

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

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IN THE MATTER OF:

Docket No. 2010-43209 DISC
[REDACTED]

[REDACTED]
Appellant
_____ /

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 [REDACTED]. [REDACTED] appeared on her own behalf. [REDACTED], Appeals Review Officer, represented the Department. [REDACTED], 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 [REDACTED] Medicaid beneficiary who has been enrolled in [REDACTED], a Medicaid Managed Health Care Plan (MHP), since [REDACTED]. (Exhibit 1, page 16)
2. On [REDACTED] the Department received Appellant's Special Disenrollment For Cause Request, which indicates that she wants to switch out of a health plan to the Visiting Physicians Association. No medical documentation was provided with the Appellant's request. (Exhibit 1, page 17)

3. The Department obtained information from ██████████, who indicated the Appellant wants to be disenrolled from the MHP and placed in straight Medicaid because she is dissatisfied with her current provider and the services she is receiving. (Exhibit 1, pages 18-23)
4. On ██████████, the Department denied the Appellant's Special Disenrollment For Cause Request because no medical information was provided to support a change in health plans outside of the open enrolment period. (Exhibit 1, page 16)
5. On ██████████ the Department received the Appellant's request for a formal administrative hearing. (Exhibit 1, pages 6-15)

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:

Disenrollment Requests Initiated by the Enrollee

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 out of the MHP so that she can treat with the ██████████. The Visiting Physicians Association is not another MHP that the Appellant could be placed into. The Department considered the Special Disenrollment For Cause Request as a request to switch to straight Medicaid, i.e. Medicaid without enrollment into another MHP. The Appellant asserts that she has not been able to resolve her health care issues with her current MHP, ██████████. However, the Appellant did not provide any medical documentation of specific information about her conditions and medications with the Special Disenrollment For Cause request form as indicated in bold in the instructions. (Exhibit 1, page 17)

The Department asserted that the Appellant does not meet the for cause criteria necessary to be granted a special disenrollment. The Department noted that there was no medical documentation of active treatment of a serious medical condition with a physician who no longer participates in the MHP or medical documentation describing an issue with access to care or services. (Exhibit 1, page 17) The MHP submitted a letter in response to the Appellant's special disenrollment request stating that she had not been denied access to care or medical treatment while enrolled in ██████████. Rather, they have offered assistance in finding another primary care provider, which the Appellant declined. They also stated that specialists, such as a cardiologist, participate with the MHP and would be available to the Appellant. Additionally, the MHP letter indicates that they told the Appellant she may qualify for a visiting physician if she had a medical condition that prevented her from getting out of the home and getting to the doctor's office, but the Appellant responded that she only wanted this because she was sick of her current provider. (Exhibit 1, page 19) The Department witness also testified that ██████████ does have several primary care doctors and specialists available to the Appellant where she currently resides. This is supported by the MHP's Medicaid Provider directory listing many providers within 30 miles of the Appellant's address. (Exhibit 1, pages 20-23)

The Department's denial of the request for special disenrollment must be upheld. The Appellant failed to provide medical documentation showing that she meets the eligibility criteria for a special disenrollment for cause. There is no medical information to support a lack of access to providers or necessary specialty services under ██████████. Rather the evidence shows that the Appellant is unhappy with her current primary care provider, but is not willing to choose another from within the MHP. The MHP's response to the Appellant's request also indicates their attempts to work with her by providing case management services. The Appellant's preference to be disenrolled

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from the MHP and change to straight Medicaid and/or the [REDACTED]
is not sufficient to meet the criteria for special disenrollment.

Further, the Appellant testified she is in the process of moving to another county. The Appellant stated that she is concerned that there will not be a primary care physician available to her within 30 miles once she moves. The Department witness testified that it was not clear if the Appellant's Medicaid case would transfer or if it would close and re-open in the new county. The Department witness stated that if the Appellant's case just transfers, with the Appellant remaining in [REDACTED], there are 8 primary care providers available in the new county. If none of these providers are within 30 minutes or 30 miles of the Appellant's new home, the Appellant can request another special disenrollment for cause.

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

cc: [REDACTED]

Date Mailed: 9/27/2010

***** 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.