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],

Docket No. 2011-8762 DISC
Case No. 1535652

Appellant
_____/

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 Appellant's requests for a hearing.

After due notice, a hearing was held on [redacted]. The Appellant, [redacted], appeared on her own behalf. [redacted], represented the Department. [redacted], appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's 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 Appellant is a Medicaid beneficiary who is currently enrolled in [redacted] a Medicaid Managed Health Care Plan (MHP). (Testimony of [redacted])

2. On [redacted], the Department's enrollment services section received the Appellant's Special Disenrollment–For Cause Request, which indicated that she wanted to switch from [redacted] back to [redacted] because her medications were covered when she was enrolled with [redacted] and they are not with [redacted]. (Exhibit 1, page 8)

3. On [redacted], the Department denied the Appellant's Special Disenrollment–For Cause Request because there was no medical information provided by the Appellant's 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 6)

4. On [redacted], the Department received the Appellant's request for a formal administrative hearing. (Exhibit 1, page 5)

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 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, 10/1/2009 to 09/30/2010, Exhibit 1, page 10.*

In this case, the Department received the Appellant's Special Disenrollment–For Cause Request, which indicated that she wants to switch out of [redacted] to [redacted] because [redacted] does not pay for her medications and [redacted] did when she was enrolled in that plan.

The Department witness 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 1, page 11) 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 within 30 minutes or 30 miles of the Appellant's residence that are available to the Appellant through [redacted], as well as a case manager to assist with coordinating the Appellant's care.

The Appellant chose not to present any testimony at the hearing.

The Appellant's preference to change back to [redacted] 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 Olga Dazzo, Director
Michigan Department of Community Health

[redacted]
Docket No. 2011-8762 DISC
Decision and Order

cc: [redacted]

Date Mailed: 3/1/2011

***** 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.