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:

[redacted],

Docket No. 2011-46390 DISC
Case No. [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], the Appellant, appeared on her own behalf. [redacted], Medical Exception and Special Disenrollment Program Specialist, represented the Department.

ISSUE

Did the Department properly deny Appellant's request to receive a 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] year-old Medicaid beneficiary who has been enrolled in [redacted] a Medicaid Managed Health Care Plan (MHP), since [redacted]. (Exhibit 1, pages 8-9)

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

3. On [redacted], the Department's enrollment services section received the Appellant's Special Disenrollment-For Cause Request with attached documentation, indicating that she wants to change to a different MHP,

[redacted], to continue to see a doctor at the [redacted]. (Exhibit 1, pages 8-13)

4. [redacted] provided a response to the Appellant's request for a special disenrollment stating the Appellant could have the services done with an authorization, but [redacted] had never been contacted requesting authorization or been billed by a provider from [redacted] regarding phototherapy services for the Appellant. [redacted] contacted the provider's office and they indicated they do accept the [redacted] but were not scheduling any therapy sessions or visits until their management says it is okay. [redacted] checked with their authorization department to confirm that [redacted] had not placed any hold on scheduling. [redacted] provided the Appellant with information on other participating dermatologists in her area so she would not be held up by the office at [redacted]. (Exhibit 1, page 14)

5. On [redacted], the Department denied the Appellant's Special Disenrollment-For Cause request because the medical information provided was from a doctor who works with the MHP or accepts referrals. The information provided did not describe an access to care or services issue that would allow for a change in MHPs outside of the open enrollment period. (Exhibit 1, page 8)

6. On [redacted], the Department received the Appellant's request for a formal administrative hearing. (Exhibit 1, page 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 No. 071B02000, page 22
(Exhibit 1, page 24)

In this case, the Department received Appellant's Special Disenrollment-For Cause Request indicating she wants to switch from one MHP, [redacted], to another MHP, [redacted], to continue to see a doctor at the [redacted]. The request states that [redacted] does not accept treatment for the Appellant for her diagnosis. (Exhibit 1, page 9) The Appellant testified that the dermatologist's office told her they do not accept [redacted] and she does not want to wait until the open enrollment period in May to change to [redacted]. (Appellant Testimony)

In reviewing the Appellant's Special Disenrollment-For Cause Request, the Department contacted [redacted]. [redacted] indicated that they had never been contacted requesting authorization or been billed by a provider from [redacted] regarding phototherapy services for the Appellant. [redacted] contacted the provider's office and they indicated they do accept the [redacted] but were not scheduling any therapy sessions or visits until their management says it is okay. [redacted] checked with their authorization department to confirm that [redacted] had not placed any hold on scheduling. [redacted] provided the Appellant with information on other participating dermatologists in her area so she would not be held up by the office at [redacted]. (Exhibit 1, page 14)

Accordingly, the Department properly determined 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 23) The evidence indicates that the Appellant is treating with a provider who does participate with [redacted] and [redacted] has not denied coverage for the Appellant's treatment. Rather, [redacted], attempted to resolve the issue with the doctors office refusing to schedule treatment for the Appellant and provided the Appellant with information on other dermatology providers available to her through the [redacted]. (Exhibit 1, page 14) The evidence did not show that after working with the [redacted], the Appellant is unable to get care for her condition(s) through the MHP. The Appellant has access to providers and/or necessary specialty services with [redacted]. 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 request to receive a Special Disenrollment-For Cause from a Managed Care Program.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

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

cc: [redacted]

Date Mailed: 10/13/2011

***** 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.