

In the matter of:

<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1272867	MED	OVERRULED
No Compliance Required		
Decision Date:	04/25/2006	
Request Date:	02/17/2006	
Hearing Officer:	TINA DYEHOUSE	

State Hearing Decision

ISSUE SECTION:

Issue #1 – 1272867 (PA):

The Appellant and his wife receive Medicaid from the Scioto County Department of Job and Family Services (Agency). The Appellant reported that his medical provider informed him that Medicaid would not authorize his eyeglasses. The medical operation unit from Columbus testified that the Appellant's provider did not submit a request for prior authorization.

The hearing decision finds that neither the Agency nor the Medical Operation Unit denied a request for eyeglasses. The Appellant did not have grounds for a state hearing.

PROCEDURAL MATTERS:

On 2-16-06, the Bureau of State Hearings took the Appellant's verbal request for a state hearing. The hearing was conducted on 3-31-06 by conference call. All participants were sworn in: the Appellant; his wife; James Glier, Medical Operations; and Tamera Castle, Agency representative.

FINDINGS OF FACT:

1. The household consists of the named Appellant, age 59 and his wife age, 56. They receive Medicaid from the Scioto County Department of Job and Family Services (Agency).
2. The Appellant requested a state hearing on a denial of eyeglasses.
3. The Agency did not deny Medicaid or any Medicaid-covered service to the Appellant.
4. The Medical Operation Section in Columbus did not receive a request for prior authorization of eyeglasses, so they did not issue a denial for eyeglasses for either the Appellant or his wife.

CONCLUSIONS OF POLICY:

Policy

1. The grounds for requesting a state hearing in the Medicaid program are found in Ohio Admin. Code § 5101:6-3-04(A) (2004). Section (A)(7) states that an individual can have a state hearing when a request for prior authorization of a Medicaid-covered service or item has been denied.
2. The Hearing Officer's findings of fact must be based exclusively on the evidence introduced at the hearing. The rule further states that the Agency is responsible for showing, by a preponderance of the evidence, that its action or inaction was in accordance with department rules Ohio Admin. Code § 5101:6-7-01 (C) (2003).

Analysis

The Appellant testified that his doctor told him that he could not get the pair of glasses that he wanted. The doctor advised him that Medicaid will only pay for the same glasses that are twice as thick. He told the optometrist that he would not take the glasses. The Appellant also testified that he had new glasses made, but they fell apart three days later and Columbus would not replace them.

A representative from the prior authorization unit in Columbus participated in the hearing. He explained that it was not clear whether the hearing request was for a denial of eyeglasses to the named Appellant or his wife, so he researched both cases. But there was no request for prior authorization or denial from Medical Operations for either the Appellant or his wife. He submitted some rules to clarify the policies on authorizing eyeglasses. For example, he clarified that the general rule is that individuals may get one pair of eyeglasses every 12 months.

Because there was no denial of services by either the local Agency or prior authorization unit, there are no appeal rights for the state hearings to address the Appellant's issue. The appellant should request that the provider submit a prior authorization request, and if the application is subsequently denied, appeal rights will exist for the denial. If the Appellant and/or his doctor are having trouble with Medicaid they could contact a department Client Services Representative at 1-800-686-1571 for assistance.

HEARING OFFICER RECOMMENDATIONS:

Issue #1 – 1272867 (PA):

Appeal number 1272867 should be OVERRULED.

FINAL ADMINISTRATIVE DECISION AND ORDER:

Issue #1 – 1272867 (PA):

Finding the hearing officer's decision to be supported by the evidence, the recommendation shown above is adopted. The appeal is OVERRULED.



Ethan Chase, Hearing Authority

April 25, 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).

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

Exhibits:

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

Appellant:

1 – State hearing request

Agency:

A – Appeal summary

B – Medicaid rules: Ohio Admin. Code § 5101:3-6-04; and Ohio Admin. Code § 5101:3-6-07;
and Vision handbook § VIS.1112; and VIS.1107 – 14 pp