

**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) 334-9505

IN THE MATTER OF:

██████████,

Appellant

\_\_\_\_\_ /

Docket No. 2014-27670 QHP

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.*, following the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. Appellant appeared and testified. ██████████ ██████████, RN, Patient Advocate, for the ██████████ appeared as Appellant's representative.

██████████, Director of Customer Service, and ██████████, Director of Pharmacy appeared on behalf of the Meridian Health Plan (MHP), subcontracting with the Michigan Department of Community Health in delivery of Medicaid, spouse, appeared on the Appellant's behalf.

**ISSUE**

Did the MHP properly deny Appellant's request for Genotropin?

**FINDINGS OF FACT**

Based upon the competent, material, and substantial evidence presented, I find, as material fact:

1. The Appellant is a ██████ year old female Medicaid beneficiary who was enrolled in the Health Plan of Michigan, Inc., an MHP.
2. On ██████████ the MHP received a PA for Genotropin on behalf of Appellant.
3. Appellant has been diagnosed with fatigue, dizziness, unspecified hypothyroidism, and growth hormone deficiency due to a lab test of 4.04, and Insulin-Like GF1 that was 230 (normal).
4. Appellant has been diagnosed with hypoglycemia and advised to follow dietary and exercise guidelines.

5. On ██████████ the MHP denied Appellant's request for the reason that Appellant's medical evidence does not meet the contract requirements specified in the MHP contract. (Exhibit A.1) The MHP contract criteria are specific, and require less than 3ng/ml to the glucagon test. (Exhibit A.5)
6. On ██████████, Appellant filed a hearing request.

### **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 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 MHPs.

The Respondent is one of those MHPs.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

*Section 1.022(E)(1), Covered Services.  
MDCH contract (Contract) with the Medicaid Health Plans,  
October 1, 2009.*

(1) The major components of the Contractor's utilization management (UM) program must encompass, at a minimum, the following:

- (a) Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.

- (b) A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- (c) Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- (d) An annual review and reporting of utilization review activities and outcomes/interventions from the review.
- (e) The UM activities of the Contractor must be integrated with the Contractor's QAPI program.

(2) Prior Approval Policy and Procedure

The Contractor must establish and use a written prior approval policy and procedure for UM purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that UM decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.

*Section 1.022(AA), Utilization Management, Contract,  
October 1, 2009.*

The DCH-MHP contract provisions allow prior approval procedures for utilization management purposes. The MHP's Clinical Pharmacist testified that the Appellant's prior-authorization request for Genotropin was denied because the MHP has specific criteria for approval for adult human growth hormone that Appellant did not meet. (See Exhibit A.3-5) The eligibility criteria that were not met include evidence to support 3 specific criteria identified in Exhibit A, and summarized on the ██████████ denial found on Exhibit A.1

Appellant's representative argued at hearing that Appellant is starting to suffer from osteopenia. Since osteopenia itself is a pre-diagnosis to osteoporosis and a highly questionable diagnosis, to argue that one is almost at a stage of almost having a diagnosis is nonsensical. Nor does it meet the MHP guidelines in either case.

As to the specific levels required by the MHP contract, Appellant's labs do not indicate that she has the level that would rise to the eligibility criteria as identified in the contract and beneficiary criteria as approved by the State of Michigan and federal Medicaid law. While Genotropin may be prescribed at differing levels, the MHP contract is specific, has higher levels, and that contract has been approved by state and federal law. Appellant's labs do not meet the criteria unfortunately, despite her physician's recommendations.

As noted above, the DCH-MHP contract provisions allow the MHP to have prior approval procedures. The Clinical Pharmacist explained that the MHP does not allow for approval unless the specific criteria are met; and that the MHP uses evidenced based medicine.

The MHP's denial must be upheld as their medication prior approval process is consistent with Medicaid policy and allowable under the DCH-MHP contract provisions. This ALJ has no authority to over-ride the contract provisions. Appellant understands the criteria necessary for approval, and may reapply if she believes she has medical documentation that is in conformance with the eligibility criteria.

**DECISION AND ORDER**

The ALJ, based on the above findings of fact and conclusions of law, decides that the MHP properly denied the Appellant's request for Genotropin.

**IT IS THEREFORE ORDERED** that:

The MHP's decision is AFFIRMED.

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Janice Spodarek  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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.