

ISSUE

Did the Department properly deny Petitioner's request to pay for a Medicaid Bill with a date of service from REDACTED 2017.

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 or around REDACTED 2017, Petitioner received medical services from Lapeer County EMS. (Exhibit A; Testimony.)
2. As of December, 2017, Petitioner had Medicaid coverage and Blue Cross Blue Shield (private insurance) coverage. (Exhibit A; Testimony.)
3. There is no record of Lapeer County EMS ever accepting Petitioner as a Medicaid patient. (Exhibit A; Testimony.)

4. At some point in time prior to January, 2023, Petitioner was made aware of the outstanding REDACTED 2017, bill from Lapeer County EMS and was asked to pay the outstanding amount with interest. (Testimony.)
5. In or around January, 2023, Petitioner submitted to the Department the outstanding bill from Lapeer County EMS. (Exhibit A; Testimony.)
6. On January 3, 2023, the Department sent Petitioner a notice indicating Petitioner was responsible for the bill. (Exhibit A; Testimony.). The notice specifically stated:

Medicaid cannot pay this bill because the provider did not accept you as a Medicaid patient. Health care providers have one year from the date of service to bill Medicaid. According to the provider, they were not given your Medicaid coverage information within the Medicaid billing timeframe.¹

7. On June 8, 2023, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

All claims must be resolved within one year from the date of service unless an exception exists as noted below. It will no longer be necessary to maintain continuous activity through multiple claim submissions. Claim replacements requesting additional payment must meet exception criteria to be considered beyond one year from the DOS.²

In this case, Petitioner received medical treatment and a corresponding bill for those services. At the time services were rendered and continuing through at least January of 2023, the treating provider was unaware of Petitioner's Medicaid coverage. As a result, the treating provider never accepted Petitioner as a Medicaid patient and never billed Medicaid for the services rendered.

Petitioner argues the treating provider was aware of the Medicaid status but did not

¹ Exhibit A, p 13.

² Medicaid Provider Manual, General Information for Providers Section, April 1, 2023, p 37.

provide documentation to corroborate these arguments.³

With there being no evidence of medical claims being submitted to the Department coupled with the lack of documentation to corroborate Petitioner's claims, it is reasonable to conclude the Department acted appropriately by not paying the medical bill in question.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department acted appropriately by not paying the medical bill in question.

IT IS, THEREFORE, ORDERED that:

The Department's decision is AFFIRMED.