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Date Mailed: December 2, 2021
MOAHR Docket No.: 21-004620
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 November 3, 2021. Petitioner appeared on her own behalf. Leigha Burghdoff, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Edward Kincaid, Specialist, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request to pay for several Medical Bills.

FINDINGS OF FACT

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

1. At all times relevant to the issues on appeal, Petitioner had active Medicaid and Medicare. (Exhibit A; Testimony.)

2. On December 7, 2020, Petitioner was seen at Brian Hill, DDS, for medical treatment resulting in a bill of $[redacted]. Brian Hill, DDS, does not participate in the Michigan Medicaid program. (Exhibit A; Testimony.)

3. On June 3, 2021, Petitioner was seen at McLaren Macomb resulting in a medical bill of $[redacted]. At the time of presentation, Petitioner did not present her Medicaid

card or Medicaid ID number resulting in McLaren Macomb not billing the Michigan Medicaid program. (Exhibit A; Testimony.)

4. On September 10, 2021, Petitioner was seen at Michigan Urgent Care resulting in a bill of $[redacted]. At the time of presentation, Petitioner did not present her Medicaid card or Medicaid ID number resulting in Michigan Urgent Care not billing the Michigan Medicaid Program. (Exhibit A; Testimony.)

5. At some point in time following medical treatment at Brian Hill, DDS, McLaren Macomb, and Michigan Urgent Care, Petitioner received medical bills. (Exhibit A; Testimony.)

6. On October 6, 2021, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)

7. At some point in time, the Department contacted McLaren Macomb and Michigan Urgent Care. Both providers indicated they would bill the Michigan Medicaid program for the bills now in question. (Exhibit A; Testimony.)

8. At some point in time, the Department contacted Brian Hill, DDS. An individual associated with Brian Hill, DDS, indicated they would continue to pursue the outstanding bill with Petitioner. (Exhibit A; Testimony.)

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.

> Providers cannot bill beneficiaries for services except in the following situations:
>
> - A Medicaid copayment is required. (Refer to the Beneficiary Copayment Requirements subsection of this chapter for additional information about copayments.)
>
> - A monthly patient-pay amount for inpatient hospital or nursing facility services. The local MDHHS office determines the patient-pay amount. Noncovered services can be purchased by offsetting the nursing facility beneficiary's patient-pay amount. (Refer to the Nursing Facility Chapter for additional information.)

- For nursing facility (NF), state-owned and -operated facilities or CMHSP-operated facilities determine a financial liability or ability-to-pay amount separate from the MDHHS patient-pay amount. The state-owned and -operated facilities or CMHSP-operated facilities liability may be an individual, spouse, or parental responsibility. This responsibility is determined at initiation of services and is reviewed periodically. The beneficiary or his authorized representative is responsible for the state-owned and -operated facilities or CMHSP ability-to-pay amount, even if the patient-pay amount is greater.

- The provider has been notified by MDHHS that the beneficiary has an obligation to pay for part of, or all of, a service because services were applied to the beneficiary's Medicaid deductible amount.

- If the beneficiary is enrolled in a MHP and the health plan did not authorize a service, and the beneficiary had prior knowledge that he was liable for the service. (It is the provider's responsibility to determine eligibility/enrollment status of each beneficiary at the time of treatment and to obtain the appropriate authorization for payment. Failure of the provider to obtain authorization does not create a payment liability for the beneficiary.)

- Medicaid does not cover the service. If the beneficiary requests a service not covered by Medicaid, the provider may charge the beneficiary for the service if the beneficiary is told prior to rendering the service that it is not covered by Medicaid. If the beneficiary is not informed of Medicaid noncoverage until after the services have been rendered, the provider cannot bill the beneficiary.

- Beneficiaries may be billed the amount other insurance paid to the policyholder if the beneficiary is the policyholder.

- The beneficiary is the policyholder of the other insurance and the beneficiary did not follow the rules of the other insurance (e.g., utilizing network providers).

- The provider chooses not to accept the beneficiary as a Medicaid beneficiary and the beneficiary had prior knowledge of the situation. The beneficiary is responsible for payment.

It is recommended that providers obtain the beneficiary's written acknowledgement of payment responsibility prior to rendering any non-authorized or non-covered service the beneficiary elects to receive.

Some services are rendered over a period of time (e.g., maternity care). Since Medicaid does not normally cover services when a beneficiary is not eligible for Medicaid, the provider is encouraged to advise the beneficiary prior to the onset of services that the beneficiary is responsible for any services rendered during any periods of ineligibility. Exceptions to this policy are services/equipment (e.g., root canal therapy, dentures, custom-fabricated seating systems) that began, but were not completed, during a period of eligibility. (Refer to the provider-specific chapters of this manual for additional information regarding exceptions.)

When a provider accepts a patient as a Medicaid beneficiary, the beneficiary cannot be billed for:

- Medicaid-covered services. Providers must inform the beneficiary before the service is provided if Medicaid does not cover the service.
- Medicaid-covered services for which the provider has been denied payment because of improper billing, failure to obtain PA, or the claim is over one year old and has never been billed to Medicaid, etc.
- The difference between the provider’s charge and the Medicaid payment for a service.
- Missed appointments.
- Copying of medical records for the purpose of supplying them to another health care provider.

If a provider is not enrolled in Medicaid, they do not have to follow Medicaid guidelines about reimbursement, even if the beneficiary has Medicare as primary.

If a Medicaid-only beneficiary understands that a provider is not accepting him as a Medicaid patient and asks to be private pay, the provider may charge the beneficiary its usual and customary charges for services rendered. The

> beneficiary must be advised prior to services being rendered that his miHealth card is not accepted and that he is responsible for payment. It is recommended that the provider obtain the beneficiary's acknowledgement of payment responsibility in writing for the specific services to be provided.[1]

In this case, Petitioner received medical treatments and corresponding bills for those services. At the time services were rendered and continuing through at least October 2021, two of the treating providers were unaware of Petitioner's Medicaid coverage. As a result, the treating providers never accepted Petitioner as a Medicaid patient and never billed Medicaid for the services rendered. However, following receipt of Petitioner's request for hearing, both McLaren Macomb and Michigan Urgent Care agreed to bill Medicaid for the bills in question. As for Brian Hill, DDS, and the corresponding medical bill of $[redacted]. Brian Hill, DDS, does not participate in the Michigan Medicaid program and thus is not bound the Michigan Medicaid policy and the Petitioner is therefore responsible for this bill.

Petitioner did not dispute the Department's findings. Consequently, based on the information presented, the Department's actions should be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department acted appropriately.

IT IS, THEREFORE, ORDERED that:

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

CA/dh

Corey Arendt
Administrative Law Judge

[1] Medicaid Provider Manual, General Information for Providers, October 1, 2021, pp 29-30.

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 Customer Service Division P.O. Box 30479 Lansing, MI 48909
DHHS Department Rep.	M. Carrier Appeals Section PO Box 30807 Lansing, MI 48933
Petitioner	[redacted] MI [redacted]
Agency Representative	Leigha Burghdoff P.O. Box 30807 Lansing, MI 48909