

STATE OF MICHIGAN
COURT OF APPEALS

HEIDI WOODY, formerly known as, HEIDI
RICHARDS,

Plaintiff-Appellant,

v

COVENANT MEDICAL CENTER INC.,

Defendant-Appellee.

UNPUBLISHED
September 24, 2026
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No. 374938
Saginaw Circuit Court
LC No. 22-047676-NO

Before: MARIANI, P.J., and FEENEY and TREBILCOCK, JJ.

PER CURIAM.

Plaintiff appeals by right the trial court’s award of summary disposition to defendant under MCR 2.116(C)(10). According to plaintiff, the trial court erred by (1) concluding that she had failed to demonstrate a genuine issue of material fact regarding the causation element of her tort claims, and (2) relying on inadmissible hearsay evidence in reaching that conclusion. We affirm.

I. BACKGROUND

**A. REVOCATION OF MEDICARE BILLING PRIVILEGES AND 10-YEAR BAR ON
REENROLLMENT**

This case arises out of the revocation of plaintiff’s Medicare billing privileges and the attendant 10-year bar on her reenrollment. Plaintiff is a Registered Nurse (RN) and Nurse Practitioner (NP).¹ After the birth of her first child, plaintiff started a part-time telemedicine position as an independent contractor with several companies, including Advantage Choice Care, LLC (ACC). As plaintiff describes it, her position with ACC involved reviewing medical charts “to determine whether requested durable medical equipment (DME) . . . w[as] appropriate [for] the patient’s condition.” After conducting her review, plaintiff would access the patient’s medical

¹ After she married, plaintiff continued to use her married and maiden names; as such, both names appear in the case caption and throughout the record.

chart through ACC's online portal to edit or revise as needed. ACC kept and maintained all patient records; plaintiff did not independently maintain documents pertaining to her patients. After growing dissatisfied with aspects of her employment with ACC, plaintiff resigned on March 27, 2018.

In September 2017, while still with ACC, plaintiff also began working as an NP for defendant in its orthopedic department four days per week.² Defendant submitted plaintiff's application for Medicare and Medicaid billing privileges on her behalf; according to plaintiff, this was how all the employers for whom she had worked as an NP handled the application process, and she herself was not particularly involved in that process. Pursuant to its policy, defendant used its administrative address as the mailing address for Medicare correspondence addressed to plaintiff. In April 2020, plaintiff began working for nonparty Sparrow Hospital (Sparrow) in Lansing; she continued to occasionally work for defendant approximately one weekend per month.

On January 24, 2020, nonparty CoventBridge Group (CoventBridge) sent plaintiff a letter entitled, "Medical Records Request for Claims Associated with Durable Medical Equipment (DME) Orders." CoventBridge is the Centers for Medicare & Medicaid Services (CMS) Uniform Program Integrity Contractor (UPIC) for the "Midwestern Jurisdiction," which includes Michigan. As a UPIC, CoventBridge is responsible for fulfilling the requirements of the Medicare Integrity Program. Pursuant to that role, CoventBridge was "reviewing claims associated" with 20 Medicare beneficiaries "for services billed with [plaintiff] identified as the referring physician." It requested that plaintiff produce certain documents for the 20 named beneficiaries by March 8, 2020.

Failure to comply with this request, CoventBridge warned in its January 2020 letter, "may result in penalties . . . including revocation of your Medicare billing privileges[] pursuant to 42 CFR § 424.535(a)(10)." As set forth in the letter, the pertinent federal regulations allowed CMS to revoke a provider's or supplier's privileges for failing to comply with certain documentation or CMS access requirements; those requirements, in turn, direct certain providers and suppliers to maintain treatment records for a period of seven years.

Plaintiff never received this letter. Nor did she receive the follow-up letter that CoventBridge sent on July 15, 2020, which required plaintiff to provide the requested documents by July 30, 2020. This second letter also reminded plaintiff that noncompliance could result in revocation of her billing privileges. When CMS still did not receive the requested documents, a third letter was sent to plaintiff on August 18, 2020, this time from Wisconsin Physician Service Insurance Corporation (WPS).³ This letter notified plaintiff that her Medicare privileges were

² Plaintiff previously worked for defendant as an RN in its neuro and trauma intensive care unit from 2008 until 2012.

³ WPS is a CMS contractor that processes claims for Medicare reimbursement.

being revoked effective September 17, 2020, and that she was barred from reenrolling for 10 years.⁴ Plaintiff did not receive this letter, either.

