STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES FOR THE DEPARTMENT OF COMMUNITY HEALTH

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 334-9505

IN THE MA	ITER OF:			
Appe	llant			
		Docket No. 2009-13649 DISC Case Load		
DECISION AND ORDER				
and 42 CFR	is before the undersigned Administrative Law 4 431.200 <i>et seq.,</i> upon the Appellant's requ s denial of exception from Medicaid Manage	est for a hearing appealing the		
	tice, a hearing was held on appeared and testified on her own behalf. , represented the Department. , appeared as a witne	(Appellant) ess for the Department.		
<u>ISSUE</u>				
	ne Department properly deny Appellant's req prollment-For Cause from the Managed Care			
FINDINGS (OF FACT			
The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:				
1.		Beneficiary who was enrolled in Medicaid Health Plan (MHP), at		
2.	Appellant has been enrolled with p. 10)	. (Exhibit 1,		
3.	On, the Department red For Cause request, from Appellant, which	eived a Special Disenrollment- th indicates that she wants to		

Docket No. 2009-13649 Decision and Order

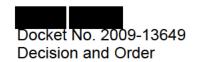
continue seeing who no longer works with and she was not notified that her Primary Care Physician (PCP) was changed. (Exhibit 1, p. 8)

- 4. The Department received been with him for over years; Appellant requires an Osteopathic physician to treat her O.M.T.; and to "maintain continuity of care and render the best medical service", he requests that Appellant be transferred to or with as her provider. (Exhibit 1, p. 9)
- 5. sent a Special Disenrollment for Cause Response to the Department, which states in pertinent part that: is no longer participating with as of ; Appellant "was "; Appellant changed to effective contacted the on indicating she did not want to be switched to any other PCP and wanted to ; and Appellant was informed by was no longer a provider of and was offered a list of PCPs in her area, but she refused assistance. (Exhibit 1, p. 10)
- 6. On Special Disenrollment was denied on the basis that: the medical information provided did not indicate active treatment for a serious medical condition, but listed several diagnoses for chronic medical conditions; and there was no evidence of access to care/services issues that would allow for a change in health plans outside of the open enrollment period. (Exhibit 1, p. 4)
- 7. On Rules received Appellant's hearing request, protesting the denial of her Special Disenrollment request.

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

On May 30, 1997, the Department was notified of the Health Care Financing Administration's approval of its request for a waiver of certain portions of the Social Security Act to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Qualified Health Plans.



The Department of Community Health, pursuant to the provisions of the Social Security Act Medical Assistance Program, contracts with the Medicaid Health Plan (MHP) to provide State Medicaid Plan services to enrolled beneficiaries. The Department's contract with the MHP specifies the conditions for enrollment termination as required under federal law:

12. Disenrollment Requests Initiated by the Enrollee

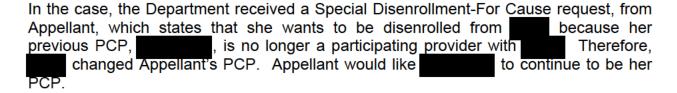
(b) Disenrollment for Cause

The enrollee may request that the Department review a request for disenrollment for cause from a Contractor's plan at any time during the enrollment period to allow the beneficiary to enroll in another plan. Reasons cited in a request for disenrollment for cause may include: information that shows you have a serious medical condition that is under active treatment form a doctor who does not participate with the health plan in which you are currently enrolled; lack of access to providers or necessary specialty services covered under the Contract or concerns with quality of care; and lack of access to primary care within 30miles/30 minutes of residence. Beneficiaries must demonstrate that appropriate care is not available by providers within the Contractor's provider network or through non-network providers approved by the Contractor. (Bold emphasis added by ALJ)

MDCH/MHP Contract, Section I2- (b), FY 2008Version, page 31.

Both the special disenrollment request form filled out by the enrollee and the Medicaid Health Plan contract language give details about the criteria that must be met in order for an enrollee's request for special disenrollment to be granted. The special disenrollment request form filled out by the enrollee has an "INSTRUCTIONS" section at the top of the first page. Bullet numbers three and four of six-bullet points state:

- Attach documentation from your doctor to support your request.
- If you cannot obtain information from your doctor(s), on a separate sheet of paper, state why and give your doctor's name, telephone number and the office address so that we can follow up with them. (Exhibit 1 Page 5)



Docket No. 2009-13649 Decision and Order

The Department received a response from	which states in	pertinent part that:
is no longer participating with	as of	; Appell <mark>an</mark>
"was changed to	effective	"; Appellan
contacted the	on	, indicating she
did no want to be switched to any other PCP	and wanted to sta	ay with and
Appellant was informed by that	was no longer a	a provider of and
was offered a list of PCPs in her area, but she	refused assistance	

The Department's denial of the request for Special Disenrollment must be upheld. Appellant failed to provide any evidence that she met the eligibility criteria for a Special Disenrollment-For Cause. Appellant failed to establish any access to care/services issues that would allow for a change in health plans outside of the open enrollment period. Further, the evidence on the record fails to establish that Appellant's current MHP is unable to meet her health care needs.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for Special Disenrollment-For Cause from the Managed Care Program.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Marya A. Nelson-Davis
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

CC:



Date Mailed: 5/8/2009

*** NOTICE ***

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.

Docket No. 2009-13649 Decision and Order