

Medicaid Premiums and Cost Sharing

Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: Michigan
 Transmittal Number: MI-16-0500

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MI Cost Sharing - HMP Copay Increases (16-0500)

PDFs superseded by this SPA

(Include Transmittal Number):

SPA 13-0016 Template G2c

Description:

This State Plan Amendment (SPA) is being submitted to increase copays for certain groups from Medicaid Copayment responsibilities and address general cost sharing provisions.

Changes are made in amendment 01 to template G2c to allow Michigan to target cost sharing amounts specific to those with Healthy Michigan Plan as of January 1, 2017.

Public Notice and Comment:

- Public notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c).

Indicate how the public notice was issued and public comment was solicited:

- Newspaper Announcement (in newspapers with wide circulation)

 Newspaper

- Formal notice and comment in accordance with the state's administrative procedures

Date of Publication:

 (mm/dd/yyyy)

- Agency Website Notice
- Public Hearing or Meeting
- Media specifically designed to reach racial, ethnic and linguistic minorities
- Other method

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document	
Uploaded Document Name:	Date Uploaded:
Original Public Notice_Medicaid Cost Sharing Exceptions 2014.pdf	
Uploaded Document Name:	Date Uploaded:
Cost Sharing Public Notice - September 2015.pdf	
Uploaded Document Name:	Date Uploaded:
Public Notice - Co-payments for Select HMP Beneficiaries - March 2016.pdf	

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: Michigan
 Transmittal Number: MI-16-0500

Type of SPA	Form Code	Form Name/Description	Uploaded?
Cost Sharing	G1	Cost Sharing Requirements	yes
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	yes
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	yes
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	yes
Cost Sharing	G3	Cost Sharing Limitations	yes

Medicaid Premiums and Cost Sharing: File Management Detail

Form G1: Cost Sharing Requirements	
Form Description:	G1, Cost Sharing Requirements
Uploaded Form:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">G1 Cost Sharing Requirements 2016 08 10 UPDATED .pdf</div>
Date Uploaded:	
Support Documents	
<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;">Document</div>	
Form G2a: Cost Sharing Amounts - Categorically Needy Individuals	
Form Description:	G2a, Cost Sharing Amounts - Categorically Needy
Uploaded Form:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">G2a Cost Sharing Amounts - Categorically Needy DRAFT 3 2</div>
Date Uploaded:	
Support Documents	
<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;">Document</div>	
Form G2b: Cost Sharing Amounts - Medically Needy Individuals	
Form Description:	G2b - Cost Sharing Amounts Medically Needy Individuals

Uploaded Form:

Date Uploaded:

G2b Cost Sharing Amounts - Medically Needy DRAFT 3 23 16

Support Documents

Document

Form G2c: Cost Sharing Amounts - Targeting

Form Description:

G2c - Cost Sharing Amounts - Targeting

Uploaded Form:

Date Uploaded:

G2c Cost Sharing - Targeting - 2016.pdf

Support Documents

Document

Form G3: Cost Sharing Limitations

Form Description:

G3, Cost Sharing Limitations

Uploaded Form:

Date Uploaded:

G3 Cost Sharing Limitation 2016 07 27 DRAFT.pdf

Support Documents

Document

Please provide a short description of this support document:
Current state plan Section 4 Page 56f that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name:

Date Uploaded:

Section 4 page 56f.docx

Please provide a short description of this support document:
Current state plan Section 4 Page 56e that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name:

Date Uploaded:

Section 4 page 56e.docx

Please provide a short description of this support document:
Current state plan Section 4.18-A Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name:

Date Uploaded:

Attachment 4.18-A-page 2-formatted.docx

Please provide a short description of this support document:

Document
<p>Current state plan Section 4.18-A Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Attachment 4.18-A-page 1-formatted.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4 Page 56a that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Section 4 page 56a.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4 Page 56d that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Section 4 page 56d.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4 Page 56c that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Section 4 page 56c.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4.18-C Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Attachment 4.18-C-Page 3-formatted.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4.18-C Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Attachment 4.18-C-page 1-formatted.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4.18-A Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Attachment 4.18-A-page 3-formatted.docx</p>
<p>Please provide a short description of this support document: Current state plan Section 4.18-C Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap. Uploaded Document Name: Date Uploaded:</p> <p>Attachment 4.18-C-page 2-formatted.docx</p>
<p>Please provide a short description of this support document:</p>

Document	
Current state plan Section 4 Page 55 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
Uploaded Document Name:	Date Uploaded:
Section 4 page 55.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 56 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
Uploaded Document Name:	Date Uploaded:
Section 4 page 56.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 54 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
Uploaded Document Name:	Date Uploaded:
Section 4 page 54.docx	

Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name: Michigan
 Transmittal Number: MI-16-0500

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: Michigan's original Tribal Notification letter dated October 22, 2013.