In accordance with plaintiff's enrollment information, all three letters were sent by certified mail to defendant's administrative address. The record contains executed return receipts for the two CoventBridge letters, but not the WPS letter. The record also contains documents acknowledging defendant's receipt of its certified mail for the weeks preceding and following the dates of the three letters at issue.⁵ Nevertheless, defendant denies having seen or received the CoventBridge or WPS letters and insists it did not learn of the revocation of plaintiff's privileges until December 2020, when a claim submitted to Medicare for reimbursement was denied.⁶ Plaintiff, meanwhile, did not learn of the revocation until March or April 2021, and she only became aware of the CoventBridge and WPS letters after speaking with a CMS representative on May 10, 2021. On that same day, Sparrow placed plaintiff on "inactive status" as a result of the revocation. On May 13, 2021, defendant received a list of the 20 Medicare beneficiaries for whom CMS requested records, and determined that they were not its patients.

B. PLAINTIFF'S ADMINISTRATIVE CHALLENGE TO THE REVOCATION

Plaintiff thereafter pursued an administrative challenge to the revocation decision. First, plaintiff sought reconsideration of the decision from CMS. Plaintiff informed CMS that "[t]he suspension occurred without [her] ever knowing that CMS had requested records for 20 of [her] patients in an audit letter" and assured CMS that she would have cooperated with the records request had she timely received it. She also confirmed that defendant did not have responsive documents because the identified Medicare beneficiaries were not defendant's patients, and speculated that the beneficiaries were patients of her former employer, ACC.

CMS then contacted plaintiff's counsel at the time, shared copies of the revocation notice and the records request, and provided a link to upload the requested documents. In response, plaintiff's then-counsel recounted the mailing issue; he also stated that "[t]he short answer to your request for records is that [plaintiff] has no records for the[] [named] patients. [Plaintiff] was

⁴ At the time these letters were sent, a provider or supplier who did not comply with the documentation or CMS access requirements in question faced up to a one-year revocation period for each act of noncompliance. 42 CFR 424.535(a)(10)(ii) (2019). Furthermore, a provider or supplier who had their privileges revoked was barred from reenrolling for Medicare privileges for at least one year and no more than 10 years. 42 CFR 424.535(c)(1)(i) (2020); 84 Fed Reg 47794, 47855 (September 10, 2019).

⁵ At the time the letters at issue were sent, defendant used nonparty Mail Room Service Center, Inc (Mail Room) to pick up defendant's mail from the post office and deliver it to defendant. The Mail Room's employees were authorized to sign the return receipts for defendant's certified mail; the Mail Room, in turn, would have defendant's employees initial a document acknowledging receipt of the mail.

⁶ Defendant, for its part, initially tried to correct the issue by submitting a new enrollment application on plaintiff's behalf, but the application was denied as a result of plaintiff's 10-year reenrollment bar.

working remotely for a telemedical company [ACC], who maintained the records for the treatments.”

On June 23, 2021, CMS denied plaintiff’s reconsideration request. CMS first noted that federal regulations placed the onus on plaintiff to ensure her correspondence address was accurate, so the mailing issue was “not a viable excuse for her failure to timely receive or respond to CoventBridge’s mailing requests.” CMS then explained that, even when plaintiff was given another opportunity to produce the requested records after she had received notice of the request, she still did not do so; instead, she admitted to not keeping records for the identified patients. CMS concluded that federal regulations imposed an independent duty on plaintiff to maintain her own treatment records and, since plaintiff admitted she did not do so, plaintiff had not complied with the pertinent documentation and CMS access requirements. Accordingly, CMS upheld the revocation of plaintiff’s privileges, and also upheld the 10-year reenrollment bar since the records request covered 20 Medicare beneficiaries and plaintiff’s failure to fulfill her obligations under federal law amounted to an act of noncompliance for each beneficiary.

Plaintiff then sought review of CMS’s reconsideration decision by an Administrative Law Judge (ALJ). She reiterated that the Medicare beneficiaries were ACC’s patients and that ACC retained patient records pursuant to an agreement with plaintiff. Plaintiff had also learned—after becoming aware of the revocation—that ACC’s owners had been indicted on January 31, 2020, for, among other things, conspiracy to defraud Medicare. She denied any participation in the alleged fraud and recounted her efforts to assist the criminal investigation. The ALJ affirmed CMS’s revocation of plaintiff’s privileges. Like CMS, the ALJ read federal regulations to impose an independent recordkeeping duty on plaintiff; as such, ACC’s own records retention was irrelevant. And since plaintiff had admitted to not maintaining her own records, the ALJ concluded that CMS had a legitimate basis for revoking plaintiff’s privileges. The ALJ also affirmed the duration of the reenrollment bar that CMS imposed on plaintiff.

