



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: April 6, 2018
MAHS Docket No.: 18-001618
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Ellen McLemore

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, a telephone hearing was held on April 5, 2018, from Detroit, Michigan. Petitioner was present and represented herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly close Petitioner's child's Medical Assistance (MA) benefit case?

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's child was an ongoing MA recipient under the MIChild program.
2. On November 6, 2017, MIChild sent Petitioner a notice informing her that she was required to pay a [REDACTED] premium that was due by December 10, 2017 (Exhibit A).
3. On December 6, 2017, MIChild sent Petitioner a notice informing her that she had an overdue premium of [REDACTED] and an additional monthly premium of [REDACTED] that was due on January 10, 2018 (Exhibit B).
4. On December 19, 2017, MIChild sent Petitioner a notice informing that her premium due December 10, 2017 had not been received and that if she did not submit the payment by December 31, 2017, the coverage would end (Exhibit C).

5. On January 11, 2018, MIChild sent Petitioner a notice informing her that she had overdue premiums of [REDACTED] and an additional monthly premium of [REDACTED] that was due on February 10, 2018 (Exhibit D).
6. On January 16, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice informing her that her child's MA coverage was closing effective February 1, 2018, ongoing, for her failure to pay the monthly premiums (Exhibit E).
7. On January 29, 2018, Petitioner submitted a request for hearing disputing the Department's actions.

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's child was an ongoing MA recipient under the MIChild program subject to a monthly premium of [REDACTED]. MIChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age and who have no other health coverage. BEM 130 (July 2016), p. 1. Families pay a monthly premium for MIChild coverage. BEM 130, p. 1. The premium amount is [REDACTED] per family per month regardless of the number of children in the family. BEM 130, p. 1. Failure to pay the premium on time may result in termination of MIChild. BEM 130, p. 1. Department specialists are not responsible for the collection of premium payments. BEM 130, p. 2. The Department will be notified if there is a negative action entered into the system for non-payment of premiums. BEM 130, p. 2.

Petitioner failed to timely pay her premium for December 2017. Petitioner was advised that if she did not make the monthly premium payment by December 31, 2017, her child's benefit case would close. Petitioner did not timely pay the premium for December 2017 or January 2018. As a result, Petitioner's child's MA case was closed effective February 1, 2018, ongoing, in the notice issued January 16, 2018.

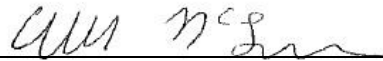
Petitioner testified that she sent a money order for [REDACTED] on December 28, 2017 to MIChild. Petitioner stated that the money order was returned to her, as she did not sign the money order. Petitioner contacted MIChild to resubmit the money order. Petitioner was unsure as to when the call was made. Petitioner stated she was advised it was too late to resubmit the payment because the MA benefit case had already been closed. As a result, Petitioner never paid any of the MIChild premiums.

The Department provided sufficient evidence that Petitioner did not timely pay the MIChild premiums. The responsibility to timely pay the premiums lies with Petitioner. Therefore, the Department acted in accordance with policy when it closed Petitioner's child's MA benefit case.

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 closed Petitioner's child's MA benefit case. Accordingly, the Department's decision is **AFFIRMED**.

EM/cg



Ellen McLemore

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

Via Email:

[REDACTED]

Petitioner – Via First-Class Mail:

[REDACTED]