

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

██████████, 2020
Signature confirmation

CLIENT ID # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
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██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, Veyo Total Transit Company (“Veyo”) issued ██████████ (the “Appellant”) a Notice of Action stating that it was denying his request for mileage reimbursement for non-emergency medical transportation services.

On ██████████, 2020, the Appellant requested an administrative hearing to contest Veyo’s denial of his request for reimbursement of non-emergency medical transportation.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduled the administrative hearing for ██████████ 2020.

On ██████████ 2020, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing to address Veyo’s denial of mileage reimbursement for non-emergency medical transportation.

The following individuals were present at the hearing:

██████████, the Appellant
Karen Reid, Quality Assurance Supervisor, Veyo’s representative
Shevonne Alexis, Quality Assurance Coordinator, Veyo’s representative
Roberta Gould, Hearing Officer

At the request of the Appellant the hearing record remained open for the submission of additional evidence. The hearing record closed on ██████████ 2020.

STATEMENT OF ISSUE

The issue is whether Veyo acted correctly when it denied the Appellant's request for mileage reimbursement for non-emergency medical transportation services.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program, as administered by the Department. (Hearing record)
2. Veyo approved the Appellant for mile reimbursement as a mode of non-emergency medical transportation at the rate of \$.54 per mile. (Hearing summary)
3. Veyo verified with the Appellant's medical providers that trips requested for mileage reimbursement by the Appellant for ██████████ 2019; ██████████ 2019; ██████████, 2019; ██████████ 2019; ██████████ 2019; ██████████ 2019; ██████████, 2019; ██████████, 2019; ██████████, 2020; and ██████████ 2020, were not completed. There were no claims found in the Department's Interchange system nor any documentation that these trips were associated with a medical appointment. (Exhibit 7: Demand letter dated ██████████ and Hearing summary)
4. On ██████████, 2020, Veyo issued the Appellant a *Notice of Change in Your Non-Emergency Medical Transportation Services* indicating that 20 trips were not validated by the treating medical provider, that no related claims for HUSKY covered services were submitted for payment by the treating provider(s), and that Veyo was changing the mode of medical transportation from mileage reimbursement to public transportation effective ██████████ 2020, due to member fraud. (Exhibit 1: Notice of action dated ██████████, Exhibit 2: Mileage reimbursement audit and demand for payment letter dated ██████████ and Hearing summary)
5. On ██████████ 2020, the Appellant disputed the findings of the notice of action dated ██████████ 2020. (Hearing record)
6. On ██████████ 2020, Veyo issued the Appellant a determination letter indicating that they had reviewed the details of twenty round-trips that were denied and concluded that the denial for mileage reimbursement and change to public transit was being upheld. (Exhibit 3: Determination letter dated ██████████ and Hearing summary)
7. On ██████████, 2020, Veyo issued the Appellant a letter of resolution indicating that, after an audit of the trips completed in ██████████ 2019, through ██████████ 2020, Veyo had confirmed with the Appellant's medical providers that he did not attend those appointments and that no recoupment would be imposed for any trips where paper

logs were received as validation. (Exhibit 4: Letter of resolution dated [REDACTED] Exhibit 5: Revised demand letter dated [REDACTED], and Hearing summary)

8. On [REDACTED] 2020, Veto issued a letter of resolution indicating that it had completed its investigation into the Appellant's complaint, confirmed that they could not validate that he had attended the previously listed appointments from [REDACTED] 2019, through [REDACTED] 2020, and concluded that the denial for mileage reimbursement was being upheld. (Exhibit 6: Letter of resolution dated [REDACTED], Exhibit 7: Revised demand letter dated [REDACTED], and Hearing summary)
9. On [REDACTED] 2020, the Appellant provided paper logs and mileage reimbursement forms for trips he states were made on [REDACTED] 2019, [REDACTED], 2019 and [REDACTED] 2020. (Exhibit A: Appellant's appointment log and Exhibit B: mileage reimbursement forms)

CONCLUSIONS OF LAW

1. Section 17b-2 and 17b-262 of the Connecticut General Statutes ("CGS") provide that the Department of Social Services ("The Department") 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. Section 17b-276 (b) of the CGS provides that notwithstanding any other provision of the general statutes, for purposes of administering medical assistance programs, including, but not limited to, the state-administered general assistance program and programs administered pursuant to Title XIX or Title XXI of the Social Security Act, the Department of Social Services shall be the sole state agency that sets emergency and nonemergency medical transportation fees or fee schedules for any transportation services that are reimbursed by the Department for said medical assistance programs.
3. Section 17-134d-33 (a) of the Regulations of Connecticut State Agencies ("RCSA") sets 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 the Connecticut General Statutes.
4. Section 17-134d-33(d) of the RCSA 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.
5. Section 17-134d-33(e)(1)(A) of the RCSA provides that Medicaid assures that necessary transportation is available for recipients to and from providers of medical services covered by Medicaid, and, subject to this regulation, may pay for such transportation.

6. Section 17-134d-33(e)(1)(B) of the RCSA 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.
7. Section 17-134d-33(e)(1)(C) of the RCSA provides that transportation may be paid for trips to or from a medical provider for the purpose of 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 the medical service is necessary and is covered by Medicaid.
8. Section 17-134d-33(e)(2)(A) of the RCSA provides that the Department reserves the right to make the determination as to which type of transportation is the most appropriate for a recipient.

Veyo correctly approved the Appellant's request for mileage reimbursement for non-emergency medical transportation services for trips to or from a medical provider for the purpose of obtaining medical services covered by Medicaid.

9. Section 17-134d-33(f)(2)(E) of the RCSA provides, in part, that reimbursement for all private transportation will be made only if the recipient documents a visit to a medical provider for a needed service. Requests for private transportation reimbursement must be made within 30 days of the date of the transportation need.

On [REDACTED], 2020, Veyo correctly denied reimbursement for non-emergency medical transportation for trips purportedly taken on [REDACTED] 2019; [REDACTED] 2019; [REDACTED] 2019; [REDACTED] 2019; [REDACTED] 2019; [REDACTED], 2019; [REDACTED], 2019; [REDACTED], 2019; [REDACTED], 2020; and [REDACTED] 2020, because Veyo could not document that these trips were made to a medical provider for a needed service.

DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that the Appellants trips could not be corroborated with medical providers for approved medical services for the above listed dates. Although the Appellant did provide paper logs and mileage reimbursement forms for some of these trips on [REDACTED], 2020, Departmental policy states that requests for private transportation reimbursement must be made within 30 days of the date of the transportation need. Veyo was correct in their decision to deny mileage reimbursement because there is no evidence of appropriate trips made other than those possibly made on [REDACTED] 2019, [REDACTED], 2019 and [REDACTED] 2020, and documentation of these trips was not received in a timely manner.

DECISION

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



Roberta Gould
Hearing Officer

Pc: Theresa Rugens, DSS Central Office
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 06105-3725.

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.