

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-012395
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: September 03, 2015
County: Cass

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 September 3, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Eligibility Specialist and [REDACTED] Assisted Payment Services.

ISSUE

Did the Department properly determine the Claimant's eligibility for Medical Assistance (MA)?

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 applied as required by Obama Care by the deadline for health care coverage, where she chose Blue Cross Preferred Silver from May 1, 2014 through April 30, 2015. However, her name was listed in error as [REDACTED] instead of [REDACTED] Claimant Exhibit a-d.
2. On July 29, 2014, the Department received an online application from the federally facilitated Marketplace on behalf of the Claimant with an electronic signature. Department Exhibit 1-5 to 1-14.
3. On October 28, 2014, the Department mailed a notice to the Claimant, which was returned as return to sender unable to forward. Department Exhibit 1-16 to 1-18.

4. On June 30, 2015, the Claimant called the Department to request that the MA coverage be removed because she had already been covered by Blue Care. Department Exhibit 1-22.
5. On June 30, 2015, the Claimant was informed by the Department that coverage could not be changed. Department Exhibit 1-22.
6. On July 2, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action.

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.

In this case, the Claimant applied as required by Obama Care by the deadline for health care coverage, where she chose Blue Cross Preferred Silver from May 1, 2014 through April 30, 2015. However, her name was listed in error as [REDACTED] instead of [REDACTED] Claimant Exhibit a-d. On July 29, 2014, the Department received an online application from the federally facilitated Marketplace on behalf of the Claimant with an electronic signature. Department Exhibit 1-5 to 1-14. On October 28, 2014, the Department mailed a notice to the Claimant, which was returned as return to sender unable to forward. Department Exhibit 1-16 to 1-18. On June 30, 2015, the Claimant called the Department to request that the MA coverage be removed because she had already been covered by Blue Care. Department Exhibit 1-22. On June 30, 2015, the Claimant was informed by the Department that coverage could not be changed. Department Exhibit 1-22. On July 2, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action. BAM 105 and 115.

During the hearing, the Claimant stated that she was listed with the wrong name of [REDACTED] instead of [REDACTED] Claimant Exhibit b-d. She has been paying her premium with Blue Cross every month from May 2014 through April 2015. Department Exhibit f. She moved from Michigan to California and did not know that a subsequent application had been filed on her behalf in Michigan. The Claimant stated that she did not file an online application on July 29, 2014. The Department caseworker stated that once MA is put

on that it cannot be removed. Although the system may have caught the duplication, the system did not because of the error in the spelling of the Claimant's name that the error was not caught by the system.

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 received verification that an error had been made in MA where the Claimant had been paying for coverage concurrently through Blue Care, but because of an error in the spelling of her name that the system did not catch the error. As a result, the Department is to remove MA coverage from under the Claimant's name for the contested time period of July 2014 to June 2015 because the Claimant already had coverage from Blue Cross from May 2014 to April 2015.

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. Remove MA coverage from under the Claimant's name for the contested time period of July 2014 to June 2015 because the Claimant already had coverage from Blue Cross from May 2014 to April 2015.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.



Carmen G. Fahie
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **9/29/2015**

Date Mailed: **9/29/2015**

CGF/las

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:

