



**HEALTHY
MICHIGAN**
PLAN

The Healthy Michigan Plan Handbook

Introduction

The Healthy Michigan Plan is a health care program through the Michigan Department of Health and Human Services (MDHHS).

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have an income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for this program will be determined using the Modified Adjusted Gross Income methodology. All criteria for Modified Adjusted Gross Income eligibility must be met to be eligible for this program.

Most people who have the Healthy Michigan Plan must enroll in a health plan. **MICHIGAN ENROLLS** will send you a letter about the health plan choices in your county.

This handbook tells you how to get care and what services are covered under the Healthy Michigan Plan. It also lists your rights and responsibilities under the Healthy Michigan Plan.

Visit www.michigan.gov/healthymichiganplan
or call the Beneficiary Help Line
at 1-800-642-3195 or TTY 1-866-501-5656
if you have questions or need help.

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For questions and/or problems, or help to translate, call the Beneficiary Help Line 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

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Getting Care

When you have health care coverage through the State of Michigan you will get a mihealth card (a plastic card with your name and ID number) and be assigned to a Michigan Department of Health and Human Services specialist. You must show your mihealth card before you get services. Your provider will check to make sure you are covered through the Healthy Michigan Plan or other state health care programs at each visit. If you do not show your card, you may have to pay for the service. Always keep this card; you will need it if you qualify for other health care programs through the state. If you lose your card, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Tell your provider and Michigan Department of Health and Human Services specialist if you have other insurance or if your insurance changes. You can also call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656 to report other insurance.

Covered Services

The Healthy Michigan Plan covers the federal healthcare law essential health benefits, as well as other services and benefits. These include:

Ambulatory Patient Services

The Healthy Michigan Plan covers:

- Visits to see your primary care physician, nurse practitioner, physician's assistant or a specialist
- Outpatient hospital visits
- Surgical centers
- Home health care
- Hospice
- Podiatry (foot) care
- Chiropractic care

Emergency Services

The Healthy Michigan Plan covers care in an emergency room, emergency transportation or ambulance. While not emergency care, treatment at an Urgent Care Center is also covered.

Emergency rooms are for serious medical conditions only. Call your doctor about routine care. The Healthy Michigan Plan defines a medical emergency as a condition where delay in treatment may result in the person's death or permanent impairment of the person's health.

Hospitalization

The Healthy Michigan Plan covers inpatient hospital services such as a hospital stay, physician and surgical services.

Maternity Care

If you think you may be pregnant, see your doctor as early as possible. If you find out that you are pregnant while in the Healthy Michigan Plan, the plan will cover medical services while you are pregnant and after your baby is born. Pregnant women do not have to pay co-pays for pregnancy-related services.

Pregnant women may choose to receive medical services through the Medicaid program; to do so, contact your Michigan Department of Health and Human Services specialist to report your pregnancy and due date.

Mental Health and Substance Use Disorder Treatment Services

The Healthy Michigan Plan covers inpatient and outpatient mental health and substance use disorder treatment services.

Prescription Drugs

The Healthy Michigan Plan will pay for most medicines prescribed by your doctor. Ask your doctor if you have questions about drug coverage.

Rehabilitative and Habilitative Services and Devices

The Healthy Michigan Plan will cover services ordered by your doctor such as:

- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics
- Orthotics
- Medical equipment
- Medical supplies

Preventive and Wellness Services and Chronic Disease Management

Preventive care is a key factor in wellness. Healthy Michigan Plan beneficiaries should call to schedule an appointment with their Primary Care Provider within 60 days of choosing or being assigned to a health plan. The Healthy Michigan Plan covers:

- Yearly check-ups
- Immunizations (shots)
- Doctor visits
- Mammograms
- Dentist visits
- Hearing check-ups
- Eye exams
- Lab tests
- Medications

If you are age 19 or 20, these services are covered through the Early, and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Laboratory and X-Ray Services

The Healthy Michigan Plan covers radiology services and lab tests when ordered by your doctor.

Dental Services

The Healthy Michigan Plan covers:

- Dental check-ups
- Teeth cleaning
- X-rays
- Fillings
- Tooth extractions
- Dentures and partial dentures

You can receive dental services from a dentist who accepts Medicaid until you are enrolled in a health plan. Once you are enrolled in a health plan, you will get your dental services from a dentist that works with your health plan.

