

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARINGS SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
Phone: (517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant

Docket No.: 14-014810-MHP

Case No.: ██████████

HEARING 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 Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant is █ years old and did not appear at the hearing. Her mother, ██████████, appeared and testified on Appellant's behalf. ██████████, Manager of Medicaid Operations appeared on behalf of Respondent ██████████.

ISSUE

Did Priority Health properly deny the Appellant's request for an additional pair of frames/glasses?

FINDINGS OF FACT

1. ██████████ is a Qualified Health Plan contracted with the State of Michigan Comprehensive Health Care Program.
2. Appellant was an enrolled member of ██████████ at the time of the request for services and continues to be enrolled.
3. The ██████████ Member Handbook and Certificate of Coverage were sent at the time of enrollment.
4. The Member Handbook outlines coverage, prior authorization requirements, limitations and exclusions, and pharmacy guidelines.
5. On ██████████, appellant's mother purchased frames for glasses at California Eyewear for appellant.
6. On ██████████, the frames were returned to ██████████ Eyewear because the frames were broken had to be glued back together.
7. The Medicaid Certificate of Coverage, Section 5, Schedule of Covered Services, 41, Vision Care states that "repair of frames/lenses is covered" (Exhibit B). Priority Health covers the repair or replacement frames and lenses with the same items originally purchased.

8. On ██████████, ██████████ received a level one review request related to the stated concerns (Exhibit C).
9. On ██████████, Appellant filed a request for hearing with the Michigan Administrative Hearing System for the Department of Community Health (MDCH) to contest the denial for new frames and glasses.
10. On ██████████ the ██████████ Internal Review Committee authorized a one-time exception and reversed the denial for the replacement frames and lenses.
11. Appellant's representative continued with the hearing because she has not yet received the replacement glasses, though they have been ordered.

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans. The Respondent is in one of those Medicaid Health Plans and, regarding such plans, the Michigan Medicaid Provider Manual states:

SECTION 1 – GENERAL INFORMATION

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

[REDACTED]
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In the instant case, the Medicaid Certificate of Coverage, Section 5, Schedule of Covered Services, 41, Vision Care states that:

Repair of frames/lenses is covered. Replacement of frames/lenses due to loss of breakage if they cannot be repaired is covered once every 12 months for members age 21 and over and twice every 12 months for members under age 21, Exhibit 6.

[REDACTED] authorized the one-time exception and reversed the denial for the replacement frames and lenses for Appellant.

Given that the issue has been resolved, it is determined that [REDACTED]'s determination to allow the one-time exception and reverse the denial for the replacement frames and lenses must be upheld.

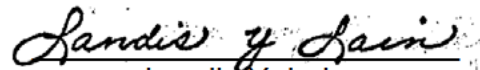
DECISION AND ORDER

Based on the above findings of fact and conclusions of law, the Administrative Law Judge finds that the issue of whether or not it was proper for Priority Health to deny Appellant's request for replacement of frames/glasses is resolved by the one-time exception reversal of the denial for the replacement frames and lenses.

IT IS HEREBY ORDERED:

Accordingly, Priority Health's determination to allow the one-time exception and reverse the denial for the replacement frames and lenses is AFFIRMED.

If you have any questions, please contact the Michigan Administrative Hearing System at (877) 833-0870.



Landis Y. Lain

Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Community Health

cc:

[REDACTED]

LYL [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

[REDACTED]
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*****NOTICE*****

Appellant/Petitioner may appeal this decision to Circuit Court within 30 days of the receipt of this decision.