

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

**IN THE MATTER OF:**

██████████  
██  
██

Reg. No.: 2014-35299  
Issue No(s): 2004  
Case No.: ██████████  
Hearing Date: May 21, 2014  
County: Wayne County DHS 19

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 three-way telephone hearing was held on May 21, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ES.

**ISSUE**

Did the Department properly process the Claimant's Medical Expenses?

**FINDINGS OF FACT**

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

1. The Claimant is an ongoing recipient of Medical Assistance and has a spend down deductible of ██████ monthly.
2. The Claimant submitted her medical bills on 12/10/13 to the Department. Exhibit 1
3. The Department processed the bills on 12/23/13 and sent the Claimant a Notice of Case Action advising her that her MA deductible was met beginning 12/10/13 through 12/31/13.
4. The Claimant requested a hearing on 3/23/14 protesting the processing time of her medical bills.

### **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.

Additionally, in this case the Claimant requested a hearing for what she believed was the Department's failure to process her medical bills submitted to the Department so that her spend down could be met. The Claimant's medical bills expense submission for December 2013 was reviewed at the hearing. The Claimant, through her then authorized representative, the [REDACTED], provided the Department via fax on December 10, 2013 the Claimant's medical expenses in the form of a medical bill from the [REDACTED]. Exhibit 1. The medical expenses were processed by the Department on December 23, 2013 and it was determined that the Claimant was eligible for Medicaid as of December 10, 2013, as the expenses submitted exceeded the Claimant's spend down amount of [REDACTED] on that date. A Notice of Case action was sent to the Claimant on December 23, 2013 advising Claimant that she was eligible for Medicaid as of December 10, 2013 as the Deductible amount had been met.

The Claimant was upset as she was afraid to continue to schedule doctor's appointments and other treatments thereby incurring medical expenses until she knew that she was eligible for Medicaid. In this case, the Claimant would not have known until the end of the month that her expenses were processed and she was eligible as of December 10, 2013; however, that is how the deductible program works. At the time of her submission on December 10, 2013, the Claimant's medical expenses met the deductible as the bill was in excess of the [REDACTED] deductible and thus Claimant was eligible for full Medicaid and could have continued to incur further medical expenses as after expenses of [REDACTED] were incurred all other medical expenses were covered by Medicaid.

Meeting a deductible means reporting and verifying allowable medical expenses (defined in "XHIBIT I) that equal or exceed the deductible amount for the calendar month tested. BEM 545 pp. 11, (7/1/13).

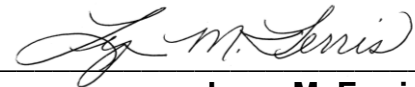
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department

acted in accordance with Department policy when it processed the Claimant's medical expenses.

**DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.



**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: June 10, 2014

Date Mailed: June 11, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

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A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

LMF/tm

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]