

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Refer to:

WJA. 065

Paul Reinhart, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine Street
P.O. Box 30479
Lansing, Michigan 48909

ATTN: Nancy Bishop

Dear Mr. Reinhart:

Enclosed for your records are documents related to State Plan Amendment 04-014, which was approved in a January 26, 2005 letter to you from Deirdre Duzor. The enclosure includes a signed copy of the CMS-179 and copies of the approved pages.

If you have any additional questions, please have a member of your staff contact Ms. Hye Sun Lee at (312) 353-1565.

Sincerely,

A handwritten signature in cursive script that reads 'Cheryl A. Harris'.

Cheryl A. Harris
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operation

January 26, 2005

Ms. Nancy Bishop
Program/Eligibility Policy Division – Federal Liaison Unit
Capitol Commons Center – 7th Floor
400 South Pine
Lansing Michigan 48933

Dear Ms. Bishop:

We have reviewed Michigan’s State Plan Amendment (SPA) 04 -14 submitted to the Chicago Regional Office on November 18, 2004. This SPA changes the pharmacy co-payment from \$1.00 for prescription drugs to \$1.00 for generic drugs and \$3.00 for brand name drugs effective November 1, 2004. Based on the information provided, we are pleased to inform you that Michigan SPA 04-14 is approved, effective November 1, 2004.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the Michigan state plan, will be forwarded by the Chicago Regional Office. If you have any questions regarding this amendment, please contact Yolanda Reese at (410) 786-9898.

Sincerely,

Deirdre Duzor
Director
Division of Pharmacy
Disabled & Elderly Health Programs Group

cc: Cheryl A. Harris, ARA, Chicago Regional Office
Hye Sun Lee, Chicago Regional Office
Cynthia Garraway, Chicago Regional Office
Alice Holden, Chicago Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 04 - 14	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.55

7. FEDERAL BUDGET IMPACT:

a. FFY 05 _____ \$ (3.5 million)

b. FFY 06 _____ \$ (1.1 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.18-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.18-A, page 1
Attachment 4.18-C, pages 1 thru 3

10. SUBJECT OF AMENDMENT:
Pharmacy co-pay

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Paul Reinhart

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
November 17, 2004

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 11/18/04	18. DATE APPROVED: <i>1/26/05</i>

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:
Cheryl A. Harris

21. TYPE NAME:
Cheryl A. Harris

22. TITLE:
Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
NOV 18 2004
DMCH - MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Cost Sharing and Similar Charges

A. The following charges are imposed on the categorically and medically needy for services other than those provided under section 1905 (a)(1) through (5) and (7) of the Act.

Service	Type Charge			Amount
	Deductible	Co-insurance	Co-pay	
Vision services provided to beneficiaries age 21 and over			X	\$2.00 per each reimbursable visit (average payment \$27.00).
Dental services provided to beneficiaries age 21 and over			X	\$3.00 per each reimbursable visit (average payment \$110.00).
Podiatric services provided to beneficiaries age 21 and over			X	\$2.00 per each reimbursable visit (average payment \$32.00).
Hearing aids provided to beneficiaries age 21 and over			X	\$3.00 on each hearing aid (average payment \$340.00).
Pharmacy services specified by the department for certain ambulatory beneficiaries age 21 and over			X	\$1.00 for each generic drug (average payment \$15.00) and \$3.00 for each brand drug (average payment \$105.00) dispensed.
Chiropractic services provided to beneficiaries age 21 and over			X	\$1.00 for each reimbursable visit (average payment \$11.00).

TN NO.: 04-14

Approval Date:

JAN 25 2005

Effective Date: 01/01/2005

Supersedes TN No. 92-32