



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: March 30, 2020
MOAHR Docket No.: 20-000009
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a hearing was held on March 25, 2020. Petitioner appeared and testified on her own behalf. Attorney Nicole Sanford, Assistant General Counsel, appeared on behalf of Delta Dental, the contracted dental provider for Priority Health, the Respondent Medicaid Health Plan (MHP).

ISSUE

Did the MHP properly deny Petitioner's claims for dental services?

FINDINGS OF FACT

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

1. Petitioner is a [REDACTED] year-old Medicaid beneficiary, born [REDACTED] who was enrolled in the Respondent MHP at all times relevant to this matter. (Exhibits A, 1; Testimony)
2. In 2019, Petitioner received dental services through Kai Steele Dentistry, PLLC. Prior to receiving these services, Petitioner asked the dentist's staff to check to make sure that the services would be covered through Petitioner's Medicaid Health Plan. Petitioner was told the services were covered. (Exhibits A, 1; Testimony)
3. After Petitioner received the services, Petitioner's dentist informed her that the staff had made a mistake checking her insurance and that the services were not, in fact, covered because Petitioner's dentist was not enrolled to provide services to Medicaid beneficiaries. (Exhibits A, 1;

Testimony)

4. On October 30, 2019, Delta Dental, the MHP's contracted dental provider, issued an Explanation of Benefits, which indicated that Petitioner's services were not covered under Petitioner's Healthy Michigan dental plan because the provider was not an enrolled Medicaid provider. (Exhibit A; Testimony)
5. On October 30, 2019, the MHP sent Petitioner and her provider a Notice of Adverse Benefit Determination indicating that the dental services were not covered under Petitioner's Healthy Michigan dental plan because the provider was not an enrolled Medicaid provider. (Exhibit A; Testimony)
6. On January 2, 2020, following an internal appeal, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit 1)

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 Health and Human Services (MDHHS) 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 services, excluded services, and prohibited services as set forth in the Contract.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
October 1, 2019, p 1
Emphasis added*

Pursuant to the above policy and its contract with the Department, the MHP has developed a prior authorization process subject to the limitations and restrictions described in the MHP's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

Delta Dental's attorney pointed to policy which clearly indicates clients must see a dentist who is enrolled in the Medicaid program for dental services to be covered. Here, because Petitioner did not see a participating dentist, the claims were denied.

Petitioner testified that when she went to the dentist, she specifically informed the staff that she had insurance through the Healthy Michigan Plan and asked the staff to confirm that the procedures were covered. Petitioner indicated that she was informed the services were covered under her insurance, so she went ahead and had the work done. Petitioner testified, however, that once the services were complete, staff informed Petitioner that they had checked the wrong insurance and that the services were not covered.

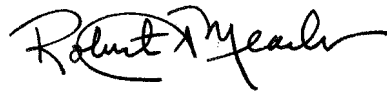
Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that the MHP erred in denying the dental claims. Petitioner's dentist was not an enrolled Medicaid provider on the date of service, so the dentist cannot bill Medicaid for the procedures. However, because Petitioner informed the dentist's staff that she was covered under the Healthy Michigan Plan, the dentist cannot bill Petitioner for the services either. Petitioner was informed that should the dentist continue to bill her for these services, she should contact the Medicaid Fraud Hotline at 1-800-242-2873.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Petitioner's requests for dental services. However, because Petitioner informed the dentist's staff that she was covered under the Healthy Michigan Plan, the dentist cannot bill Petitioner for the services either.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is AFFIRMED.



RM/sb

Robert J. Meade
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

Managed Care Plan Division
CCC, 7th Floor
Lansing, MI
48919

Community Health Rep

Delta Dental
c/o Kristen Smith
Compliance Officer
Lansing, MI
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Petitioner

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