

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

IN THE MATTER OF:

██████████
██████████
██████████

Reg. No.: 14-018535
Issue No.: 2007
Case No.: ██████████
Hearing Date: March 11, 2015
County: Wayne-District 19

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on March 11, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████, hearing representative with ██████████; Claimant's authorized hearing representative (AHR). No representative from the Department of Human Services (Department) participated in the hearing.

ISSUE

Did the Department properly process Claimant's May 2013, June 2013 and July 2013 medical expenses for Medical Assistance (MA) coverage?

FINDINGS OF FACT

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

1. Claimant was an ongoing recipient of MA benefits, with MA coverage subject to a monthly deductible.
2. Claimant incurred medical expenses in May 2013, June 2013 and July 2013.
3. On August 20, 2013, the AHR faxed Claimant's medical expenses for May 2013 and June 2013 to the Department with a request to activate Claimant's MA coverage.
4. On September 18, 2013, the AHR faxed a second request to the Department concerning the May 2013 and June 2013 medical expenses.

5. On October 31, 2013, the AHR faxed a third request to the Department concerning the May 2013 and June 2013 medical expenses.
6. On October 31, 2013, the AHR faxed Claimant's medical expenses for July 2013 to the Department with a request to activate Claimant's MA coverage.
7. The Department did not respond to the AHR's requests.
8. On May 22, 2014, the AHR filed a request for hearing concerning the Department's failure to activate Claimant's MA coverage for May 2013, June 2013 and July 2013.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

As a preliminary matter, it is noted that the Department did not participate in the hearing. The Department was advised at 10:35 am that the AHR was prepared to proceed with the hearing scheduled at 10:30 am. When the Department did not respond, the hearing proceeded at 11:10 am in the Department's absence.

In its hearing summary, the Department alleged that the AHR's hearing request was untimely. A hearing must be requested within 90 days of the date the Department sends the parties written notice of an action. BAM 600 (March 2014), p. 6. In this case, the AHR alleges that the Department failed to process its request that the Department activate Claimant's MA coverage for May 2013, June 2013 and July 2013, and requested a hearing to prompt the Department to activate coverage. The AHR testified that it had not received any response to its requests from the Department. In the absence of any evidence that the Department sent the AHR written notice of any action in Claimant's MA case, the Department has failed to establish that the AHR's hearing request is untimely. The hearing proceeded to address the AHR's concern that the Department failed to process Claimant's medical bills for MA coverage.

A client must report medical expenses by the last day of the third month following the month in which the client wants MA coverage. BEM 545 (July 2013), p. 11. If the client meets its deductible, the Department must add MA coverage to the client's case. BEM 545, p. 11.

At the hearing, the AHR established that it faxed copies of Claimant's May 2013 and June 2013 itemized hospital bills to the Department on three occasions, the first time being on August 20, 2013. On October 31, 2013, it faxed copies of Claimant's itemized July 2013 hospital bills. Because the AHR timely submitted Claimant's medical bills to the Department, the Department did not act in accordance with Department policy when it failed to process the bills and, if Claimant met the deductible, activate her MA coverage.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it failed to process Claimant's May 2013, June 2013 and July 2013 medical expenses.

DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Process Claimant's May 2013, June 2013, and July 2013 medical bills; and
2. Activate Claimant's MA coverage for May 2013, June 2013, and July 2013 if Claimant has met her deductible.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/17/2015**

Date Mailed: **3/17/2015**

