

**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 MATTER OF:**

██████████  
Appellant

\_\_\_\_\_ /

**Docket No.** 2009-6461 DISC  
**Case** ██████████  
**Load** ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing appealing the Department's denial of exception from Medicaid Managed Care Program enrollment.

After due notice, a hearing was held on ██████████. ██████████ (Appellant) personally appeared and testified on his own behalf. ██████████ represented the Department. ██████████, appeared and testified as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for Special Disenrollment-For Cause from the Managed Care Program?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a ██████ year-old Medicaid Beneficiary who was enrolled in ██████████ a Medicaid Health Plan (MHP), at all times relevant to this matter.
2. Appellant has been enrolled with ██████ since ██████████. (Exhibit 1, p. 4)

3. On ██████████, the Department received a Special Disenrollment-For Cause request, from Appellant, which states that: he has had the same doctors for years; his doctors know about his medical problems; his doctors do not accept ██████████; his doctors refer him to other doctors who do not accept ██████████; and he is unable to get the help he needs if he remains enrolled with ██████████ (Exhibit 1, p. 8)
4. On or about ██████████, ██████████ sent a Special Disenrollment for Cause Response to the Department, which states in pertinent part that: Appellant was contacted by ██████████ and offered assistance with his health care concerns; Appellant refused all help from ██████████ and stated that he wants straight Medicaid; ██████████ explained to Appellant that it was willing to give referrals to the specialists that he needs to see through his current primary care physician (PCP) or any other PCP of his choice that is contracted with ██████████; and ██████████ is more than willing to work with Appellant as it is ██████████ goal to provide quality health care to its members. (Exhibit 1, pp. 9 & 10)
5. On ██████████, the Department sent Appellant notice that his request for Special Disenrollment was denied on the basis that: there was no medical information provided or access to care/services issues described that would allow for a change in health plans outside of the open enrollment period; ██████████ has several PCPs and specialists available to treat him within their network of contracted doctors; he can call ██████████ if he has any questions, needs help finding a doctor, or needs help making arrangements for specialty care or services; and his next opportunity to change health plans will be during the ██████████ open enrollment period. (Exhibit 1, p. 7)
6. On ██████████, the State Office of Administrative Hearings and Rules received Appellant's hearing request, protesting the denial of his 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)

In the case, the Department received a Special Disenrollment-For Cause request, from Appellant which states that: he has had the same doctors for years; his doctors know about his medical problems; his doctors do not accept ██████████; his doctors refer him to other doctors who do not accept ██████████; and he is unable to get the help he needs if he remains enrolled with ██████████.

The Department received a response from [REDACTED] which states in pertinent part that: Appellant was contacted by [REDACTED] and offered assistance with his health care concerns; Appellant refused all help from [REDACTED] and stated that he wants straight Medicaid; [REDACTED] explained to Appellant that it was willing to give referrals to the specialists that he needs to see through his current PCP or any other PCP of his choice that is contracted with [REDACTED]; and [REDACTED] is more than willing to work with Appellant as it is [REDACTED] goal to provide quality health care to its members.

The Department's denial of the request for Special Disenrollment must be upheld. Appellant failed to provide any evidence that he 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 MHP is unable to meet his 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: [REDACTED]

Date Mailed: 3/12/2009

  
Docket No. 2009-6461  
Decision and Order

**\*\*\* 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.