Medicaid Premiums and Cost Sharing

Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: **Michigan**

Transmittal Number: **MI-23-0500**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MI Cost Sharing - Copay and Premium Reference Updates (23-0500)

PDFs superseded by this SPA (Include Transmittal Number):

20-0501
20-0500

Description:

This State Plan Amendment (SPA) is being submitted to modify G2c and G3 templates to eliminate the Healthy Michigan Plan (HMP) Copay Tier and modify cost sharing limitation language to remove HMP reference.

Public Notice and Comment:

☑ **Public notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c).**

Indicate how the public notice was issued and public comment was solicited:

- ☑ **Newspaper Announcement (in newspapers with wide circulation)**

Newspaper	

- ☐ **Formal notice and comment in accordance with the state's administrative procedures**

  Date of Publication:

  (mm/dd/yyyy)

- ☐ **Agency Website Notice**
- ☐ **Public Hearing or Meeting**
- ☐ **Media specifically designed to reach racial, ethnic and linguistic minorities**
- ☐ **Other method**

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document	
Uploaded Document Name:	**Date Uploaded:**
HMP Copayments - Saginaw News.pdf	

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

No comments were received.

Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: **Michigan**

Transmittal Number: **MI-23-0500**

Type of SPA	Form Code	Form Name/Description	Uploaded?	
Cost Sharing	G1	Cost Sharing Requirements	no	
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	no	

Type of SPA	Form Code	Form Name/Description	Uploaded?	
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	no	
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	yes	
Cost Sharing	G3	Cost Sharing Limitations	yes	

Medicaid Premiums and Cost Sharing: File Management Detail

Form G1: Cost Sharing Requirements

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form G2a: Cost Sharing Amounts - Categorically Needy Individuals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form G2b: Cost Sharing Amounts - Medically Needy Individuals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form G2c: Cost Sharing Amounts - Targeting

Form Description:

G2c Cost Sharing - Targeting

Uploaded Form:

Date Uploaded:

G2c Cost Sharing - Targeting 11-15-23 Eliminate HMP Higher Copay

Support Documents

Document

Form G3: Cost Sharing Limitations

Form Description:

G3 Cost Sharing Limitation

Uploaded Form:

Date Uploaded:

G3 Cost Sharing Limitation 11-15-23 Eliminate Premium HMP Refer

Support Documents

Document

Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name: **Michigan**

Transmittal Number: **MI-23-0500**

☑ **One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.**

☐ **This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**

☑ **The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. ***States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:***

☐ **Indian Tribes**

☐ **Indian Health Programs**

☐ **Urban Indian Organization**

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: Michigan Tribal Notification letter October 23, 2023 **Uploaded Document Name:** **Date Uploaded:**

Document
L 23-66.pdf

Indicate the key issues raised in Indian consultative activities:

- [ ] **Access**

Summarize Comments

Summarize Response

- [ ] **Quality**

Summarize Comments

Summarize Response

- [ ] **Cost**

Summarize Comments

Summarize Response

- [ ] **Payment methodology**

Summarize Comments

Summarize Response

- [ ] **Eligibility**

Summarize Comments

Summarize Response

- [ ] **Benefits**

Summarize Comments

Summarize Response

- [ ] **Service delivery**

Summarize Comments

Summarize Response

- [ ] **Other Issue**

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Michigan**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

MI-23-0500

Proposed Effective Date

01/01/2024 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	$ 0.00
Second Year	2025	$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to update G2c and G3 templates to eliminate the HMP copay tier and modify the cost sharing limitation language to remove the HMP references.

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:

Meghan Groen, Director
Behavioral and Physical Health and Aging Services Administration

Signature of State Agency Official

Submitted By:	**Erin Black**
Last Revision Date:	**Dec 22, 2023**
Submit Date:	**Dec 22, 2023**

Medicaid Premiums and Cost Sharing

State Name: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI - 23 - 0500

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.	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: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI - 23 - 0500

Expiration date: 10/31/2014

Cost Sharing Limitations G3

42 CFR 447.56
1916
1916A

☑ The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

Exemptions

Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

■ Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).

■ Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:

- ■ 133% FPL; and
- ■ If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.

■ Disabled or blind individuals under age 18 eligible for the following eligibility groups:

- ■ SSI Beneficiaries (42 CFR 435.120).
- ■ Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
- ■ Individuals Receiving Mandatory State Supplements (42 CFR 435.130).

■ Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.

■ Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).

■ Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.

■ Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.

■ An individual receiving hospice care, as defined in section 1905(o) of the Act.

■ Indians 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.

■ Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).

