

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-53513
Issue No.: 2000
Case No.: [REDACTED]
Hearing Date: October 10, 2012
County: Wayne (49)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

SETTLEMENT ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a hearing was held in Detroit, Michigan on Wednesday, October 10, 2012. The Claimant appeared, along with [REDACTED], and testified. Participating on behalf of the Department of Human Services ("Department") was [REDACTED].

ISSUE

Whether the Department properly implemented the [REDACTED] Settlement Order, specifically relating to June 2011?

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 Claimant participates in the Medicaid Savings Program ("MSP").
2. On December 21, 2011, a hearing was held between the Claimant and the Department resulting in a Settlement Order. (Exhibit 1)
3. The Department implemented the Settlement Order with the exception of June 2011.
4. The parties agreed that the Claimant is entitled to a refund for June 2011.
5. On May 15, 2012, the Department received the Claimant's written request for hearing.

CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (“BAM”), the Bridges Eligibility Manual (BEM), the Reference Tables Manual (“RFT”), and the Bridges Reference Tables (“RFT”).

The Medical Assistance (“MA”) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations. The Department of Human Services, formerly known as the Family Independence Agency, administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Medicaid coverage includes Medicare cost-sharing benefits, meaning it will pay for Medicare Part B premiums or Part A and B premiums, coinsurances, and deductibles for certain Medicaid recipients. BEM 810 (2010), p. 1. Medicaid Savings Programs (“MSP”) are SSI-related MA categories. BEM 165 (2010), p. 1.

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105 (2010), p. 1. Medicaid is also known as Medical Assistance. BEM 105, p. 1. The Medicaid program is comprised of several categories; one category is for FIP recipients while another is for SSI recipients. BEM 105, p. 1. The Medicare Savings Programs are SSI-related MA Categories. BEM 165 (2010), p. 1. The three Medicare Savings Programs are Qualified Medicare Beneficiaries (also known as full-coverage QMB); Specified Low-Income Medicare Beneficiaries (also referred to as limited coverage QMB and SLMB); and Additional Low-Income Medicare Beneficiaries (also known as ALMB or Q1). BEM 165, p. 1.

Income is the major determiner of which category an individual falls under. BEM 165, p. 1. Effective April 1, 2011, to be eligible for full coverage AD-Care/QMB, income cannot exceed \$908.00; for limited coverage QMB/SLMB, \$909.00 to \$1,089.00; and for ALMB \$1,090.00 to \$1,226.00. RFT 242 (2011), p. 1. A person who is eligible for one of these categories cannot choose to receive a different Medicare Savings Program category. BEM 165, p. 1. All eligibility factors must be met in the calendar month being tested. BEM 165, p. 1. Full coverage QMB pays for Medicare premiums, co-insurances, and deductibles; limited QMB/SLMB pays Medicare Part B premiums; and ALMB pays Medicare Part B premiums provided funding is available. BEM 165, pp. 2, 3. The Department of Community Health determines whether funding is available. BEM 165, 2.

The law provides that disposition may be made of a contested case by stipulation or agreed settlement. MCL 24.278(2).

In the present case, the Department initially denied SLMB coverage for the Claimant resulting in the December 21, 2011 hearing. The hearing decision ordered the Department to activate coverage effective June 2011. The Department implemented the order and reimbursed the Claimant from July 2011 forward. The Department agrees the Claimant is entitled to reimbursement for June 2011; however, it appears that the Claimant’s MA coverage is coded incorrectly (as a deductible); therefore, the Claimant

has not been reimbursed. The Department attempted to rectify the problem by inputting in Bridges that the Claimant met her deductible for the month of June 2011. This "fix" did not resolve the issue. The Claimant's case needs to be coded correctly under the SLMB program for the month of June 2011 so the Claimant can be reimbursed. All parties were in agreement. In light of the foregoing, there was no other issue that needed to be addressed.

DECISION AND ORDER

The Administrative Law Judge concludes that the Department and Claimant have come to a settlement regarding Claimant's May 15, 2012 request for a hearing.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING:

1. Activate MA coverage under the SLMB program for the months of June 2011 in accordance with Department policy.
2. The Department shall reimburse the Claimant for the month of June 2011 as agreed and in accordance with Department policy.

Colleen M. Mamelka

Colleen M. Mamelka
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: October 17, 2018

Date Mailed: October 18, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

The Claimant 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 date of the rehearing decision.

CMM/tm

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