

On [REDACTED] 2020, at the Appellant's request, the OLCRAH issued another notice rescheduling the administrative hearing for [REDACTED] 2020.

On [REDACTED], 2020, 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 participated by telephone at the hearing:

[REDACTED], Appellant
 [REDACTED], Appellant's Mother
 [REDACTED], Appellant's Attorney
 Karen Reid, Quality Assurance Supervisor, Veyo
 Shevonne Alexis, Quality Assurance Coordinator, Veyo
 Swati Sehgal, Fair Hearing Officer

The hearing record was left open for the submission of additional information. The Hearing record was closed on [REDACTED] 2020.

STATEMENT OF THE ISSUE

The issue to be decided is whether Veyo's decision to change the Appellant's mode of non-emergency medical transportation service from Mileage Reimbursement to Public Transportation was in accordance with state statutes and state regulations.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program is administered by the Department of Social Services (the "Department"). (Hearing Record)
2. Veyo is the Department's contractor for reviewing and scheduling the Medicaid recipient's requests for non-emergency medical transportation. (Hearing Record)
3. The Appellant is a patient of the [REDACTED] ("Clinic") located at [REDACTED]. The Appellant resides in [REDACTED]. (Appellant's Testimony)
4. The Appellant goes to the clinic six days a week to receive a dose of methadone. The clinic opens until 9:00 AM for dispensing methadone. The

Appellant schedules her appointment between 6:00 and 7:00 AM to secure her time slot. (Appellant's Testimony)

5. The Appellant drives herself to the scheduled appointments. (Appellant's Testimony)
6. On [REDACTED], 2020, Veyo issued a Notice to the Appellant changing her mode of transportation for non-emergency appointments from Mileage Reimbursement to Public Transportation due to member fraud. Notice further stated, "294 trips which were not validated by the treating provider/facility, Duplicate trip submissions, and/or no related claims for HUSKY covered services were submitted for payment by the treating provider/facility." (Exhibit 1: Notice of Action, [REDACTED]/2020)
7. On [REDACTED] 2020, Veyo issued a Notice for Mileage Reimbursement Audit and Demand for Payment. It asked for reimbursement of \$2,341.52, which is the total amount of payments made to the Appellant between [REDACTED], 2018, and [REDACTED] 2018, and could not be validated. (Exhibit 2: Mileage Reimbursement Audit and Demand Letter)
8. On [REDACTED] 2020, the Clinic sent a trip verification letter to Veyo-Compliance along with dosing history from [REDACTED], 2017, through [REDACTED], 2018. (Exhibit G: Letter from Clinic and Dosing History)
9. On [REDACTED] 2020, The Clinic sent the same information again to Veyo-Compliance. (Exhibit C: Letter from the Clinic and Dosing History)
10. On [REDACTED], 2020, and again on [REDACTED] 2020, the Appellant sent Veyo copies of her mileage reimbursement forms from [REDACTED] 2018, through [REDACTED] 2018. (Exhibit G and Exhibit D: Mileage Reimbursement Forms from [REDACTED]/18-[REDACTED]/18)
11. On [REDACTED] 2020, the Clinic sent an email to Veyo-Compliance explaining that the Appellant did travel to the Clinic in 2018 daily with exception of a few dates and attached the documents which were faxed previously. (Exhibit C)
12. On [REDACTED] 2020, the Clinic sent another letter to Veyo-Compliance explaining how it has attempted to contact Veyo-Compliance on multiple occasions and had received no response. (Exhibit F: Letter from the Clinic, [REDACTED]/200)
13. On [REDACTED] 2020, Veyo sent a letter to the Appellant stating that they have discovered during their investigation that the Appellant did provide validation for 270 trips and Veyo reversed the recoupment for these trips totaling \$2,157.90. It also stated that for 10 trips Veyo confirmed with

- facilities that the Appellant did not attend her appointments. Veyo is unable to reverse recoupments for these 10 trips. (Exhibit 9: Letter from Veyo, [REDACTED]/20)
14. On [REDACTED] 2020, the Veyo issued another updated Audit and Demand letter asking to get reimbursed for \$79.77. It further stated all reimbursement requests must include accurate trip information. Submitting incorrect information for a trip or submitting a reimbursement request for a trip that was not completed can be considered Fraud, Waste, and Abuse and may be subject to criminal and civil penalties. It further stated that the Appellant did not attend her scheduled appointments for [REDACTED] 8, 2018, [REDACTED], 2018, [REDACTED] 2018, [REDACTED], 2018, and [REDACTED] 2018. (Exhibit 7: Mileage Reimbursement Audit and Demand for Payment, [REDACTED]/20)
 15. The Appellant provided Veyo with Mileage Reimbursement Forms and Dosing History verifying the dates she attended her appointment and requested for mileage reimbursement. Both of these documents did not include the above-stated dates. The Appellant did not request mileage reimbursement for those dates. (Exhibit D, Exhibit C, Appellant's Testimony)
 16. The Appellant scheduled her repeating blanket of trips on [REDACTED], 2018, and she never canceled her trips she did not need. (Exhibit 10: Email Correspondence between Veyo and the Appellant's Attorney)
 17. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires a decision be issued within 90 days of the request of an administrative hearing. The Appellant requested and administrative hearing on [REDACTED] 6, 2020. Therefore this decision is due no later than [REDACTED] 2020. However, the hearing, which was originally scheduled for [REDACTED], 2020, was rescheduled for [REDACTED], 2020, and rescheduled again for [REDACTED], 2020, at the request of the Appellant, which caused a 41-day delay. Because this 41-day delay resulted from the Appellant's request, this decision is not due until [REDACTED] 2020, and is therefore timely.

CONCLUSIONS OF LAW

1. Connecticut General Statute ("Conn. Gen. Stats.") § 17b-2(6) provides 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. State Statute provides that the Commissioner of Social Services shall only authorize payment for the mode of transportation services that is medically necessary for a recipient of assistance under a medical assistance program administered by the Department of Social Services. [Conn. Gen. Stats. 17b-276c]
3. State Statute provides (a) 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 effects, 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 as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. [Conn. Gen. Stat. § 17b-259b]
4. Regulations of the Connecticut State Agencies ("Conn. Agencies Regs.") §17-134d-33(a) set forth the requirements for payment of Medical Transportation Services rendered to persons determined eligible for such services under provisions of Connecticut's Medical Assistance program in accordance with Section 17-134d of General Statutes of Connecticut.
5. Conn. Agencies Regs. § 17-134d-33(d) provides that payment for medical transportation services is available for all Medicaid eligibility recipient subject to the conditions and limitations which apply to these services.
6. Chapter 7 Section 175D of the Medical Services Policy provides that payment for medical transportation is available for all Medicaid eligible recipients subject to the conditions and limitations which apply to these services.
7. Conn. Agencies Regs. §17-134d-33(e)(A) provides that Medicaid assures that necessary transportation is available for recipients to and from

providers of medical services covered by Medicaid, and, subject to these regulations, may pay for such transportation.

8. Conn. Agencies Regs. §17-134d-33(e)(C) provides that transportation may be paid only for trips to or from a medical provider for obtaining medical services covered by Medicaid. If the medical service is paid for by a source other than the Department, the Department may pay for the transportation as long as medical service is necessary and is covered by Medicaid.
9. Chapter 7 Section 175E(I)(b) of the Medical Services Policy provides that payment for transportation may be made for eligible recipients under the Medicaid program, except as otherwise provided in these regulations, when needed to obtain necessary medical services covered by Medicaid and when it is not available from volunteer organizations, other agencies, personal resources, or is not included in the medical provider's Medicaid rate.
10. Conn. Agencies Regs. §17-134d-33(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.
11. Conn. Agencies Regs. §17-134d-33(b)(30) states private transportation is transportation by a vehicle owned by a recipient or by a friend, relative, acquaintance of other individual, provided the vehicle is not licensed for commercial carriage. The individual does not mean communities, companies, corporations, societies, or associates.
12. Conn. Agencies Regs. §17-134d-33(e)(2)(M) states that the payment may be made for the transporting of a patient by private transportation when no alternative less expensive transportation is available as determined by the Department.
13. Conn. Agencies Regs. § 17-134d-33(e)(2)(C) states 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.
14. Chapter 7 Section 175E(II)(c) of the Medical Services Policy provides that the Department may pay for only the least expensive appropriate method of transportation, depending on the availability of the services and the physical and medical, circumstances of the patient.
15. Conn. Agencies Regs. § 17-134d-33(f)(1)] provides that the Department may pay for transportation services that are required in order for a recipient

