

**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. 2012-25276 DISC

████████████████████

██████████

██████████

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 represented himself at hearing. ██████████, MDCH Special Disenrollment Program Coordinator, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's request to receive 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 Medicaid beneficiary who has been enrolled in ██████████, a Medicaid Managed Health Care Plan (MHP), since ██████████
2. The Appellant has requested a for cause special disenrollment because the doctor he has been treating with no longer accepts ██████████
3. No medical documentation of describing lack of access to Medicaid covered services, specialty care providers or quality of care concerns was received with the request for special for cause disenrollment.
4. There is no evidence of record indicating he requires active treatment of a serious medical condition as defined in the MDCH criteria.

Docket No. 2012-25276 DISC
Decision and Order

5. The Appellant is treating for a chronic condition, severe headaches.
6. On [REDACTED] the Department denied the Appellant's Special Disenrollment For Cause Request.
7. On [REDACTED] the Department received the Appellant's request for a formal administrative hearing. (Exhibit A, 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 [REDACTED], 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.

*Excerpt from the Comprehensive Health Care Program contract,
Exhibit A, page 14.*

**Docket No. 2012-25276 DISC
Decision and Order**

In this case, the Department received Appellant's Special Disenrollment For Cause Request, which indicates that she wants to disenroll from [REDACTED] to Health Plan of Michigan because her son's doctor does not participate with [REDACTED]

The Appellant is able to switch health plans for any reason, or no reason during open enrollment time, [REDACTED]. Outside of open enrollment, he must meet the criteria set forth in the Department's Exhibit A. In short, he must establish he has been unable to access care he requires or that he is undergoing active treatment for a serious medical condition with a doctor who does not participate in his health plan. The evidence of record establishes he has access to a primary care physician within 30 miles or 30 minutes of his home through [REDACTED]. Furthermore, he has access to specialty care providers through referrals to participating providers. The Appellant presented evidence he is treating for severe headaches and stated he has been hospitalized for [REDACTED] days for treatment of same. This is treatment of an ongoing, chronic condition and does not meet the criteria as set forth in the MDCH definitions of a serious medical condition. Additionally, he did not present any evidence to establish she is experiencing a lack of lack of access, rather, that the doctor he has established treatment with no longer accepts [REDACTED]. This is not a basis upon which for cause special disenrollment may be granted. He has not met the criteria set forth in the contract. He is free to change his Medicaid insurance provider in [REDACTED] without cause if he is still Medicaid eligible.

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 Appellant's request for Special Disenrollment For Cause from the Managed Care Program.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Jennifer Isiogu
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: __4-20-12__

Docket No. 2012-25276 DISC
Decision and Order

***** 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.