Plaintiff appealed the ALJ’s decision to the Department of Health and Human Services’s Departmental Appeals Board (DAB). On July 23, 2023, the three-member DAB panel unanimously affirmed the ALJ’s decision in a 21-page written opinion. Like CMS and the ALJ, the DAB determined that plaintiff had an independent recordkeeping duty under federal law that could not be delegated to an employer. Since plaintiff had consistently maintained that she did not keep records of her own, the DAB agreed with the ALJ and upheld the revocation decision.⁷

C. THE INSTANT LAWSUIT

While plaintiff’s administrative appeal was pending with the DAB, plaintiff filed the instant lawsuit. In pursuit of compensatory damages, plaintiff sued defendant in tort, alleging negligence and intentional interference with a business relationship for defendant’s failure to promptly forward the CoventBridge and WPS letters to her. She claimed that defendant’s wrongdoing resulted in her inability to work as an NP or RN for a decade. Defendant moved for summary disposition under MCR 2.116(C)(10). As pertinent here, defendant argued that plaintiff

⁷ Federal regulations permitted plaintiff to appeal the DAB’s decision in federal district court, 42 CFR 498.5(i)(2) (2022); nothing in the record before us indicates that she did so.

lacked evidence showing that defendant was the factual or legal cause of the revocation of plaintiff's privileges, and the undisputed facts instead showed otherwise. According to defendant, plaintiff's theory of causation was wholly speculative since it was predicated solely on what plaintiff says she would have done had she received timely notice of the records request, with nothing to substantiate that any such actions would have potentially led to a different outcome. Furthermore, plaintiff could not establish a genuine issue of material fact as to whether she would have retained her Medicare privileges but for defendant's alleged negligence given the administrative determinations of CMS, the ALJ, and DAB, which made clear that the revocation decision was based on plaintiff's admitted failure to keep her own records, not the mailing issue.⁸

Plaintiff, in response, denied that her theory of causation was simply speculative and asserted that, "based on the evidence and reasonable inferences therefrom, . . . timely notice by Defendant to Plaintiff of its receipt of the CMS record request would have made a material difference in the disposition of the matter." Pointing to her deposition testimony, plaintiff maintained that she would have undisputably taken action in response to the request, namely by attempting to facilitate CMS's access to the requested documents from ACC and/or governmental entities who may have seized ACC's records in connection with their criminal investigation into ACC. Defendant's negligence, however, denied her "the opportunity to comply with the CMS records request under the circumstances existing in January of 2020" and instead "gave CMS and the government cause to treat her as a possible co-conspirator in the fraud perpetrated by ACC, with the imposition of the maximum penalty permitted by law as the predictable result." Plaintiff further argued that the administrative determinations were inadmissible hearsay and so could not be considered in connection with defendant's motion for summary disposition—and even if they were considered, they were legally incorrect in concluding that plaintiff had some independent obligation under federal law to keep her own records. Defendant filed a reply, reiterating its position and explaining how nothing plaintiff offered in her response showed the existence of a genuine issue of material fact regarding causation.

After holding a hearing, the trial court granted defendant's motion in a 16-page written opinion and order. The court concluded that defendant was entitled to summary disposition as to both of plaintiff's claims due to plaintiff's failure to demonstrate a genuine issue of material fact regarding causation. The court agreed with defendant that plaintiff had "offer[ed] nothing more than speculation rather than causal proof based in evidence" to support her theory that "timely notice by Defendant to Plaintiff of its receipt of the CMS record request would have made a material difference in the disposition of the matter." The court noted that plaintiff herself admitted she did not know if she would have been able to obtain the requested records had she received such timely notice and that, when she was later given the opportunity by CMS to produce such

⁸ As defendant confirmed at the subsequent hearing on its motion, these causation arguments applied equally to its negligence and intentional-interference claims. Defendant sought summary disposition of plaintiff's negligence claim based solely on causation; it did not also argue for summary disposition on the basis of the duty or breach elements of that claim. Defendant did seek summary disposition of plaintiff's intentional-interference claim on grounds beyond causation, but given our disposition of this appeal, we need not reach those additional grounds.

records, she not only failed to do so but also made “the fatal admission (at least in CMS’s view of the applicable federal regulations) that she had not independently maintained the records.”

