



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

HMO/146616

PRELIMINARY RECITALS

Pursuant to a petition filed January 12, 2013, under Wis. Stat., §49.45(5)(a), to review a decision by the Division of Health Care Access and Accountability (DHCAA) in regard to an HMO service claim, a hearing was held on February 28, 2013, by telephone.

The issue for determination is whether an HMO is liable for payment of an MRI for petitioner.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703
By: Lucy Miller, Nurse Consultant

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Lafayette County who received MA in October, 2012.
2. At the beginning of October, 2012, petitioner was a member of the Compicare HMO for her MA coverage. Petitioner's doctor requested a n MRI, Compicare approved it, and it was completed. At some point then, still in October, a request was filed with the MA program for an exemption from the HMO requirement for petitioner. The request was approved, and petitioner was removed from Compicare effective October 1, 2012.
3. The result of the removal from the HMO was that Compicare did not pay for the MRI.

DISCUSSION

The issue in this case is MA coverage of the MRI performed by petitioner's doctor. The doctor sought approval for the MRI and the HMO agreed. The doctor performed the MRI in good faith, but eventually it could not be covered by the HMO because petitioner's membership in the HMO ended retroactive to October 1, 2012.

Petitioner is not liable for payment of the MRI. Wis. Admin. Code, §DHS 104.01(12)(b) provides:

Freedom from having to pay for services covered by MA. Recipients may not be held liable by certified providers for covered services and items furnished under the MA program, except for copayments or deductibles under par. (a), if the patient identifies himself or herself as an MA recipient and shows the provider the MA identification card.

At this point the issue is between petitioner's doctor and the MA program. As noted in the case summary, the Department is willing to consider the doctor's claim within the Extraordinary Claims Unit. Petitioner's doctor needs to file the claim with that unit for consideration of payment. Regardless of what happens there, petitioner is not liable for the claim, and thus I will dismiss the appeal because no negative action has occurred to petitioner. As far as is known the doctor has not filed an Extraordinary Claim, and that is the doctor's prerogative. Petitioner has not been billed for the procedure, which is correct under MA rules.

CONCLUSIONS OF LAW

Petitioner's HMO had no duty to pay for an MRI because petitioner was removed from the HMO during the month the MRI occurred. Petitioner is not liable for payment for the MRI.

THEREFORE, it is

ORDERED

That the petition for review herein be and the same is hereby dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 12th day of March, 2013

\sBrian C. Schneider
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin \DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on March 12, 2013.

Division of Health Care Access And Accountability