

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS**

In the matter of:

<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1266731	MED	SUSTAINED
Compliance Required		
Decision Date:	03/02/2006	
Request Date:	01/10/2006	
Hearing Officer:	CYNTHIA ASHTON	

State Hearing Decision

ISSUE:

Appeal # 266731 Medicaid for the Disabled (MAD)

The Appellant submitted an application for Medicaid for the Disabled on 10/24/05. The Authorized Representative completed a face-to-face interview on the Appellant's behalf on 12/08/05 and requested retroactive coverage for an outstanding medical bill for a hospital admission in 09/05. The Cuyahoga County Department of Job and Family Services (Agency) provided the Authorized Representative with a billing number on the day of the interview. The Agency issued a notice on 12/28/05 approving Medicaid for the Disabled with an effective date of 09/01/05. The Appellant through his authorized representative asserts the health care date is not reflected in the Medicaid Management Information System (MMIS) billing system. As a result, the Appellant's hospital bill cannot be processed for payment. Has the Agency correctly processed the application for retroactive coverage to implement a 09/01/05 eligibility date?

The Agency has failed to demonstrate that Medicaid was correctly authorized and that eligibility is reflected in the MMIS file. The Hearing Officer recommends that appeal be **SUSTAINED** with compliance required.

PROCEDURAL MATTERS:

By request received 01/10/06, the Appellant requested a state hearing regarding the Agency's failure to authorize Medicaid for the Disabled including a health care back date of 09/01/05 (See EXHIBIT 1). A state hearing scheduling notice was mailed to all parties on 01/19/06 and a state hearing was scheduled for 01/31/06 which the Appellant's Authorized Representative failed to attend. Upon a show of good cause, the Authorized Representative was granted a rescheduled hearing and a new hearing notice was mailed to all parties on 02/02/06 and the state hearing was scheduled and heard on 02/13/06. The Appellant was represented by Joe Gavin, Authorized Representative from Human Arc. The Agency was represented by Wallace Thomas, Eligibility Specialist #3722 who arrived approximately ten minutes after the hearing had started. An Appeal Summary was received on 01/31/06 for the first scheduled hearing (See EXHIBIT A). The record was held open until close of business on 02/13/06 in order for the Agency to fax the MMIS data screen to the Hearing Officer, but it was never provided.

FINDINGS OF FACT:

1. The Appellant is a 62-year old individual residing in a nursing facility as of the hearing date.

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2. The Appellant signed an "Authorization to Represent" form on 09/07/05 allowing Human Arc to be his Authorized Representative in the application process (See EXHIBIT 2).
3. The Authorized Representative completed the face-to-face interview on 12/08/05 requesting medical assistance and retroactive coverage to cover a 09/05 hospital admission.
4. The Agency did not enter the Authorized Representative information into the Client Registry Information System Enhance (CRIS-E) and the Authorized Representative has not received any notices regarding the Appellant's application.
5. On 12/27/05, Medicaid for the Disabled was approved retroactive to 09/01/05 (See EXHIBIT B).
6. The Agency testified the effective date of the approval was 09/01/05 and provided the Individual Eligibility History screen IQEL from CRIS-E indicating that Medicaid for the Disabled was opened effective 09/01/05 (See EXHIBIT C)
7. The Authorized Representative testified that a co-worker at Human Arc telephoned the state provider line (800-686-1516) on 02/10/06 and entered the billing number provided by the Agency and the Appellant's social security number/ birth date. The billing system indicated the numbers were invalid. The Authorized Representative asserts no Medicaid eligibility is reflected in the MMIS billing system.
8. The Agency representative testified that he had not checked the MMIS billing system, but would do so and fax the information to the Hearing Officer, which was never received.
9. There was no testimony or evidence that the Agency has completed a JFS 07102 "Change in Medicaid Health Care Coverage Dates/Buy-In Eligibility Form" to ODJFS.

CONCLUSIONS OF POLICY

Policy

1. Ohio Administrative Code § 5101:1-38-01.4 (2002) discusses data systems and Medicaid health care coverage. The Ohio Department of Job and Family Services has two data systems which interact regarding the health care data of Medicaid recipients for health care coverage. Medicaid Management Information System (MMIS) contains information, including health care eligibility dates, which is used to pay the health care claims of Medicaid recipients. The Client Registry Information System- Enhanced (CRIS-E) contains information regarding the eligibility of Medicaid recipients. The initial health care date entered into CRIS-E becomes the current health care date for both systems. To correct health care dates after they have been approved on CRIS-E, the county department of job and family services must send a completed JFS 07102 "Change in Medicaid Health Care Coverage Dates/Buy-In Eligibility Form" to ODJFS. ODJFS will then change the MMIS file.
2. According to Ohio Administrative Code § 5101:1-38-01.2 (I)(5)(e) (2003), when the Assistance Group has an Authorized Representative named to act on its behalf, all notices and

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correspondence issued by the Agency must be issued to both the Authorized Representative and the Assistance Group.

3. Ohio Administrative Code § 5101:6-7-01(C), (1) (2003) states the hearing officer's findings of fact shall be based exclusively on the evidence introduced at the hearing, or after the hearing and subject to examination and rebuttal by both parties. It shall be the responsibility of the agency to show, by a preponderance of the evidence, that its action or inaction was in accordance with ODJFS rules.

