



Date Mailed: May 5, 2025

Docket No.: 25-010958

Case No.:

Petitioner:



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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.

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

### DECISION AND ORDER

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

After due notice, a telephone hearing was held on April 24, 2025. Petitioner, [REDACTED] (Petitioner) appeared and testified on her own behalf. Austin Fassett, Attorney, appeared on behalf of Delta Dental, the Respondent Medicaid Health Plan (MHP or Respondent).

#### Exhibits:

Petitioner

None

Respondent

A – Hearing Summary

### ISSUE

Did Respondent properly deny Petitioner's request for out-of-network 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 Medicaid beneficiary enrolled with Respondent. (Exhibit A; Testimony.)

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2. On or around [REDACTED] 2024, the Petitioner underwent a dental procedure performed by [REDACTED] Oral Surgery. The procedure was performed by an out-of-network provider. (Exhibit A; Testimony.)
  3. On or around February 5, 2025, Petitioner submitted to Respondent a claim for reimbursement of the money she paid for the out-of-network services. (Exhibit A; Testimony.)
  4. On February 5, 2025, the Respondent sent Petitioner, notification indicating the request for reimbursement would be denied. (Exhibit A; Testimony.)
  5. There are other oral surgeons located within 50 miles of Petitioner's residence who are in-network. (Exhibit A; Testimony.)
  6. On February 5, 2025, the Respondent received from Petitioner, a request for an internal appeal. (Exhibit A.)
  7. On March 7, 2025, the Respondent sent Petitioner a Notice of Internal Appeal, upholding the initial denial. The notice indicated the service was a non-covered service due to the procedure being performed by an out-of-network provider. (Exhibit A.)
  8. On March 24, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Hearing File.)

### **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) in effect at the time of the services at issue in this case, 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

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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 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.<sup>1</sup>

Moreover, with respect to the out-of-network services like the ones requested by Petitioner, the MPM further states in part:

## **2.6 OUT-OF-NETWORK SERVICES**

### **2.6.A. PROFESSIONAL SERVICES**

With the exception of the following services, MHPs may require out-of-network providers to obtain plan authorization prior to providing services to plan enrollees:

- Emergency services (screening and stabilization);
- Family planning services;
- Immunizations;

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<sup>1</sup> MPM, Medicaid Health Plan, October 1, 2024, p 1.

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- Communicable disease detection and treatment at local health departments;
  - Child and Adolescent Health Centers and Programs (CAHCP) services;
  - Tuberculosis services; and
  - Certain MIHP services (refer to the Maternal Infant Health Program Chapter for additional information).

MHPs reimburse out-of-network (non-contracted) providers at the Medicaid fee-for-service (FFS) rates in effect on the date of service.<sup>2</sup>

Here, Respondent denied Petitioner's request for reimbursement pursuant to the above policies and on the basis that the services were performed by a provider outside of Respondent's network of providers.

In appealing that decision, Petitioner has the burden of proving by a preponderance of the evidence that Respondent erred. 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.

Petitioner indicated she needed the services performed immediately due to pain; and further, that she was referred to this specific surgeon by her primary dentist. Regardless of the communication between the Petitioner and her dentist, the Provider ultimately was an out-of-network provider, and thus, the services were not approved. Furthermore, there was nothing in the record to indicate this was an emergency type of service.

Given the record in this case, Petitioner has failed to meet her burden of proof; and Respondent's decision must, therefore, be affirmed. Consistent with the above policies and its contract with MDHHS, Respondent requires out-of-network providers to obtain plan authorization prior to providing services to plan enrollees; none of the exceptions to that policy apply in this case; and no prior authorization was sought or approved before the services in question were provided.

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<sup>2</sup> MPM, Medicaid Health Plan, October 1, 2024, p 6.

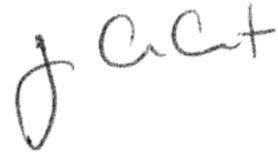
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**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Respondent properly denied Petitioner's request for out-of-network services.

**IT IS, THEREFORE, ORDERED** that:

Respondent's decision is **AFFIRMED**.



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**COREY A. ARENDT  
ADMINISTRATIVE LAW JUDGE**

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**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](https://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://sbar.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 [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@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 Electronic Mail:**

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