The court explained that whether CMS was correct in its interpretation of those regulations was “a matter to be resolved in any available federal appeal process” and was “irrelevant to the disposition of the instant motion” and the question of causation raised therein—that is, whether the suspension of plaintiff’s billing privileges “could have been avoided but for the fact she did not receive the initial document request in 2020.” The court noted that “[c]learly, no action other than providing access to the records would avoid her suspension given CMS’s understanding of the federal regulations.” Finally, the trial court rejected plaintiff’s argument that the administrative determinations could not be considered because they were hearsay, noting that they simply reflected the “decision on proceedings initiated by” plaintiff and “[i]nsofar as they contain any fact-finding, they merely recite admissions made by [plaintiff] in those proceedings,” which were nonhearsay under MRE 801(d)(2). The court additionally observed that plaintiff had not explained how she could prevail on her claims that defendant’s actions or inactions were a cause of the suspension of her privileges if the administrative reasons given for that suspension were excluded from evidence.

This appeal followed.

II. STANDARD OF REVIEW

We review de novo a trial court’s decision on a motion for summary disposition. *Cantina Enterprises II, Inc v Property-Owners Ins Co*, 349 Mich App 682, 689; 28 NW3d 800 (2024). A motion for summary disposition under MCR 2.116(C)(10) tests the factual sufficiency of a claim, and it is “properly granted when there is no genuine issue of material fact and the moving party is entitled to judgment as a matter of law.” *Id.* All evidence submitted by the parties must be viewed “in the light most favorable to the party opposing the motion,” *id.* at 690, and “shall only be considered to the extent that the content or substance would be admissible as evidence to establish or deny the grounds stated in the motion,” MCR 2.116(G)(6). “A genuine issue of material fact exists when the record leaves open an issue upon which reasonable minds might disagree.” *Green v Pontiac Pub Library*, 350 Mich App 478, 493; 32 NW3d 487 (2024).

A party moving for summary disposition under MCR 2.116(C)(10) bears “the initial burden of production,” which it can satisfy in one of two ways: (1) by “submit[ting] affirmative evidence that negates an essential element of the nonmoving party’s claim,” or (2) by “demonstrat[ing] to the court that the nonmoving party’s evidence is insufficient to establish an essential element of the nonmoving party’s claim.” *Quinto v Cross & Peters Co*, 451 Mich 358, 361-362; 547 NW2d 314 (1996) (quotation marks and citation omitted). If the moving party carries this initial burden, “[t]he burden then shifts to the opposing party to establish that a genuine issue of disputed fact exists.” *Id.* at 362. “Where the burden of proof at trial on a dispositive issue rests on a nonmoving party, the nonmoving party may not rely on mere allegations or denials in pleadings, but must go beyond the pleadings to set forth specific facts showing that a genuine issue of material fact exists.” *Id.*; see also MCR 2.116(G)(4).

III. ANALYSIS

On appeal, plaintiff contends that the trial court erred by granting summary disposition to defendant because (1) the proofs properly before the court were sufficient to create a genuine issue of material fact regarding causation, and (2) those proofs should not have comprised the administrative determinations' findings and conclusions, which were inadmissible hearsay. We disagree with plaintiff's position and conclude, like the trial court, that defendant is entitled to summary disposition.

A prima facie case of ordinary negligence consists of four elements: "(1) a duty owed by the defendant to the plaintiff, (2) a breach of that duty, (3) causation, and (4) damages." *Finazzo v Fire Equip Co*, 323 Mich App 620, 635; 918 NW2d 200 (2018). To satisfy the causation element, the defendant's alleged conduct must be both the cause-in-fact and legal (or proximate) cause of the plaintiff's damages. *Powell-Murphy v Revitalizing Auto Communities Environmental Response Trust*, 333 Mich App 234, 245-246; 964 NW2d 50 (2020). "Factual cause generally requires showing that but for the defendant's actions, the plaintiff's injury would not have occurred. Proximate cause, by contrast, normally involves examining the foreseeability of consequences, and whether a defendant should be held legally responsible for such consequences." *Id.* (cleaned up). Causation is also an element plaintiff must prove to prevail on her tortious-interference claim. *Johnson v Mich Minority Purchasing Council*, 341 Mich App 1, 12-13; 988 NW2d 800 (2022).⁹ "[C]ausation is generally a question for the trier of fact, although it may be decided by the court as a matter of law if no issue of material fact exists." *Bank of America, NA v Fidelity Nat'l Title Ins Co*, 316 Mich App 480, 513; 892 NW2d 467 (2016).

