

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant.

_____ /

Docket No. 2013-4550 MBI

Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ ██████████¹ ██████████, Appellant's son, appeared and testified on Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, a Specialist with the Department's Medical Services Administration, also appeared as a witness for the Department.

ISSUE

Did the Department properly notify Appellant that she must apply for Medicare medical insurance in order to coordinate her benefits and continue to receive payment for Medicaid covered services?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a ██████ year-old female who entered the United States of America on ██████████. Appellant is a lawfully admitted permanent resident and is not a United States citizen. (Respondent's Exhibit A, pages 4, 16).
2. Appellant has been receiving services through Medicaid. (Respondent's Exhibit A, pages 5-7; Testimony of Appellant's representative).
3. In a written notice dated ██████████, the Department informed Appellant that she must apply for Medicare medical insurance as she is eligible for that program and Medicaid will not pay for medical services or drugs that are covered by Medicare. (Respondent's Exhibit A, page 5).

¹ The hearing was previously scheduled for December 13, 2012, but was adjourned and rescheduled at the request of Appellant's representative.

4. According to Appellant's representative, he and Appellant tried to apply for Medicare on her behalf, but they were told she was not eligible because she is not a United States citizen. (Testimony of Appellant's representative).
5. Appellant's representative also testified that he and Appellant subsequently discovered that Medicaid would no longer pay for some of Appellant's prescriptions. (Testimony of Appellant's representative).
6. On ██████████, the Michigan Administrative Hearing System (MAHS) received a Request for Hearing filed on behalf of Appellant in this matter and claiming that she should continue to receive all services and benefits of Medicaid as she is not eligible for Medicare. (Respondent's Exhibit A, pages 3-4).

CONCLUSIONS OF LAW

Regarding the coordination of benefits between Medicaid and Medicare, the Medicaid Provider Manual (MPM) clearly provides that, when eligible for Medicare, Medicaid beneficiaries must apply for Medicare coverage in order to continue to receive reimbursement for services through Medicaid:

2.6 MEDICARE

2.6.A. MEDICARE ELIGIBILITY

Many beneficiaries are eligible for both Medicare and Medicaid benefits. If a provider accepts the individual as a Medicare beneficiary, that provider must also accept the individual as a Medicaid beneficiary.

If a Medicaid beneficiary is eligible for Medicare (65 years old or older) but has not applied for Medicare coverage, Medicaid does not make any reimbursement for services until Medicare coverage is obtained. The beneficiary must apply for Medicare coverage at a Social Security Office. Once they have obtained Medicare coverage, services may be billed to Medicaid as long as all program policies (such as time limit for claim submission) have been met.

Medicaid beneficiaries may apply for Medicare at any time and are not limited to open enrollment periods. Beneficiaries may be eligible for Medicare if they are:

- 65 years of age or older.

- A disabled adult (entitled to SSI or RSDI due to a disability).
- A disabled minor child. [MPM, Coordination of Benefits Chapter, October 1, 2012 version, page 6.]²

In this case, the parties dispute whether Appellant is eligible for Medicare and must apply for such coverage. Appellant's representative asserts that she is not eligible as she is not a citizen of the United States of America. However, contrary to Appellant's representative's claims, the Code of Federal Regulations (CFR) provide that an individual is eligible for Medicare when she meets the following requirements: (1) has attained the age of 65; (2) is a resident of the United States of America; and (3) is a citizen of the United States or an alien lawfully admitted for permanent residence who has resided continuously in the United States during the 5 years preceding the application. See 42 CFR 407.4(a); 42 CFR 407.10(a).

It is not disputed that Appellant satisfies those three requirements. Moreover, Appellant's representative did not produce any written or official denial of any application for Medicare filed on Appellant's behalf.

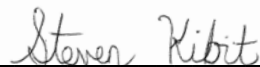
Accordingly, the Department properly found that that Appellant is eligible for Medicare and must apply for Medicare coverage in order to continue to receive reimbursement for Medicaid covered services.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined that Appellant must apply for Medicare medical insurance in order to coordinate her benefits and continue to receive payment for Medicaid covered services

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.



Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

² The relevant portion of the MPM is also found on page 14 of Respondent's Exhibit A.

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cc:

[REDACTED]

Date Mailed: 4/11/2013

***** NOTICE *****

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant March appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.