

**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. 2011-45121 ABW  
Case No. 23840358

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ), pursuant to M.C.L. § 400.9 and 42 C.F.R. § 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ 11. Appellant ██████████ appeared and testified on his own behalf. ██████████, RN, Department Manager represented ██████████ County Patient Care Management System Health Plan, a County-Administered Health Plan ("CHP" or "County Health Plan").<sup>1</sup>

**ISSUE**

Did the County Health Plan properly deny Appellant's prior authorization request for Plavix?

**FINDINGS OF FACT**

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

1. Appellant is enrolled in the CHP as an Adult Benefit Waiver (ABW) beneficiary.
2. Appellant is a ██████ year-old male. (Exhibit 2, page 3).
3. On ██████████, Appellant underwent an angioplasty and stenting of his right superficial femoral artery. (Exhibit 2, pages 5-7).
4. Following that procedure, Appellant was prescribed the medication Plavix. (Exhibit 1, page 2; Testimony of Appellant).
5. On ██████████, Appellant's physician requested prior authorization to continue Appellant's Plavix prescription. (Exhibit 4, page 1).

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<sup>1</sup> Another Department Manager, ██████████, was also present during the hearing, but he did not participate.

6. The CHP has a grant agreement with the Michigan Department of Community Health (MDCH) to provide services covered by the Adult Benefits Waiver program. The agreement under paragraph 7(b) gives the CHP flexibility to develop its own preferred drug lists and prior authorization requirements. (Exhibit 5, pages 2-3).
7. [REDACTED] County Patient Care Management System administers the CHP for [REDACTED] County and provides services through the Midwest Health Plan which has a preferred drug list and therapeutic drug formulary. (Exhibit 3, pages 1-4).
8. The prior authorization request for Plavix was denied on the basis that it was “nonformulary” for Appellant’s limited benefits program. (Exhibit 4, page 1).
9. On [REDACTED], the Department received Appellant’s Request for a Hearing. (Exhibit 2, page 1).

### **CONCLUSIONS OF LAW**

On January 16, 2004, the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services, approved the Adult Benefit Waiver to permit the state to use state funds and funds authorized under Title XXI of the Social Security Act to provide coverage to uninsured adults who were not otherwise eligible for Medicaid or Medicare. The program utilizes the Medicaid provider network and County-Administered Health Plans (CHPs) as managed care providers.

The Department’s policy with regard to the Adult Benefits Waiver is found in the Medicaid Provider Manual:

#### **SECTION 1 - GENERAL INFORMATION**

This chapter applies to all providers.

The Adult Benefits Waiver (ABW), provides health care benefits for Michigan’s childless adult residents (age 18 through 64) with an annual income at or below 35 percent of the Federal Poverty Level (FPL). Covered services and maximum co-payments for beneficiaries in this eligibility category are detailed in the following sections. Unless noted in Medicaid provider-specific chapters, service coverage and authorization requirements for the fee-for-service (FFS) beneficiaries enrolled in the ABW program mirror those required for Medicaid. Only those providers enrolled to provide services through the Michigan Medicaid Program may provide services for FFS ABW beneficiaries.

## **SECTION 1.1 - COUNTY ADMINISTERED HEALTH PLANS**

ABW beneficiaries enrolled in CHPs are subject to the requirements of the respective CHP. In those counties operating nonprofit CHPs, all covered services for ABW beneficiaries must be provided through the health plan. CHPs administering the ABW program are required to provide the services as noted in the Coverage and Limitations Section of this chapter to ensure that benefits are consistent for all ABW beneficiaries across the FFS and CHP programs.

(Exhibit 1, page 5)

██████████ the CHP representative explained that Appellant is an ABW beneficiary enrolled in the CHP. The CHP provides its services through the Midwest Health Plan. According to the agreement between MDCH and the CHP, the CHP has flexibility to develop its own preferred drug lists and prior authorization requirements. (Exhibit 5, pages 3-4). The Department's contract with Midwest Health Plan also, at Section II-F, permits the CHP to:

limit Covered Services to those that are medically necessary and appropriate, and that conform to professionally accepted standards of care; prior authorization may be required for some services.

(Exhibit 5, page 2)

In this case, ██████████ testified that Appellant was on a program with limited benefits and the requested medication, Plavix, is limited to one year for post PCI/stent treatment, such as the treatment Appellant was receiving. (Exhibit 1, page 8). Moreover, ██████████ also provided excerpts from the Journal of American College of Cardiology containing recommendations, from the American College of Cardiology and the American Heart Association, that antiplatelet medication such as clopidogrel or aspirin should be used to minimize risks following the placement of a stent. (Exhibit 1, pages 9-11).

In response, Appellant testified that he has been on Plavix since having a stent put in and that he still requires it. (Testimony of Appellant). Appellant also submitted a letter from his doctor in which his doctor writes that Appellant underwent an angioplasty and stenting of his right superficial femoral artery on ██████████ and that, in order to insure continued patency of the stent and stented vessel, Appellant must be maintained on platelet active drugs, such as Plavix. (Exhibit 2, page 2).

Given that evidence, the CHP denial of Plavix in this case is consistent with Medicaid policy. ABW beneficiaries enrolled in CHPs are subject to the requirements of the

respective CHP. Here, the agreement between MDCH and the CHP provided flexibility for the CHP to develop its own preferred drug lists and criteria for prior authorizations, as well as limiting services to those medically necessary.

Pursuant to the criteria for prior authorization of Plavix, Plavix may be approved for post PCI/stent treatment, such as the treatment Appellant was receiving, but the duration for Plavix is limited to one year. (Exhibit 1, page 8). Additionally, as discussed above, that criteria/limitation is supported by the American College of Cardiology and the American Heart Association guidelines as other antiplatelet medications, such as clopidogrel or aspirin, can be prescribed in place of the Plavix. (Exhibit 1, pages 9-11).

Therefore, while Appellant was prescribed Plavix for over one year prior to his most recent prior authorization request, he has not provided sufficient evidence to support a finding that Plavix is medically necessary to treat his medical condition or that the Appellant's medical condition meets the Midwest Health Plan's pharmacy prior authorization policy requirements.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the County Health Plan properly denied Appellant's request for Plavix.

**IT IS THEREFORE ORDERED THAT:**

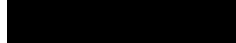
The County Health Plan's decision is **AFFIRMED**.

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Steven Kibit  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc:

[REDACTED]

  
Docket No. 2011-45121 ABW  
Decision and Order

Date Mailed: 10/03/2011

**\*\*\* 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.