Groups of Individuals - Optional Exemptions

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over. Yes

Indicate below the age of the exemption:

- ○ Under age 19
- ○ Under age 20
- ○ Under age 21
- ◉ Other reasonable category

Description:

• The state elects to exempt individuals under the age of 21 from cost sharing.

• The State elects to exempt individuals dually eligible for Medicaid and Children's Special Health Care Services from cost-sharing. Individuals age 21 and over may be covered by this exemption due to their complex, chronic health conditions.

NOTE: The exemption for Native American/Alaska Natives is effective 10/1/15. The exemption for individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group is effective 1/1/14.

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs. No

Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- ■ Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- ■ Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- ■ Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- ■ Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specificially identified in the state plan as not being related to pregnancy.
- ■ Provider-preventable services as defined in 42 CFR 447.26(b).

Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- [■] To identify that American Indians/Alaskan Natives (AI/AN) 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 in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:
  - [☒] The state accepts self-attestation
  - [ ] The state runs periodic claims reviews
  - [ ] The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
  - [☒] The Eligibility and Enrollment and MMIS systems flag exempt recipients
  - [ ] Other procedure

  Additional description of procedures used is provided below (optional):

  The State accepts self-attestation as part of the application process. The application for health care coverage asks American Indian/Alaska Natives sufficient information to determine whether the regulatory exemptions apply.

- [■] To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):
  - [☒] The MMIS system flags recipients who are exempt
  - [☒] The Eligibility and Enrollment System flags recipients who are exempt
  - [ ] The Medicaid card indicates if beneficiary is exempt
  - [☒] The Eligibility Verification System notifies providers when a beneficiary is exempt
  - [ ] Other procedure

  Additional description of procedures used is provided below (optional):

Payments to Providers

- [☑] The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid. Yes

- [☑] The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

Medicaid Premiums and Cost Sharing

Aggregate Limits

☑ Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

■ The percentage of family income used for the aggregate limit is:

- ◉ 5%
- ○ 4%
- ○ 3%
- ○ 2%
- ○ 1%
- ○ Other: [ ] %

■ The state calculates family income for the purpose of the aggregate limit on the following basis:

- ◉ Quarterly
- ○ Monthly

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation. Yes

■ Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

☐ As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

☐ Managed care organization(s) track each family's incurred cost sharing, as follows:

☒ Other process:

Effective 1/1/16, the State's MMIS system is responsible for tracking incurred premiums and cost-sharing toward the family's aggregate limit as claims are adjudicated and other premiums and cost-sharing are incurred. This includes cost-sharing associated the adjudication (and attendant tracking) of Fee-for-Service claims and the exchange of information with other vendors, such as the State's Pharmacy Benefits Manager, regarding costs incurred. Once the limit is met, the MMIS system will indicate as such and notification will occur as described below.

NOTE: MIChild premiums may only be charged to families between 160% and 212% of the FPL and there are no co-payments. The only other eligibility group within this FPL range in the State is for pregnant women. The State does not charge premiums to pregnant women and pregnancy related services have no copays. Therefore, the State anticipates the only Medicaid cost sharing in a CHIP household would be the $10 per family per month premium, and is not tracking of the 5% aggregate limit for CHIP households.

☑ Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

Notice #1: New Beneficiaries

The State will provide an initial written notice to affected beneficiaries who are newly eligible. This notice will describe the quarterly aggregate limit and how it impacts the cost-sharing incurred by their household, and will include an estimated quarterly aggregate limit for the upcoming year. This notice will also explain that beneficiaries are not responsible for tracking costs and will inform them that once the aggregate limit is met, they are no longer subject to cost-sharing for the remainder of the relevant quarter. Finally, this notice will inform beneficiaries of the range of options they may use to access or receive the most up to date information on the quarterly cap amount, progress toward that cap and any modifications to the amount, so that they can select the option that works best for them. The options for beneficiaries to choose from include the following:

(1) Toll-free telephone access to this information through the State's beneficiary helpline. This includes an option for individuals who are hearing impaired. (2) Online (or smartphone) access as part of the State's innovative beneficiary portal. The myHealthButton is a mobile application that can be used from a smartphone and the myHealthPortal is an online application that can be used from any device with internet access. These applications allow members to access information about their health care benefits and services, including cost-sharing information, with email notifications tied to when the cost-sharing limit is met.

Beneficiaries are also informed that providers will have cost-sharing information available at the point of service to ensure that charges are not incurred in excess of the limit. Finally, this notice provides information on the beneficiary's right to request a reassessment of the aggregate limit.

Notice #2: Existing Beneficiaries

Affected beneficiaries will be provided written notice on an annual basis. This notice will include an estimated quarterly aggregate limit for the upcoming year. If a beneficiary has met his or her aggregate limit at any time in the past year, this will also be included on the notice. The notice will remind beneficiaries of the options for accessing the most up to date information regarding their quarterly cap amount, including calls to the State's beneficiary help line prior to accessing health care if they choose. The options available are described in Notice #1.

Cost-sharing information will be available to providers in the State's MMIS system. Once the aggregate limit is reached, an indicator will appear in the State's MMIS system that beneficiaries will be exempt from cost-sharing for the remainder of the quarter. Providers will also be able to notify beneficiaries that this cost-sharing has been met, and the State's contracted health plans will also receive cost-sharing information.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period. Yes

Describe the appeals process used:

The State has a process in place for beneficiary complaints and requests for further review. Beneficiaries who believe that they have incurred cost sharing in excess of the aggregate limit will be entitled to utilize this process as appropriate.

☑ Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

Providers will be responsible for facilitating any refunds for beneficiaries who have exceeded the aggregate limit for the quarter. The remittance advice will inform the provider whether or not a copay was ultimately deducted from the payment amount at the time of adjudication, and direct the provider to refund the beneficiary when appropriate.

☑ Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

Beneficiaries will follow the existing process as described above. Beneficiaries are currently obligated to report changes in income, household and several other circumstances, and may do so online, in person or by phone. The State's MMIS system will also recalculate the aggregate limit in response to reported changes impacting that limit and adjust the cost-sharing indicator as appropriate.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).	No

PRA Disclosure Statement

V.20140415

Classified

ANNOUNCEMENTS Bands/Music, Lost & Found, Personals
MERCHANDISE Antiques, Appliances, Garage Sales
FINANCIAL Investments, Stocks, Money to Loan
PETS & FARMS Dirt & Gravel, Farm Equipment, Livestock & Feed
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EMPLOYMENT Jobs, General Help, Services
REAL ESTATE Homes for Sale, Apartment, Commercial
BARGAIN CORNER Business Bargains, Items $1,000 or Less Wanted to Buy

ANNOUNCEMENTS

Public Notices

STATE OF MICHIGAN
10TH JUDICIAL CIRCUIT
FAMILY DIVISION
SAGINAW COUNTY
PUBLICATION OF HEARING
CASE NO. 23-100-NA

TO: BRYAN ROBERT HELVIE AND/OR MOLLY KATHLEEN SHANNON

In the Matter of SHILOH LEE SHANNON

A hearing regarding termination of parental rights will be conducted by the court on 12/20/2023 at 9am in the 10th JUDICIAL CIRCUIT, FAMILY DIVISION, 3360 HOSPITAL RD, SAGINAW, MI 48603, 989-799-2821 before Hon. Barbara L. Meter. This hearing may result in the termination of your parental rights. You have the right to an attorney. there is no right to a jury at this hearing. IT IS THEREFORE ORDERED that Bryan Robert Helvie / Molly Kathleen Shannon personally appear before the court at the time and place stated above.
Nov. 12, 2023

Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

Updates to the Healthy Michigan Plan Co-payments and Premiums

The Michigan Department of Health and Human Services (MDHHS) is providing notice of its intent to submit a State Plan Amendment (SPA) to update the Medicaid State Plan to reflect modifications in the cost sharing requirements for individuals enrolled in the Healthy Michigan Plan (HMP). This change is part of a broader package of changes to HMP, which was previously authorized through a Section 1115 Demonstration that will expire on December 31, 2023. The proposed effective date of the SPA is January 1, 2024, pending approval from the Centers for Medicare & Medicaid Services. Beneficiaries enrolled in the Healthy Michigan Plan will not experience any disruptions in their care or reductions in their benefits, however, the following cost sharing provisions will be changing.

Co-payments for services provided to HMP beneficiaries with incomes over 100 percent of the Federal Poverty Level (FPL) will be reduced to align with the cost sharing requirements currently in place for other Medicaid groups, including HMP beneficiaries with incomes up to 100 percent FPL.

Starting January 1, 2024, the following co-payment amounts may be charged to all HMP eligible beneficiaries regardless of income:

- Physician Office Visits: $2
- Outpatient Hospital Visit: $2
- Emergency Room Visit for Non-Emergency Service: $3
- Inpatient Hospital Stay: $50
- Pharmacy:
  o$ 1 – generic/preferred brands
  o$ 3 - brand/non-preferred brands
- Chiropractic Visit: $1
- Dental Visit: $3
- Hearing Aid: $3 per aid
- Podiatric Visit: $2
- Vision Visit: $2
- Urgent Care Center Visit: $2

These amounts will generally be collected by the provider at the time a service is provided. Medicaid Managed Care Plans do have the flexibility to waive the above co-payment amounts from their enrolled beneficiaries.

Previously under HMP, beneficiaries with annual incomes over 100% of the FPL were required to pay premiums (also known as MI Health Account [MIHA] fees). Effective January 1, 2024, MDHHS will no longer assess premiums (MIHA fees) for individuals enrolled in HMP.

These changes are estimated to be budget neutral as the loss of revenue will be offset by savings associated with administering the collection of those fees.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to MSADraftPolicy@michigan.gov or submitting a request in writing to: MDHHS/ Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by November 30, 2023. A copy of the proposed State Plan Amendment will also be available for review at : https:// www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/ state-plan-amendments.

MERCHANDISE

Antiques, Art & Collectibles

Collectible Toy Show
Sat. Nov, 25th, 9AM-2PM.
Kalamazoo Fairgrounds,
2900 Lake St. Tables/info.
262-366-1314

Free Older Items
Small, Wood Entertainment Center, Leather Dark Grey Sofa & Love Seat, Cream China Cabinet, Excercise Bike & Strider, Small Sleeper Sofa, Cream Whirlpool Fridge, Kenmore Washer & Dryer, JVC 36in TV. Buyer Responsible For Moving & Pickup. 616-308-4627

Auctions & Auctioneers

REPOSSESSED VEHICLE SALE
Monday, Nov. 13, 2023.
AMERICAN AUTO GROUP LLC

2009 Yukon
2007 Yukon
2003 Escalade
2010 Ram
2007 F150
2015 Malibu

Bidder Registration & Vehicle Inspection 9:30-10
Bids Due in at 10 AM
vehicles sold as is no warranty. CASH ONLY auction with reserve; requires a creditcard to register as a bidder.

Household Goods

New Mattress* Simmons Beauty Rest Deep Sleep Queen Size. Paid $800, Box Springs & Frame, Will Sell For $600 For All. Call (517) 425-0569.

PETS & FARMS

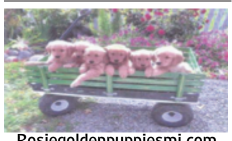
German Short Hair Pointer Pups. Excellent pedigree Reasonably Priced Shoemaker Kennel 517-315-8505

Micro Golden Doodle Puppies Shots, Dewormed & Vet Checked.
Call Karen
989-426-3866 or 989-965-4278

MINI RED GOLDEN DOODLE PUPPIES- Ready for loving arms and forever homes, born 8/18/23, 3 girls 1 boy, parents are board cert. in hips, elbows, eyes & heart. Embark DNA approved, 1-year health guarantee, boxed trained & bell trained. Go to rivercitydoodles.com
616-459-8544, 616-309-7495

Pets & Supplies

CavaPoo Puppies-
Non Shedding, Friendly, Cute & Fluffy. First Shots & Dewormed. $375-$550
231-825-8212



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BUSINESS directory

A convenient list of local service providers

To advertise your business in this directory call Brenda Sardison at 877-366-0048 or bsardison@mlive.com
MAKE SURE YOU MENTION TO YOUR SERVICE PROVIDER YOU SAW THEM HERE

