

**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.** 2014-34293 DISC

██████████

██████████

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.*, 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. ██████████ 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. Appellant is a █████-year-old (██████████) Medicaid beneficiary who is a member of the population required to enroll in a Medicaid Health Plan ("MHP"). (Exhibit A, p. 8 and testimony).
2. Appellant has been enrolled in the MHP of ██████████ (██████████) since ██████████. (Exhibit A, pp. 1, 7 and testimony).
3. On ██████████, the Department's enrollment services section received a Special Disenrollment-For Cause Request from Appellant. The request indicated that the Appellant wanted to change health plans because she wanted to have ██████████ as her primary care

physician, who is not a contracted provider with ██████████  
(Exhibit A, pp. 8-27).

4. On ██████████, the Department sent Appellant's request to ██████████ for a review and response. (Exhibit A, p. 1 and testimony).
5. On ██████████ submitted its response to the Department. (Exhibit A, pp. 1, 28-34 and testimony).
6. On ██████████, the Special Disenrollment for Cause Request was denied because there was no medical information provided from the Appellant's doctor indicating an active treatment for a serious medical condition or access to care/services issue described that would allow for a change in health plans outside of the open enrollment period. (Exhibit A, pp. 1, 7).
7. On ██████████, a denial notification letter regarding the For Cause Special Disenrollment action was sent to the Appellant. The Appellant's rights to a Medicaid Fair hearing were included. (Exhibit A, p. 7).
8. On ██████████, the Michigan Administrative Hearing System (MAHS) received a request for hearing filed by Appellant in this matter. (Exhibit A, p. 6).
9. On ██████████, this matter was reviewed by ██████████, ██████████ who agreed with the denial of Appellant's Special Disenrollment – For Cause Request. ██████████ stated the request was denied because the medical information provided did not describe the active treatment for a serious medical condition from a physician that does not work or accept referrals from the health plan; that the health plan has specialists either in network or can refer out of network for treatment, and the health plan has primary care providers within 30 miles/30 minutes of the beneficiary's residence. (Exhibit A, pp. 35).

### **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 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, pages 21-22; Exhibit A, pp. 17-18*].

Here, the Department received Appellant's Special Disenrollment-For Cause Request indicating that the Appellant wanted to change health plans because she wanted to have ██████████ as her primary care physician, who is not a contracted provider

with [REDACTED]. In reviewing the Appellant's Special Disenrollment-For Cause Request, the Department contacted [REDACTED] and [REDACTED] submitted its response to the Department. In that response, [REDACTED] wrote that the Appellant wanted to change health plans to [REDACTED] because she wanted to have [REDACTED] as her primary care physician, who is not a contracted provider with [REDACTED] further stated the Appellant did not want to switch to another contracted provider; she wanted to continue to pursue her request for a disenrollment.

Subsequently, the Department determined that the Appellant did not meet the for cause criteria necessary to be granted a special disenrollment, because there was no medical information provided from the Appellant's doctor indicating an active treatment for a serious medical condition or access to care/services issue described that would allow for a change in health plans outside of the open enrollment period.

Appellant bears the burden of proving by a preponderance of the evidence that Department erred in denying her disenrollment request. In this case, for the reasons discussed below, Appellant has failed to meet that burden of proof.

As noted by the Department's representative, 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 period, which in this case is [REDACTED]

Outside of open enrollment period, however, she must meet the criteria set forth in the contract. In short, she must establish he has been unable to access care she requires or that she is undergoing active treatment for a serious medical condition with a doctor who does not participate in her health plan.

In this case, the Appellant did not present any evidence to establish she is experiencing an active treatment for a serious medical condition or a lack of lack of access to care.

Accordingly, the Department's denial of the request for special disenrollment must be upheld.

### **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.

[REDACTED]  
Docket No. 2014-34293 DISC  
Decision and Order

**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 James K. Haveman, 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.