



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: May 19, 2021
MOAHR Docket No.: 21-001896
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Petitioner's request for a hearing.

After due notice, a hearing was held on May 18, 2021. Petitioner appeared on her own behalf. Theresa Root, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Carol Gates, Section Manager, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for payment to be made towards a \$ [REDACTED] medical bill from [REDACTED]?

FINDINGS OF FACT

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

1. As of August 1, 2020 and continuing, Petitioner was approved for Medicaid with a \$ [REDACTED] patient pay amount (spenddown). (Exhibit A, p 8; Testimony.)
2. In July and continuing into August 2020, following a foot operation, Petitioner was admitted at [REDACTED]. (Exhibit A, p 5; Testimony.)

3. Petitioner's stay at [REDACTED] resulted in medical bills. Medicaid covered all the medical bills from the stay except for the spenddown amount of \$[REDACTED]. (Exhibit A, pp 5, 7-8, 12; Testimony.)
4. Petitioner did not pay the outstanding medical bill from Pine Ridge Rehab and Nursing Center and the \$[REDACTED] was turned over to collections. (Exhibit A, pp 10-12; Testimony.)
5. On April 15, 2021, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, p 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.

All claims must be submitted in accordance with the policies, rules, and procedures as stated in the Medicaid Provider Manual (MPM), which provides, in pertinent parts:

12.1 PATIENT PAY AMOUNT

12.1.A. NURSING FACILITY DETERMINATIONS

After the Medicaid application has been submitted, the local MDHHS office determines eligibility for medical assistance. All allowable expenses and income are calculated, and any remaining income is then considered in determining the amount the beneficiary must pay toward his medical expenses each month. This monthly contribution by the beneficiary toward his care is called the Patient Pay Amount (PPA).¹

Here, the Department witness testified that Petitioner requested to have a \$[REDACTED] medical bill paid. The bill was from an August 2020 service period. During this service period, Petitioner had a PPA of \$[REDACTED]. Because of the PPA, Petitioner was responsible for the first \$[REDACTED] of all medical bills incurred in the month of August 2020.

The Petitioner argued she was not aware of the requirement to pay the PPA and was told she had Medicaid during August of 2020. Petitioner went on to indicate that a social worker indicated she should request a hearing.

¹ MPM, Beneficiary Eligibility, July 1, 2020, p 51.

Based on the evidence presented, it is clear the Petitioner had Medicaid but with a PPA. As a result, the Petitioner would be responsible for the first \$ [REDACTED] of all medical billings prior to Medicaid payments being issued. As a result, I have no choice but to affirm the Department's decision to not pay the \$ [REDACTED] medical billing from [REDACTED].

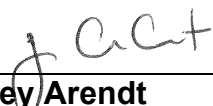
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that, the Department properly denied the Petitioner's request to have the [REDACTED] bill be paid with Medicaid funds.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.

CA/dh



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, 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 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

Carol Gates
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P.O. Box 30479
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DHHS Department Rep.

M. Carrier
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Petitioner

[REDACTED]
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Agency Representative

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