

September 29, 2021

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Pharmacy Provider:

RE: Erroneous Copay Responsibility Amounts – Claims must be rebilled

The purpose of this letter is to notify you that due to unanticipated systems issues, some Michigan Department of Health & Human Services (MDHHS) program beneficiaries were assessed a copay responsibility amount in error for Fee-for-Service pharmacy prescriptions filled during January, February, or March of 2021.

The affected prescription claims must be rebilled so they are repriced correctly. The rebilling will result in an increase in payment to the pharmacy equal to the previous copay responsibility amount, with the copay responsibility amount similarly adjusted to \$0.00. MDHHS will provide affected pharmacies a list of prescriptions via a separate email/fax.

Affected beneficiaries will be notified that their pharmacy should refund them any copay amounts collected during January, February, or March of 2021. Enclosed is a copy of the notice MDHHS will send to affected beneficiaries.

To ensure pharmacies have the ability to reconcile related remittance advices, pharmacies should rebill the affected claims by December 1, 2021. After this date, MDHHS will reprocess affected claims that have not been rebilled by the pharmacy. **Pharmacies must refund any copays previously collected in error, regardless of whether the claims are rebilled by the pharmacy or MDHHS.**

Questions regarding this letter or requests for your pharmacy's list of affected claims can be directed to MDHHSPharmacyServices@michigan.gov or by calling Provider Support at 1-800-292-2550.

Thank you for your commitment to providing quality care to Michigan's citizens.

Sincerely,

A handwritten signature in dark ink, appearing to read 'K. Massey', followed by a long horizontal flourish.

Kate Massey, Director
Medical Services Administration

Enclosure

INSERT DATE

BENEFICIARY FIRST NAME BENEFICIARY LAST NAME
ADDRESS
ADDRESS LINE 2
CITY STATE, ZIP CODE ZIP PLUS 4

Dear BENEFICIARY FIRST NAME BENEFICIARY LAST NAME:

Re: January Copay Issue

You picked up one or more medications in January, February or March 2021 from the pharmacy(s) below:

<PHARMACY NAME 1> <PHARMACY NAME 2> <PHARMACY NAME 3>

You may have been charged a copay in error. If you paid a copay, please check with your pharmacy to find out if you should get a refund.

If you have questions about this, you can call the Beneficiary Help Line 1-800-642-3195.

Sincerely

Michigan Department of Health and Human Services

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 800-642-3195 (TTY 866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY 866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-642-3195 (رقم هاتف الصم والبكم: 866-501-5656).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 請致電 800-642-3195（TTY 866-501-5656）
Syriac (Assyrian)	ܐܬܢܝܘܢ: ܟܝܢ ܕܥܡܪܝܢܐ ܕܚܝܬܝܬܐ ܠܥܬܝܢܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ 800-642-3195 (TTY 866-501-5656) ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ ܕܥܝܬܝܬܐ
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-642-3195 (TTY 866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-642-3195 (TTY 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-642-3195 (TTY 866-501-5656)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ 800-642-3195 (TTY ১ 866-501-5656).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-642-3195 (TTY 866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-642-3195 (TTY 866-501-5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-642-3195 (TTY 866-501-5656).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-642-3195（TTY 866-501-5656）まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-642-3195 (телетайп 866-501-5656).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-642-3195 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 866-501-5656).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-642-3195 (TTY 866-501-5656).

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
PO Box 30195
Lansing, MI 48909

517-284-1018 (Main), [TTY number—if covered entity has one], 517-335-6146 (Fax), [Email]

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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MDHHS is an equal opportunity provider.