

**Bulletin Number:** MSA 18-50

**Distribution:** All Providers

**Issued:** November 30, 2018

**Subject:** Claims for Medicaid Beneficiaries Eligible for Medicare

**Effective:** January 1, 2019

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

To assist in maintaining access to care and continuity of services, providers rendering services to Medicaid beneficiaries in fee-for-service and managed care plans who are eligible for Medicare due to age, but not enrolled in Medicare Part A or Part B, will have claims paid by Medicaid for Medicaid-covered services effective for dates of service on and after January 1, 2019. Medicaid will only pay claims for services that fall under the Medicare Part for which the beneficiary is eligible, but not enrolled. In compliance with federal third-party liability statute and regulations that require all liable sources of third-party payers be identified, affected claims where Medicare coverage was later obtained will be voided in accordance with policy described in the Coordination of Benefits Chapter of the Medicaid Provider Manual. The provider must bill Medicare for covered services when the beneficiary only has Part A or Part B, or once the beneficiary obtains Medicare coverage. Current Medicaid liability policy still applies.

Medicaid can only assist with Medicare deductibles and premiums once the beneficiary is enrolled in Medicare. Medicaid beneficiaries who did not receive automatic enrollment into Medicare Part A and/or Part B or declined coverage, should seek enrollment to take advantage of Medicaid assistance with Medicare out-of-pocket costs. Providers should refer beneficiaries who need to enroll in Medicare to their nearest Social Security office for assistance or suggest that they contact the Michigan Medicare/Medicaid Assistance Program (MMAAP) at 1-800-803-7174 for health benefit information and counseling.

As a reminder, balance billing a Qualified Medicare Beneficiary (QMB) is prohibited by federal law. All payments made by Medicare and Medicaid are considered payment in full. QMBs have no legal obligation for additional payment to the provider.

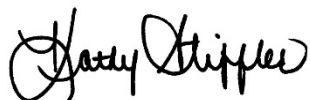
## Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive style with a large initial "K".

Kathy Stiffler, Acting Director  
Medical Services Administration