

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
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. 2011-33869 QHP
Case No. ██████████

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.*, following the Appellant's request for a hearing.

After due notice, a hearing was held ██████████, spouse, appeared on the Appellant's behalf. ██████████, attorney, ██████████, Director Member Services, ██████████, Manager Member Services, and ██████████, Clinical Pharmacist represented ██████████ the Medicaid Health Plan (MHP).

ISSUE

Did the MHP properly deny the Appellant's request for 14 days of Lovenox?

FINDINGS OF FACT

Based upon the competent, material, and substantial evidence presented, I find, as material fact:

1. The Appellant is a ██████ year old Medicaid beneficiary who was enrolled in the ██████████ a MHP.
2. The Appellant has a history of stroke and takes Coumadin. (Exhibit 1, page 13)
3. On ██████████, the MHP received a prior authorization request for 14 days of bridge therapy with Lovenox for the Appellant for a colonoscopy scheduled for ██████████. The Appellant was to start on Lovenox on ██████████ (Exhibit 1, page 13)
4. On ██████████, the MHP requested additional clinical information from the Appellant's doctor, including International Normalized Ratio (INR), that supports medical necessity of bridge therapy. (Exhibit 1, page 9)

5. The Appellant's doctor provided a chart of INR results and a clinic note. (Exhibit 1, pages 10-11)
6. The MHP policy allows for 7 days of bridge therapy because this has been shown to be clinically sufficient to achieve the therapeutic INR. (Clinical Pharmacist Testimony)
7. The MHP initially denied the Appellant's prior authorization request for 14 days of Lovenox. (Clinical Pharmacist Testimony and Exhibit 1, page 18)
8. On ██████████, the Appellant requested a formal, administrative hearing contesting the denial. (Request for Hearing)
9. On ██████████ the MHP approved 7 days of therapy upon review for the Appellant's appeal. (Clinical Pharmacist Testimony)

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 received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified MHPs.

The Respondent is one of those MHPs.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

*Section 1.022(E)(1), Covered Services.
MDCH contract (Contract) with the Medicaid Health Plans,
October 1, 2009.*

(1) The major components of the Contractor's utilization management (UM) program must encompass, at a minimum, the following:

- (a) Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- (b) A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- (c) Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- (d) An annual review and reporting of utilization review activities and outcomes/interventions from the review.
- (e) The UM activities of the Contractor must be integrated with the Contractor's QAPI program.

(2) Prior Approval Policy and Procedure

The Contractor must establish and use a written prior approval policy and procedure for UM purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that UM decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.

*Section 1.022(AA), Utilization Management, Contract,
October 1, 2009.*

The DCH-MHP contract provisions allow prior approval procedures for utilization management purposes. The MHP's Clinical Pharmacist testified that the Appellant's prior-authorization request for 14 days of Lovenox was denied because the MHP only allows for 7 days of bridge therapy as this has been shown to be clinically sufficient to achieve the therapeutic INR. He further explained that if the therapeutic INR was not achieved within 7 days, the MHP can review for an extension.

The Appellant disagrees with the denial. The Appellant's wife stated that the approval was too late for the [REDACTED] colonoscopy, but the Appellant was able to have the procedure because [REDACTED] provided the Lovenox. She further explained that the Appellant

is no longer enrolled with this MHP, but she continued with this appeal because others may need the help. The Appellant's wife does not understand why they have to go through this process when the medical doctors approve it and say it should be done. (Wife Testimony)

In the present case, this ALJ can only review this denial of Lovenox for the Appellant, and can not issue any order regarding other MHP members who may need help in the future. This ALJ also sympathizes with the Appellant in having to go through a prior authorization process for Lovenox each time it is needed prior to having a procedure and that the approval of 7 days of therapy was not received until after the Appellant had the scheduled procedure. However, the prior authorization request was only submitted the day before the doctor wanted the Appellant to begin the bridge therapy.

As noted above, the DCH-MHP contract provisions allow the MHP to have prior approval procedures. The Clinical Pharmacist explained that the MHP allows for 7 days of bridge therapy as this has been shown to be clinically sufficient to achieve the therapeutic INR, but if the Appellant had not been able to achieve the therapeutic IRN within 7 days, the MHP would have reviewed a request for an extension. Accordingly, the MHP's prior authorization procedure for bridge therapy with Lovenox is allowable as it will cover medically necessary and appropriate services, and which conform to professionally accepted standards of care. The MHP's denial is upheld as their medication prior approval process is consistent with Medicaid policy and allowable under the DCH-MHP contract provisions.

DECISION AND ORDER

The ALJ, based on the above findings of fact and conclusions of law, decides that the MHP properly denied the Appellant's request for 14 days of Lovenox.

IT IS THEREFORE ORDERED that:


The MHP's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 8/12/2011


Docket No. 2011-33869 QHP
Decision and Order

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.