

**Bulletin Number:** MMP 22-48

**Distribution:** Bridges Eligibility Manual (BEM) Holders

**Issued:** November 23, 2022

**Subject:** Pre-Eligibility Medical Expenses (PEME)

**Effective:** January 1, 2023

**Programs Affected:** Medicaid Extended Care Category

The purpose of this bulletin is to return policy language to the BEM that was previously deleted. BEM 546 will be updated to include the following language:

The offset of the Patient-Pay Amount (PPA) is only allowed if the money is used to pay the provider(s) for the incurred medical expense and will be terminated if the recipient fails to pay the provider.

Offsets will be applied to the months following an approval. In general, the allowable expenses are the same as allowed for a group 2 deductible case.

In addition, the medical expense(s):

- The expenses were incurred in the three months prior to the initial approved application for Long Term Care (LTC) Medicaid.
- Request for PEME must be made within one year after eligibility for LTC Medicaid has been established and prior to the first LTC Medicaid redetermination following the initial approved LTC application.

## Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Bridget Heffron via e-mail at [eligibilitypolicy@michigan.gov](mailto:eligibilitypolicy@michigan.gov).

Please include "Pre-Eligibility Medical Expenses" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

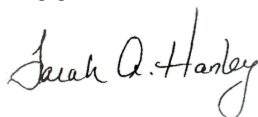
Retain this bulletin until the information has been incorporated into the Bridges Eligibility Manual.

### **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-mailed to [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. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Approved**



Farah Hanley  
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