



**Docket No. 14-013221 MCE  
Decision and Order**

4. On [REDACTED], the request for a medical exception was denied and the Department sent the Appellant written notice that the request for a medical exception was denied. (Exhibit A, pp. 1, 10-11 and testimony).
5. On [REDACTED], the Michigan Administrative Hearing System first received the Appellant's request for an administrative hearing. The request for hearing was returned for the beneficiary's signature and returned to MAHS on [REDACTED]. (Exhibit A, pp. 5-7).
6. On [REDACTED] the Appellant's request for Managed Care Exception was reviewed by MSA Chief Medical Officer, [REDACTED] [REDACTED] agreed with the Department decision to deny the Appellant's managed care exception request. (Exhibit A, p. 1, 12).

**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.

Michigan Public Act 131 of 2009 states, in relevant part:

Sec. 1650 (3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.

The Medicaid Provider Manual (MPM), Beneficiary Eligibility §9.3, July 1, 2014, page 43, states:

**Docket No. 14-013221 MCE**  
**Decision and Order**

The intent of the medical exception process is to preserve continuity of medical care for a beneficiary who is receiving active treatment for a serious medical condition from an attending physician (MD or DO) who would not be available to the beneficiary if the beneficiary is enrolled in a MHP. The medical exception may be granted on a time-limited basis necessary to complete treatment for the serious condition. The medical exception process is only available to a beneficiary who is not yet enrolled in a MHP, or who has been enrolled for less than two months. MHP enrollment would be delayed until one of the following occurs:

- The attending physician completes the current ongoing plan of medical treatment for the patient's serious medical condition, or
- The condition stabilizes and becomes chronic in nature, or
- The physician becomes available to the beneficiary through enrollment in a MHP.

If the treating physician can provide service through a MHP that the beneficiary can be enrolled in, then there is no basis for a medical exception to managed care enrollment.

The MPM also provides the following definitions at pp. 43-44:

**Serious Medical Condition**

Grave, complex, or life threatening.

Manifests symptoms needing timely intervention to prevent complications or permanent impairment.

An acute exacerbation of a chronic condition may be considered serious for the purpose of medical exception.

**Chronic Medical Condition**

Relatively stable.

Requires long term management.

Carries little immediate risk to health.

**Docket No. 14-013221 MCE  
Decision and Order**

Fluctuates over time, but responds to well-known standard medical treatment protocols.

**Active treatment**

Active treatment is reviewed in regards to intensity of services when:

- The beneficiary is seen regularly, (e.g., monthly or more frequently), and
- The condition requires timely and ongoing assessment because of the severity of symptoms and/or the treatment.

**Attending/Treating Physician**

The physician (MD or DO) may be either a primary care doctor or a specialist whose scope of practice enables the interventions necessary to treat the serious condition.

**MHP Participating Physician**

A physician is considered participating in a MHP if he is in the MHP provider network or is available on an out-of-network basis with one of the MHPs with which the beneficiary can be enrolled. The physician may not have a contract with the MHP but may have a referral arrangement to treat the plan's enrollees. If the physician can treat the beneficiary and receive payment from the plan, then the beneficiary would be enrolled in that plan and no medical exception would be allowed.

The undisputed evidence shows that the medical exception request for Appellant was from [REDACTED], Appellant's primary care physician who works with several Medicaid Health Plans including the health plan the Appellant is enrolled in, [REDACTED]. The denial stated that because [REDACTED] works with [REDACTED] the plan that the Appellant had been enrolled in for over [REDACTED] months, and the information submitted by the doctor on the medical exception request indicated office visits when needed, it did not meet the active treatment of a serious medical condition that would allow for a time limited medical exception. Furthermore, [REDACTED], MSA Chief Medical Officer, reviewed the matter and agreed with the denial of the medical exception for the reasons set forth in the [REDACTED] denial letter. Accordingly, the Appellant did not meet the criteria for an exception.

[REDACTED]  
**Docket No. 14-013221 MCE**  
**Decision and Order**

The Appellant did not contest the Department's evidence. The uncontested, material evidence of record establishes that the Appellant does not meet the Department criteria to be granted a medical exception. Furthermore, [REDACTED] works for [REDACTED] that the Appellant is enrolled in. Therefore, the Department properly concluded that the Appellant was not eligible for an exception from managed care.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for an exception from managed care.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/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.