

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13 - 16	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 January 1, 2014	

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)

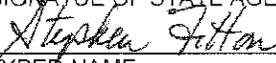
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.56	7. FEDERAL BUDGET IMPACT: a. FFY 2014 _____ \$ 62,000 b. FFY 2015 _____ \$ 83,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4 - General Program Administration, 4.18, Pages 55 and 56d Attachment 4.18-A, Page 3 Attachment 4.18-C, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 4 - General Program Administration, 4.18, Pages 55 and 56d Attachment 4.18-A, Page 3 Attachment 4.18-C, Page 3

10. SUBJECT OF AMENDMENT:

The amendment eliminates co-payment requirements for beneficiaries receiving Medicaid through the Breast and Cervical Cancer Program (BCCP) and all Native Americans who have ever received services from an Indian healthcare provider.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933
13. TYPED NAME: Stephen Fitton	Attn: Loni Hackney
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: December 30, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME:	22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

D. **The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:**

The Invoice Processing system will not deduct a copayment for any of the exemptions identified below. Additionally, all affected providers have been notified of these exemptions. For all other services where a copayment is involved, the Invoice Processing system will automatically deduct the copayment amount from the provider's claim.

Pregnant Women - All drugs that are specifically identifiable to a pregnant condition are excluded from the copayment policy.

Institutionalized Individuals - All individuals in a long-term care facility are excluded from the copayment policy.

Children - The copayment policy does not apply to individuals under the age of 21 years.

Family Planning - The copayment policy does not apply to family planning drugs and supplies.

Emergency Services - The copayment policy does not apply to emergency services.

Health Maintenance Organization (HMO) Enrollees - HMO enrollees are not charged a copayment by the Medicaid program, and the Invoice Processing system is set up to not charge any copayments toward the HMO capitation rate.

BREAST AND CERVICAL CANCER - INDIVIDUALS RECEIVING MEDICAID THROUGH THE BREAST AND CERVICAL CANCER PROGRAM ARE EXCLUDED FROM THE COPAYMENT POLICY.

NATIVE AMERICAN INDIANS - A NATIVE AMERICAN INDIAN WHO IS ELIGIBLE TO RECEIVE 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 THE COPAYMENT POLICY.

E. Cumulative maximums on charges:

- State policy does not provide for cumulative maximums.
- Cumulative maximums have been established as described below:

TN NO.: 13-16

Approval Date: _____

Effective Date: 01/01/2014

Supersedes

TN No.: 93-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

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- Cumulative maximums have been established as described below:

TN NO.: 13-16

Approval Date: _____

Effective Date: 01/01/2014

Supersedes

TN No.: 85-27

MICHIGAN MEDICAID STATE PLAN

55

Revision: HCFA-PM-91-4
August 1991

State: Michigan

<u>Citation</u>	4.187(b)(2)	(Continued)
42 CFR 447.51 through 447.58	4.31	(iii) All services furnished to pregnant women. <input checked="" type="checkbox"/> Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age. (vii) Services furnished by a managed care organization, health insuring organization prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
42 CFR 438.108 42 CFR 447.60		<input checked="" type="checkbox"/> Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing. <input type="checkbox"/> Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.
1916 of the Act, P.L. 99-272, (Section 9505)		(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act. (ix) INDIVIDUALS RECEIVING MEDICAID THROUGH THE BREAST AND CERVICAL CANCER PROGRAM. (x) NATIVE AMERICAN INDIANS ELIGIBLE TO RECEIVE OR WHO HAVE EVER RECEIVED AN ITEM OR SERVICE FURNISHED BY AN INDIAN HEALTH CARE PROVIDER OR THROUGH REFERRAL UNDER CONTRACT HEALTH SERVICES.

TN NO.: 13-16

Approval Date: _____

Effective Date: 01/01/2014

Supersedes
TN No.: 92-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

Citation(s) 4.18 (c)(2) (Continued)

42 CFR 447.51
through 447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

Not applicable. No such charges are imposed.

(ix) INDIVIDUALS RECEIVING MEDICAID THROUGH THE BREAST AND CERVICAL CANCER PROGRAM.

(x) NATIVE AMERICAN INDIANS ELIGIBLE TO RECEIVE OR WHO HAVE EVER RECEIVED AN ITEM OR SERVICE FURNISHED BY AN INDIAN HEALTH CARE PROVIDER OR THROUGH REFERRAL UNDER CONTRACT HEALTH SERVICES.

TN NO.: 13-16

Approval Date: _____

Effective Date: 01/01/2014

Supersedes
TN No.: 92-01



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

October 22, 2013

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Medicaid Co-Payment Exemptions

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a State Plan Amendment to exempt certain groups from Medicaid Co-payment responsibilities.

The purpose of this amendment is to align Michigan Medicaid policy with federal policy as noted in the Federal Code of Regulations (CFR447.56). The exemption from all Medicaid co-payments will apply to enrollees in the Breast and Cervical Cancer Prevention and Treatment Program, and Native American Indians/Alaska Natives. Previous policy exempted Native American Indians/Alaska Natives from Medicaid co-payments if they received services from an Indian health care provider or through referral under Contract Health Services, or if they received pharmacy services.

You may submit comments regarding this Notice of Intent to msapolicy@michigan.gov. If you would like to discuss the Notice of Intent, please contact Lorna Elliott-Egan, MDCH Liaison to the Michigan Tribes. Lorna can be reached at (517) 373-4963 or via e-mail at Elliott-EganL@michigan.gov.

There is no public hearing scheduled for this State Plan Amendment.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDCH

Distribution List for L 13-56
October 22, 2013

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community
Ms. Vicki Newland, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Terry Fox, Health Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Robin Carufel, Health Director, Little River Band of Ottawa Indians
Mr. Fred Kiogima, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services
Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe
Ms. Gail George, Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
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