Michigan Department of Community Health Medicaid Program Policy PO Box 30479 Lansing MI 48909



October 28, 2014

- <Provider Name>
- <Pre><Pre>rovider Address1>
- <Pre><Pre>rovider Address2>
- <Provider City> <state> <zipcode5-zip4>

To Providers and Medicaid Health Plans:

RE: Beneficiary Notification of Copays at the Point of Service Healthy Michigan Plan Beneficiaries in Managed Care Plans.

The purpose of this letter is to notify all providers and Medicaid Health Plans that Healthy Michigan Plan beneficiaries enrolled in Medicaid managed care plans are required to receive information on potential copays at the point of service.

The Michigan Department of Community Health (MDCH) will make available to providers and Medicaid Health Plans a printable copy of a document entitled, "Information About Healthy Michigan Plan Copays" which outlines potential copay requirements for Healthy Michigan Plan enrollees. This informational copay document will be accessible online at: www.michigan.gov/healthymichiganplan.

Medicaid Health Plans will be responsible for ensuring that all of their network providers comply with this notice provision, which is required by the Centers for Medicare & Medicaid Services as part of the Healthy Michigan Plan Waiver.

As a point of clarification, Healthy Michigan Plan beneficiaries enrolled in a health plan are not responsible for the payment of copays at the point of service as long as the service is covered by the health plan. Instead, the copay will be collected through the MI Health Account. In the event a service which is otherwise subject to a copay is not covered by the beneficiary's health plan, providers are expected to collect the applicable copay at the time the service is rendered.

Thank you for your commitment to providing quality of care to Michigan's citizens. Any questions regarding this letter can be directed to Provider Support at 1-800-292-2550 or ProviderSupport@michigan.gov.

Sincerely.

Stephen Fitton, Director

Medical Services Administration



INFORMATION ABOUT HEALTHY MICHIGAN PLAN CO-PAYS

Healthy Michigan Plan members enrolled in a health plan pay most co-pays through their MI Health Account at a later time. Below is a table that shows how much you *could* pay for health care services.

Covered Services	Co-Pay
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$2
Outpatient Hospital Clinic Visit	\$1
 Emergency Room Visit for Non-Emergency Services: Co-payment ONLY applies to non-emergency services There is no co-payment for true emergency services 	\$3
Inpatient Hospital Stay (with the exception of emergent admissions)	\$50
Pharmacy	\$1 generic \$3 brand
Chiropractic Visits	\$1
Dental Visits	\$3
Hearing Aids	\$3 per aid
Podiatric Visits	\$2
Vision Visits	\$2

10/2014

Not all services have co-pays and not all people are required to pay co-pays. For example, services that help you get or stay healthy, like preventive services or certain services or medications that help you manage a chronic condition, may have no co-pays. Also, some people don't have to pay co-pays at all, like those who are under 21.

The amount you owe could be different than what is shown in the table. These amounts are for informational purposes only. Your MI Health Account Statement will tell you what you have to pay and how the amounts were figured.

If you would like more information on copayment requirements, visit www.healthymichiganplan.org, or call 1-800-642-3195.

	ions and/or problems, or help to translate, call the Beneficiary at 1-800-642-3195 or TTY 1-866-501-5656.
Spanish:	Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656
Arabic:	TTY 1-866-501-5656
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Michigan Department of Community Health



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