

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

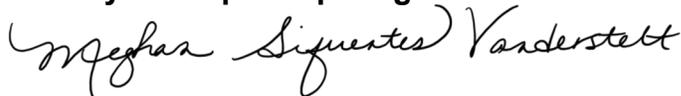
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Bureau of Policy and Strategic Engagement  
Health Services Administration

<b>Project Number:</b>	2543-Plan First	<b>Comments Due:</b>	December 22, 2025	<b>Proposed Effective Date:</b>	March 1, 2026
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**Policy Subject:** Plan First and Medicare-Eligible Beneficiaries

**Affected Programs:** Medicaid

**Distribution:** All Providers

**Policy Summary:** This bulletin clarifies payment responsibilities for beneficiaries assigned to the Plan First eligibility group who are also Medicare-eligible.

**Purpose:** To clarify Medicaid payment liability for beneficiaries enrolled in Plan First and who are also Medicare-eligible.

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Health Services

**Distribution:** All Providers

**Issued:** January 30, 2026 (proposed)

**Subject:** Plan First and Medicare-Eligible Beneficiaries

**Effective:** March 1, 2026 (proposed)

**Programs Affected:** Medicaid

The purpose of this bulletin is to clarify payment responsibilities for beneficiaries assigned to the Plan First eligibility group who are also Medicare-eligible.

The Plan First Program Benefit is limited to family planning services and does not meet the requirements for minimal essential coverage outlined within 45 CFR §156.600. (Refer to the Plan First Family Planning chapter of the [Michigan Department of Health and Human Services \[MDHHS\] Medicaid Provider Manual](#) and the [MDHHS Plan First](#) web page for information regarding Plan First eligibility and covered services.)

## **Qualified Medicare Beneficiary (QMB) Program/Plan First Beneficiaries**

As required by Section 1902(a)(10)(E)(i) and Section 1905(p)(3) of the Social Security Act, Medicaid reimburses providers for QMB and QMB Plus Medicare Part A and B premiums and coinsurance and/or deductible amounts to the extent that the total payment does not exceed the Medicaid maximum allowable amount under the State Plan. The actual Medicaid crossover payment made to the provider (plus the QMB's personal liability for any nominal copayments under Medicaid, if applicable) is considered payment-in-full.

QMB Plus beneficiaries qualify for full-benefit Medicaid coverage.

Medicare and Medicaid payments (if any) and any applicable Medicaid QMB copayments are considered payment-in-full. Providers are subject to sanctions if they bill a QMB above the total Medicare and Medicaid payments (even when Medicaid pays nothing).

## **Specified Low-Income Medicare Beneficiary (SLMB) Plus/Plan First Beneficiaries**

MDHHS pays Medicare Part B premiums under the State buy-in process for beneficiaries in the SLMB. (Refer to the Coordination of Benefits chapter of the MDHHS Medicaid Provider Manual for additional information.) Qualifying healthcare expenses incurred for services covered under the limited Plan First Program Benefit will not be applied towards the

beneficiary's spend-down cap. The beneficiary may be responsible for payment of non-covered Medicare/Plan First services.

**Medicare Part A & B Beneficiaries with the Plan First Benefit Plan**

Medicaid covers payment associated with services covered under the limited Plan First Benefit Program. Services not covered under the Plan First Benefit Program are not paid by Medicaid. Medicaid will not reimburse Medicare Part A and B premiums, coinsurance and/or deductibles. Medicaid will not issue payment for services not covered under the limited Plan First Benefit Program. (Refer to the Plan First Family Planning chapter of the MDHHS Medicaid Provider Manual for additional information.) The beneficiary may be responsible for payment of non-covered Medicare/Plan First services regardless of crossover claims received.