

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

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

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the "Department") through its medical transportation contractor, VEYO, LLC ("Veyo") issued ██████████ (the "Appellant") a Notice of Action ("NOA") changing the type of non-emergency medical transportation services from mileage reimbursement to public transportation because it determined that the Appellant did not follow the rules for mileage reimbursement.

On ██████████ 2020, Veyo notified the Appellant that it is seeking to recoup mileage reimbursement issued to the Appellant for 113 trips not validated by the treating provider/facility ("Facility"), alleged as duplicate trip submissions or as having no related claims.

On ██████████, 2020, the Appellant requested an administrative hearing to contest Veyo's decision to change her livery services to public transportation and to recoup an overpayment of benefits paid through mileage reimbursement.

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

On ██████████ 2020, the Appellant requested the hearing to be rescheduled.

██████████, 2020, OLCRAH issued a notice scheduling the telephonic administrative hearing for June 5, 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 a telephonic administrative hearing to address Veyo's decision to change her livery services to public transportation and to recoup an overpayment of benefits paid through mileage reimbursement.

The following individuals were present at the telephonic hearing on June 5, 2020:

██████████, the Appellant
Karen Reid, Quality Assurance Supervisor, Veyo's Representative
Shevonne Alexis, Quality Assurance Coordinator, Veyo's Representative
Shelley Starr, Hearing Officer

The hearing record remained open for the submission of additional evidence from the Appellant and the review of the evidence by Veyo until ██████████ 2020. On ██████████ 2020, at the request of the Appellant, the close of the hearing record was extended to ██████████, 2020. On ██████████ 2020, at the request by Veyo, the close of the hearing record was extended to ██████████ 2020, to allow Veyo to review and comment on the documents submitted by the Appellant, and to allow for the Appellant's comment, if desired. On ██████████ 2020, the hearing record closed.

On ██████████, 2020, the hearing record was re-opened to ██████████ 2020, for further verification from Veyo of the 76 trips remaining in question. On ██████████, 2020, the close of the hearing record was extended to ██████████ 2020, for comment, if desired, from the Appellant. On ██████████ 2020, the hearing record closed.

This decision pertains to transportation and mileage reimbursement benefit for the Appellant's child, ██████████

STATEMENT OF ISSUES

The first issue 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 regulations.

The second issue is whether Veyo correctly determined that it has overpaid the Appellant \$3,172.36 in mileage benefits, minus \$253.12 in withheld monies, from ██████████, 2018, through ██████████ 2019, in error, subjecting the Appellant to recoupment of the proposed overpayment.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program, as administered by the Department. (Hearing record)
2. The Appellant's household consists of the Appellant and her five children, ages two to seventeen. The five children are disabled, all having medical issues, with three of the children receiving SSI benefits. (Appellant's testimony; Hearing record)
3. The Appellant was approved by Veyo for mileage reimbursement as a mode of non-emergency medical transportation, which allows the Appellant to drive to appointments with a reimbursement rate of \$0.54 per mile. (Hearing summary)
4. The Appellant owns a vehicle for which she uses for transporting her family members to medical appointments. She transports and submits trip reimbursement for her child, [REDACTED]. (Hearing summary; Appellant's testimony)
5. On some days, the Appellant can provide medical transportation for up to six different medical appointments for her household members. (Appellant's testimony; Exhibit 6: Letter from Appellant, dated [REDACTED], 2020)
6. Veyo validates trips for the mileage reimbursement program through the Department of Social Services Interchange claims payment system and by provider/facility ("Facility") verification. (Hearing summary; Veyo's testimony)
7. Veyo reviewed 1,150.00 trips pertaining to three of the Appellant's children, [REDACTED] reimbursement. Out of the 1,150.00 trips reviewed, Veyo states that it validated 789 trips. Veyo states it received Facility verification that for 149 trips, the member did not attend or is not a patient at the Facility. For the remaining 212 trips, Veyo states that it validated with the Facility that there was no appointment and/or no claims were found in the Connecticut Department of Social Services Interchange System. (Hearing summary; Veyo's testimony)
8. On [REDACTED] 2020, Veyo notified the Appellant that it is changing the type of non-emergency medical appointment transportation from mileage reimbursement to Public Transportation, and is seeking to recoup mileage reimbursement issued to the Appellant for 113 trips not validated by the treating provider/facility ("Facility"), alleged as duplicate trip submissions or as having no related claims. (Hearing summary; Exhibit 1: Notice of Action dated [REDACTED] 2020; Exhibit 2: Mileage Reimbursement Audit and Demand for Payment letter dated [REDACTED] 2020)
9. Since the hearing date, Veyo has reviewed the Appellant's trips and revised its Mileage Reimbursement Audit and Demand for Payment. Veyo notified the Appellant that it is reducing the number of unvalidated trips to 76 and is seeking to recoup mileage reimbursement from the Appellant of \$385.27. Veyo is upholding its decision

