



Date Mailed: July 25, 2025

Docket No.: 25-019928

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 দ্রষ্টাবেজ 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.

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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 June 26, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amy Shields, Hearing Facilitator. Department Exhibit 1, pp. 1-9 was received and admitted.

ISSUE

Did the Department properly close Petitioner's Medicare Cost Share benefit because he did not pay his Medicare Part B premium?

FINDINGS OF FACT

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

1. On April [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his Medicare Cost Share benefit was closing because he does not meet the basic criteria for the program.
2. On May [REDACTED] 2025, Petitioner requested hearing disputing the closure of his Medicare Savings Program benefit.
3. Petitioner did not pay his Medicare Part B premiums. Petitioner's Medicare was terminated.
4. Petitioner is designated as a Qualified Disabled Working Individual by the Social Security Administration.

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.

Entitled to Medicare Part A for QMB

For QMB, entitled to Medicare Part A means the person meets condition 1, 2 or 3: 1. Is receiving Medicare Part A with no premium being charged. Note: A premium is being charged even when it is being paid by the Buy-In program. BENDEX and State Online Query (SOLQ) indicate whether a Medicare Part A premium is being charged. 2. Refused premium-free Medicare Part A. Suffix. Claim number suffix is always M1. 3. Is eligible for, or receiving, Premium HI (Hospital Insurance). Premium HI is what the Social Security Administration calls Medicare Part A when it is not free of charge. Suffix. Claim number suffix is M. Exception: Medicare Part A under section 1818A of the Social Security Act does not meet this eligibility factor; see Part A Identification in this item. BEM 165

MSP Determinations When Requested by CMS

The Centers for Medicare and Medicaid Services (CMS) may ask MDHHS to review eligibility for, and addition of, MSP coverage for a timeframe when there was no Medicare Cost Share approved. The central office Buy-In Unit at MSA will contact the field office to ask that a determination of the recipient's eligibility for MSP during that timeframe be completed and to update the case record to add the MSP coverage if the recipient is eligible. BEM 165

In this case, Petitioner QMB Medicare Cost Share benefit was closed when it was discovered that he did not pay his Part B premium. An inquiry was made to the Buy-In Unit and then further input was received from CMS. The Buy-In Unit provided the following via email: "Per SSA, the member is a Qualified Disabled Working Individual (QDWI) which means the member will need to pay Part B premiums first and the State can pay Part A premiums. Since he is not paying his Part A premiums his Medicare was terminated for non-payment of premiums. Once Medicare is reinstated and Part B premiums (paid) by him, we will process Part A buy in. In addition, per SSA requirements, the member cannot have Medicaid, he can only be eligible for QDWI Buy In eligibility TOA. Per Gilman from CMS: For a QDWI, state can only pay for Part A premiums, not Part B. If he qualifies and prefers to have full access to Medicaid services, he may have to withdraw his Medicare entitlement. Otherwise, he can keep his Part A entitlement and receive Part A buy-in assistance from MDHHS but he has to separately pay for Part B premiums out of pocket. If he stopped working, he could reach

out to SSA and have them reevaluate to see if he can be put back to Title 2 Social Security Disability and DIB Medicare." (Ex. A, p. 6)

Because Petitioner's Medicare closed for failing to pay his Part B premium, he is not eligible for Medicare Savings Program benefit. BEM 165

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 Savings Program benefit because he did not pay his Medicare Part A premium and his Medicare was closed.

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

Aaron McClintic
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. 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. 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, 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. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

Respondent

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Via First Class Mail:

Petitioner

[REDACTED]
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