



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: April 25, 2017
MAHS Docket No.: 17-002163
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Eric J. Feldman

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 [REDACTED] [REDACTED] from Detroit, Michigan. Petitioner was present for the hearing and his spouse, [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist; and [REDACTED], Family Independence Manager.

ISSUE

Did the Department properly determine Petitioner's immigration status or citizenship when determining Medicaid (MA) and/or Modified Adjusted Gross Income (MAGI) related eligibility?

FINDINGS OF FACT

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

1. Petitioner was an ongoing recipient of Healthy Michigan Plan (HMP) coverage, which was under the MAGI-related Medicaid coverage. Exhibit B, pp. 1-3.
2. On [REDACTED], Petitioner entered the United States (U.S.); and he currently is not a permanent resident. Exhibit A, pp. 7 and 9.
3. In [REDACTED], the Department conducted a review of Petitioner's eligibility for MAGI-related categories, such as his HMP eligibility, and determined he was only eligible for Emergency Services Only (ESO) coverage. Exhibit B, pp. 4-8.

4. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination notifying him that he was approved for ESO MA for [REDACTED] ongoing. Exhibit B, pp. 4-8.
5. On [REDACTED], and [REDACTED], Petitioner submitted verification of his immigration status. Exhibit A, pp. 6-8.
6. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination notifying him that he was approved for ESO MA for [REDACTED] ongoing. Exhibit A, pp. 4-5.
7. Petitioner's Medicaid Eligibility showed that his HMP coverage ended and his ESO MA coverage began [REDACTED]. Exhibit B, pp. 1-2.
8. On [REDACTED], Petitioner's spouse requested a hearing. Exhibit A, p. 3.

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.

Preliminary matter

As a preliminary matter, on [REDACTED], the Department sent Petitioner a Health Care Coverage Determination notifying him that he was approved for ESO MA for [REDACTED], ongoing. Exhibit B, pp. 4-8. However, the undersigned lacks the jurisdiction to address this notice because Petitioner's hearing request dated [REDACTED], was not filed within 90 calendar days of the notice. See BAM 600 (October 2016), p. 6. Nevertheless, Petitioner's hearing request was filed within 90 calendar days of the notice date of [REDACTED]; and therefore, the undersigned has the jurisdiction to address his ESO MA determination effective [REDACTED], ongoing. Exhibit A, pp. 4-5 and BAM 600, p. 6.

ESO coverage

In this case, Petitioner's spouse requested a hearing disputing Petitioner's MA coverage. See Exhibit A, p. 3. Petitioner and his spouse disputed the Department's

decision to convert his HMP coverage to ESO MA coverage effective [REDACTED]. The spouse testified that Petitioner suffers from medical conditions and provided proof of his medical bills. See Exhibit 1, pp. 1-6. The spouse further argued that Petitioner is in need of the HMP coverage in order for him to receive his medical treatments.

The Healthy Michigan Plan (HMP) is based on MAGI methodology. BEM 137 (October 2016), p. 1. The Healthy Michigan Plan provides health care coverage for a category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 effective April 1, 2014. BEM 137, p. 1.

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who:

- Are 19-64 years of age
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Meet Michigan residency requirements
- *Meet Medicaid citizenship requirements*
- Have income at or below 133 percent Federal Poverty Level (FPL) Cost Sharing.

BEM 137, p. 1 (emphasis added).

For MAGI-related Medicaid coverage, an individual must be a U.S. citizen or have a qualified alien status. MAGI Related Eligibility Manual, *Michigan Department of Community Health (DCH)*, May 2014, p. 7. Available at http://michigan.gov/documents/mdch/MAGI_Manual_457706_7.pdf and see also BEM 225 (October 2016), pp. 1-37. Citizenship/alien status is not an eligibility factor for ESO Medicaid. MAGI Manual, p. 7. However, an individual must meet all other eligibility factors, including residency. MAGI Manual, p. 7. The data match with the Social Security Administration (SSA) is sufficient to verify citizenship and should be completed prior to requesting verification from an individual. MAGI Manual, p. 7. If a match is not available proceed to the following forms of verification. MAGI Manual, p. 7. The MAGI Manual lists the acceptable forms of citizenship as follows: (i) primary evidence; (ii) secondary evidence; (iii) third level evidence; and (iv) fourth level evidence. MAGI Manual, pp. 7-10.

As stated previously, to be eligible for full coverage MA and/or for MAGI-related Medicaid coverage, an individual must be a U.S. citizen or have a qualified alien status. MAGI Manual, p. 7. An individual who is a permanent resident alien with a class code on the permanent residency card other than RE, AM or AS is eligible only for ESO coverage for the first five years in the U.S. unless the alien is a qualified military alien or the spouse or dependent child of a qualified military alien. MAGI Manual, pp. 10-12 and BEM 225, pp. 1-37.

In this case, Petitioner presently does not have a permanent resident card; and he did not dispute that he entered the U.S. on [REDACTED]. Petitioner and his spouse also indicated that no one was a qualified military alien, nor did he enter the U.S. based on asylum or refugee status.

Based on the foregoing information and evidence, along with both parties' testimony, the Department properly determined that Petitioner was not eligible for full-coverage MA and HMP coverage effective [REDACTED]. Petitioner and his spouse's main dispute was that the Petitioner was in need of medical assistance, and the ESO coverage was inadequate to cover his medical treatments. However, based on Petitioner's immigration status, he was only limited to ESO coverage for the first five years in the U.S. See MAGI Manual, pp. 11-12. Petitioner was not a permanent resident alien for five or more years, he did not enter the U.S. based on asylum or refugee status, and there was not a qualified military alien. As such, the Department properly determined that Petitioner was not eligible for full-coverage MA and/or HMP coverage and instead, he was only eligible for ESO MA coverage effective [REDACTED]. See MAGI Manual, pp. 7-14 and BEM 225, pp. 1-37.


It should be noted that the Department created a Help Desk Ticket on [REDACTED] [REDACTED], to correct Petitioner's MA coverage and/or verify eligibility. Exhibit A, p. 1. On [REDACTED], the Department received an e-mail status as to the Help Desk Ticket, which stated that based on Petitioner's date of entry, [REDACTED] [REDACTED] he is not eligible for full MA coverage; and he is only eligible for ESO coverage. See Exhibit A, p. 9.

DECISION AND ORDER

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 (i) the Department did properly determine Petitioner's immigration status or citizenship when determining his MA eligibility effective [REDACTED]; (ii) the Department properly determined that Petitioner was not eligible for full-coverage MA and/or HMP coverage effective [REDACTED]; and (iii) the Department properly determined that he was only eligible for ESO MA coverage effective [REDACTED].

Accordingly, the Department's MA and/or HMP decision is **AFFIRMED**.

EJF/jaf



Eric J. Feldman
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

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]

DHHS

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]