STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
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IN THE MATTER OF:

[redacted]

Appellant
_____/

Docket No. 2010-14402 MSB
[redacted]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Appellant's request for a hearing.

After due notice, a hearing was held [redacted]. The Appellant appeared on her own behalf. [redacted], sister, appeared as a witness for the Appellant. [redacted], Appeals Review Officer, represented the Department. [redacted]t, MDCH Eligibility Specialist, appeared as a witness for the Department.

ISSUE

Whether the Department properly denied payment for medical services provided to the Appellant in the months of [redacted]

FINDINGS OF FACT

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

1. The Appellant did not have active Medicaid coverage at the time services were provided in [redacted]. (Testimony)

2. On [redacted], full coverage Medicaid was retroactively established for the Appellant for the months of [redacted]. (Exhibit 1, page 4)

3. On [redacted], full coverage Medicaid was retroactively established for the Appellant for the month of [redacted]. (Exhibit 1, page 4)

4. On [redacted], the Appellant filed a Hearing Request form stating she had met her Medicaid deductible for the months of [redacted] but that her bills were not paid. (Exhibit 1, page 2)

5. On [redacted], the Department contacted the medical providers from the bills and statements attached to the Appellant's hearing request in an attempt to resolve the unpaid claims. (Exhibit 1, page 4)

6. The Department has not denied payment for any claims billed to Medicaid for services rendered to the Appellant in [redacted] (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 the present case, the Appellant asserts that the Department has failed to pay medical bills submitted for the months of [redacted]. However, it appears that the Appellant is referring to copies bills she provided to her Department of Human Services Medicaid eligibility worker to show the she met her Medicaid deductible. This is not the same process as a provider submitting a claim to the Department for payment of a Medicaid covered service. The Medicaid Provider Manual, Billing and Reimbursement for Institutional Providers and Billing and Reimbursement for Professionals sections describe the claims processing system:

> **1.1 CLAIMS PROCESSING SYSTEM**
>
> All claims submitted and accepted are processed through the Claims Processing (CP) System. Paper claims are scanned and converted to the same file format as claims submitted electronically.
>
> Claims processed through the CP system are edited for many parameters including provider and beneficiary eligibility, procedure validity, claim duplication, frequency limitations for services and combination of service edits. Electronic claims submitted by Wednesday may be processed as early as the next weekly cycle.
>
> *Medicaid Provider Manual, Billing and Reimbursement for Institutional Providers section, and Billing and Reimbursement for Professionals section,* Page 1, October 1, 2009.

The Department's witness testified that she reviewed the bills and statements attached to

the Appellant's Hearing Request form. The Department witness noted that no bills for any dates of service in [redacted] were included. The Department witness further testified that she reviewed the Appellant's Medicaid eligibility and found that it was retroactively established for the months of [redacted]. (Exhibit 1, page 4) The Department witness stated that she then contacted the providers from the bills and statements attached to the Appellant's Hearing Request form and informed them of the Appellant's Medicaid eligibility for the months at issue. The Department witness testified that [redacted] has since billed Medicaid and received payment and that [redacted] has agreed to bill Medicaid. The Department witness testified that when she reached [redacted], they indicated the date of service for the submitted bill was not for the time period raised in the hearing request, but was from [redacted], when the Appellant did not have Medicaid coverage. The Department witness also testified that [redacted] did not respond to the Department's communications regarding the Appellant's Medicaid eligibility. (See also Exhibit 1, page 4)

The Appellant has not meet her burden of proving that the Department improperly denied payment of any submitted claims for Medicaid covered services rendered in the months of [redacted]. The Appellant's providers must bill Medicaid in order to receive payment from the Department. There has been no evidence presented that the Department has rejected any claims submitted by the Appellant's providers billing Medicaid for services rendered in [redacted].

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department has not denied payment for medical services rendered to the Appellant in [redacted].

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: [redacted]

Date Mailed 3/18/2010

**** NOTICE *****

The State Office of Administrative Hearings and Rules for the Department of Community Health may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules for the Department of Community Health will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.