

ISSUE

Did the Department properly reject claims for medical services rendered to Petitioner?

FINDINGS OF FACT

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

1. Petitioner received medical services at Promedica Toledo Hospital on REDACTED 2018 thorough REDACTED 2018. (Exhibit A, p 2; Testimony)
2. On August 2, 2021, Petitioner filed a Beneficiary Complaint requesting that the bill for the above service dates be covered by Medicaid. (Exhibit A, pp 2, 5-6; Testimony)
3. At the time Petitioner received the above medical services, he was not approved for Medicaid coverage. Petitioner applied for Medicaid in REDACTED 2019 and was found retroactively eligible for Medicaid effective December 1, 2018. (Exhibit A, pp 2, 11; Testimony)
4. On September 17, 2021, the Department notified Petitioner that Medicaid could not pay for the medical bills he incurred on the relevant dates because he was not eligible for Medicaid on those dates. (Exhibit A, p 12; Testimony)
5. On November 8, 2021, Petitioner's request for hearing was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, pp 4-10)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid Policy in Michigan is contained in the Medicaid Provider Manual, which states in relevant part:

SECTION 1 – DETERMINATION OF ELIGIBILITY

This chapter applies to all providers.

1.1 LOCAL MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE DETERMINATION

Eligibility for Medicaid and most other health programs is determined at the local Michigan Department of Health and Human Services (MDHHS) office. MDHHS reviews the beneficiary's financial and nonfinancial (e.g., disability, age) factors and determines the types of assistance for which the beneficiary is eligible. Once eligibility is established, data from MDHHS is available via the CHAMPS Eligibility Inquiry. CHAMPS will also issue a **mihealth** card for new beneficiaries.

*Medicaid Provider Manual,
Beneficiary Eligibility Chapter,
July 1, 2021, p 1*

The Department's witness testified that Medicaid could not cover the bills in question because Petitioner was not eligible for Medicaid on the dates of service. The Department's witness indicated that Medicaid eligibility is determined by the local MDHHS office, and the office here determined that Petitioner was eligible for Medicaid to a retroactive eligibility date of December 1, 2018. Unfortunately, the Department's witness indicated that since the dates of service fell outside of Petitioner's eligibility for Medicaid, the Department could not cover the bills in question. The Department's witness also indicated that, per policy, Medicaid can only be made retroactive for three months prior to the month of application. Here, the Department witness explained, Petitioner applied for Medicaid in REDACTED 2019, so Medicaid could only be made retroactive to December 2018.

Petitioner referred to the written statement he filed with his request for hearing. In that statement, Petitioner indicated that he contacted his caseworker at the local MDHHS office to ask for retroactive Medicaid coverage to cover the bill in question over a year ago. Petitioner indicated that the caseworker informed him that he was approved for retroactive Medicaid coverage and that the bill would be covered. Petitioner indicated, however, that a few months ago he was served with a lawsuit from the hospital trying to collect the bill. Petitioner indicated that he frantically tried calling his caseworker, and the caseworker's manager but he had difficulty getting in touch with them. Petitioner indicated that when he did get in touch with them, they were not helpful.

Based on the evidence presented, Petitioner has failed to prove by a preponderance of the evidence, that the Department erred in rejecting these medical claims. The Medicaid Provider Manual policy is clear that the MDHHS local office makes eligibility determinations for Medicaid. Here, that determination, while retroactive, only went back to December 1, 2018 and the bills in question were incurred in REDACTED 2018. In addition, policy indicates that Medicaid can only be made retroactive for three months prior to the month of application. Here, since Petitioner applied for Medicaid in REDACTED 2019, Medicaid could only be made retroactive to December 2018. Accordingly, this ALJ must uphold the Department's rejection of the claims based on the available information.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly rejected the claims for medical services rendered to Petitioner.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.