

**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. 15-019412 MHP

██████████

██████████

██████████

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and offered testimony on her own behalf. No one made an appearance on behalf of ██████████ the Respondent in this matter.¹

ISSUE

Did the Respondent properly deny the Appellant's prior authorization request for an EGD Transoral with Biopsy?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On or around ██████████ ██████████ ██████████ the Respondent received a prior authorization request on behalf of the Appellant for an EGD Transoral with Biopsy. (Testimony)
2. On or around ██████████ the Appellant received from the Respondent a denial of the ██████████ prior authorization request. (Testimony)

¹ The Respondent submitted a hearing summary that indicated they were to be contacted at ██████████ and to use a participant code of ██████████ to enter a conference call from which they would be participating. Several attempts were made to reach the Respondent using the numbers they provided. At no point in time during any of the attempts was the Respondent present on the conference call. An attempt was made to reach the Respondent at a general number of ██████████. This number was an automated listing and the Respondent could not be reached through this number either. At ██████████, it was decided to proceed in the absence of the Respondent as to not delay the hearing any longer.

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3. On [REDACTED], the Michigan Administrative Hearings System (MAHS) received from the Appellant a request for hearing regarding the [REDACTED] prior authorization request. (Testimony)

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 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

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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 Appellant testified her prior approval request was denied by the Respondent and that she did not know why it was denied. The Appellant went on to explain that she needed the requested service because she was having stomach issues and she wanted them resolved.

No one on behalf of the Respondent made an appearance and there was zero evidence as to why the Respondent denied the Appellant's prior approval request for an EGD Transoral with Biopsy. As such, I do not find the Respondent acted in accordance with the applicable laws and policies in denying the prior approval.


DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent improperly denied the Appellant's prior approval for a EGD Transoral with Biopsy.

IT IS THEREFORE ORDERED THAT:

Respondent's decision is REVERSED.

The Respondent is ordered reprocess the Appellant's [REDACTED] prior approval request for a EGD Transoral with Biopsy.


Corey A. Arendt
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CAA/db

cc: [REDACTED]
[REDACTED]
[REDACTED]

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***** 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 & 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.