

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

██████████ 2021
Signature Confirmation

Client ID ██████████
Case ID ██████████
Request # 168792

NOTICE OF DECISION

PARTY

██████████
██████████
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2020, Connecticut Dental Health Partnership/Benecare Dental Plans (“Benecare”) sent ██████████ (the “Appellant”) a notice of action denying the prior authorization claim for the replacement of the Appellant’s existing upper and lower partial dentures, indicating that the replacement is not medically necessary under state law.

On ██████████ 2020, the Appellant requested an administrative hearing to contest Benecare’s ██████████ 2020 denial of the prior authorization claim for upper and lower partial dentures.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, 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 called in for the hearing:

- ██████████ Appellant
- Cindy Ramos, Benecare Representative (1)
- Kate Nadeau, Benecare Representative (2)
- Dr. Gregory Johnson, Benecare’s Dental Consultant
- Anna Koczon, Interpreter, ITI Translates
- Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Benecare's [REDACTED] [REDACTED] 2020 denial of the [REDACTED] [REDACTED] 2020 prior authorization claim through the Medicaid program for the Appellant's replacement of existing upper and lower partial dentures was in accordance with state law.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services ("the Department"). (Hearing Record)
2. Benecare is the Department's contractor for reviewing dental providers' requests for prior authorization of partial or full dentures. (Hearing Record)
3. On [REDACTED] [REDACTED] 2020, Benecare denied [REDACTED] [REDACTED] [REDACTED] (the "treating dentist") [REDACTED] [REDACTED] 2020 request for prior authorization for the replacement of the Appellant's upper partial denture and lower partial denture and issued a notice of action. Benecare determined that the replacement of upper and lower partial dentures is not medically necessary under the factors set forth in State Statute and Departmental Medical Service Policies. Specifically, Medicaid has paid for full or partial dentures within the last seven years and there was no additional medical evidence provided by your primary care or attending physician indicating that being without the dentures worsens an existing medical condition and being without the denture(s) creates a condition where the patient cannot complete activities of daily living. (Exhibit 2: Notice of Action)
4. On [REDACTED] [REDACTED] 2020, the Appellant requested an administrative hearing to contest Benecare's [REDACTED] [REDACTED] 2020 denial of the prior authorization claim for the replacement of his existing upper and lower partial dentures. (Exhibit 3: Administrative Hearing Request)
5. On [REDACTED] [REDACTED] 2021, an administrative hearing was held. The Appellant requested the record remain open for the submission of a letter from his primary care physician ("PCP") which the fair hearing officer approved. The record was scheduled to close on [REDACTED] [REDACTED] 2021. (Hearing Record)
6. On [REDACTED] [REDACTED] 2021, Benecare conducted a post hearing review and determined the [REDACTED] [REDACTED] 2020 prior authorization claim for the Appellant's replacement of both upper and lower partial dentures as medically necessary. Benecare rescinded the [REDACTED] [REDACTED] 2020 denial and approved the [REDACTED] [REDACTED] 2020 prior authorization claim for both upper and lower dentures submitted by the treating dentist.

7. On [REDACTED] [REDACTED] 2021, Benecare issued a notice approval to the Appellant. Benecare writes, "Benecare has determined from this post hearing review of the medical necessity letter received from [the PCP] that the previously denied request for replacement of partial denture(s) is now approved." (Exhibit 12: Letter of Approval)
8. As a result of Benecare's action to rescind the [REDACTED] [REDACTED] 2020 denial and approve the [REDACTED] [REDACTED] 2020 prior authorization claim for the replacement of existing upper and lower partial dentures, there has been no action taken to deny the [REDACTED] [REDACTED] 2020 prior authorization claim. (Exhibit 12: Letter of Approval)
9. 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] [REDACTED] 2020. However, the close of the hearing record, which had been anticipated to close on [REDACTED] [REDACTED] 2021, did not close for the admission of evidence until [REDACTED] [REDACTED] 2021 at the Appellant's request. Because of this [REDACTED]-day delay in the closing of the hearing record arose from the Appellant's request, this final decision is not due until [REDACTED] [REDACTED] 2021, and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes states 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. The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat, § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712(1990))
3. Uniform Policy Manual ("UPM") § 1570.25(C)(2)(k) provides for the Administrative Duties of Fair Hearing Official. The Fair Hearing official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.

"Matters Considered at the Fair Hearing. The Department considers the following issues: decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations." UPM § 1570.25(F)(2)(a)

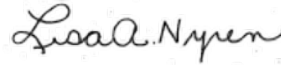
Benecare has approved the [REDACTED] 2020, prior authorization claim from the treating dentist for the replacement of existing upper and lower partial dentures for the Appellant, thus, the Appellant has not experienced any loss of benefits.

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 issue for which the Appellant had originally requested the hearing 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.



Lisa A. Nyren
Hearing Officer

PC: CTDHP/Benecare

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, 165 Capitol Avenue, 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.