Document	
Uploaded Document Name:	Date Uploaded:
L-13-56 Tribal Notification Letter for Cost Sharing.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notificaiton letter dated June 24, 2014.	
Uploaded Document Name:	Date Uploaded:
L 14-24 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notification letter January 30, 2015.	
Uploaded Document Name:	Date Uploaded:
L_15-11_480362_7 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document:	
Uploaded Document Name:	Date Uploaded:
L 16-17 - Tribal Notification March 2016.pdf	

Indicate the key issues raised in Indian consultative activities:

- Access**
 - Summarize Comments**
 -
 - Summarize Response**
 -
- Quality**
 - Summarize Comments**
 -
 - Summarize Response**
 -
- Cost**
 - Summarize Comments**
 -
 - Summarize Response**
 -
- Payment methodology**
 - Summarize Comments**
 -
 - Summarize Response**
 -
- Eligibility**
 - Summarize Comments**

	<input type="text"/>	^ v
	Summarize Response	
	<input type="text"/>	^ v
<input type="checkbox"/>	Benefits	
	Summarize Comments	
	<input type="text"/>	^ v
	Summarize Response	
	<input type="text"/>	^ v
<input type="checkbox"/>	Service delivery	
	Summarize Comments	
	<input type="text"/>	^ v
	Summarize Response	
	<input type="text"/>	^ v
<input type="checkbox"/>	Other Issue	

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2017"/>	\$ <input type="text" value="300000.00"/>
Second Year	<input type="text" value="2018"/>	\$ <input type="text" value="400000.00"/>

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to exempt certain groups from Medicaid Copayment responsibilities. The original submission date was 12/30/13. In addition, the SPA addresses general cost sharing provisions. Note that the effective date for some provisions may be different from that proposed above and, if so, the date is noted within the template.

Changes are made in amendment 01 to template G2c to allow Michigan to target cost sharing amounts specific to those with Healthy Michigan Plan as of January 1, 2017.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Chris Priest, Director
Medical Services Administration
Michigan Department of Community Health

Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Aug 22, 2016
Submit Date:	Aug 22, 2016



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 16 - 0500

Expiration date: 10/31/2014

Cost Sharing Amounts - Targeting

G2c

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Yes

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

	Service	Amount	Dollars or Percentage	Unit	Explanation	
+	Physician Office Visits	4.00	\$	Visit	The average reimbursement for physician office visits is \$79	X
+	Podiatry	4.00	\$	Visit	The average reimbursement for a podiatry visit is \$59	X
+	Dental	4.00	\$	Visit	The average reimbursement for a dental visit is \$68	X
+	Vision	2.00	\$	Visit	The average reimbursement for a vision visit is \$23	X
+	Chiropractic	3.00	\$	Visit	The average reimbursement for a chiropractic visit is \$32	X
+	Inpatient Hospital Stay (with the exception of emergent admission)	100.00	\$	Entire Stay	The average reimbursement for an inpatient hospital stay is \$5,458	X
+	Outpatient Hospital Clinic Visit	4.00	\$	Visit	The average reimbursement for an outpatient hospital clinic visit is \$214	X
+	Hearing Aids	3.00	\$	Item	The average reimbursement per unit is \$654	X
+	Urgent Care Center	4.00	\$	Visit	The average reimbursement for a physician office visit (which is how urgent care center visits are classified) is \$79.	X
+	Emergency Room Visit for Non-Emergency Services	8.00	\$	Visit		X
+	Pharmacy- Preferred Drugs	4.00	\$	Prescription		X
+	Pharmacy- Non-Preferred Drugs	8.00	\$	Prescription		X

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

No



Medicaid Premiums and Cost Sharing

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

Remove Population

Add Population

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V 20140415



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

March 17, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Additional Information Regarding Proposed State Plan Amendment to Increase Copay Amounts

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment. Specifically, this letter provides updated information regarding planned increases to copay amounts for Healthy Michigan Plan beneficiaries.

Letter L 15-52, dated September 1, 2015, specified increases to copay amounts for Healthy Michigan Plan beneficiaries with incomes above 100% of the Federal Poverty Level through the use of a Section 1115 waiver amendment and related State Plan Amendment. In compliance with federal regulations, the increases in copay amounts will be limited to those with incomes above 100% of the Federal Poverty Level and the amounts are expected to be as follows: \$4 for physician office visits; \$4 for outpatient hospital clinic visits; \$8 for emergency room visits (for non-emergent services); \$100 for an inpatient hospital stay (non-emergent admissions); \$3 for chiropractic visits; \$4 for dental visits; \$4 for podiatric visits; \$4 for a preferred drug; \$8 for a non-preferred drug; and \$4 for an urgent care center visit. Hearing aids will remain \$3 per aid, and vision services will remain at \$2 per visit. Finally, these increases will be accomplished through the use of a State Plan Amendment only.

MDHHS anticipates this change will have minimal impact to Native American beneficiaries due to the regulatory limitations on cost-sharing for many of these individuals. The anticipated effective date of this change is expected to be no earlier than July 1, 2016, pending approval by the Centers for Medicare & Medicaid Services (CMS).