While causation may be proved with circumstantial evidence, the "plaintiff's circumstantial proof must facilitate reasonable inferences of causation, not mere speculation." *Skinner v Square D Co*, 445 Mich 153, 164; 516 NW2d 475 (1994). As our Supreme Court has explained:

[A]t a minimum, a causation theory must have some basis in established fact. However, a basis in only slight evidence is not enough. Nor is it sufficient to submit a causation theory that, while factually supported, is, at best, just as possible as another theory. Rather, the plaintiff must present substantial evidence from which

⁹ A claim of tortious interference with a business relationship consists of four elements:

(1) the existence of a valid business relationship or expectancy that is not necessarily predicated on an enforceable contract, (2) knowledge of the relationship or expectancy on the part of the defendant interferer, (3) an intentional interference by the defendant inducing or causing a breach or termination of the relationship or expectancy, and (4) resulting damage to the party whose relationship or expectancy was disrupted. [*Johnson*, 341 Mich App at 12-13 (quotation marks and citation omitted).]

We note that, although plaintiff labeled her claim "intentional interference," at no point has she suggested, nor is there anything to indicate, that it is substantively distinct from a tortious-interference claim.

a jury may conclude that more likely than not, but for the defendant's conduct, the plaintiff's injuries would not have occurred. [*Id.* at 164-165.]

Accordingly, “when the matter remains one of pure speculation or conjecture, or the probabilities are at best evenly balanced, it becomes the duty of the court to direct a verdict for the defendant.” *Id.* at 165 (quotation marks and citation omitted); see also *Powell-Murphy*, 333 Mich App at 246 (“The mere possibility of causation is insufficient to survive summary disposition.”).

We agree with defendant and the trial court that plaintiff's theory of causation in this case is purely speculative. Citing her own deposition testimony, plaintiff avers that she would have taken prompt action had she only received timely notice of CMS's records request, and she would not be in her current situation had she done so. Specifically, plaintiff insists that she would have facilitated CMS's access to the requested records from ACC or, if the records had been seized as part of the criminal investigation into ACC, the federal government. At the very least, plaintiff says, she could have explained to CMS that ACC kept its own records, and she no longer had access to ACC's patient portal. Plaintiff also posits that her inability to timely respond to the records request created the perception, in CMS's view, that plaintiff was complicit in ACC's fraud and thus deserving of a severe penalty—namely, the 10-year reenrollment bar.

While plaintiff has presented evidence that she would have taken prompt action if defendant had timely forwarded the records request to her, there is no evidence to show anything beyond, at very most, a “mere possibility” that her proposed actions would have resulted in a different outcome. *Powell-Murphy*, 333 Mich App at 246. Even when viewed in the light most favorable to plaintiff, the record is devoid of direct or circumstantial evidence from which a jury could reasonably infer that, had plaintiff taken any of the actions she has identified, she “more likely than not” would have retained her billing privileges or not been barred from reenrollment for 10 years. *Skinner*, 445 Mich at 165. All that plaintiff has offered in support of that notion is her wholly unsubstantiated belief to that effect. Such “pure speculation or conjecture” is insufficient to create a jury-submissible question on causation. *Id.* (quotation marks and citation omitted).

Furthermore, the record, if anything, affirmatively demonstrates that the revocation of plaintiff's Medicare billing privileges and her 10-year reenrollment bar would have occurred even if she had received timely notice of the records request in January 2020. As discussed, CMS, the ALJ, and the DAB all interpreted the pertinent federal regulations as imposing an independent recordkeeping duty on plaintiff. Plaintiff consistently admitted during the administrative proceedings, and has never disputed, that she did not keep her own records; indeed, plaintiff maintains that the federal Health Insurance Portability and Accountability Act (HIPAA), 42 USC 1320d *et seq.*, precluded her from doing so. As is evident, however, CMS, the ALJ, and the DAB all viewed plaintiff's legal obligations differently, and concluded that her admitted failure to keep her own records regarding the patients at issue violated those legal obligations and warranted revocation of her privileges and a 10-year bar on reenrollment. Beyond plaintiff's conclusory

speculation, nothing in the record suggests that this outcome—whether legally correct or not—might have been any different had plaintiff promptly received the records request.¹⁰

