



Date Mailed: March 7, 2025

Docket No.: 24-038094

Case No.:

Petitioner:

«RECIP\_FULL\_NAME»

«RECIP\_ADD0»

«RECIP\_ADD1»

«RECIP\_ADD2»

«RECIP\_CITY», «RECIP\_SPCODE»

«RECIP\_POSTAL»

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on February 6, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Ashley Zielinski. Department Exhibit 1, pp. 1-10 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Medicare Cost Share case due to excess income?

### **FINDINGS OF FACT**

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

1. Petitioner was receiving Medicare Cost Share.
2. On July 25, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his Medicare Cost Share case was closing due to excess income.

- 
- 
3. On December 27, 2024, Petitioner requested a hearing disputing the closure of Medicare Cost Share.
  4. Petitioner receives \$ [REDACTED] in social security benefits per month.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

#### **DEPARTMENT POLICY**

##### **MA Only**

Medicare Savings Programs (MSP) are SSI-related MA categories. They are neither Group 1 nor Group 2. This item describes the categories that make up the Medicare Savings Programs. The categories are:

1. Qualified Medicare Beneficiaries (QMB). This is also called full-coverage QMB and just QMB. Program group type is QMB.
2. Specified Low-Income Medicare Beneficiaries (SLMB). This is also called limited-coverage QMB and SLMB. Program group type is SLMB.
3. QI Additional Low-Income Medicare Beneficiaries (ALMB). This is also referred to as ALMB and as just Q1. Program group type is ALMB.
4. Non-Categorically Eligible Michigan Beneficiaries (NMB).

There are both similarities and differences between eligibility policies for the categories. Benefits among the categories also differ. Income is the major determiner of category. QMB Net income cannot exceed 100% of poverty. SLMB Net income is over 100% of poverty, but not over 120% of poverty. ALMB (QI) Net income is over 120% of poverty, but not over 135% of poverty. NMB Income and assets above allowed ALMB limits but have full coverage Medicaid with Medicare part A/B entitlement. BEM 165

In this case, Petitioner's social security income is \$ [REDACTED] per month. The income limit for Medicare Cost Share was \$1,714 per month for a group size of 1. Therefore, the closure due to excess income was proper and correct and consistent with Department policy. RFT 242 (April 2024)

---

---

## **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed Petitioner's Medicare Cost Share benefit due to excess income.

Accordingly, the Department's decision is **AFFIRMED**.



---

**AARON MCCLINTIC**  
**ADMINISTRATIVE LAW JUDGE**

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks.

**Via Electronic Mail:**

**Respondent**

MACOMB COUNTY DHHS MT  
CLEMENS DIST 12  
44777 N GRATIOT AVE STE A  
CLINTON TOWNSHIP, MI 48036  
**MDHHS-MACOMB-12-  
HEARINGS@MICHIGAN.GOV**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interested Parties**

EQAD HEARINGS  
M. SCHAEFER  
BSC4

**Via First Class Mail:**