to terminate the Appellant from mileage reimbursement as a mode of non-emergency medical transportation. (Exhibit 29: Veyo Response letter dated [REDACTED] 2020; [REDACTED] 2020, Mileage Reimbursement Audit and Demand for Payment)

10. Veyo did not provide written documentation from each provider that the Appellant's child did not attend the remaining 76 trips in question. (Exhibit 29; Veyo Response letter dated [REDACTED] 2020; [REDACTED] 2020, Mileage Reimbursement Audit and Demand for Payment; Spreadsheet Analysis of 76 Trips; Call Recordings; Hearing Record)
11. Veyo provided ten call recordings of facility confirmation received, however, some of the recordings did not pertain to the Appellant's three children of which hearings were held. Veyo, when contacting the facility to confirm if the appointment was held, frequently could not identify the name of the provider on the recordings. (Exhibit 29: Call Recordings; Hearing Record)
12. Veyo did not provide sufficient evidence to support its claim that the Appellant received reimbursement for trips incorrectly. (Hearing Record)
13. 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, which has been extended to "Not later than 120 days" after the request for a fair hearing pursuant to Section 17b-60 by order of the Department of Social Services Commissioner dated [REDACTED] 2020. The Appellant requested an administrative hearing on [REDACTED], 2020. However, due to the rescheduling of the hearing and extensions on the closing of the hearing record to [REDACTED] 2020, the closing of the hearing record was extended 123 days. Because of the total delays in the closing of the record, this decision is not due until [REDACTED] 2020, and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 and 17b-262 of the Connecticut General Statutes provide 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. Section 17b-276(a) of the Connecticut General Statutes provides that "by enrolling in the Medicaid program or participating in the competitively bid contract for non-emergency transportation services, providers of non-emergency transportation services agree to offer to recipients of medical assistance all types or levels of transportation services for which they are licensed or certified."

The Department of Social Services has the authority to contract with Veyo as the medical transportation administrator for non-emergency medical

transportation covered services under the State of Connecticut's medical assistance program.

3. Section 17-134d-33 (a) of the Regulations of Connecticut State Agencies 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 the Connecticut General Statutes.

Section 17-134d-33(d) of the Regulations of Connecticut State Agencies 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.

Section 17-134d-33(e)(1)(C) of the Regulations of Connecticut State Agencies provides that transportation may be paid only for trips to or from a medical provider for the purpose of obtaining medical services covered by Medicaid.

Section 17-134-33(f)(2)(E) of the Regulations of Connecticut State Agencies provides that reimbursement for all private transportation will be made only if the recipient documents a visit to a medical provider for a needed service.

Section 17b-88 of the Connecticut General Statutes provides that if a beneficiary of assistance under the medical assistance program receives any award or grant over the amount to which he is entitled under the laws governing eligibility, the Department of Social Services (1) shall immediately initiate recoupment action.

Veyo incorrectly issued to the Appellant a mileage reimbursement audit and demand for payment letter because Veyo did not provide sufficient evidence to support its claim that the Appellant received reimbursement for trips incorrectly.

Veyo incorrectly determined that the Appellant committed fraud and incorrectly changed the Appellant's mode of transportation from the mileage reimbursement program because it has not been proven that the mileage reimbursement claims were not valid and that the trips were accurately reviewed.

DECISION

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

ORDER

1. Veyo shall reinstate the Appellant's mode of Non-Emergency Medical Transportation to Mileage Reimbursement from the date of discontinuance based on the [REDACTED] 2020, Notice of Action letter and restore any reimbursements due to the Appellant.
2. Veyo shall remove the proposed overpayments and recoupment claimed by Veyo.
3. Proof of Compliance with the order shall be submitted to the undersigned no later than [REDACTED] 2020.



Shelley Starr
Hearing Officer

Pc: Karen Reid, VEYO
Shevonne Alexis, VEYO
Hunter Griendling, VEYO
Mark Fenaughty, VEYO
Srinivas Bangalore, DSS CO

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, 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.