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Date Mailed: April 13, 2022
MOAHR Docket No.: 22-000944
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

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 April 12, 2022. Petitioner appeared and testified on her own behalf. Attorney Nicole Sanford, Assistant General Counsel, appeared on behalf of Respondent, Delta Dental (Department).

ISSUE

Did the Department 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 Medicaid beneficiary who was enrolled in the Respondent's Dental plan at all times relevant to this matter. (Exhibits A; Testimony.)
2. On or around January 10, 2022, Great Expressions Dental Centers, submitted to Department a pre-treatment estimate. The requesting Dentist was Dr. Chitte, an enrolled Provider with the Department. (Exhibit A; Testimony.)
3. On January 31, 2022, Department issued Petitioner and Great Expressions Dental Centers a Pre-treatment Estimate denying coverage for the January 10, 2022, request. The notice indicated the Department required additional information in order to approve payment for the requested service. (Exhibit A; Testimony.)
4. On January 21, 2022, Petitioner went to Great Expressions Dental

Centers to have some teeth extracted in accordance with the January 10, 2022, prior approval request. At the time of the visit, Great Expressions Dental Centers indicated the requesting Dentist, Dr. Chitte was not available but a different Dentist, Dr. Elmadawy was available to perform the extractions. (Exhibit A; Testimony.)

5. Dr. Elmadawy was not an enrolled Provider with the Department. (Testimony.)
6. At no point in time did Great Expressions Dental Centers explain to Petitioner that the prior authorization was denied, nor did they indicate Dr. Elmadawy was not an enrolled Provider with the Department. (Testimony.)
7. On January 21, 2022, Petitioner elected to proceed with Dr. Elmadawy extracting her teeth. (Testimony.)
8. On or around January 24, 2022, Great Expressions Dental Centers submitted to the Department a request for payment for the January 21, 2022, extractions. (Exhibit A; Testimony.)
9. On January 24, 2022, the Department issued an Explanation of Benefits to Petitioner and Great Expressions Dental Centers denying payment for the January 21, 2022, extractions. The Explanation of Benefits indicated the procedure was not a covered benefit as the service was rendered by a Dentist who did not participate in the Department's program. (Exhibit A; Testimony.)
10. On March 7, 2022, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing.
11. As of April 12, 2022, Petitioner has not received from Great Expressions Dental Centers, a bill for the January 21, 2022, extractions. (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 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.¹

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.² 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 whom she had insurance with and verified insurance coverage at the facility by contacting the Department.

¹ Medicaid Provider Manual, Medicaid Health Plans, April 1, 2022, p 1.

² Exhibit A.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that the Department 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 Department's Plan, the Dentist cannot bill Petitioner for the services either.³

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

CA/dh

J. Arendt
Corey Arendt
Administrative Law Judge

³ Medicaid Provider Manual, General Information for Providers, April 1, 2022, p 29. Providers cannot bill beneficiaries for services if the beneficiary is NOT informed of Medicaid noncoverage until after the services have been rendered.

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
Attn: Compliance Officer
P.O. Box 30416
Lansing, MI 48864

Petitioner

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