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

[redacted],
[redacted],
[redacted],

Appellants
_____/

Docket No. 2011-122 DISC
Docket No. 2011-123 DISC
Docket No. 2011-673 DISC

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.,* following the Appellants' requests for a hearing to appeal the Department's denial of their requests for disenrollment from the Medicaid Managed Care Program.

After due notice, a hearing was held on [redacted]. [redacted], [redacted], appeared on behalf of the Appellants. [redacted], represented the Department. [redacted] appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellants' requests to receive a Special Disenrollment-For Cause from the Managed Care Program?

FINDINGS OF FACT

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

1. The Appellants are Medicaid beneficiaries who have been enrolled in [redacted], a Medicaid Managed Health Care Plan (MHP), since [redacted], and [redacted], respectively. (Testimony of [redacted])

2. On [redacted], the Department's enrollment services section received the Appellants' Special Disenrollment-For Cause Requests, which indicated that they want to switch out of [redacted] to another health plan because they moved and their doctor in the new

county does not accept [redacted]. (Exhibit 1, page 9; Exhibit 2, page 9; Exhibit 3, page 9)

3. On [redacted], the Department denied the Appellants' Special Disenrollment-For Cause requests because there was no medical information provided by the Appellants' physician or an access to care issue that would allow for a change in health plans outside of the open-enrollment period. (Exhibit 1, page 8; Exhibit 2, page 8; Exhibit 3, page 8)

4. On [redacted], the Department received the Appellants' requests for a formal administrative hearing. (Exhibit 1, page 6-7; Exhibit 2, pages 6-7, Exhibit 3, pages 6-7)

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 contract effective 10/1/2009 to 09/30/2010, Exhibit 1, page 15; Exhibit 2, page 15; Exhibit 3, page 14.*

In this case, the Department received the Appellants' Special Disenrollment-For Cause Requests, which indicated that they want to switch out of [redacted] to another health plan because they moved to a new county—[redacted]—and their treating physician in their new county does not accept [redacted]. More specifically, the Appellants' [redacted] explained that her children are treating with a physician in [redacted], who is located only two minutes from her new residence, but that physician does not accept [redacted]. She further stated that she is not able to transport her children to a physician outside of [redacted].

The Department witness asserted that the Appellants do 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 1, page 14; Exhibit 2, page 14; Exhibit 3, page 15) There is no documentation to support active treatment of a serious medical condition with a physician who no longer participates in the MHP. In addition, the Department's witness testified that there is no evidence of lack of access to care or covered services because there are primary care doctors and specialists in [redacted], within 30 minutes or 30 miles, that are available to the Appellants through [redacted], as well as a case manager to assist with coordinating the Appellants' care.

The Appellants' [redacted] preference to change to another health plan and to treat with the physician located a few miles from her residence is understandable. However, it is 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 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 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.

Kristin M. Heyse
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: [redacted]

Date Mailed: 12/29/2010

***** 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.