



Date Mailed: February 14, 2025

Docket No.: 25-002728

Case No.: 101376393

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

HEARING DECISION

On January 3, 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on February 12, 2025. Public assistance hearings are held pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Eligibility Specialist Kevyn Sawdon and Hearing Facilitator Megan Iatonna appear as its representatives. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 72-page packet of documents provided by the Department was admitted into evidence collectively as Exhibit A.

ISSUE

Did the Department properly determine Petitioner's Medicaid eligibility for August 2024?

FINDINGS OF FACT

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

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1. On July 11, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was eligible for Medicaid with a monthly deductible of \$754.00, effective June 1, 2024.
 2. Petitioner contacted the Department regarding her Medicaid coverage, and the Department advised Petitioner that she could submit receipts to the Department to show that she had met her deductible.
 3. Petitioner gathered her receipts and submitted them to the Department.
 4. The Department received the following receipts from Petitioner:
 - a. A January 6, 2024, prescription receipt from Walgreens. The receipt showed that Petitioner had a \$4.50 balance due for a prescription filled on the date of the receipt.
 - b. A February 2, 2024, receipt from Alliance Health Professionals. The receipt showed that Petitioner paid \$25.00 for a copayment. There was no date of service shown on the receipt.
 - c. A February 17, 2024, statement from HFHS. The statement showed that Petitioner had a \$40.67 balance due for services provided on January 6, 2024.
 - d. A February 22, 2024, prescription receipt from Walgreens. The receipt showed that Petitioner had an \$11.20 balance due for a prescription filled on the date of the receipt.
 - e. A March 6, 2024, statement from HFHS Urgent Care. The statement showed that Petitioner had a \$50.00 balance due for services provided on January 6, 2024.
 - f. An April 4, 2024, statement from William Goldstein, MD. The statement showed that Petitioner had a \$45.00 balance due for services provided on March 19, 2024.
 - g. A May 3, 2024, receipt from BCBS. The receipt showed that Petitioner paid \$50.00.
 - h. A May 17, 2024, statement from Alpine Chiropractic. The statement showed that Petitioner had a \$38.00 balance due for services provided on May 17, 2024. The statement also showed that Petitioner had a \$68.00 balance due for supplements.
 - i. A May 30, 2024, statement from Cardiovascular Consultants. The statement showed that Petitioner had a \$173.22 balance due for services provided on April 1, 2024, and April 12, 2024.

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- j. A June 6, 2024, premium statement from BCBS. The statement showed that Petitioner had a \$52.50 balance due for a retroactive premium for January 2024 through May 2024.
 - k. A June 25, 2024, statement from St. Clair Orthopaedics Sports Medicine. The statement showed that Petitioner had a \$67.22 balance due for services provided on June 6, 2024.
 - l. A July 1, 2024, statement from Cardiovascular Consultants. The statement showed that Petitioner incurred a \$45.00 balance due for services provided on May 8, 2024.
 - m. A July 1, 2024, statement from Precision ACS. The statement showed that Petitioner had a \$125.00 balance due for services provided on May 29, 2024.
 - n. A July 5, 2024, receipt from Michigan Ear Institute that showed that Petitioner paid \$20.00 on the date of the receipt. There was no date of service shown on the receipt.
 - o. A July 8, 2024, prescription receipt from Walgreens. The receipt showed that Petitioner had a \$2.17 balance due for a prescription filled on the date of the receipt.
 - p. A July 10, 2024, account ledger from Morici Chiropractic. The ledger showed that: Petitioner incurred a \$45.00 balance for a service provided on March 25, 2024; Petitioner incurred a \$15.00 balance for service provided on April 3, 2024; Petitioner incurred a \$15.00 balance for service provided on April 8, 2024; Petitioner incurred a \$15.00 balance for service provided on April 10, 2024; Petitioner incurred a \$15.00 balance for service provided on April 15, 2024; Petitioner incurred a \$15.00 balance for service provided on May 6, 2024; Petitioner incurred a \$15.00 balance for service provided on May 10, 2024; Petitioner incurred a \$15.00 balance for service provided on May 13, 2024; Petitioner incurred a \$15.00 balance for service provided on May 22, 2024. The ledger showed that Petitioner had balance due of \$130.00.
 - q. A July 23, 2024, statement from St. Clair Orthopaedics and Sports Medicine. The statement showed that Petitioner had a \$50.00 balance due for services provided on June 6, 2024.
 - r. A July 31, 2024, statement from Cardiovascular Consultants. The statement showed that Petitioner incurred a \$45.00 balance due for services provided on June 24, 2024. The statement showed that Petitioner had a \$220.00 balance due.

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- s. An August 5, 2024, statement from Precision ACS. The statement showed that Petitioner had a \$110.00 balance due for services provided on May 29, 2024.
5. The Department reviewed Petitioner's receipts and determined that Petitioner did not meet her deductible for the month of August 2024.
6. Petitioner requested a hearing to dispute the Department's decision.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

Medicaid is known as Medical Assistance (MA). The MA program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

When a client has Medicaid with a monthly deductible, the client only has Medicaid coverage when the client has allowable medical expenses that equal or exceed the client's deductible amount. Allowable medical expenses are defined in BEM 545. When a client has bills for past medical expenses, those bills can only be used when they meet the requirements for "old bills" set forth in BEM 545. Those requirements include all of the following: the expense was incurred in a month prior to the month being tested; the expense was unpaid and the client was still responsible for the expense as of the month being tested; a third-party is not expected to pay the expense; and the expense was not previously used to establish Medicaid eligibility. BEM 545 (July 1, 2022), pp. 20-21.

Petitioner provided numerous receipts and statements to the Department in an attempt to meet her deductible for August 2024. Many of the receipts and statements that Petitioner provided could not be used for her August 2024 deductible because they were either receipts for payments previously made or they did not show that the expense remained unpaid in August 2024. However, some of the receipts and statements that Petitioner provided could be used for her August 2024 deductible.

Petitioner provided receipts and statements showing that she had medical bills with unpaid expenses totaling \$510.00 as of August 2024. Petitioner provided a July 23, 2024, statement from St. Clair Orthopaedics and Sports Medicine showing that she had a balance due of \$50.00. Petitioner provided an August 5, 2024, statement from

Precision ASC that showing she had a balance due of \$110.00. Petitioner provided a July 31, 2024, statement from Cardiovascular Consultants showing she had a balance due of \$220.00. Petitioner provided an account ledger from Morici Chiropractic showing she had a balance due of \$130.00.

Since Petitioner only provided proof of allowable medical expenses totaling \$510.00 for August 2024, and since Petitioner's deductible was \$754.00, the Department properly determined that Petitioner did not meet her deductible for August 2024. Therefore, the Department's decision is affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with its policies and the applicable law when it determined Petitioner's Medicaid eligibility for August 2024.

IT IS ORDERED: the Department's decision is **AFFIRMED**.



JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks.



Via Electronic Mail:

Respondent

MACOMB COUNTY DHHS STERLING HTS DIST 36
41227 MOUND RD STE A
STERLING HTS, MI 48314
**MDHHS-MACOMB-36-
HEARINGS@MICHIGAN.GOV**

Interested Parties

BSC4
M. SCHAEFER
EQAD
MOAHR

Via First Class Mail:

