

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 15 - 0015	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2016	

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

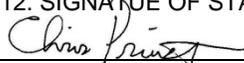
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0 b. FFY 2017 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-F, Pages 1,2,3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): New Attachment

10. SUBJECT OF AMENDMENT:  
Establish a premium section due to transition from MIChild to Medicaid Expansion.

11. GOVERNOR'S REVIEW (*Check One*):

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Chris Priest, Director Medical Services Administration
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Erin Black
13. TYPED NAME: Chris Priest	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: December 16, 2015	

**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 of MICHIGAN

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It should be noted that States can select one or more options in imposing premiums.

**A. For groups of individuals with family income at or below 100 percent of the FPL:**

1. Premiums

a. / No premiums will be imposed for individuals with family income at or below 100 percent of the FPL.

/ Other (specify the premium amounts by group and income level).

**B. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:**

1. Premiums

A  No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

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TN No. 15-0015

Approval Date: \_\_\_\_\_

Effective Date: 1/01/2016

Supersedes

TN No. NEW

**CMS-101090 (09/06)**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

**C. For groups of individuals with family income above 150 percent of the FPL:**

1. Premiums

- a. \_\_\_/ No premiums are imposed.
- b. **X/** Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family Income (including monthly or quarterly period)
CHIP funded Medicaid expansion children under 19 years of age whose income is between 160-212 percent of the Federal Poverty Level	\$10.00 per month per family	Modified Adjusted Gross Income (MAGI) method is applied when determining eligibility for this Medicaid expansion group

Attach a schedule of the premium amounts for the various eligibility groups.

**Not Applicable: The premium is set at \$10.00 per month per family.**

- b. Limitation:
  - The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

TN No. 15-0015

Approval Date: \_\_\_\_\_

Effective Date: 1/01/2016

Supersedes

TN No. NEW

**CMS-101090 (09/06)**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

c. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o);
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

d. Enforcement

1. \_\_\_/ Prepayment required for the following groups of individuals who are applying for Medicaid:

2. **X/ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid: Enrollees in CHIP funded Medicaid expansion program whose household income is between 160-212 per cent of the Federal Poverty Level**

3. \_\_\_/ Payment will be waived on case-by-case basis for undue hardship.

**D. Period of determining aggregate 5 percent cap**

Specify the period for which the 5 percent maximum would be applied.

\_\_\_/ Quarterly

\_\_\_/ Monthly

TN No. 15-0015

Approval Date: \_\_\_\_\_

Effective Date: 1/01/2016

Supersedes

TN No. NEW

**CMS-101090 (09/06)**



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

January 27, 2015

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE: Medicaid Expansion**

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 Community Health (MDCH) to submit a State Plan Amendment to expand Title XIX Medicaid to include children eligible for Title XXI MICHild.

Michigan initially informed the Tribal Chairs and Health Directors on November 5, 2014 that the State of Michigan would be pursuing an 1115 waiver amendment to expand Title XIX Medicaid to include children eligible for Title XXI MICHild. The State Plan Amendment allowing Title XIX Medicaid coverage to extend to include Title XXI MICHild will be submitted in place of the 1115 waiver amendment originally proposed.

The State Plan Amendment, as with the originally proposed waiver amendment, will bring the State of Michigan into compliance with the federal regulations requiring that beneficiaries have more than one health plan from which to choose in each county. All Medicaid rules will apply to the Medicaid expansion group, including coverage for non-emergency medical transportation. The expanded Medicaid group will continue to be comprised of uninsured children whose family income is between 160-212% of the Federal Poverty Level. Native Americans enrolled in the expanded Medicaid group will continue to be exempt from paying monthly premiums.

There is no public hearing scheduled for this State Plan Amendment. Input regarding this State Plan Amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to 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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by February 27, 2015.**

In addition, MDCH is offering to set up group or individual meetings for the purposes of consultation in order to discuss this State Plan 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 15-04  
January 27, 2015  
Page 2

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

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 15-04  
January 27, 2015**

Mr. Levi Carrick, Sr., 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. Donald Shalfoe Sr., 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  
Ms. Jessica Burger, Acting 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. 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.  
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDCH



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

June 23, 2015

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** MICHild Premium Payments

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as further notice to all Tribal Chairs and Health Directors regarding the State Plan Amendment(s) needed to expand Medicaid eligibility to include current MICHild beneficiaries. Tribal Notice L 15-04, dated January 27, 2015, informed all Tribal Leaders and Tribal Health Directors of the State of Michigan's intent to move all MICHild beneficiaries to a MICHild Medicaid Expansion program. Tribal Notice L 15-11, dated January 30, 2015, provided information about changes to Medicaid cost-sharing requirements for Native Americans consistent with federal requirements. This notice is to clarify the impact on Native American/Alaska Natives who are presently exempt from paying the \$10 monthly premium for their children's medical coverage under the current MICHild program.

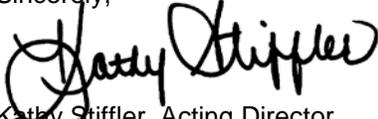
Consistent with Medicaid rules at 42 CFR 447.56(a)(1)(x), Native American/Alaska Natives enrolled in the MICHild Medicaid expansion program who are eligible to receive or have received an item or service furnished by an Indian health care provider or through referral under contract health services are exempt from premiums. In addition, Native American/Alaska Natives enrolled in the MICHild Medicaid expansion program who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services are exempt from all cost sharing.

Telephonic consultation regarding these State Plan Amendment(s) is scheduled to occur at 9:00 a.m. on June 26, 2015. The consultation will provide an overview and discussion of these State Plan Amendment(s). Contact information for participating in the telephonic consultation will be distributed in the near future. Input regarding these Amendment(s) is highly encouraged and comments regarding this Notice of Intent may be submitted to Brad Barron, MDHHS Liaison to the Michigan Tribes. Brad can be reached at 517-241-1286 or via email at [BarronB@michigan.gov](mailto:BarronB@michigan.gov). **Please provide all input by July 24, 2015.**

In addition, MDHHS is offering to set up additional group or individual meetings for the purposes of consultation in order to discuss these Amendment(s), 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 Brad Barron at the telephone number or email address provided above.

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

Sincerely,

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting 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, MDHHS  
Brad Barron, MDHHS

**Distribution List for L 15-39  
June 23, 2015**

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. 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. 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  
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Mr. Travis Parashonts, Chief Executive Officer, Nottawaseppi Huron Band of Potawatomi Indians  
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CC: Leslie Campbell, Region V, CMS  
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Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS  
Brad Barron, MDHHS



# Order Confirmation

Ad Order Number 0007430524

**Customer****MICHIGAN DEPARTMENT OF HEALTH**

Account: 1000734123

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

235 S GRAND AVE, PO BOX 30037

LANSING MI 48909 USA

(855)275-6424

FAX:

**Payor Customer****MICHIGAN DEPARTMENT OF HEALTH**

Account: 1000734123

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

235 S GRAND AVE, PO BOX 30037

LANSING MI 48909 USA

(855)275-6424

PO Number

Sales Rep. jpuplis

Order Taker jpuplis

Order Source Phone

Special Pricing

Tear Sheets	1	Net Amount	\$1,619.16
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$1,619.16
Blind Box		Payment Method	Invoice
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$1,619.16
Invoice Text	COST SHARING UPDATES		

## Ad Schedule

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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO	
		09/29/2015	

Product	Flint Journal	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices - Public Notices
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Ad Type	CLS Liner	Ad Size	1 X 153 li
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO	
		09/29/2015	

Product	Kalamazoo Gazette	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices - Public Notices
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Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO	
		09/29/2015	

*Product* Saginaw News

*Placement/Class* Announcements

*# Inserts* 1

*POS/Sub-Class* Public Notices - Public Notices

*Cost* \$258.72

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*Ad Type* CLS Liner

*Ad Size* 1 X 153 li

*Pick Up #* 0007419615

*Ad Attributes*

*External Ad #*

*Color* <NONE>

*Production Method* AdBooker

*Production Notes*

*Run Dates* *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO  
09/29/2015

Ad Content Proof**PUBLIC NOTICE  
Michigan Department  
of Health and Human  
Services  
Medical Services  
Administration****Cost Sharing Updates and  
MICHild Transition  
Information**

Consistent with 42 CFR § 447.57, the Michigan Department of Health and Human Services (MDHHS) is providing additional information on cost-sharing in the Medicaid and MICHild programs. MDHHS is also providing notice of the relevant waiver renewals, initial waiver requests and State Plan Amendments (SPAs) necessary to transition the State's existing MICHild program into a proposed MICHild Medicaid expansion program.

MDHHS plans to transition the current MICHild program to a MICHild Medicaid expansion program on January 1, 2016. This requires MDHHS to submit renewal applications for the Comprehensive Health Care Program Waiver and the Healthy Kids Dental Waiver that incorporate this new population. The state also plans to request a waiver of Section 1902(e)(14)(A) of the Social Security Act as needed to smoothly transition current MICHild beneficiaries.

SPAs affecting Medicaid and MICHild eligibility requirements and cost-sharing are also needed to transition this population. Eligibility requirements for MICHild will not change, and MICHild families will continue to pay a premium of \$10 per family per month regardless of the number of children enrolled, consistent with Medicaid rules regarding cost-sharing. There will be no copays in MICHild, and beneficiaries may still be disenrolled for failure to pay premiums.

The cost-sharing SPA also includes other financial requirements applicable to the Medicaid program, including co-pay amounts and any exemptions. Co-pay amounts for services include: \$2 for physician office visits; \$1 for outpatient hospital clinic visits; \$2 for emergency

visits; \$5 for emergency room visits (for non-emergent services); \$50 for an inpatient hospital stay (non-emergent); \$1 for chiropractic visits; \$3 for dental visits; \$2 for podiatric visits; \$2 for vision visits; \$3 for a hearing aid; \$1 for a preferred drug; \$3 for a non-preferred drug; and \$2 for an urgent care center visit. Copay amounts are not changing.

In addition, starting on January 1, 2016, Medicaid cost-sharing (which includes premiums, copays, co-insurance and deductibles) incurred by individuals in a Medicaid household may not exceed an aggregate limit of 5% of family income, applied on a quarterly basis. Eligibility for cost sharing for Native Americans and Alaska Natives will be determined as required by 42 CFR §447.56(a)(1)(x), using the information provided on the Application for Health Care Coverage starting on October 1, 2015. Specifically, Native Americans and Alaska Natives who are receiving or who have ever received an item or service furnished by an Indian health care provider or through referral under contract services will be exempt from all cost sharing. However, Native Americans and Alaska Natives who are eligible for, but have never received, an item or service furnished by an Indian health care provider or through referral under contract services will only be exempt from premiums.

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