



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 31, 2023
MOAHR Docket No.: 22-006125
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 telephone hearing was held on March 30, 2023. Petitioner, [REDACTED] appeared and testified on her own behalf. Chelsea Vinson, Paralegal appeared and testified on behalf of Respondent, United Healthcare.

ISSUE

Did the Respondent properly deny Petitioner's request for reimbursement for dental implants?

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 is enrolled in the Respondent's health plan. (Exhibit A, p 1; Testimony)
2. In [REDACTED] 2021 Petitioner received two dental implants from an out-of-network provider and paid for the implants out-of-pocket. (Exhibit 1, pp 19-23; Testimony)
3. On February 15, 2022, Petitioner began the process of seeking reimbursement for the \$4,777.00 she paid for dental implants by writing to Respondent. (Exhibit 1, pp 14-17; Testimony). Petitioner argued that she was entitled to reimbursement because the implants were medically necessary, not for aesthetic reasons, and her only option. (Exhibit 1, p 17; Testimony)

4. On May 27, 2022, Petitioner again wrote to Respondent regarding reimbursement. (Exhibit 1, pp 11-13; Testimony)
5. On June 7, 2022, Respondent sent Petitioner a response to her inquiry indicating that the matter had been sent to the dental team “to be processed as reimbursement.” (Exhibit 1, p 9; Testimony)
6. Petitioner kept following up with Respondent during the fall of 2022 but never received reimbursement. (Exhibit 1, pp 6-8; Testimony)
7. On October 11, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner’s first request for hearing. (Exhibit 1, p 4; Testimony)
8. Petitioner’s October 11, 2022 request for hearing was returned to her with a letter indicating that it did not appear that she had completed the required internal appeal process with Respondent. (Exhibit 1, p 3; Testimony)
9. Petitioner contacted MOAHR and after some discussion, the matter was scheduled for a telephone prehearing conference on February 7, 2023 to determine if there was jurisdiction for a Medicaid fair hearing. (Exhibit 1; Testimony)
10. At the February 7, 2023 prehearing conference Respondent’s representative indicated that it appeared that Petitioner’s request had been granted and that a reimbursement was in process. The matter was then set for a Status Conference on March 7, 2023 in order to give the reimbursement time to process. (See Prehearing Conference Summary and Order, dated February 13, 2023.)
11. At the March 7, 2023 status conference, Respondent’s representative indicated that the reimbursement had not actually been approved and no reimbursement would be forthcoming. (See Status Conference Summary and Order dated March 13, 2023.)
12. The instant hearing then took place on March 30, 2023.

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 (MHP).

The Respondent is the dental contractor for 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, 2022, p 1
Emphasis added*

Policy found in the 2022 Healthy Michigan Plan Member Handbook indicates, in relevant part:

How the Healthy Michigan dental program works

You must choose a dental provider in the UnitedHealthcare network. The Healthy Michigan Plan Provider Directory lists all participating dentists in the network and can be viewed on [UHCCommunityPlan.com/mi](https://uhccommunityplan.com/mi). Please contact Member Services or visit the website for the most current list of dentists in your area before receiving services.

Healthy Michigan Plan dental benefits

Your UnitedHealthcare plan covers a wide range of dental treatments and services. These services include preventative, diagnostic and minor restorative and oral surgery. Orthodontia is not covered under this plan. The plan does not have a deductible, coinsurance, or an annual maximum services. Some dental services require "prior authorization" or approval before getting the service.

Non-covered services

- Cosmetic procedures (for example, tooth whitening)
- Dental implants
- Procedures considered experimental or investigational
- Endodontic procedures and crowns are limited to members under 21, as medically necessary

(Exhibit A, pp 47, 49; Emphasis added)

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

Respondent's witness testified that Petitioner's request reimbursement for dental implants was denied because dental implants are a non-covered item and Petitioner did not see an in-network provider. Respondent's witness pointed out that Petitioner was informed both before and after she had the implants completed that they were a non-covered item.

Petitioner testified that her dental implants were an emergency, and emergency dental work is covered if medically necessary. Petitioner pointed to a letter from her dentist indicating that the implants were for functional purposes and not for aesthetic purposes. (Exhibit 1, p 18.) Petitioner also pointed out that she has been a member of Respondent's healthcare plan since 2014 and the only member handbook ever provided to her was the 2014 handbook. Petitioner also noted that she was told by Respondent prior to getting the implants that they could be covered if medically necessary.

Petitioner's evidence also contained numerous allegations regarding the way she was treated, and her belief that Respondent kept giving her the run around during this process. However, the undersigned has no authority to address such issues and they must be addressed directly with Respondent through the grievance process.

Petitioner also took issue with the fact that Respondent refused to give her a formal denial of her request, which would allow her to file for an administrative hearing. However, while Respondent probably should have issued a formal denial, Petitioner did eventually get an administrative hearing.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that Respondent erred in denying her request for reimbursement for dental implants. As indicated above, policy clearly states that dental implants are not a covered item under the health plan. And, while Petitioner argued and pointed to policy that indicates that emergency services that are medically necessary are covered, that would not supersede a policy that clearly indicates a procedure is not covered. As such, Respondent properly denied her request. While the undersigned can certainly sympathize with Petitioner's situation, the undersigned has no authority to ignore clear policy and no equitable powers to grant Petitioner any relief.

Accordingly, Respondent properly denied Petitioner's request for reimbursement for dental implants.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's request for reimbursement for dental implants.

IT IS THEREFORE ORDERED that:

Respondent's decision is AFFIRMED.



RM/sj

Robert J. Meade
Administrative Law Judge

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).

Via Electronic Mail:

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Community Health Representative

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Petitioner

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