Analysis

The Appellant filed an application for Medicaid in 10/05 requesting coverage for an outstanding medical bill for a hospital admission date in 09/05. The Agency approved Medicaid for the Disabled on 12/27/05. The approval notice was issued on 12/28/05 indicating Medicaid for the Disabled was approved retroactive to 09/01/05. The above rule provides the initial health care date entered into CRIS-E becomes the current health care date for both CRIS-E and MMIS. To correct health care dates after they have been approved in CRIS-E, JFS 07102 must be completed and submitted to ODJFS to correct the MMIS file. There was no testimony or evidence provided that the Agency investigated whether it was necessary to submit a JFS 07102. The Agency representative only stated he was "mystified" as to why the eligibility is not reflected in MMIS as asserted by the Authorized Representative. The Authorized Representative's company has phoned the state provider line, most recently on 02/10/06, and did not find the Appellant to be eligible after entering the billing number that was provided to them at the face-to-face interview or by entering the Appellant's social security number/ birth date. The Agency representative was going to check the MMIS file after the hearing and fax the information to the Hearing Officer, but this was never done.

In this case, it appears Medicaid eligibility is not reflected in MMIS. In addition, the Agency has failed to properly enter the information regarding the Authorized Representative into CRIS-E which has resulted in no correspondence regarding the Medicaid application being issued to the Authorized Representative. Therefore, Agency has not demonstrated that Medicaid was correctly authorized in CRIS-E so that eligibility may also be reflected in the MMIS file. If eligibility is not reflected in MMIS, submission of a JFS 07102 "Change in Medicaid Health Care Coverage Dates/Buy-In Eligibility Form" may be required to accomplish a back date. For these reasons, the Hearing Officer cannot find that the Agency has processed the Appellant's application for Medicaid for the Disabled in accordance with established rules and the appeal is **SUSTAINED**.

HEARING OFFICER'S RECOMMENDATIONS:

Appeal # 266731 should be **SUSTAINED**. The Agency has failed to demonstrate that Medicaid for the Disabled was authorized correctly so that a 09/01/05 health care date will be reflected in the MMIS file. The Agency should ensure that the case was correctly authorized in CRIS-E and that MMIS reflects the initial health care eligibility date. The Agency may need to submit another JFS 7102 to complete the health care back date once eligibility is reflected in the MMIS. In addition, the Agency should be directed to add the Authorized Representative information into CRIS-E so that proper notices will be issued to both the Appellant and the Authorized Representative.

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FINAL ADMINISTRATIVE DECISION AND ORDER:

Finding the Hearing Officer's decision to be supported by the evidence, the recommendation above is adopted, and the Appeal is **SUSTAINED**.

The Agency is required to comply with the Hearing Officer's recommendations.

COMPLIANCE IS REQUIRED:

Ohio Administrative Code § 5101:6-7-03(B)(1)(a) (2003) requires compliance with this decision within fifteen calendar days from the date of this decision, but no later than ninety calendar days from the hearing request date. Compliance shall be promptly reported to ODJFS, Bureau of State Hearings, via JFS 04068, compliance form, accompanied by supporting documentation.

March 2, 2006

Notice to Appellant

This is the state hearing decision in your case. All papers and materials introduced at the hearing or otherwise filed make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services.

If you believe this state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 or FAX (614) 728-9574. Your request should state why you think the hearing decision is wrong. You can complete the appeal request form included with this decision.

Your written request or appeal form must be received by the Bureau of State Hearings within 15 calendar days from the date this decision is issued. (If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.) During the 15-day administrative appeal period, you or your representative may request a free copy of the hearing record and recording of the hearing by calling the Bureau of State Hearings at 1-866-635-3748 (select option 1 from main menu).

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

Aviso a la Apelante

Esta es la decisión estatal administrativa de su caso. Todos los documentos y materiales presentados como prueba en la vista o de otra manera radicados componen el récord administrativo. El récord administrativo será mantenido por el Ohio Department of Job and Family Services.

Si usted cree que esta decisión estatal administrativa es errónea, usted puede solicitar una apelación administrativa escribiendo al: Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 o facsímil (614) 728-9574. Su solicitud debe indicar por qué usted piensa que la decisión administrativa es errónea. Usted puede completar la solicitud de apelación incluida con esta decisión. Su solicitud escrita o formulario de apelación tiene que ser recibido por el Bureau of State Hearings dentro de los 15 días calendario desde la fecha en que esta decisión es expedida. (Si el 15to. día recae sobre un fin de semana o un día feriado, esta fecha límite es extendida al próximo día laborable). Durante el período de 15 días de apelación administrativa, usted o su representante pueden solicitar una copia gratuita del récord administrativo y de la grabación de la vista llamando al Bureau of State Hearings al 1-866-635-3748 (seleccione la opción 1 del menú principal).

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Si usted quiere información sobre servicios legales gratuitos pero no sabe el número de su oficina local de servicios legales, usted puede llamar al Ohio State Legal Services Association, gratuitamente, al 1-800-589-5888, para el número local.

Appendix

APPELLANT EXHIBITS:

- 1 – Hearing Request (2 pages)
- 2 – Authorization to Represent (1 page)

AGENCY EXHIBITS:

- A – Appeal Summary and attachments (10 pages)
- B – Approval notice for Medicaid for the Disabled (1 page)
- C – Individual Eligibility History screen IQEL from CRIS-E (1 page)