



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

Date Mailed: August 16, 2022
MOAHR Docket No.: 22-002016
Agency No.:
Petitioner:

TX

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on August 16, 2022. Nicole Bremer, Nurse, appeared on behalf of (Petitioner). No one appeared on behalf of Respondent, Blue Cross Complete (Department)¹. The hearing was scheduled to begin at 9:00 a.m. After waiting 15 minutes, the hearing commenced in the absence of the Department.

Exhibits:

Petitioner None

Department None

ISSUE

Did the Department properly deny Petitioner's Medicaid Claim?

FINDINGS OF FACT

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

1. On October 26, 2021, Petitioner submitted a Medicaid Claim to Department for dates of service , 2021, through 2021. (Testimony.)

¹ On July 14, 2022, a Notice of Hearing was emailed to the Department's last known electronic mail address and was not returned as undeliverable.

2. On November 4, 2021, Department sent Petitioner a notification of denial. (Testimony.)
3. On December 7, 2021, the Petitioner submitted to Department an appeal of the November 4, 2021 notice. (Testimony.)
4. On December 29, 2021, the Department sent Petitioner a denial notice. The denial notice indicated Petitioner had exhausted the internal appeal process. (Testimony.)
5. On April 18, 2021, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Testimony; Hearing File.)

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

No one appeared at the hearing on behalf of the Department. Consequently, there was no explanation as to why the claim was denied and no evidence to show the denial was appropriate.

As a result, the Department's denial should be reversed.

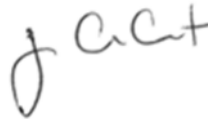
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Department improperly denied Petitioner's claim.

IT IS, THEREFORE, ORDERED that:

Department's decision is **REVERSED**.

The Department must initiate the reprocessing of Petitioner's Medicaid Reimbursement Claim and issue the appropriate reimbursement if appropriate.



CA/dh

Corey Arendt
Administrative Law Judge

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 30763
Lansing, Michigan 48909-8139

Via Electronic Delivery:

Community Health Rep.

Blue Cross Complete of Michigan

4000 Town Center, STE 1300

Southfield, MI 48075

BCCMISFH@mibluccrosscomplete.com

Via First Class Mail:

Interested Party

[REDACTED]

[REDACTED] AL [REDACTED]

Via Fax and First Class Mail:

Petitioner

[REDACTED]

[REDACTED]

[REDACTED] TX [REDACTED]