Roofing & Siding

STOP CLEANING YOUR GUTTERS
Top rated Canadian gutter topper.
We'll clean & tighten existing gutter
Before install. Reasonable installment.
Also Roofing, siding and thermo windows
30 years experience * 20% senior discount
Call JOHN 989-522-4565
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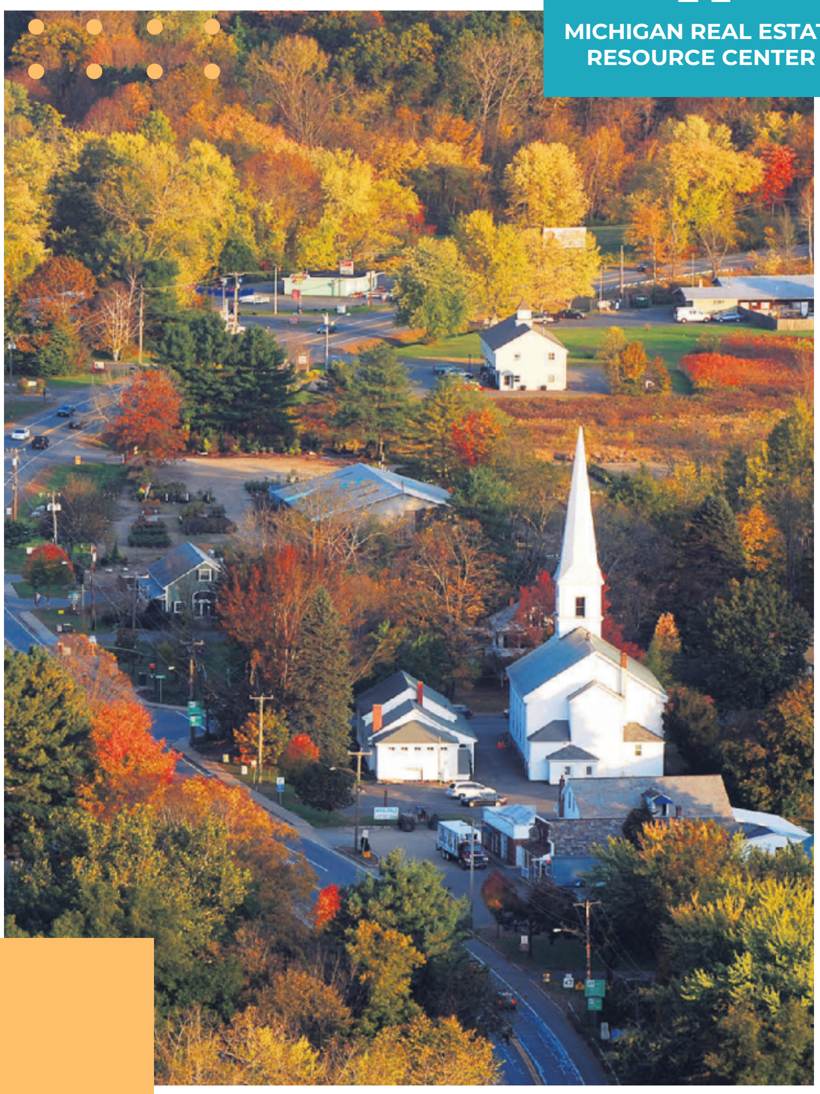
Gutters



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

October 23, 2023

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment (SPA) Request to Update Healthy Michigan Plan Cost Sharing Requirements

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA is to update the Medicaid State Plan to reflect modifications in the cost sharing requirements for individuals enrolled in the Healthy Michigan Plan (HMP). This change is part of a broader package of changes to HMP, which was previously authorized through a Section 1115 Demonstration that will expire on December 31, 2023.

Beneficiaries enrolled in HMP will not experience any disruptions in their care or reductions in their benefits; however, the following cost sharing provisions will change.

Co-payments

A co-payment is an amount of money owed to a health care provider for Medicaid covered services that a beneficiary receives. Co-payments for services provided to HMP beneficiaries with incomes over 100 percent of the Federal Poverty Level (FPL) will be reduced to align with the cost sharing requirements currently in place for other Medicaid groups, including HMP beneficiaries with incomes up to 100 percent FPL.

Starting January 1, 2024, the following co-payments amounts may be charged to all HMP eligible beneficiaries regardless of income:

- Physician Office Visits: $2
- Outpatient Hospital Visit: $2
- Emergency Room Visit for Non-Emergency Service: $3
- Inpatient Hospital Stay: $50
- Pharmacy:
  - $ 1 – generic/preferred brands
  - $ 3 - brand/non-preferred brands
- Chiropractic Visit: $1
- Dental Visit: $3
- Hearing Aid: $3 per aid
- Podiatric Visit: $2
- Vision Visit: $2
- Urgent Care Center Visit: $2

These amounts will generally be collected by the provider at the time a service is provided. Medicaid Managed Care Plans do have the flexibility to waive the above copayments amounts from their enrolled beneficiaries.

Premiums

Previously under HMP, beneficiaries with annual incomes over 100 percent FPL were required to pay premiums (also known as MI Health Account [MIHA] fees). Effective January 1, 2024, MDHHS will no longer assess premiums (MIHA fees) for individuals enrolled in HMP.

Native American beneficiaries are generally exempt from cost sharing like premiums and co-pays based on the exemption specified in 42 CFR 447.56(a).

There is no public hearing scheduled for this SPA. Input regarding this amendment is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by December 7, 2023.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribes' preference. Consultation meetings 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.

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

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

Sincerely,

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 23-66
October 23, 2023

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, 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
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi
Ms. Mariah Austin, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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