RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM Christopher Seppanen Executive Director

MIKE ZIMMER



Date Mailed: March 11, 2016 MAHS Docket No.: 15-021556

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Gary Heisler

HEARING DECISION

Following Petitioner'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 February 10, 2016, from Lansing, Michigan. Petitioner was represented by her authorized hearing representative, The Department was represented by Family Independence Manager

<u>ISSUE</u>

Did the Department properly process Petitioner's March 17, 2015 Medical Assistance (MA) application, including a retroactive application for the months beginning December 2014?

FINDINGS OF FACT

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

- On March 17, 2015, ADVOMAS submitted a Medical Assistance (MA) application on Petitioner's behalf which included a retroactive application for the months beginning with December 2014.
- 2. On April 23, 2015, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) which stated she was eligible for Emergency Services Only Medical Assistance (MA) from January 1, 2015 through February 28, 2015.
- On November 13, 2015, ADVOMAS submitted this hearing request.

 On February 3, 2016, the Department approved Petitioner for Emergency Services Only Medical Assistance (MA) for December 2014. No Health Care Coverage Determination Notice (DHS-1606) was issued.

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.

As a practical matter, Petitioner's hearing request has been resolved because the eligibility sought, has been approved. However, because no Health Care Coverage Determination Notice (DHS-1606) was issued, the Department has not complied with their policy requirements. Petitioner's authorized hearing representative also asserts that the Department has not complied with the requirement of Bridges Administration Manual (BAM) 402 to fill out an MSA-1038, Request for Exception to the Twelve Month Billing Limitation for Medical Services. The relevant section of BAM 402 states:

ENROLLED PROVIDER BILLING PROCEDURES (FEE-FOR-SERVICE)

MA

Enrolled providers are aware of the covered and excluded services available to MA beneficiaries. Providers must use MA billing procedures to obtain payment for services performed. Billings should be submitted within 12 months from the date of service.

Twelve Month Billing Exceptions

Exceptions to the 12 month billing policy can be made if the delay is caused by agency error or as a result of a court or administrative hearing decision. Agency errors are limited to:

Delayed Bridges coding, including level of care changes. Disability Determination Service (DDS) review. Administrative review.

Delayed eligibility determination.

Exceptions cannot be granted due to provider delays in billing or failure of a recipient or provider to obtain prior authorization.

Form MSA-1038, Request for Exception to the Twelve Month Billing Limitation for Medical Services, is an internal document and must be completed by local office staff to begin the exception process. The completed MSA-1038 should be sent to: **1038@michigan.gov**.

A family independence manager, district manager, or other office designee must be copied on the email. A copy of the hearing decision is no longer required; however, the hearing registration number must be indicated on the MSA-1038.

MDHHS will notify the specialist within 30 days of the decision. If approved DHS will notify providers to bill Medicaid as usual but to enter in the comments section of the claim, "MSA 1038 approval on file".

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 processed Petitioner's March 17, 2015 Medical Assistance (MA) application, including a retroactive application for the months beginning December 2014.

DECISION AND ORDER

Accordingly, the Department's action is **AFFIRMED IN PART** with respect to Medical Assistance (MA) coverage for December 2014 and **REVERSED IN PART** with respect to the requirements of Department policy.

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. Complete all requirements in Department policy required as a part of the Medical Assistance (MA) eligibility determination for December 2014.

GH/nr

Gary Heisler

Administrative Law Judge for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

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

