RICK SNYDER GOVERNOR State of Michigan DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON DIRECTOR



Date Mailed: February 16, 2018 MAHS Docket No.: 17-013527 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Denise McNulty

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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on November 14, 2017, from ______, Michigan. The Petitioner represented himself. The Department of Health and Human Services (Department) was represented by ______, Hearing Facilitator/Eligibility Specialist.

<u>ISSUE</u>

Did the Department properly process Petitioner's medical receipts when determining whether he met his monthly deductible for his 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. Petitioner is an ongoing recipient of Group 2-MA benefits subject to a monthly deductible.
- 2. The Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) on October 13, 2017, informing him that he had full coverage in the months of April 2017, July 2017, and August 19-30, 2017; because he had met his deductible. However, Petitioner was also informed that there were certain expenses he was still responsible for during the months listed above.

3. On October 12, 2017, the Department received Petitioner's request for hearing alleging that his submitted medical receipts had not been budgeted properly for the months of March, May and June 2017.

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, Petitioner requested a hearing to address an allegation that the Department had not processed medical receipts he allegedly submitted timely with respect to his MA benefits deductible for the months of March, May and June 2017. Each calendar month is a separate deductible period. BEM 545 (January 2017), p. 10. The Department provides information regarding submitted receipts when received and where a client stands with respect to whether they meet their monthly deductible through a Bridges program available to the client via the internet. Policy does not require the Department to provide a client with notice each time they do not meet their monthly deductible. With respect to medical benefits, the Department is to provide notice for: (i) a case opening with a deductible or patient-pay amount; (ii) a decrease in post-eligibility patient-pay amount; (iii) when a recipient is removed due to his eligible status in another case; (iv) an addition of MA coverage on a deductible case; (v) an increase in medical benefits; and (vi) a divestment penalty when program enrollment type (PET) code is blank. BAM 220 (January 2018), p. 4. A HCCDN is sent: (i) to notify of an approval or denial of MA; (ii) to add periods of MA coverage to an active deductible case; and (iii) to transfer an active deductible case to ongoing MA coverage. BEM 545 (January 2017), p. 14.

Petitioner alleged he submitted receipts for medical expenses incurred in the months of March 2017, May 2017 and June 2017. [Exhibit 1]. However, Petitioner did not have any documentation to show he submitted the receipts or that the Department received same. He testified that he sent the receipts via regular mail. The Department presented information from Petitioner's electronic case file (ECF) to show when receipts were received and the amount of the expenses that were budgeted towards Petitioner's monthly deductible. [Exhibits C and D.] The Department did not receive any medical

Page 3 of 5 17-013527 <u>DM</u>/

receipts from Petitioner for medical expenses incurred in the months of March 2017, May 2017, or June 2017. [Exhibit C and D.] Because the Department did not receive any medical receipts for the months in question, and Petitioner could not produce documentation to the contrary, there were no expenses for the Department to consider with regards to Petitioner's deductible.

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 the Department acted in accordance with Department policy when it determined Petitioner did not meet his Group 2-MA deductible in the months in question.

Accordingly, the Department's decision is **AFFIRMED**.

DM/tm

Denise McNulty

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

Page 5 of 5 17-013527 <u>DM</u>/



