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State/Territory Name: **Michigan**

State Plan Amendment (SPA)#: **20-0501**

This file contains the following documents in the order listed

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- 2) CMS 179 Like Document from MMDL
- 3) Approved SPA Pages from MMDL

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

July 12, 2020

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 20-0501

Dear Ms. Massey:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #20-0501 Effective Date: 4/1/2020
Approval Date: 7/6/2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at (312) 353-1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Erin Black, MDHHS

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.

MI-20-0501

Proposed Effective Date

04/01/2020

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2020

\$ 0.00

Second Year

2021

\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to update G2a and G2c templates to make a technical clarification to pharmacy copay limits made in SPA 18-0500 and SPA 20-0500. The original submission date was 12/30/13. The original State Plan

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:

Kate Massey, Director
Medical Services Administration

Signature of State Agency Official

Submitted By:

Erin Black

Last Revision Date:

Jun 29, 2020

Submit Date:

Jun 18, 2020



Medicaid Premiums and Cost Sharing

State Name: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI -20 -0501

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Yes

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Physician Office Visit	2.00		Visit		Remove
Add	Outpatient Hospital Clinic Visit	2.00		Visit		Remove
Add	Emergency Room Visit for Non-Emergency Service	3.00		Visit		Remove
Add	Inpatient Hospital Stay	50.00		Entire Stay	No co-payment for emergent admissions.	Remove
Add	Chiropractic Visit	1.00		Visit		Remove
Add	Dental Visit	3.00		Visit		Remove
Add	Podiatric Visit	2.00		Visit		Remove
Add	Vision Visit	2.00		Visit		Remove
Add	Hearing Aids	3.00		Item		Remove
Add	Pharmacy, Preferred	1.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. NO COPAYMENT ON PRODUCTS USED TO TREAT SUBSTANCE USE DISORDER, INCLUDING TOBACCO USE DISORDER, EFFECTIVE APRIL 1, 2020.	Remove
Add	Pharmacy, Non-Preferred Drug	3.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. NO COPAYMENT ON PRODUCTS USED TO TREAT SUBSTANCE USE DISORDER, INCLUDING TOBACCO USE DISORDER, EFFECTIVE APRIL 1, 2020.	Remove
Add	Urgent Care Center	2.00		Visit		Remove



Medicaid Premiums and Cost Sharing

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service
or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

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

If the state charges cost sharing for non-preferred drugs (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 (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

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.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 20 - 0501

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.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

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



Medicaid Premiums and Cost Sharing

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Pharmacy- Preferred Drugs	4.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. NO COPAYMENT ON PRODUCTS USED TO TREAT SUBSTANCE USE DISORDER, INCLUDING TOBACCO USE DISORDER, EFFECTIVE APRIL 1, 2020.	Remove
Add	Pharmacy- Non-Preferred Drugs	8.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. NO COPAYMENT ON PRODUCTS USED TO TREAT SUBSTANCE USE DISORDER, INCLUDING TOBACCO USE DISORDER, EFFECTIVE APRIL 1, 2020.	Remove

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

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



Medicaid Premiums and Cost Sharing

PRA Disclosure Statement

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