medical transportation services to the nearest appropriate provider of medical services.

Veyo is correct to discontinue medical transportation services for the Appellant to her medical provider located at [REDACTED] because based on medical necessity there are available closer clinics offering the same services and treatments.

DECISION

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



Shelley Starr
Hearing Officer

pc: Hunter Griendling, Veyo
Mark Fenaughty, Veyo
Theresa Rugens, 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 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 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.