Seeking to preclude consideration of this aspect of the record, plaintiff, citing our Supreme Court’s decision in *Swartz v Dow Chem Co*, 414 Mich 433; 326 NW2d 804 (1982), argues that the administrative determinations constitute inadmissible hearsay and that the trial court’s reliance on them was reversibly erroneous.¹¹ We are not convinced by plaintiff’s position, and find her reliance on *Swartz* misplaced. *Swartz* was a wrongful death case in which the plaintiffs sued a chemical manufacturer and distributor for negligently failing to sufficiently warn users of their product’s dangerous propensities. *Id.* at 437-438. The defendant manufacturer responded that the decedent’s death was the result of negligence on the part of the decedent himself and his employer, not the manufacturer’s alleged failure to warn. *Id.* at 438. To corroborate its position, the manufacturer introduced citations the decedent’s employer had received for violations of state and federal regulations arising from the decedent’s accident. *Id.* at 438-439, 440-441. The trial court allowed the citations to be admitted at trial and the jury returned verdicts in defendants’ favor; this Court affirmed, holding that the trial court did not err by admitting evidence of the regulatory violations. *Id.* at 438-439. Our Supreme Court, however, reversed, concluding that the citations were out-of-court statements offered for their truth—that the employer was responsible for decedent’s death—and that there was no applicable hearsay exception to permit their admission. *Id.* at 441-443. Specifically, the Court held that the only potential exception, MRE 803(8)’s public-records exception, was inapplicable because it “reject[ed] introduction in private civil actions of factual findings resulting from an investigation made in accordance with authority granted by law.” *Id.* at 443-444.

Swartz is inapposite here. To start, unlike the citations in *Swartz*, the administrative determinations at issue in this case have not been offered for their truth—i.e., to establish that plaintiff did, in fact, violate federal regulations. As the trial court correctly recognized, the administrative determinations are relevant here because they provide the stated basis for the revocation of plaintiff’s privileges and her 10-year enrollment bar; their relevance to this case—namely, to the question of causation—does not depend on whether that stated basis is itself true or correct. Furthermore, as the trial court explained and plaintiff does not meaningfully dispute, there is no hearsay issue in relying on the factual findings reflected in the administrative determinations insofar as those findings simply reflect plaintiff’s own admissions—namely, that she did not

¹⁰ As below, plaintiff maintains on appeal that the federal regulations, when correctly interpreted, do not impose an independent recordkeeping duty on her and the administrative determinations to the contrary are wrong. We agree with the trial court, however, that whether these determinations correctly construed the pertinent regulations is a question to be pursued through due appeal of the determinations in federal court; it is not properly before us here, and defendant’s entitlement to summary disposition in this case does not depend on its answer.

¹¹ Hearsay consists of an out-of-court statement offered to prove the truth of the matter asserted, MRE 801(c), and is inadmissible unless a provision of the Michigan Rules of Evidence provides otherwise, MRE 802.

independently keep her own records—which are nonhearsay under MRE 801(d)(2).¹² Accordingly, we fail to see why the administrative determinations cannot be considered at all in resolving defendant’s motion, or how the trial court erred in its consideration of them.

Finally, even if we were to omit consideration of the administrative determinations, the fact remains that the record, viewed in the light most favorable to plaintiff, is bereft of evidence showing that the decision to revoke plaintiff’s privileges and bar her reenrollment for 10 years would, more likely than not, have been different had plaintiff received timely notice of the records request and taken prompt action in response as she claims. All there is to support plaintiff’s theory of causation is her own pure speculation, which is inadequate to create a genuine issue of material fact for the reasons already discussed. *Skinner*, 445 Mich at 164-165. That conclusion holds, and defendant is entitled to judgment as a matter of law as a result of it, regardless of whether the administrative determinations are also considered. See *Quinto*, 451 Mich at 361-362.

Accordingly, we agree with the trial court that plaintiff has failed to demonstrate a genuine issue of material fact as to the causation element of her claims, and that defendant is entitled to summary disposition on that basis.

Affirmed.

/s/ Philip P. Mariani
/s/ Kathleen A. Feeney
/s/ Christopher M. Trebilcock

¹² Indeed, plaintiff concedes that her admission that she did not keep her own records is admissible, and she does not substantively address the trial court’s application of MRE 801(d)(2) in her appellate briefing.