



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

Date Mailed: October 8, 2019
MOAHR Docket No.: 19-009125
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: John Markey

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 October 3, 2019 from Detroit, Michigan. Petitioner was represented by [REDACTED], Authorized Hearing Representative (AHR). The Department of Health and Human Services (Department) was represented by Silvester Williams, Assistance Payments Supervisor. During the hearing, a 38-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-38.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medicaid (MA) coverage under the Group 2 Medicaid (G2S) program after Petitioner's representatives submitted bills to the Department for greater than the deductible amount?

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 March 1, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that she was eligible for MA coverage under the G2S program, subject to a \$731 monthly deductible, effective April 1, 2019. Exhibit A, pp. 6-10.
2. Each month from April 2019 through July 2019, Petitioner received medical care that cost more than the deductible amount. Exhibit A, pp. 13-38.

3. Petitioner submitted to the Department billing statements showing that the medical care she received cost more than the deductible amount. However, the bills indicated that Petitioner was not responsible to pay for any of the balance. Exhibit A, pp. 13-38.
4. Because the Department did not have any indication that Petitioner was responsible for any obligation to pay any portion of those bills, the Department determined that the deductible was never met. Thus, the Department did not initiate Petitioner's MA coverage at any time during the relevant time period.
5. On [REDACTED], 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's refusal to pay the bills submitted.

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 objects to the Department's refusal to initiate Petitioner's MA coverage after Petitioner submitted evidence of medical expenses exceeding Petitioner's deductible amount. The Department's position is that the bills did not in any way indicate that Petitioner had an obligation to pay any of the expenses, and because of that, the deductible was never met.

Petitioner was found to be eligible for MA benefits subject to a monthly deductible through the G2S program. G2S is an SSI-related MA category. BEM 166 (April 2017), p. 1. Eligibility for coverage exists when allowable medical expenses equal or exceed the deductible amount. BEM 545 (July 2019), p. 1; 10-11. In order for a medical expense to be applied towards the deductible, it must actually be incurred by the client. BEM 545, p. 16. To verify whether or not the client incurred any expenses, the Department needs a billing statement or receipt from a medical provider showing that the client incurred the expense. BEM 545, p. 16.

The bills submitted by Petitioner to the Department do not indicate that Petitioner is responsible for payment. To incur an expense means to be held responsible for payment thereof. In this case, there was no evidence presented to the Department that

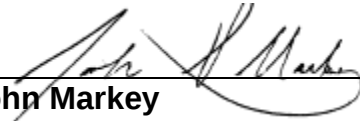
Petitioner actually incurred any expenses. Rather, the billing showed that Petitioner had no liability and assumed the Medicaid would cover the entire outstanding balance after other insurance paid its portion. As the Department only provides Petitioner coverage once she makes a showing that she incurred the amount of the deductible, the Department properly denied the coverage. However, during the hearing it was stated that more clear bills exist that show Petitioner did in fact incur the expenses. Petitioner may submit them to clarify the issue and obtain coverage if she is so eligible.

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 submitted medical bills and determined that they did not go towards meeting the deductible.

DECISION AND ORDER

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

JM/cg



John Markey
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

Via Email:

MDHHS-Oakland-3-Hearings
D. Smith
EQAD
BSC4- Hearing Decisions
MOAHR

Petitioner –

Via First-Class Mail:

[REDACTED]
[REDACTED]
[REDACTED]

Authorized Hearing Rep. –

Via First-Class Mail:

[REDACTED]
[REDACTED]
[REDACTED]