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) 373-4147

IN THE MATTER OF:

Docket No. 2013-36655 DISC

[redacted],

[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 his 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 Health Plan ("MHP"), since [redacted]. (Exhibit 1, pages 2, 8 and 9)

2. The Appellant resides in [redacted] and is a member of the population required to enroll in an MHP.

3. On [redacted], the Department's enrollment services section received the Appellant's Special Disenrollment-For Cause Request, indicating that he wants to change to a different MHP, [redacted] or [redacted], because his insurance does not cover his medications. No

additional documentation from the Appellant's doctor(s) was attached nor were any specific medications listed. (Exhibit 1, page 9)

4. On [redacted], [redacted] provided a response to the Appellant's request for a special disenrollment stating the prescriptions that were denied were written by a doctor who is on a prescriber lock and in being investigated for fraud, waste and abuse. The MHP further stated that the Appellant's primary care doctor re-wrote the prescriptions and they are now being covered. (Exhibit 1, page 11)

5. On [redacted], the Department denied the Appellant's Special Disenrollment-For Cause request because there was no medical information provided from the Appellant's doctor or an access to care/services issue described that would allow for a change in health plans outside of the open enrollment period. (Exhibit 1, page 8)

6. On [redacted], the Appellant's request for a formal administrative hearing was received by the Michigan Administrative Hearing System. (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:

C. Disenrollment Requests Initiated by the Enrollee

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(2) 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:

- Enrollee's current health plan does not, because of moral or religious objections, cover the service the enrollee seeks and the enrollee needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the network; and the enrollee's primary care provider or another provider determines that receiving the services separately would subject the enrollee to unnecessary risk.
- Lack of access to providers or necessary specialty services covered under the Contract. 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.
- Concerns with quality of care.

Comprehensive Health Care Program
Contract No. 071B02000
(Exhibit 1, pages 14-15)

In this case, the Department received Appellant's Special Disenrollment-For Cause Request indicating he wants to switch from one MHP, [redacted] to another MHP, [redacted] or [redacted], because medications are not being covered. No additional documentation from the Appellant's doctor(s) was attached nor were any specific medications listed. (Exhibit 1, page 9)

In reviewing the Appellant's Special Disenrollment-For Cause Request, the Department contacted [redacted]. On [redacted], [redacted] provided a response to the Appellant's request for a special disenrollment stating the prescriptions that had been denied were written by a doctor who is on a prescriber lock and in being investigated for fraud, waste and abuse. The MHP further stated that the Appellant's primary care doctor re-wrote the prescriptions and they are now being covered. (Exhibit 1, page 11)

The Department properly determined that the Appellant does not meet the for cause criteria necessary to be granted a special disenrollment. The Appellant's prescriptions were re-written by his primary care doctor and are now being covered. (Exhibit 1, page 11) The evidence did not show that after working with [redacted] the Appellant is unable to get care for his condition(s) through the MHP. The Appellant has access to providers and/or necessary specialty services with Meridian Health Plan and no quality of care issues were documented. The Department's denial of the request for a special disenrollment for cause must be upheld.

The Appellant can always request a change of health plans without cause and without providing documentation of reason or need during the next annual open enrollment.

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.

/s/
Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [redacted]

Date Mailed: [redacted]

CL/db

cc: [redacted]

***** 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.