RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM Christopher Seppanen Executive Director

SHELLY EDGERTON DIRECTOR



Date Mailed: May 31, 2017 MAHS Docket No.: 17-004664 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on May 25, 2017, from Detroit, Michigan. Petitioner was represented by **Exercise**, her sister-in-law and authorized hearing representative (AHR). Petitioner and **Exercise** her brother-in-law, appeared as witnesses on Petitioner's behalf. The Department of Health and Human Services (Department) was represented by Quale Williams, Eligibility Specialist/Hearing Facilitator.

ISSUE

Did the Department properly process Petitioner's Medicaid (MA) and Medicare Savings Program (MSP) cases?

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 recipient of MA and MSP benefits.
- 2. On April 11, 2016, the Department sent Petitioner a redetermination concerning her ongoing eligibility for MA and MSP benefits, requesting that she submit the competed form to the Department by May 2, 2016.

- 3. On May 16, 2016, the Department sent Petitioner a Health Care Coverage Determination Notice notifying her that that her case was closing effective June 1, 2016 because she had failed to submit a completed redetermination (Exhibit C).
- 4. On May 16, 2016, the Department received Petitioner's completed redetermination (Exhibit D).
- 5. On **Example 1** 2017, the Department received Petitioner's request for hearing disputing the Department's actions concerning her MA and MSP cases.

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. MSP is part of the MA program.

Petitioner requested a hearing on 2017 disputing the Department's closure of her MA and MSP cases. Generally, a client has 90 days from the date she is provided written notice of a Department action to dispute that action. BAM 600 (April 2017), p. 6. The notice must specify the action being taken by the Department and the reason for the action. BAM 220 (April 2017), p. 2. In the May 16, 2016 Health Care Coverage Determination Notice, Petitioner was advised that the Department had reviewed her health care case and her case was closing effective June 1, 2016 because she failed to return the redetermination form mailed to her and the Department was unable to assess her continued eligibility for assistance (Exhibit C). This notice was sufficient to notify Petitioner that her MA case was closing. Therefore, Petitioner's hearing request concerning her MA case is dismissed because it was not timely submitted within 90 days of the May 16, 2016 notice. However, the notice did not clearly notify Petitioner that her MSP case was closing. As such, it is found that Petitioner's hearing request concerning her MSP case was properly presented for hearing and her MSP issue is addressed.

The Department explained that Petitioner's MSP case had been scheduled to close on the basis that she had failed to timely submit a completed redetermination. MSP is a State-administered program in which the State pays an income-eligible client's Medicare premiums, coinsurances, and deductibles. BEM 165 (October 2016), pp 1-2; BAM 810 (October 2016), p. 1. A completed redetermination/renewal is requested at least every 12 months to determine a client's ongoing eligibility for MSP benefits. BAM 210 (July 2016), p. 2. MSP benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. BAM 210, p. 3.

At the hearing, the Department conceded that Petitioner had submitted a completed redetermination concerning her ongoing MSP eligibility after the May 2, 2016 due date but before the May 31, 2016 expiration of the MSP certification period. Because Petitioner submitted the completed redetermination prior to expiration of the certification period, the Department improperly closed Petitioner's MSP case.

At the hearing, the Department contended that Petitioner's MSP case had been reinstated and presented an eligibility summary and showing that Petitioner had ongoing, uninterrupted MSP coverage (Exhibit A) and an April 18, 2017 Health Care Coverage Determination Notice notifying her that she was approved for full coverage MSP benefits for June 1, 2016 ongoing (Exhibit F). However, Petitioner's SOLQ report, which shows information the Department can access from the Social Security Administration (SSA) concerning Petitioner's social security benefits, showed a Part B Buy-In date of May 1, 2017 (Exhibit B). Consistent with the information on the SOLQ, Petitioner received a letter from SSA on May 11, 2017 advising her that the State of Michigan would pay her Medicare medical insurance premium beginning May 2017 and she would receive a refund of Medicare Part B premiums she had paid since April 2017 (Exhibit 1). Therefore, the Department has failed to establish that it resolved Petitioner's MSP case by reinstating her case as and activating coverage as of June 1, 2016.

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 did not act in accordance with Department policy when it closed Petitioner's MSP case.

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:

- 1. Reinstate Petitioner's MSP case effective June 1, 2016;
- 2. Enroll Petitioner in the Medicare Part B Buy-In program with a June 1, 2016 buy-in start date.

ACE/tlf

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Alice C. Elkin Administrative Law Judge for Nick Lyon, 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) 335-6088; 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 Via Email:

MDHHS-Wayne-18-Hearings@michigan.gov BSC4 Hearing Decisions EQAD M. Best MAHS

Via First-Class Mail:

Authorized Hearing Rep.

Petitioner

