

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

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IN THE MATTER OF:

██████████

Appellant

_____ /

**Docket No. 2010-14790 DISC
Case ██████████**

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) 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 ██████████ appeared on her own behalf. ██████████, friend, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, MDCH Special Disenrollment Program Coordinator, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request to receive Special Disenrollment-For Cause from a 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 ██████████ Medicaid beneficiary who has been enrolled in ██████████, a Medicaid Managed Health Care plan (MHP), since ██████████. (Exhibit 1, page 7)
2. On ██████████ the Department received Appellant's Special Disenrollment-For Cause Request, which indicates that she wants to switch health plans because she moved and the doctor she started seeing in the new city only takes a different MHP. (Exhibit 1, page 8)

3. The Appellant did not contact ██████████ to see what doctors in her new city participate with this MHP. (Testimony)
4. On ██████████ the Department denied the Appellant's Special Disenrollment for Cause Request because ██████████ has several primary care providers and specialists available to treat the Appellant within their network of contracted doctors. (Exhibit 1, page 7)
5. On ██████████, the Department received the Appellant's request for a formal, administrative hearing.

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 ██████████ 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

(2) Disenrollment for Cause

The enrollee may request that DCH 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 lack of access to providers or necessary specialty services covered under the Contract or concerns with quality of care. 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.

*Comprehensive Health Care Program Section 1:022 (c),
(FYE 9/30/2010), Exhibit 1, page 15.*

In this case, the Department received Appellant's Special Disenrollment-For Cause request, which indicates that she wants to switch MHPs so that she can treat with a provider she prefers in her new location. The Appellant asserts that she has established care with her preferred doctor who does not accept ██████████ but does accept ██████████. The Appellant testified that she did not contact ██████████ to find out what doctors are available through them in her new area, but began seeing her new doctor upon the recommendation of a friend.

The Department asserted at hearing the Appellant does not meet the for cause criteria necessary to be granted a special disenrollment as there is no lack of access to providers or necessary specialty services. The Appellant has not been denied access to care or medical treatment while enrolled in ██████████ and the Department witness testified that this MHP does have several primary care and specialists available to the Appellant in her new location.

The Department's denial of the request for Special Disenrollment must be upheld. Appellant failed to provide any evidence that she meets the eligibility criteria for a Special Disenrollment-For Cause. There is no evidence of a lack of access to providers or necessary specialty services under ██████████ in the Appellant's new location. However, the Department witness testified that the Appellant will be able to change her health plan without cause and without providing documentation of reason or need during open enrollment, in May of this year.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

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

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

[REDACTED]
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Decision and Order

cc:

[REDACTED]

Date Mailed: 4/1/2010

***** 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.