STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

[redacted],

Docket No. 15-014035 MSB
Case No. [redacted]

Appellant.
_____/

DECISION AND ORDER

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

After due notice, a hearing was held on [redacted]. [redacted], Appellant's hearing representative appeared on behalf of Appellant.

[redacted] Appeals Review Officer, represented the Michigan Department of Health and Human Services ("DCH" or "Department"). [redacted], Department Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's request for reimbursement for a dental bill?

FINDINGS OF FACT

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

1. Appellant is a [redacted] who has been a beneficiary of Medicaid.

2. On [redacted], Appellant's Medicaid switched to the Healthy Michigan Plan with Molina Healthcare of Michigan. At that point Appellant's dental benefits are provided through the health plan. Molina subcontracts with Delta Dental. (Exhibit A.7).

3. Appellant's dentist, [redacted], was not enrolled as a provider with Molina's Medicaid contract, and subcontractor Delta Dental.

4. On [redacted] Appellant had dental services with [redacted] who charged $[redacted] for her dental cleaning. (Exhibit A.14). Appellant subsequently received a bill for the services.

5. On [redacted] the Department received a Beneficiary Complaint Form regarding the bill. The Department contacted [redacted] office and was informed that Appellant was told on the date of service that her coverage under HMP was not accepted prior to the services being rendered and that she agreed to pay for the services.

6. On [redacted] the Department sent a letter to Appellant in response to the complaint informing Appellant of the information received from [redacted] office and indicating that Medicaid cannot make payment on the bill. (Exhibit A.7).

7. No evidence was submitted that [redacted] has billed Medicaid for the dental services provided.

8. On [redacted] the Michigan Administrative Hearing System (MAHS) received a Request for Hearing in this matter where in Appellant alleges that she was never informed of the change in her dental coverage. (Exhibit A.4-5).

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.

All claims must be submitted in accordance with the policies, rules, and procedures as stated in the Medicaid Provider Manual, which provides, in pertinent parts:

> **SECTION 7 - CHANGES IN ELIGIBILITY AND ENROLLMENT (FSS/CSHCS**
>
> **7.1 GENERAL INFORMATION**

It is the provider's responsibility to determine eligibility/enrollment status of beneficiaries at the time
services are provided and obtain the appropriate authorizations for payment.
Medicaid or Children's Special Health Care Services (CSHCS) beneficiaries may lose their eligibility or
change enrollment status on a monthly basis. Enrollment status changes include beneficiaries changing
from FFS (Fee-For-Service Medicaid or CSHCS) to a Medicaid Health Plan (MHP), from one health plan to

another health plan, or from a health plan to FFS. Normally the change occurs at the beginning of a
month; however, some changes may occur during the month. It is important that providers check
beneficiary eligibility before each service is provided to determine who is responsible for payment and
whether authorization is necessary. (Refer to the Beneficiary Eligibility Chapter of this manual for
additional information.)

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Here, Appellant requests payment for the dental services on the grounds that she was not informed of the change in her dental coverage.

The Department argues that Appellant would have received notice, and, that her dentist informed the Department that they specifically informed Appellant that she did not have coverage, would be responsible for the bill, and that she agreed to the same.

Appellant argues that her [redacted] office did not inform her that she did not have coverage.

The appealing party at an administrative hearing has the burden of proof by a preponderance of evidence standard. While the Department did not present evidence of having notified Appellant of this change, the Department did indicate that Appellant would have been informed. More importantly, the Department referenced Section 7 of the MPM wherein its states that it is the provider's responsibility to determine eligibility at the time services are provided. In addition, this section states that a beneficiary may have a change in eligibility on a monthly basis, or, even within a month. The Department also submitted evidence that Appellant's dentist's office informed the Department that Appellant was in fact notified that she did not have coverage, and, that she agreed to pay.

Appellant was given notice of hearing on [redacted]. Appellant has had ample time to gather evidence to submit that would support her argument that what the Department is stating her dentist office represented to the Department is not true. Moreover, the fact that Appellant's dentist never submitted a bill for payment to the Medicaid program, makes the Department's evidence credible. It would appear that Appellant's dispute is with her dentist.

Accordingly, the Department has properly denied Appellant's request for reimbursement for dental costs related to the [redacted] date of service

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that, based on the available information, the Department properly denied Appellant's request for reimbursement for costs related to dental services.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.

Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human Services

Date Mailed: [redacted]

[redacted]

cc: [redacted]

***** 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.