

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-017508
Issue No.: 2001
Agency Case No.: [REDACTED]
Hearing Date: [REDACTED]
County: Oakland-District 3 (Southfield)

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on [REDACTED], from Lansing, Michigan. Claimant personally appeared and testified. The Department of Health and Human Services (Department) was represented by Eligibility Specialist [REDACTED].

ISSUE

Did the Department properly reimburse Claimant under the Medicare Savings program?

FINDINGS OF FACT

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

1. On [REDACTED], the Department issued a Health Care Coverage Determination Notice informing Claimant she was approved for the Medicare Savings program beginning [REDACTED]. (Dept Ex. A, p 3).
2. On [REDACTED], the Department received confirmation from the Bridges Resource Center Team that a case was opened with Case Number [REDACTED] to resolve the issue of non-payment for the Medicare Savings program. (Dept Ex. A, p 2).
3. On [REDACTED] Claimant submitted a request for hearing seeking reimbursement for the Medicare Savings program for the months of [REDACTED]. (Dept Ex. A, p 1).
4. On [REDACTED], a Pre-Hearing Conference was held. The Department indicated a Bridges ticket was still pending to request reimbursement.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Medicaid may pay the following for Medicaid recipients who are entitled to Medicare:

- Medicare Part A premiums.
- Medicare Part B premiums.
- Part of Medicare Part B premiums.
- Medicare deductibles and coinsurances. BAM 810, p 6 (4/1/2014).

The type of Medicare cost-sharing benefits depends on the type of Medicaid eligibility. BAM 810, p 6.

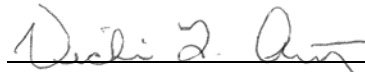
In this case, Claimant is contesting the lack of reimbursement from the Medicare Savings Program. Claimant was approved under the Medicare Savings Program on [REDACTED]. The approval was from [REDACTED] ongoing. To date, Claimant has yet to receive the reimbursement and the Department has submitted the Help Desk Ticket which received Bridges Case Number [REDACTED] and Open Ticket Number [REDACTED].

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department failed to properly administer Claimant's Medicare Savings Program, and the Department's actions are REVERSED.


The Department shall redetermine Claimant's eligibility for MA benefits in accordance with the applicable Department policy and the Department shall take the necessary steps to ensure the computer problem is resolved and Claimant's Medicare Savings approval is corrected in the computer system and award Claimant Medicare Savings benefits back to [REDACTED]. The Department shall issue supplementary payments to Claimant if she is otherwise entitled to them.

It is SO ORDERED.



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: 

Date Mailed: 



NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date. A copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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.

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 48909-8139

cc:

