

**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:

██████████,

Appellant

Docket No. 2013-45844 DISC
Case No. ██████████

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.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held by telephone on ██████████.

Appellant appeared on her own behalf. Appellant's request for hearing identified ██████████, as her authorized hearing representative, but ██████████ had not signed the request for hearing itself. At the time of the hearing, ██████████ was telephoned at Appellant's request and, while he denied being Appellant's representative, he was sworn in as a witness.

██████████, Medical Exception and Special Disenrollment Program Specialist, represented the Department of Community Health.

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 ██████ year-old Medicaid beneficiary who has been enrolled in ██████████, a Medicaid Health Plan ("MHP"), since ██████████. (Respondent's Exhibit A, pages 11, 13).
2. The Appellant resides in Riverview, Michigan and is a member of the population required to enroll in an MHP. (Testimony of Miller).

██████████
Docket No. 2013-45844 DISC
Decision and Order

3. On ██████████, the Department's enrollment services section received a Special Disenrollment-For Cause Request from Appellant, indicating that she wants to change to a different MHP because she cannot find or retain a primary care physician who can meet her medical needs. (Respondent's Exhibit A, pages 11-12).
4. Attached to the request was a prescription from ██████████ stating that Appellant needs a primary care physician. (Respondent's Exhibit A, page 12).
5. On or about ██████████, ██████████ submitted a response indicating that, while Appellant's relationship with one primary care physician was terminated by that physician because Appellant kept requesting medications the doctor was unwilling to prescribe, Appellant was assigned another primary care physician and has failed to follow up with that new physician or come in for an examination. ██████████ also indicated that it has assigned Appellant a case manager and that Appellant should contact that case manager with any questions or concerns. (Respondent's Exhibit A, page 13).
6. On ██████████, the Department sent Appellant a written denial of her Special Disenrollment-For Cause request. (Respondent's Exhibit A, page 10).
7. Specifically, that denial provided:

Your request has been denied for the following reason(s):

There was no medical information provided from your doctor or access to care/services issue described that would allow for a change in health plans outside of the open enrollment period. Our records show that you have been enrolled in ██████████ since ██████████. ██████████ has several primary care providers and specialists available to treat you within their network of contracted doctors. You can call ██████████ at ██████████ if you have any questions, need help finding a doctor or if you need help making arrangements for specialty care or services. [Respondent's Exhibit A, page 10.]

8. On ██████████, the Michigan Administrative Hearing System (MAHS) received a request for hearing filed by Appellant. (Respondent's Exhibit A, pages 7-9).

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

* * *

(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; admitted as Respondent's Exhibit A, pages 19-20.]

In this case, the Department received Appellant's Special Disenrollment-For Cause Request indicating she wants to switch from her MHP because she cannot find a primary care physician. The only other documentation submitted along with that request was a prescription from ██████████ stating that Appellant needs a primary care physician. (Respondent's Exhibit A, page 12).

In reviewing the Appellant's Special Disenrollment-For Cause Request, the Department contacted ██████████. On or about ██████████, ██████████ submitted a response indicating that, while Appellant's relationship with one primary care physician was terminated by that physician because Appellant kept requesting medications the doctor was unwilling to prescribe, Appellant was assigned another primary care physician and has failed to follow up with that new physician or come in for an examination. ██████████ also indicated that it has assigned Appellant a case manager and that Appellant should contact that case manager with any questions or concerns. (Respondent's Exhibit A, page 13).

Subsequently, the Department properly determined that the Appellant does not meet the for cause criteria necessary to be granted a special disenrollment. Appellant has access to primary care providers and/or necessary specialty services with ██████████ and no quality of care issues were documented. The Department's denial of the request for a special disenrollment for cause must be upheld.

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.

[REDACTED]
Docket No. 2013-45844 DISC
Decision and Order

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**.

Steven Kibit

Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: 7/25/2013

Date Mailed: 7/25/2013

[REDACTED]
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.