

**Bulletin Number:** MSA 15-38

**Distribution:** All Providers

**Issued:** September 1, 2015

**Subject:** Cost-Sharing Updates

**Effective:** October 1, 2015

**Programs Affected:** Medicaid, Healthy Michigan Plan

**NOTE: Implementation of this policy is contingent upon State Plan Amendment Approval from the Centers for Medicare & Medicaid Services (CMS).**

The Michigan Department of Health and Human Services (MDHHS) is modifying its cost-sharing exemption framework for Native Americans and Alaska Natives, consistent with 42 CFR §447.56(a)(1)(x) and clarifying the responsibilities of hospitals providing non-emergency care in the emergency department. This policy is effective October 1, 2015, subject to approval of a State Plan Amendment by CMS.

### **Native American/Alaska Native Cost-Sharing Exemption Modification**

Consistent with federal regulation, MDHHS is revising its cost-sharing policies for Native Americans/Alaska Natives as defined in 42 CFR §447.51. As required by 42 CFR §447.56(a)(1)(x), any individual who meets the above definition and who is eligible to receive an item or service furnished by an Indian health care provider or through referral under contract health services is exempt from premiums. Additionally, any individual who meets the definition referenced above and is currently receiving or has ever received an item or service furnished by an Indian health care provider or through referral under contract health services is exempt from all cost-sharing.

The Department accepts self-attestation according to the information provided on the Application for Health Care Coverage & Help Paying Costs, which is accessible on-line at [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges) or by paper (DCH-1426). The eligibility response in the Community Health Automated Medicaid Processing System (CHAMPS) will be updated to reflect this revised exemption and made available for providers to use when determining whether or not a copay may be charged. Updates will also be made to programs assessing premiums and other types of cost-sharing, consistent with federal law.

### **Non-Emergency Services Provided in a Hospital Emergency Department**

Federal regulations at 42 CFR §447.54 specify the cost-sharing requirements for services provided in a hospital emergency department. Specifically, to impose cost-sharing for non-emergency services provided in a hospital emergency department, the hospital providing the care must:

- Perform appropriate medical screening under §489.24 subpart G to determine that the individual does not need emergency services.
- Before providing non-emergency services and imposing cost-sharing for services:
  - Inform the individual of the amount of cost-sharing responsibility for non-emergency service(s) provided in the emergency department;
  - Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;

- Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost-sharing amount or no cost-sharing if the person is otherwise exempt from cost-sharing; and
- Provide a referral to coordinate scheduling for treatment with the alternative provider.

The Department expects hospitals providing emergency department services to develop cost-sharing policies and procedures that are consistent with the federal requirements.

Effective for dates of service on and after October 1, 2015, the outpatient hospital non-emergency room visit copayment requirement will no longer apply to outpatient hospital claims billed with Revenue Code 0451 without Revenue Code 0452.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan 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, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**



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