

Bulletin Number: MMP 23-71

Distribution: All Providers

Issued: November 30, 2023

Subject: Healthy Michigan Plan Program Changes

Effective: January 1, 2024

Programs Affected: Healthy Michigan Plan

The Michigan Department of Health and Human Services (MDHHS) will be making changes to certain Healthy Michigan Plan (HMP) program requirements for Medicaid beneficiaries who have HMP coverage. This bulletin provides information regarding changes to HMP cost sharing and the Healthy Behavior requirements which are effective January 1, 2024. These changes are being implemented in compliance with Public Act 98 of 2023 and Public Act 99 of 2023.

Medicaid beneficiaries who have Healthy Michigan Plan coverage will not experience any changes to their eligibility, healthcare coverage, or reductions in their benefits.

Cost Sharing Changes

1. Beginning January 1, 2024, the Healthy Michigan Plan will implement updated beneficiary copayment obligations. Copayments may be required and due at the point of service for beneficiaries aged 21 years and older. Beneficiary copayment requirements are outlined in the Billing Beneficiaries section of the General Information for Providers chapter within the [MDHHS Medicaid Provider Manual](#). The updated Healthy Michigan Plan copayment requirements are listed in the table below.

Table 1: Co-pays for Healthcare Services

Covered Services	Co-pay
Pharmacy Generic/Preferred Brand products	\$1
Chiropractic Visits	\$1
Doctor's Office or Urgent Care Visit	\$2
Outpatient Hospital Clinic Visit	\$2
Podiatric Visits	\$2
Vision Visit	\$2
Emergency Room Visit (only for non-emergencies)	\$3
Pharmacy Brand/Non-Preferred products	\$3

Covered Services	Co-pay
Dental Visits	\$3
Hearing Aids (per aid)	\$3
Inpatient Hospital Stay (except for emergent admissions)	\$50

- MI Health Accounts, MI Health Account fees, and related quarterly statements are being discontinued. Beneficiaries will no longer use the MI Health Account to pay their required cost sharing. When a health care service is subject to a copayment amount, HMP beneficiaries will pay at the point of service.

The Policy and Operational Process Document: MI Health Account Co-Pays and Fees for HMP Beneficiaries is being discontinued January 1, 2024. This includes the procedure for state tax and lottery offsets associated with nonpayment of amounts owed to the MI Health Account.

- HMP program copayment exceptions for services related to chronic conditions are being discontinued. HMP copayment requirements will now be consistent with general Medicaid copayment requirements and exemptions outlined in the General Information for Providers Chapter of the [MDHHS Medicaid Provider Manual](#). A list of current copayments and copayment exemptions is available on the MDHHS website at www.michigan.gov/healthymichiganplan >> Healthy Michigan Plan Provider Information >> Co-Pay Information.
- Cost sharing exemptions for medically frail individuals will be discontinued. The Policy and Operational Process Document: Identification of Medically Frail Beneficiaries is being discontinued on January 1, 2024.

Healthy Behaviors Changes

The Policy and Operational Process Document: Healthy Behavior Requirements is being discontinued January 1, 2024. While HMP beneficiaries are encouraged to identify and implement healthy behaviors in collaboration with their health care providers, they will no longer be required nor incentivized to complete an annual Health Risk Assessment or other specified healthy behavior activities through the MI Health Account.

MDHHS will be working collaboratively with the HMP Medicaid Health Plans to create financial incentives for enrollees who demonstrate improved health outcomes, practice healthy behaviors, or complete screenings or procedures that improve health outcomes.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Meghan Vanderstelt at VandersteltM1@michigan.gov.

Please include "Healthy Michigan Plan Program Changes" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Meghan E. Groen, Director
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