to receive necessary medical care which is covered under the Medicaid Program.

16. Chapter 7 Section 175F(I) of the Medical Services Policy 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
17. Conn. Agencies Regs. §17-134d-33(f)(2)(E) states prior authorization is required for trips between towns and out-of-state private transportation. No prior authorization is required for private transportation for trips within a town. Reimbursement for all private transportation will be made only if the recipient documents a visit to a medical provider for a needed service. Request for private transportation reimbursement must be made within thirty (30) days of the date of transportation need.
18. Chapter 7 Section 175F(II) of the Medical Services Policy provides that all transportation services required written prior authorization, except emergency ambulance, non-emergency ambulance with designated medical conditions, in-state invalid coach and wheelchair accessible livery services with designated diagnoses, bus, train, and private transportation within the same town. Prior authorization for transportation services is required as listed below. Prior authorization, when required, may be given for single or multiple trips, depending on the circumstances. Multiple trips, where a medical need has been shown, can be authorized for periods up to a maximum of three months at a time. An example would be a recipient receiving dialysis services
19. Mileage Reimbursement Guidelines set forth by Veyo states "To be reimbursed for a trip, transportation for the member needs to be scheduled at least 2 business days before the member's healthcare appointment." It also states "The healthcare provider must sign the form for each date the member was driven to their appointment with that provider. Trips without a signature will not be paid. Additionally, each trip will be confirmed with the healthcare provider before payment is made."
20. Mileage Reimbursement Guidelines also state the Mileage Reimbursement Form needs to be filled out and receive by Veyo within 30 days of the first medical appointment listed on the form.
21. The Appellant correctly submitted the Mileage Reimbursement Forms to get reimburse for visits she made to the clinic to receive her treatment.
22. The Appellant correctly submitted the dosing history signed by the provider to validate her trips to the clinic.

23. The Appellant did not provide Mileage Reimbursement Forms and/or dosing history to seek reimbursement for [REDACTED], 2018, [REDACTED], 2018, [REDACTED], 2018, [REDACTED], 2018, and [REDACTED], 2018.
24. Veyo incorrectly paid the Appellant for those days.
25. Veyo is correct to seek recoupment for the amount it paid for the visits the Appellant did not make to her medical provider.
26. Veyo is incorrect to determine that the Appellant did not follow the rules for mileage reimbursement.
27. On [REDACTED], 2020, Veyo incorrectly changed the Appellant's mileage reimbursement to public transportation for her medical appointments.

DISCUSSION

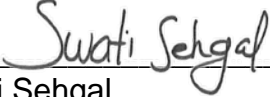
The Appellant provided credible testimony and evidence to establish that she did not seek mileage reimbursement for [REDACTED] 8, 2018, [REDACTED], 2018, [REDACTED], 2018, [REDACTED], 2018, and [REDACTED] 8, 2018. Veyo incorrectly determined that the Appellant submitted reimbursement requests for trips she did not complete. Therefore Veyo was incorrect to determine that the Appellant committed fraud and to change the Appellant's mode of transportation to public transportation.

DECISION

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

ORDER

1. Veyo must approve the Appellant's mode of transportation to Mileage Reimbursement for non-emergency medical transportation.
2. Compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2020.



Swati Sehgal
Fair Hearing Officer

CC: Theresa Rugens, DSS CO
Hunter Griendling, VEYO
Mark Fenaughty, VEYO

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.