

**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. 2010-46473 DISC
Case [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], mother and Guardian, appeared the Appellant's 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 A, pages 8 and 10)
2. On [REDACTED] the Department's enrollment services section received the Appellant's Special Disenrollment For Cause Request, which indicates that he wants to switch out of a health plan back to straight Medicaid to continue treatment with his current doctors and due to problems with medication coverage. (Exhibit A, page 8)

3. The Appellant's primary care physician, ██████████, practices out at two locations, the ██████████ at ██████████ and a medical office at ██████████ (Exhibit A, pages 9-10)
4. ██████████ is only contracted with ██████████ ██████████ at the urgent care facility location. (Exhibit A, pages 10 and 15)
5. The Department obtained information from ██████████, who indicated the issues with the Appellant's medications were resolved in ██████████, and reviewed the Appellant's claim history regarding the other doctors listed on the Appellant's special disenrollment request form. (Exhibit A, page 11)
6. On ██████████, the Department denied the Appellant's special disenrollment for cause request because the medical information provided was from a doctor who does not participate with the MHP or accepts referrals and did not describe an access to care/services issue that would allow a change in health plans outside of the open enrollment period. (Exhibit A, page 7)
7. On ██████████ the Department received the Appellant's request for a formal administrative hearing. (Exhibit A, page 6)

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:

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 contract effective 10/1/2009 to 09/30/2010, Exhibit 1, page 19.

In this case, the Department received Appellant's Special Disenrollment For Cause Request, which indicates that he wants to switch out of the MHP back to straight Medicaid because it is more widely accepted. The Appellant wishes to maintain his relationship with current doctors and noted problems with medication coverage. (Exhibit A, page 8) The attached letter from the Appellants' primary care physician, ██████████, indicates that the Appellant is an established patient who is comfortable and does not have anxiety surrounding visits at the ██████████ office. (Exhibit A, page 9) The Appellant's mother explained that they can not schedule appointments with ██████████ at the urgent care facility location and that the Appellant does better seeing ██████████ at the medical office location.

The Department asserted that the Appellant does not meet the for cause criteria necessary to be granted a special disenrollment. The criteria requires 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 A, page 18) The Department noted that there was no medical information from the Appellant's doctor documenting the specific conditions currently being treated or the treatment plan. (Special Disenrollment Program Coordinator Testimony) The MHP's response to the Appellant's special disenrollment request stated the medication problems were resolved in ██████████ (Exhibit A, page 11)

The Department also reviewed the Appellant's access to doctors and specialists, including the physician's listed on special disenrollment request form. As noted above, the Appellant's primary care physician, ██████████ is available through ██████████ at the urgent care facility location. Of the three other doctors listed on the special

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disenrollment request, the MHP only found claims or authorizations for [REDACTED]. No claims were found for [REDACTED]. (Exhibit A, page 11) The Department was also able to confirm that [REDACTED] participates with [REDACTED]. (Exhibit A, page 16) The Department's Special Disenrollment Program Coordinator testified that primary care doctors and specialists are available to the Appellant through [REDACTED] [REDACTED] as well as a case manager to assist with coordinating the Appellant's care. (See also Exhibit A page 10-11)

The Appellant's preferences to change to straight Medicaid coverage and to treat with [REDACTED] at the medical office location are understandable, they are not sufficient to meet the criteria for special disenrollment. The medical documentation did not show active treatment of a serious medical condition with a physician who no longer participates in the MHP, an unresolved issue with medication coverage, or an issue with access to other care or services. The Appellant does have access to providers and/or necessary specialty services under [REDACTED]. The Department's denial of the request for special disenrollment must be upheld.

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: _____


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***** 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.