



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: March 21, 2019
MAHS Docket No.: 19-001217
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 March 20, 2019, from Detroit, Michigan. Petitioner was present with [REDACTED]. The Department of Health and Human Services (Department) was represented by Rechela Hall, Eligibility Specialist.

ISSUE

Did the Department properly process Petitioner's Medicare Savings Program (MSP) 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 was an ongoing MSP benefit recipient.
2. On October 30, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) informing her that her MSP benefit case was closing, effective December 1, 2018, ongoing (Exhibit C).
3. On December 20, 2018, Petitioner applied for MSP benefits.
4. On January 14, 2019, the Department sent Petitioner a HCCDN informing her that she was eligible for MSP benefits effective January 1, 2019, ongoing (Exhibit A).
5. On February 1, 2019, Petitioner submitted a request for hearing.

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 submitted a request for hearing disputing the Department's failure to provide her with MSP benefits in December 2018. On October 30, 2018, the Department sent Petitioner a HCCDN informing her that her MSP benefit case was closing, effective December 1, 2018, ongoing, for her failure to submit requested verifications. Petitioner did not submit a hearing request until February 1, 2019. A client's request for hearing must be in writing and signed by an adult member of the eligible group, adult child, or authorized hearing representative (AHR). BAM 600 (April 2017), p. 2. Moreover, Department policy provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action. BAM 600, p. 6. As Petitioner did not submit a timely hearing request in relation to the October 30, 2018 HCCDN, the Undersigned does not have jurisdiction to address the matter.

Petitioner submitted an application for MSP benefits on December 20, 2018. On January 14, 2019, the Department sent Petitioner a HCCDN informing her that she was approved for full-coverage MSP benefits, effective January 1, 2019, ongoing.

MSP are SSI-related MA categories. There are three MSP categories: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); and Additional Low-Income Beneficiaries (ALMB). BEM 165 (October 2016), p. 1. QMB is a full coverage MSP that pays Medicare premiums (Medicare Part B premiums and Part A premiums for those few people who have them); Medicare coinsurances; and Medicare deductibles. SLMB pays Medicare Part B premiums and ALMB pays Medicare Part B premiums provided funding is available. BEM 165, pp. 1-2. Income eligibility for MSP benefits exists when net income is within the limits in RFT 242 or 247. The Department is to determine countable income according to the SSI-related MA policies in BEM 500 and 530, except as otherwise explained in BEM 165. RFT 242, pp1-2; BEM 165, pp. 7-8.

The Department will begin QMB coverage the calendar month after the processing month. BEM 165 (January 2018), p. 3. The processing month is the month during which an eligibility determination is made. BEM 165, pp. 3-4. QMB is not available for past months or the processing month. BEM 165, p. 4. SLMB is available for retro MA months and later months. BEM 165, p. 4. SLMB is only available for months income exceeds the QMB limit. BEM 165, p. 4. A person cannot choose SLMB in place of QMB in order for coverage to start sooner. BEM 165, p. 4. ALMB coverage is available for retro MA months and later months; however, not for time in a previous calendar year. BEM 165, p. 4.

As Petitioner qualified for MSP benefits under the full-coverage QMB category, she cannot receive benefits in the application processing month, which was December 2018. Therefore, the Department acted in accordance with policy when processing Petitioner's MSP 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 processed Petitioner's MSP benefits. Accordingly, the Department's decision is **AFFIRMED**.

EM/jaf

Ellen McLemore
Administrative Law Judge
for Robert Gordon, 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) 763-0155; 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

DHHS

Linda Gooden
MDHHS-Oakland-6303-Hearings

Petitioner

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