



Date Mailed: April 23, 2025

Docket No.: 25-009036

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

DECISION AND ORDER

This matter is before Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and upon a request for hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on April 1, 2025. Erica Wytovak, Patient Advocate with Priya Healthcare, appeared and testified on Petitioner's behalf. Rovida Brooks, Appeals and Grievance Specialist, appeared and testified on behalf of Respondent Molina Healthcare, a Medicaid Health Plan (MHP). Dr. John Briles, Senior Medical Director, also testified as a witness for Respondent.

During the hearing, Respondent submitted a proposed exhibit that Petitioner's representative had not received a copy of beforehand. However, Petitioner's representative also did not object to its admission and the exhibit was admitted into the record as Exhibit A, pages 1-401.

Following completion of the hearing, the record was left open so that Petitioner's representative could submit a written response to Respondent's exhibit. No response was subsequently received and the record in this matter closed on April 4, 2025.

ISSUE

Did Respondent properly deny Petitioner's prior authorization request for an optimizer system implantation pulse generator?

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 enrolled with Respondent. (Exhibit A, page 163).
2. On February 10, 2025, a medical provider submitted a prior authorization to Respondent on Petitioner's behalf seeking an optimizer system implantable pulse generator for Petitioner. (Exhibit A, pages 162-218).
3. The requested item is not covered under the Michigan Medicaid Program. (Testimony of Petitioner's representative; Testimony of Respondent's Senior Medical Director).
4. On February 13, 2025, Respondent sent Petitioner written notice that her prior authorization request for an optimizer system implantable pulse generator had been denied. (Exhibit A, pages 219-228).
5. With respect to the reason for the denial, the notice stated in part:

You have shortness of breath and tiredness. An item is requested for this (optimizer system implantable pulse generator). This is not covered by the state.

(Criteria used: MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES: COMMUNITY HEALTH AUTOMATED MEDICAID PROCESSING SYSTEM (CHAMPS). per MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES Outpatient Prospective Payment System Fee Schedule.)

Exhibit A, page 222

6. On February 17, 2025, Petitioner filed an Internal Appeal, as well as supporting documentation, with Respondent regarding that denial. (Exhibit A, pages 229-382).
7. On February 20, 2025, Respondent sent Petitioner written notice that her Internal Appeal had been denied. (Exhibit A, pages 383-396).

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8. With respect to the reason for that denial, the notice stated in part:

The notes sent in show that you have heart problems. A request was received for a special heart device. This is not a Michigan Medicaid covered benefit. Therefore, this request is not approved. Please talk to your provider about your healthcare options. This is our final adverse determination.

(CRITERIA USED FOR DECISION: Michigan Department of Health and Human Services, Medicaid Provider Manual section 8.3 Non-covered services)

Exhibit A, page 386

9. The notice also advised Petitioner that she could request a State Fair Hearing if she disagreed with the decision. (Exhibit A, pages 390-391).
10. On March 7, 2025, MOAHR received the request for hearing filed in this matter by Petitioner and her representative. (Exhibit A, pages 3-160).

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 MDHHS 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 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, 2025 version
Medicaid Health Plan Chapter, page 1
(Underline added for emphasis)*

Here, Respondent denied Petitioner's prior authorization request pursuant to the above policy.

In appealing that denial, Petitioner has the burden of proving by a preponderance of the evidence that the MHP erred in denying her authorization request. Moreover, the undersigned Administrative Law Judge is limited to reviewing Respondent's decision in light of the information that was available at the time the decision was made.

Given the above policy and evidence in this case, Petitioner has failed to satisfy her burden of proof and Respondent's decision must be affirmed.

While, pursuant to both its contract and the MPM, Respondent is allowed to provide services over and above those provided by MDHHS/Medicaid, Respondent is only required to provide services consistent with all applicable Medicaid coverage and limitation policies.

Here, as explained by Respondent's witness and demonstrated by its exhibit, Respondent has limited coverage to what is covered by MDHHS/Medicaid, and it determined that the requested service in this case is not covered given the applicable policy and fee schedule.

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Moreover, Petitioner's representative expressly conceded during the hearing that the requested service is non-covered. And, while the representative also asked for a one-time exception given Petitioner's circumstances and lack of other options, the undersigned ALJ is bound by the applicable policies.

Accordingly, for the reasons discussed above, the denial in this case must be affirmed.

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 prior authorization request.

IT IS, THEREFORE, ORDERED that:

Respondent's decision is **AFFIRMED**.



SK/sj

Steven Kibit
Administrative Law Judge

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to LARA-MOAHR-DCH@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via First Class & Electronic Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]
[REDACTED]

Via Electronic Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED]
[REDACTED] CT [REDACTED]
[REDACTED]

Department Contact

MDHHS-MANAGED CARE PLAN DIVISION
400 S PINE ST 7TH FL
LANSING, MI 48933
MDHHS-MCPD@MICHIGAN.GOV

Community Health Representative

MOLINA HEALTHCARE OF MICHIGAN
C/O LISA JOHNSON
880 W LONG LAKE RD
STE 600
TROY, MI 48098
LISA.JOHNSON@MOLINAHEALTHCARE.COM