

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 15-000501 MHP

Case No. [REDACTED]

[REDACTED],
Appellant.

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for a hearing filed on the minor Appellant's behalf.

After due notice, a telephone hearing was held on [REDACTED]. Appellant appeared and testified.

[REDACTED], Manager of Medicaid Operations, appeared and testified on behalf of [REDACTED], the Respondent Medicaid Health Plan (MHP).

ISSUE

Did the MHP properly deny Appellant's request for a lower extremity orthotics?

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 [REDACTED] year old female Medicaid beneficiary who is enrolled in the Respondent MHP.
2. On or about [REDACTED], the MHP received a prior authorization (PA) request for lower extremity orthotics L1940-ankle foot orthosis, plastic or other material, custom-fabricated and L2330-addition to lower extremity, lacer molder to patient model for custom fabricated orthosis by [REDACTED] Bed Orthotics & Prosthetics. (Exhibit A.5-12).
3. In the request, the medical provider noted that Appellant had been diagnosed with arthritis. (Exhibit A.6).

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4. On ██████████, the MHP sent a denial notice on the grounds that the documentation submitted does not show that Appellant meets the criteria for a lower extremity orthotic. (Exhibit A.14-15).
5. On ██████████ the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing.

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 one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

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.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies.
(Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for

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additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*MPM, January 1, 2015 version
Medicaid Health Plan Chapter, page 1
(Emphasis added by ALJ)*

The Michigan Department of Community Health Medicaid Provider Manual (MPM), Medical Supplier Chapter, Section 2.26 Orthotics (Lower Extremity) states in part that lower extremity orthotics are covered to:

Facilitate healing following surgery of a lower extremity.
Support weak muscles due to neurological conditions.
Improve function due to a congenital paralytic syndrome...

Here, the MHP's witness testified that the PA request was denied pursuant to the above policy. Specifically, Appellant's diagnosis was arthritis. Under the above criteria, arthritis is not arthritis a condition for which orthotics are approved.

Appellant bears the burden of proving by a preponderance of the evidence that the MHP erred in denying his request.

The undersigned Administrative Law Judge finds that Appellant has not met her burden of proving that the MHP erred.

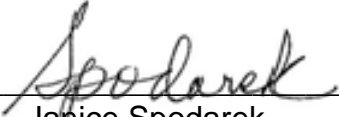
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DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's request.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



Janice Spodarek
Administrative Law Judge
For Nick Lyon, Director
Michigan Department of Community
Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

JS [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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.