STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
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IN THE MATTER OF:

Docket No. 2011-35192 DISC
Case No.

,

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 , the Appellant, appeared on her own behalf. , Medical Exception and Special Disenrollment Program Specialist, represented the Department.

ISSUE

Did the Department properly deny Appellant's requests to receive a Medical Exception or 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 year-old Medicaid beneficiary who has been enrolled in , a Medicaid Managed Health Care Plan (MHP), since . (Exhibit 1, pages 2 and 5-6)

2. The Appellant resides in . She is a member of the population required to enroll in a Medicaid Health Plan (MHP).

3. On the Department's enrollment services section received the Appellant's Special Disenrollment-For Cause Request with attached documentation, indicating that she wants to switch out of a health plan to straight Medicaid. (Exhibit 1, pages 6-19)

4. The Appellant indicated she wanted to change to straight Medicaid to begin or resume treatment with several doctors who do not participate with the MHP. (Exhibit 1, page 6)

5. On [redacted] the MHP provided a response to the Appellant's request for a special disenrollment stating that in combination with the primary care physician, the MHP has consistently addressed the Appellant's health care needs by way of referrals to specialists, laboratory, and diagnostic services, outpatient procedures, routine care, etc. and will continue attempts to follow up and assist the Appellant in her selection of a contracted specialist and/or request her primary care physician submit a referral to receive services from the specialist who is no longer contracted with the MHP. (Exhibit 1, pages 20-21)

6. On [redacted], the Department denied the Appellant's Special Disenrollment-For Cause request because there was no current medical information provided from a doctor who not work with the MHP describing a serious medical condition under active treatment, or an access to care or services issue that would allow for a change to Fee-For Service (FFS) Medicaid. (Exhibit 1, page 21)

7. On [redacted], 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 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 No. 071B02000, page 22
(Exhibit 1, page 23)

In this case, the Department received Appellant's Special Disenrollment-For Cause Request indicating she wants to switch out of a MHP and into straight Medicaid to go to specialists who do not participate with the MHP, including resuming treatment with a specialist she previously treated with who no longer participates with the MHP. (Exhibit 1, page 6)

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, or, concerns with quality of care, or, lack of access to a primary care provider within 30 miles or 30 minutes of residence. (Exhibit 1, page 22) The Medical Exception and Special Disenrollment Program Specialist stated that the submitted documentation did not show current treatment of a serious medical condition with a doctor who does not participate with the MHP. Further, the response from the MHP indicated that the MHP has worked with the Appellant's primary care doctor to arrange for the Appellant's health care needs, including specialists, and that they will continue to do so. (Exhibit 1, page 20) Accordingly, the Medical Exception and Special Disenrollment Program Specialist testified that the documentation did not show that after working with the MHP, the Appellant is unable to get care for her condition(s) through the MHP.

The Appellant disagrees with the denials and testified that there are several specialists she wishes to see who do not take the MHP and only take straight Medicaid. She also

stated that she wishes to see a doctor she saw over two years ago who does not participate with the MHP.

The Appellant's preference to change to straight Medicaid coverage, in part to treat with a doctor who saw her previously and is familiar with her case, is understandable. However, the Appellant's preference is not sufficient to meet the criteria for special disenrollment for cause. The medical documentation did not show current active treatment of a serious medical condition with a physician who does participate in the MHP. No unresolved issue with access to Medicaid covered services or to specialty providers was documented. The Appellant has access to providers and/or necessary specialty services with the MHP. The Department's denial of the request for a special disenrollment for cause 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 requests to receive a Medical Exception or Special Disenrollment-For Cause from a Managed Care Program.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

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

cc:

Date Mailed: 8/18/2011

***** 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.