Vision Services

The Healthy Michigan Plan covers:

- Eye exams
- A complete pair of eyeglasses
- A replacement pair of eyeglasses if criteria is met
- Glaucoma screenings

Other Services and Benefits

Non-Emergency Transportation Services

You can get help with a ride if you do not have a way to get to and from a provider visit that is covered by the Healthy Michigan Plan. You must get approval for non-emergency transportation before your visit.

To get help with a ride:

- **If you are in a health plan** you must contact your health plan to schedule your ride.
- If you are not in a health plan and you live in Wayne, Oakland, or Macomb County, you will need to call Logisticare Solutions at 866-569-1902 to schedule your ride.
- If you are not in a health plan and do not live in Wayne, Oakland, or Macomb counties contact your MDHHS specialist to get help.

IF YOU HAVE AN EMERGENCY – CALL 911

Family Planning Services

The Healthy Michigan Plan covers family planning services with no out-of-pocket cost. Both men and women can get family planning services. These services help you plan when to have a baby or help prevent a pregnancy. The Healthy Michigan Plan covers:

- Doctor visits
- Exams
- Pregnancy testing
- Birth control counseling

- Birth control methods (condoms, birth control pills)
- Testing for sexually transmitted infections
- HIV/AIDS testing and services

Programs to Help You Quit Smoking

The Healthy Michigan Plan will cover some drugs and counseling services to help you stop smoking. If you are ready to quit, talk to your doctor.

Long-Term Care Services

For long-term care services, there are more requirements. Medical requirements must be met to have these services in a nursing facility or in a home setting.

COSTS

Contributions

The Healthy Michigan Plan requires those with annual incomes over 100% of the federal poverty level to contribute up to 2% of annual income for cost-sharing. You will get more information about the MI Health Account and contributions after joining a health plan.

Reducing Payments

You can reduce your contributions and co-pays by participating in healthy behavior activities which includes completing an annual Healthy Michigan Plan health risk assessment and agreeing to stay healthy or work on getting healthier. Make sure to complete a new Healthy Michigan Plan health risk assessment each year to continue to receive any incentives or reductions in contributions.

Co-Pays

The Healthy Michigan Plan has co-pays. If you see the doctor before you are enrolled in a health plan, you will pay the co-pay to the provider. After you are enrolled in a health plan, most co-pays will be paid through the MI Health Account.

Covered Services	Co-Pay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2	\$ 4
Outpatient Hospital Clinic Visit	\$ 1	\$ 4
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> • Co-payment ONLY applies to non-emergency services • There is no co-payment for true emergency services 	\$ 3	\$ 8
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50	\$ 100
Pharmacy	\$ 1 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 2

Co-pay exemptions for the Healthy Michigan Plan are consistent with Medicaid and can be found online at www.healthymichiganplan.org.

Cost-Sharing Limit

Cost-sharing, which includes co-pays and contributions, means the amount you have to pay for the coverage or services you receive. You and other members of your household that have health care coverage through MDHHS have a limit on how much cost-sharing can be charged. This limit is based on your household income and will apply to most types of health care coverage through MDHHS. The limit is set at 5% of your household's income during a three month period, or quarter. MDHHS will keep track of the limit and any cost-sharing charged. You do not have to keep track of your costs.

You will get more information on your cost-sharing limit from MDHHS in the future. If you want more information on this limit, you can also sign up for the myHealthButton/myHealthPortal applications or call the Beneficiary Help Line.

Advance Directives

An advance directive is a written document that tells providers what type of medical care you want in the future, or who you want to make decisions for you should you lose the ability to make decisions for yourself. Having an advance directive is your decision. You are not required to have an advance directive. You will get more information on what an advance directive is and how you may go about completing one as part of the Healthy Michigan Plan.

Your Healthy Michigan Plan Rights and Responsibilities

It is important that you know your rights and responsibilities under the Healthy Michigan Plan. You have the right to:

- Choose your primary provider
- Receive quality health care
- Be treated with respect
- Be seen by a primary provider who will arrange your care
- Get all the facts from your primary provider about your health and treatment
- Know about alternative procedures or treatments other than what has been offered to you
- Say no to any medical services you disagree with
- Get a second medical opinion
- Be told what services are covered by the Healthy Michigan Plan
- Know if a co-pay or contribution is required
- Know the names, education and experience of your health care providers
- Get help with any special disability needs
- Get help with any special language needs
- Tell your primary provider how you wish to be treated if you become too ill to make your care decisions yourself
- Be told in writing when and why benefits are being reduced, denied or stopped
- Have your medical records kept confidential
- Get one free copy of your medical records from a health care provider, health facility, or medical records company

- Voice your concern about the service or care you receive
- Contact MDHHS with any questions or complaints you have
- Appeal a denial or reduction of Healthy Michigan Plan eligibility or service
- Get help with transportation if you do not have a way to get to and from a doctor's office or other medical service.

Under the Healthy Michigan Plan, you have the responsibility to:

- Report other insurance benefits to your Michigan Department of Health and Human Services specialist and the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.
- Show your mihealth card to all providers before receiving services
- Never let anyone use your mihealth card
- Choose a primary provider, call to schedule an appointment within 60 days of enrollment in a health plan and build a relationship with the provider you have chosen
- Make appointments for routine checkups and immunizations (shots)
- Keep your scheduled appointments and be on time
- Provide complete information about your past medical history
- Provide complete information about current medical problems
- Ask questions about your care
- Respect the rights of other patients and health care workers
- Use emergency room services only when you believe an injury or illness could result in death or lasting injury

- Notify your primary provider if emergency treatment was necessary and follow-up care is needed
- Make prompt payment for all cost-sharing responsibilities
- Report changes that may affect your coverage to your Michigan Department of Health and Human Services specialist. This could be an address change, birth of a child, death, marriage or divorce, or change in income
- Promptly apply for Medicare or other insurance when you are eligible.

Reporting Healthy Michigan Plan Beneficiary Fraud

You may be prosecuted for fraud if you:

- Withhold information on purpose or give false information when applying for the Healthy Michigan Plan or other assistance programs; or
- Do not report changes that affect your eligibility to your Michigan Department of Health and Human Services specialist. If you are found guilty of fraud under federal law, you can be fined as much as \$10,000 or can be sent to jail for up to a year or both.

You can also be prosecuted for fraud under state law. If you are found guilty, you can be sent to jail, fined and ordered to repay the state monies paid on your behalf for health care. If you are convicted of a felony under state law, your jail sentence may be up to four years.

Report cases of suspected fraud to your local Michigan Department of Health and Human Services office, or call 1-800-222-8558. **You do not have to give your name.**

Reporting Healthy Michigan Plan Provider Fraud

A health care provider who is enrolled in Medicaid is also subject to federal and state penalties for Healthy Michigan Plan fraud.

Report any provider you suspect of:

- Billing for a service he or she did not perform
- Providing a service that is not needed

Report Suspected Provider Fraud to:

**Michigan Department of
Health and Human Services
Office of Health Services Inspector General**
PO Box 30062
Lansing, MI 48909-7979

You may call the 24-hour hotline:

1-855-MIFRAUD (1-855-643-7283) toll free, or visit the website at: www.michigan.gov/fraud.

You do not have to give your name.

Complaints

If you have questions, complaints or concerns about your health care or your health care provider, there are things you can do.

1. You can call or write a letter to your health plan about your complaint or concern. Often, they can help you immediately. If you are not satisfied, you have the right to file a grievance. Be sure to read your health plan's member handbook for more instructions.
2. You can also write or call the Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line about your questions, complaints or concerns. You can request a change in health plans, ask for a medical exception, a For-Cause Disenrollment or a Beneficiary Complaint form.

Appeals

You may be able to appeal a health plan decision by calling or sending a written request to your health plan. This is called an internal appeal. Your health plan will tell you when you can ask for an internal appeal and how to do this. If you still don't agree with your health plan's internal appeal decision, you may be able to ask for a hearing with the Michigan Administrative Hearings System. This is known as a State Fair Hearing. You have to ask for an internal appeal from your health plan before you can ask for a State Fair Hearing. You will get information and a Request for a State Fair Hearing form with the Notice of Internal Appeal Decision-Denial from your health plan. Be sure to read the notices from your health plan and your health plan's member handbook for more instructions. If you need another Request for State Fair Hearing form, you can call the Beneficiary Help Line: 1-800-642-3195, TTY users call 1-866-501-5656.

You may also be able to appeal a decision that MDHHS made about things like your health care coverage, what health plan you are enrolled in, or what services you can get. MDHHS will tell you when you have the right to ask for a hearing directly and will send you the Request for Hearing form that tells you how to do that. If you have questions or if you need another hearing request form, you can call the Beneficiary Help Line: 1-800-642-3195, TTY users call 1-866-501-5656.

NOTES



HEALTHY MICHIGAN P L A N

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Additional information may be found on the
Michigan Department of Health and Human Services website:
www.michigan.gov/healthymichiganplan