There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment is highly encouraged and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-373-4963 or via email at Elliott-EganL@michigan.gov. **Please provide all input by May 2, 2016.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this Amendment, according to the tribes' preference. This consultation meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

L 16-17
March 17, 2016
Page 2

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in cursive script that reads "Chris Priest".

Chris Priest, 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.
Keith Longie, Acting Area Director, Indian Health Service – Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 16-17
March 17, 2016**

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, 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. Warren C. Swartz, Jr., 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. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Donald MacDonald, Acting Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, 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, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Mr. Travis Parashonts, Chief Executive Officer, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Steve Pego, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive 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.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Order Confirmation**

Ad Order Number 0007613038

Customer

MICHIGAN DEPARTMENT OF HEALTH
 Account: 1000560354
 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

FAX:
 smithp2@michigan.gov

Payor Customer

MICHIGAN DEPARTMENT OF HEALTH
 Account: 1000560354
 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

PO Number

Sales Rep. Joseph Puplis
Order Taker Joseph Puplis
Order Source Phone
Special Pricing

Tear Sheets 1	Net Amount	\$1,225.44
Proofs 0	Tax Amount	\$0.00
Affidavits 0	Total Amount	\$1,225.44
Blind Box	Payment Method	Invoice
Promo Type	Payment Amount	\$0.00
Materials	Amount Due	\$1,225.44
Invoice Text INCREASE IN CO-PAYMENTS		

Ad Schedule

Product Saginaw News	Placement/Class Announcements
# Inserts 1	POS/Sub-Class Public Notices
Cost \$139.44	AdNumber 0007613038-01
Ad Type CLS Liner	Ad Size 1 X 83 li
Pick Up # 0007522690	Ad Attributes
External Ad #	Color <NONE>
Production Method AdBooker	Production Notes
Run Dates 03/27/2016	Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONINC

Product Flint Journal	Placement/Class Announcements
# Inserts 1	POS/Sub-Class Public Notices
Cost \$308.51	AdNumber 0007613038-01
Ad Type CLS Liner	Ad Size 1 X 83 li
Pick Up # 0007522690	Ad Attributes
External Ad #	Color <NONE>
Production Method AdBooker	Production Notes
Run Dates 03/27/2016	Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONINC

Product MLive.com	Placement/Class Announcements
# Inserts 1	POS/Sub-Class Public Notices
Cost \$110.76	AdNumber 0007613038-01
Ad Type CLS Liner	Ad Size 1 X 83 li
Pick Up # 0007522690	Ad Attributes
External Ad #	Color <NONE>
Production Method AdBooker	Production Notes
Run Dates 03/27/2016	Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONINC

<i>Product</i>	Grand Rapids Press	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$531.62	<i>AdNumber</i>	0007613038-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 83 li
<i>Pick Up #</i>	0007522690	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONINC	
03/27/2016			

<i>Product</i>	Kalamazoo Gazette	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$128.11	<i>AdNumber</i>	0007613038-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 83 li
<i>Pick Up #</i>	0007522690	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONINC	
03/27/2016			

0007613038-01

Ad Content Proof

PUBLIC NOTICE

**Michigan Department of
Health and Human
Services Medical Services
Administration**

**Increase in Co-payments
for Select Healthy
Michigan Plan
Beneficiaries**

The Michigan Department of Health and Human Services (MDHHS) is providing notice of its intent to submit a State Plan Amendment (SPA) to increase co-payments for select Healthy Michigan Plan beneficiaries. This increase is required pursuant to PA 84 of 2015. The proposed effective date of this increase is July 1, 2016, pending approval from the Centers for Medicare & Medicaid Services.

The co-payment increases in the proposed SPA would apply to Healthy Michigan Plan beneficiaries with incomes greater than 100% of the Federal Poverty Level. Services and populations that are exempt from cost-sharing under federal law, regulation or Medical Services Administration Policy will remain exempt. The increased co-pay amounts are as follows: \$4 for physician office visits; \$4 for outpatient hospital clinic visits; \$8 for emergency room visits (for non-emergent services); \$100 for an inpatient hospital stay (non-emergent admissions); \$3 for chiropractic visits; \$4 for dental visits; \$4 for podiatric visits; \$4 for a preferred drug; \$8 for a non-preferred drug; and \$4 for an urgent care center visit. Hearing aids will remain \$3 per aid, and vision services will remain at \$2 per visit. The expected annual aggregate savings associated with these increases is approximately \$400,000 per year.

The proposed SPA requires approval from the Centers for Medicare & Medicaid Services. Any interested party wishing to comment on changes may do so by submitting them in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30076, Lansing, MI 48906

Confidentiality Notice: This facsimile is intended only for its addressee and may contain information that is privileged, confidential or otherwise protected from disclosure. Dissemination, distribution or copying of this facsimile or the information by anyone other than the intended recipient is prohibited. If you have received this facsimile in error, please notify us immediately and return the facsimile by mail.

30479, Lansing MI 48909-7979 or e-mail MSADraftPolicy@michigan.gov. There is no public hearing scheduled.