



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR



Date Mailed: September 16, 2020
MOAHR Docket No.: 20-004743
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 hearing was held on August 26, 2020, via telephone conference line. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Timika Harris, supervisor.

ISSUE

The issue is whether MDHHS properly processed 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. In May 2018, July 2018, October 2019, January 2019, March 2019, April 2019, July 2019, October 2019, and November 2019, Petitioner incurred medical expenses.
2. From November 1, 2018 through October 31, 2019, Petitioner was eligible for Medicaid.
3. Beginning April 2020, Petitioner was eligible for Medicaid.
4. On July 8, 2020, Petitioner requested a hearing to dispute unpaid medical expenses from January 2019, March 2019, April 2019, July 2019, and October 2019.

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. MDHHS 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).

On July 8, 2020, Petitioner submitted a handwritten multi-page hearing request. Exhibit A, pp. 4-7. Petitioner's statement complained that she made multiple verbal requests for a hearing while never being told she had to request one in writing. Petitioner alleged that her specialist abused her power, acted with malice, repeatedly lied, failed to act with due diligence, and performed the job without morals or ethics. Petitioner stated she would take her dispute to the governor's office and considered MDHHS's actions to be criminal. Petitioner did not specify what actions that her specialist or MDHHS took which were malicious, incompetent, unethical, or abusive. Petitioner's hearing request included only a single reference to an MDHHS program: Medicaid. No reference was made to a specific MDHHS action. During the hearing, Petitioner clarified that her dispute stems from unpaid medical bills which she believes that MDHHS should have paid.

Petitioner testified that she had medical bills from the following benefit months: May 2018, July 2018, October 2018, January 2019, March 2019, April 2019, July 2019, October 2019, and November 2019. Petitioner further testified that she has been told by the billers that Medicaid coverage was rejected. Petitioner, accepting of the word of the billers, blamed MDHHS for the expenses remaining unpaid.

Petitioner's many complaints did not include a claim that she should have been eligible during a period when she did not have Medicaid coverage. Petitioner was accepting that she was not eligible for Medicaid for most of 2018, and that her coverage through the private marketplace is responsible for unpaid bills outside of her periods of Medicaid eligibility. Petitioner seemingly only claimed that MDHHS was at fault for not covering medical expenses when she had Medicaid coverage.

During the hearing, MDHHS presented a history of Petitioner's Medicaid eligibility. Exhibit B, Exhibit C1, and Exhibit C2. The documents verified that Petitioner received Medicaid under the Healthy Michigan Plan from November 2018 through October 2019, and since April 2020. Petitioner's Medicaid eligibility coincided with the dates of services of her unpaid bills in [REDACTED] 2019, [REDACTED] 2019, [REDACTED] 2019, [REDACTED] 2019, and [REDACTED] 2019.

Petitioner provided no documentation of her bills, or a non-hearsay explanation for why Medicaid did not pay the bills. Petitioner's concerns were addressed as best as they could given their unverified nature.

It should be noted that MDHHS specialists process a client's Medicaid eligibility, but not specific medical bills. With Medicaid coverage verified, any failure to pay the bills is seemingly not the fault of MDHHS, nor her specialist.

Without specifics of why Petitioner's medical bills remain unpaid leaves speculation as the only method of resolution. One possibility is that some bills were untimely submitted for payment.

Providers must use Medicaid billing procedures to obtain payment for services performed. BAM 402 (July 2019) p. 9. Billings should be submitted within 12 months from the date of service. *Id.* Exceptions to the 12-month billing policy can be made if the delay is caused by agency error or as a result of a court or administrative hearing decision. *Id.* If Petitioner's billers failed to bill Medicaid within 12 months of the date of service.

The above policy is cited only as a source of information for Petitioner. The policy cannot be applied in the present case as there is no evidence when Petitioner's bills were submitted to Medicaid for payment.

Petitioner further complained that she is uncertain what insurance provider she had during her period of Medicaid coverage. The MDHHS specialist credibly testified that she does not have access to this information; however, the specialist provided two phone numbers for Petitioner. Questions about health plans, including available providers may be referred to Michigan Enrolls at 1-888-367-6557. *Id.*, p. 16. Billing problems may be referred to the Medicaid Beneficiary Helpline at 1-800-642-3195.¹ *Id.*

If Petitioner later uncovers evidence of specific wrongdoing by MDHHS concerning her medical bills, she is free to later request a hearing. Given the evidence of the present case, no failure by MDHHS was established concerning Petitioner's Medicaid eligibility and/or processing of medical bills.

¹ Petitioner testified that she already called each of the phone numbers, but did not receive helpful information.

DECISION AND ORDER

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

CG/tlf



Christian Gardocki

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-IV-Hearings
BSC4 Hearing Decisions
EQAD
D. Smith
MOAHR

Petitioner – Via First-Class Mail:

