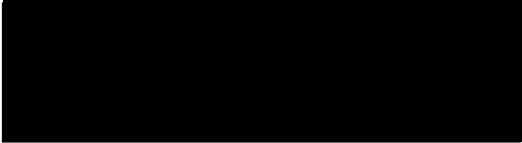


STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

FILED

MAY 12 2015

OFFICE OF APPEAL HEARINGS
DEPT OF CHILDREN & FAMILIES



APPEAL NO. 15F-02227

PETITIONER,

Vs.

AGENCY FOR HEALTH
CARE ADMINISTRATION
CIRCUIT: 04 Nassau
UNIT: AHCA

RESPONDENT.

FINAL ORDER

Pursuant to notice, the undersigned convened an administrative hearing telephonically in the above-referenced matter on April 24, 2015 at 1:09 p.m.

APPEARANCES

For the petitioner: pro se

For the respondent: Jackie Allison, human services program specialist

STATEMENT OF ISSUE

The petitioner is appealing the respondent's decision that medical bills she incurred December 2014 and January 2015 are not reimbursable by Medicaid because the petitioner was enrolled in the Medically Needy Program and not Medicaid eligible. Enrollment in the Medically Needy Program or how the share of cost was determined is not an issue.

PRELIMINARY STATEMENT

There were no additional witnesses for either party. Respondent's Composite Exhibit 1 and Petitioner's Composite Exhibit 1 were admitted into evidence.

FINDINGS OF FACT

Based upon the oral and documentary evidence presented at the final hearing and on the entire proceeding, the following Findings of Fact are made:

1. The petitioner is enrolled in the Family-Related Medically Needy Program with a \$414 share of cost.

2. A Medically Needy enrollee becomes Medicaid eligible on the day that the recipient incurs allowable medical expenses that equal the share of cost. The enrollee must submit medical bills to the Department of Children and Families (DCF); DCF makes the eligibility determination. Once eligible, the recipient remains eligible from that date until the end of the month.

3. The petitioner incurred the following medical expenses during the months of December 2014 and January 2015.

Invoice Date	Description
December 3, 2014	\$100 office visit- pre colonoscopy
December 20, 2014	\$ 850 colonoscopy procedure
December 20, 2014	\$ 2 colonoscopy co-pay
Total medical expenses	\$952

Invoice Date	Description
January 14, 2015	\$100 office visit – post colonoscopy
Total medical expenses	\$100

4. DCF determined that in December 2014 the petitioner met her \$414 share of cost on December 20, 2014 due to the \$850 colonoscopy bill. Medicaid was opened for December 20, 2014 – December 31, 2014. The \$850 colonoscopy bill was paid by Medicaid. The December 3, 2014 \$100 office visit was not paid Medicaid because the entire expense was incurred prior to the petitioner meeting her share of cost. The petitioner also owes the \$2 colonoscopy co-pay for December 2014.

5. DCF determined that the petitioner did not meet her \$414 share of cost in January 2015 because she incurred only \$100 in medical expenses, post colonoscopy office visit. This bill is considered the petitioner's responsibility.

6. The petitioner's combined out-of-pocket expenses for December 2014 and January 2015 total \$202 (\$100 + \$2 + \$100). The petitioner argued that she should not be responsible for these charges because her doctor's office, Bordland-Groover Clinic, promised her that all the necessary medical services would be billed on the same day to ensure that she met her \$414 share of cost and would incur no out-of-pocket expenses. This did not happen; she was billed separately for each of the office visits (pre and post colonoscopy) and for the colonoscopy procedure itself. The petitioner argued that she

should not be held responsible for the charges due to the clinic's misrepresentation of the facts.

CONCLUSIONS OF LAW

7. The Department of Children and Families Office of Appeal Hearings has jurisdiction over the subject matter of this proceeding and the parties, pursuant to Fla. Stat. 120.80. The Office of Appeal Hearings provided the parties with adequate notice of the administrative hearing.

8. This hearing was held as a de novo proceeding pursuant to Fla. Admin. Code R. 65-2.056.

9. The burden of proof was assigned to the petitioner pursuant to Fla. Admin. Code R. 65-2060(1).

10. The standard of proof needed to be met for an administrative hearing is by a preponderance of the evidence, as provided by Fla. Admin. Code R. 65-2.060(1).

11. Fla. Admin. Code R. 65A-1.701, Definitions, states in part:

(30) Share of Cost (SOC): SOC represents the amount of recognized medical expenses that a Medically Needy enrolled individual or family must incur each month before becoming eligible to receive Medicaid benefits for medical expenses incurred during the remainder of the month.

12. The above rule explains that an enrolled individual must incur medical expenses each month that meets the share of cost, before becoming eligible for Medicaid for the remainder of the month.

13. The Florida Medicaid Provider General Handbook (the Handbook) addresses the period of Medically Needy eligibility on page 3-31, stating in pertinent part:

A Medically Needy recipient is an individual who would qualify for Medicaid, except that the individual's income or resources exceed Medicaid's income or resource limits.

On a month-by-month basis, the individual's medical expenses are subtracted from the individual's income, and if the remainder falls below Medicaid's income limits, the individual may qualify for Medicaid from the day he became eligible until the end of the month.

A Medically Needy recipient becomes eligible on the day that the recipient incurs allowable medical expenses that equal the amount by which his income exceeds the Medicaid income standard (share of cost). The recipient must submit his medical bills to DCF, and DCF makes the eligibility determination. The recipient will be eligible through the end of the month.

14. The Department's ACCESS Florida Program Policy Manual, 165-22, Section 2630.0500 SHARE OF COST (MFAM), explains the Medically Needy Program, and states that "Share of Cost refers to the amount of medical bills which an individual enrolled in the Medically Needy Program must incur in any given month before Medicaid coverage may be authorized."

15. The Department's ACCESS Florida Program Policy Manual, 165-22, Section 2630.0507.02 Tracking Medical Expenses (MFAM) reads:

Allowable medical expenses must be tracked on a monthly basis for each individual/family with a different assistance group and share of cost. Allowable medical expenses whether paid or unpaid must be tracked in chronological order by date incurred (date of service to the individual). Inpatient hospital medical expenses are to be tracked on a day-by-day basis. An itemized bill should be requested from the hospital. If the hospital cannot or will not provide an itemized bill, it is appropriate to divide the bill by the number of days of the hospital stay. Track on a daily basis until the individual has met the individual's share of cost. At that point, only the non-Medicaid compensable services, if any, could be carried forward to meet a future month's share of cost.

Allowable medical expenses being tracked for a specific day should be tracked using paid bills first. On the day on which an individual meets their share of cost, expenses are considered in the following order:

1. Medicare or other recognized health insurance cost;
2. bills of individuals who cannot be entitled to Medicaid, are considered next; and
3. paid bills are a final consideration.

Other bills should be tracked to the advantage of the individual.

16. The Department's Medically Needy Program pamphlet (CF/PI 165-70, February 2011) helps explain the Medically Needy bill tracking process in layman's terms to Medicaid enrollees. The pamphlet contains the following bill tracking example:

Here is an example: Your share of cost is \$800. You go to the hospital on May 10 and send us the bill for \$1000. You have met the share of cost and are Medicaid eligible from May 10th through May 31. Medicaid will pay the \$1000 medical bill.

17. The cited authorities, policy passages, and pamphlet excerpt explain the Family-Related Medically Needy bill tracking process. An individual enrolled in the Medically Needy Program becomes eligible on the date incurred allowable medical expenses equal the share of cost. The individual remains eligible until the end of the month. Countable medical bills are based on information from the provider or individual.

18. Medicaid did not reimburse for medical expenses incurred by the petitioner prior to December 20, 2014 (for the month of December 2014) and for the entire month of January 2015 because she had not met her share of cost and determined to be Medicaid eligible.

19. The petitioner argued that all of her medical expenses should be paid by Medicaid because her doctor's office gave her misinformation. After reviewing the evidence and controlling legal authorities, the undersigned concludes that the respondent's actions in this matter were correct. The bills used in full leading up to the petitioner meeting her share of cost are not reimbursable by Medicaid as that is prior to petitioner becoming eligible. Any misinformation given to petitioner by a provider does not allow the undersigned to ignore the controlling legal authorities.

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is denied.

NOTICE OF RIGHT TO APPEAL


This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The petitioner is responsible for any financial obligations incurred as the agency has no funds to assist in this review.

FINAL ORDER (Cont.)

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DONE and ORDERED this 12th day of May, 2015,
in Tallahassee, Florida.


Leslie Green
Hearing Officer
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Office: 850-488-1429
Fax: 850-487-0662
Email: Appeal_Hearings@dcf.state.fl.us

Copies Furnished To:  Petitioner
Debbie Stokes, Area 4, AHCA Field Office Manager