



# Bulletin

## Michigan Department of Health and Human Services

**Bulletin Number:** MSA 17-02

**Distribution:** All Providers

**Issued:** February 1, 2017

**Subject:** Healthy Michigan Plan Co-Pay Increases

**Effective:** April 1, 2017

**Programs Affected:** Healthy Michigan Plan

This bulletin serves as notice of an increase to certain co-pay amounts for select Healthy Michigan Plan beneficiaries. This increase is required in accordance with Public Act (PA) 268 of 2016. For dates of service on or after April 1, 2017, co-pays for Healthy Michigan Plan beneficiaries will vary based on income as follows:

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"> <li>• Co-payment ONLY applies to non-emergency services</li> <li>• There is no co-payment for true emergency services</li> </ul>	\$ 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

Providers are currently directed to check beneficiary eligibility using the Community Health Automated Medicaid Processing System (CHAMPS) at the time of every service. Beginning on April 1, 2017, the eligibility response within CHAMPS will provide the tiered co-pay amounts applicable to the beneficiary.

Consistent with existing policy, Healthy Michigan Plan beneficiaries enrolled in a health plan are not responsible for co-pays at the point of service as long as the service is covered by the health plan. These co-pays will be collected through the MI Health Account, as applicable. However, services provided to Healthy Michigan Plan health plan enrollees that are not covered by the beneficiary's health plan may be subject to co-pays at the point of service, subject to existing policy requirements and the tiered co-pay amounts described above. Finally, Healthy Michigan Plan members not enrolled in managed care will be subject to co-pays at the point of service, subject to existing policy requirements and the tiered co-pay amounts described above.

Services and populations that are currently exempt from co-pays will remain exempt. Healthy Michigan Plan beneficiaries affected by this increase will receive notice from the Michigan Department of Health and Human Services (MDHHS) informing them of the revised co-pay amounts.

In addition, consistent with the above and letter L 14-52, revisions have been made to the document entitled "Information About Healthy Michigan Plan Co-Pays." This updated informational co-pay document will be available online at [www.michigan.gov/healthymichiganplan](http://www.michigan.gov/healthymichiganplan). Healthy Michigan Plan beneficiaries enrolled in Medicaid health plans are still required to receive information on potential co-pays at the point of service. The Medicaid Health Plans will continue to be responsible for ensuring that all of their network providers comply with this notice provision, which is required by CMS as part of the Healthy Michigan Plan Waiver.

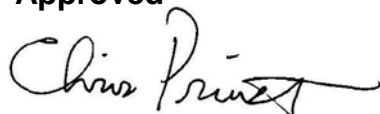
## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan 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-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## **Approved**



Chris Priest, Director  
Medical Services Administration