



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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

Date Mailed: August 13, 2019
MOAHR Docket No.: 19-006746
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 August 7, 2019, from [REDACTED] Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Alexis Ewing, specialist.

ISSUE

The issue is whether MDHHS properly terminated Petitioner's Medicaid 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. As of February 2019, Petitioner was an ongoing Medicaid recipient with an eligibility period certified through March 2019.
2. On February 5, 2019, MDHHS mailed Petitioner a Redetermination form to Petitioner's proper mailing address.
3. On March 18, 2019, MDHHS initiated termination of Petitioner's Medicaid eligibility, effective April 2019 due to Petitioner's failure to return the Redetermination form.
4. As of April 1, 2019, Petitioner did not return a Redetermination to MDHHS. Exhibit A, p. 13.

5. On June 17, 2019, Petitioner requested a hearing to dispute the termination of Medicaid benefits. Exhibit A, pp. 2-3.

CONCLUSIONS OF LAW

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. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of Medicaid benefits. A Health Care Coverage Determination Notice dated March 18, 2019, stated that Petitioner's Medicaid eligibility would end beginning April 2019 due to Petitioner's failure to return a Redetermination form. Exhibit A, pp. 10-12.

MDHHS must periodically redetermine or renew an individual's eligibility for active programs. BAM 210 (January 2019) p. 1. The redetermination/renewal process includes a thorough review of all eligibility factors. *Id.*

For all programs, the MDHHS database generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. *Id.*, p. 8. For all programs, a redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. *Id.*, p. 12. Medicaid benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. *Id.*, p. 4. For Medicaid, a written notice must be issued because benefits are not automatically terminated for failure to record receipt of the renewal packet and. *Id.*, p. 13.

MDHHS presented a Redetermination form that was allegedly mailed to Petitioner on February 5, 2019. Exhibit A, pp. 2-9. A mailing date of February 5, 2019, is consistent with a Medicaid period certified through March 2019. As of March 18, 2019, Petitioner's electronic case file (ECF) did not list a Redetermination form as a returned document.¹ MDHHS followed through on Petitioner's failure to return the Redetermination form by mailing notice of closure on March 18, 2019. Petitioner had until the end of March 2019 to submit a Redetermination form but did not do so. Petitioner's only argument to dispute the Medicaid closure was that he did not receive the Redetermination form.

¹ The ECF consists of scanned documents, arranged by category and identified by a client name, recipient ID or case number, established for a particular client group. BEM 300 (July 2018), p. 1. The ECF includes all of a client's documentary submissions relevant to a case.

Petitioner's testimony acknowledged that the Redetermination form listed his proper address; thus, the evidence was not indicative that Petitioner did not receive the form because it was addressed incorrectly. Redetermination forms are known to be "central" printed. A central printing is one that is printed and mailed by a consolidated print center; thus, human error in mailing a Redetermination form is highly unlikely. The evidence established that MDHHS properly mailed a Redetermination form to Petitioner.

Petitioner testified that the United States Post Office often misdelivers his mail to a neighbor and he suspected the same may have happened with the Redetermination form. Petitioner's testimony concerning previous problems with mail delivery was uncorroborated and unverified; the same is true of Petitioner's claim of not receiving the Redetermination form.

The evidence established that MDHHS followed all required procedures in mailing Petitioner a Redetermination form and that Petitioner failed to return the form to MDHHS. Thus, MDHHS properly terminated Petitioner's MA benefits due to Petitioner not timely returning the Redetermination form. As discussed during the hearing, Petitioner recourse if Medicaid is still needed, is to reapply for Medicaid. If needed, Petitioner can seek up to three months of retroactive Medicaid upon reapplying.²

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's Medicaid eligibility effective April 2019. The actions taken by MDHHS are **AFFIRMED**.

CG/jaf



Christian Gardocki

Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

² See BAM 110 for requirements of applying for retroactive Medicaid.

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
Via Electronic Mail

Lori Duda
MDHHS-Oakland-2-Hearings

BSC4
D Smith
EQAD

Petitioner
Via First Class Mail

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