GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS DIRECTOR



Date Mailed: May 6, 2019 MOAHR Docket No.: 19-002243 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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. After due notice, telephone hearing was held on May 1, 2019, from Lansing, Michigan. Petitioner was represented by her authorized hearing representative Donita Hendricks and her attorney Andrea Rossi. Petitioner testified on her own behalf. The Department was represented by April Nemec.

ISSUE

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility for the Medicare Savings Program (MSP)?

FINDINGS OF FACT

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

- 1. On 2019, the Department received Petitioner's application for Food Assistance Program (FAP) benefits. Exhibit A, pp 9-14.
- 2. Petitioner is eligible for Medicare. Exhibit A, pp 20-25.
- 3. Petitioner has been an ongoing Medicare Savings Program (MSP) under the Qualified Medicare Beneficiary (QMB) category from October 1, 2017, through March 31, 2019. Exhibit A, p 38.
- 4. Petitioner has been an ongoing recipient of Retirement, Survivors, and Disability Insurance (RSDI) benefits since December 1, 2015. Exhibit A, p 21.
- 5. On March 8, 2019, the Department notified Petitioner that she was eligible for the Medicare Savings Program (MSP) effective April 1, 2019. Exhibit A, pp 35-37.

6. On February 25, 2019, the Department received Petitioner's request for a 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.

There are three categories of Medicare Savings Program (MSP) benefits including the Qualified Medicare Beneficiary (QMB), the Special Low Income Medicare Beneficiary (SLMB), and the Additional Low Income Medicare Beneficiary (ALMB). QMB pays Medicare premiums, and Medicare coinsurances, and Medicare deductibles. QMB coverage begins the calendar month after the processing month. SLMB pays Medicare Part B premiums. SLMB coverage is available for retro MA months and later months. ALMB pays Medicare Part B premiums provided funding is available. The Department of Community Health notifies the Department of Human Services if funding is available. ALMB coverage is available for retro MA months. Department of Human Services Bridges Eligibility Manual (BEM) 165 (January 1, 2018), pp 2-4.

The Medicare Savings Program (MSP) is an SSI-related category of Medical Assistance (MA). Coverage under QMB begins the calendar month after the processing month. Coverage under SLMB is available for retro months and later months. Coverage under ALMB is available for retro MA months and later months but not for time in a previous calendar year. BEM 165, pp 1-4

The production of evidence to support the department's position is clearly required under BAM 600 as well as general case law (see e.g., Kar v Hogan, 399 Mich 529; 251 NW2d 77 [1976]). In McKinstry v Valley Obstetrics-Gynecology Clinic, PC, 428 Mich167; 405 NW2d 88 (1987), the Michigan Supreme Court addressed the issue of burden of proof, stating in part:

The term "burden of proof" encompasses two separate meanings. [citation omitted.] One of these meanings is the burden of persuasion or the risk of nonpersuasion. The other is the risk of going forward or the risk of nonproduction. The burden of producing evidence on an issue means the liability to an adverse ruling (generally a finding or a directed verdict) if evidence on the issue has not been produced. It is usually on the party who has pleaded the existence of the fact, but..., the burden may shift to the adversary when the pleader has discharged [its] initial duty. The burden of producing evidence is a critical mechanism[.]

The burden of persuasion becomes a crucial factor only if the parties have sustained their burdens of producing evidence and only when all of the evidence has been introduced.

McKinstry, 428 Mich at 93-94, quoting McCormick, Evidence (3d ed), Sec. 336, p. 946.

The hearing record indicates that Petitioner has been eligible for Medicare benefits as an RSDI recipient since December 1, 2015. Petitioner alleges that she was eligible for MSP benefits during that time but that the Department improperly closed her MSP benefits without any written notice of the closure. The Department failed to present evidence showing that Petitioner was ineligible for MSP benefits and failed to establish that notice of the closure of MSP benefits was issued to Petitioner that would have limited her ability to protest the denial of those benefits. It was not disputed that Petitioner was eligible for Medicare during that period.

The Department has the burden of establishing that the denial of MSP benefits was a proper application of policy, and despite a good faith effort to locate records supporting the denial of benefits during the hearing, the Department was unable to locate those record. Therefore, the Department has failed to meet its burden to go forth with evidence supporting the denial of MSP benefits.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Medicare Savings Program (MSP) benefits that Petitioner may have been eligible for.

DECISION AND ORDER

Accordingly, the Department's decision is REVERSED.

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:

Initiate a determination of the Petitioner's eligibility for the Medicare Savings Program (MSP) as of December 1, 2015, and ongoing.

KS/dh

Kevin Scully

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-8139

DHHS	Tamara Morris 125 E. Union St 7th Floor Flint, MI 48502
	Genesee County, DHHS
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