

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

Docket No. 2011-22210 MSB  
Case No. [REDACTED]

[REDACTED],

Appellant

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**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) 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]. [REDACTED], the Appellant, appeared his own behalf. [REDACTED], appeared as a witness for the Appellant. [REDACTED], represented the Department of Community Health (MDCH or Department). [REDACTED], appeared as a witness for the Department.

**ISSUE**

Whether the Department has properly not considered payment for services rendered to the Appellant by out of state providers for emergency services in [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 has had Emergency Services Only (ESO) Medicaid since [REDACTED]. (Exhibit 1, page 2)
2. In [REDACTED], the Appellant was working in Florida. He had a fall in his motel room after work one evening, which resulted in worsening swelling of his leg and a fever by the next morning. The Appellant missed work that day and had a co-worker drive him to the Emergency room that night. (Exhibit 1, page 5)
3. The Appellant has received bills and collection notices from three out of state providers, [REDACTED]

[REDACTED], for the emergency care he received in Florida on [REDACTED]. (Exhibits 1, pages 8-10, and Exhibits 2-4)

4. The Appellant requested a formal, administrative hearing [REDACTED] stating he was denied coverage for emergency room hospital bills out of state. (Request for Hearing)
5. The Department has not considered payment for the services the Appellant received from the out of state providers because the providers are not enrolled with the Michigan Medicaid program and no claims for the [REDACTED] [REDACTED] services have been submitted. (Exhibit 1, page 2)
6. The Department is attempting to assist the Appellant resolve the outstanding bills and has been able to contact two of the three out of state providers. (Exhibit 2, page 2)

### **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 for emergency services he received in Florida in [REDACTED]. The Appellant has had Emergency Medical Services Only (ESO) Medicaid coverage since [REDACTED]. However, the emergency services were rendered by out of state providers who are not enrolled in the Michigan Medicaid program.

The Medicaid Provider Manual, General Information for Providers section reimbursement for services rendered out of state:

#### **6.3 OUT OF STATE/BEYOND BORDERLAND PROVIDERS**

Reimbursement for services rendered to beneficiaries is normally limited to Medicaid-enrolled providers. MDCH reimburses out of state providers who are beyond the borderland area (defined below) if the service meets one of the following criteria:

- Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations; or

- Medicare and/or private insurance has paid a portion of the service and the provider is billing MDCH for the coinsurance and/or deductible amounts; or
- The service is prior authorized by MDCH. MDCH will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas.

Managed Care Plans follow their own Prior Authorization criteria for out of network/out of state services.

Providers must be licensed and/or certified by the appropriate standard-setting authority.

All providers (except pharmacies) rendering services to Michigan Medicaid beneficiaries must complete the on-line application process described in the Provider Enrollment Section of this Chapter in order to receive reimbursement. Exceptions to this requirement may be made in special circumstances. These circumstances will be addressed through the Prior Authorization process. Pharmacies must complete the enrollment process with MDCH's PBM. Refer to the Provider Enrollment Section of this Chapter for additional information.

Out of state/beyond borderland providers enrolled with the Michigan Medicaid program may submit their claims directly to the MDCH billing system. Providers should refer to the appropriate Billing and Reimbursement chapter of this manual for billing instructions.

*Medicaid Provider Manual,  
General Information for Providers,  
Page 13, April 1, 2010.*

The Department has yet to receive any claims for the Appellant's ██████████ out of state emergency services. The Department has made attempts to assist the Appellant with resolving these outstanding bills, and has been able to reach two of the three providers. ██████████ indicated they are aware of the Appellant's Medicaid eligibility and stated that he has a \$0 balance. ██████████ ██████████ acknowledged that a bill had not been sent to Michigan Medicaid, the Appellant's Medicaid eligibility was verified and they agreed to bill Michigan Medicaid. Despite numerous attempts, the Department has not been able to contact ██████████ ██████████ (Exhibit 1, page 2) The Appellant's wife's testimony indicated that she is continuing to work with the Department and the out of state providers to resolve the outstanding bills.

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 denied any

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claims submitted by the out of state providers who rendered services to the Appellant in [REDACTED]. Accordingly, the Department has properly not considered payment for these services.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that it was proper for the Department to not consider payment for services rendered to the Appellant by out of state providers in [REDACTED] because no claims have been submitted to the Department.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Colleen Lack  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: \_\_\_5/16/2011\_\_\_

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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 receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.