

Proposed Comparison of the Healthy Michigan Plan to the Michigan Benchmark Plan

Grouped in the 10 categories of Essential Health Benefits required by the Affordable Care Act.
 See <http://www.healthcare.gov/news/factsheets/2011/12/essential-health-benefits12162011a.html>

Benefits	Small Group Base Benchmark	State Plan Services	The Healthy Michigan Plan
	Priority Health (Health Maintenance Organization)	Current Medicaid State Plan Services	Proposed Alternative Benefit Plan Services
1. Ambulatory patient services - Federal Mandate			
Primary Care Provider Services; Specialist, Referral Care Services; and other Practitioner Services (e.g. Nurse Practitioners, Physician Assistant)	Yes	Yes	Yes
Outpatient Hospital Services: Physician/Surgical Services/Facility Services; includes Ambulatory Surgical Center Services	Yes	Yes	Yes
Home Health Care Services	Yes	Yes	Yes
Hospice Care	Yes	Yes	Yes
Podiatry Care	Yes	Yes	Yes
2. Emergency Services - Federal Mandate			
Emergency Room Services	Yes	Yes	Yes
Emergency Transportation/Ambulance	Yes	Yes	Yes
Urgent Care Centers or Facilities	Yes	Yes	Yes
3. Hospitalization - Federal Mandate			
Inpatient Hospital Services (e.g., Hospital stay, physician and surgical services)	Yes	Yes	Yes
Skilled Nursing Facility	Yes Maximum of 45 days per contract year	Yes	*Yes Maximum of 45 days per contract year
*In accordance with 42 CFR 440.315(f), exceptions may be made on an individual basis to provide additional services when medically necessary.			
4. Maternity and newborn care - Federal Mandate			
Prenatal and Postnatal Care	Yes	Yes	Yes
Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Yes
Note - Maternal Infant Health Program services will be covered for women who may become pregnant while enrolled in the Healthy Michigan Plan.			

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5. Mental health and substance use disorder services, including behavioral health treatment - Federal Mandate			
Mental/Behavioral Health Inpatient Services	Yes up to 20 days per contract year	Yes (includes residential services)	Yes (includes residential services)
Mental/Behavioral Health Outpatient Services	Yes up to 20 days per contract year	Yes	Yes
Substance Use Disorder Inpatient Services	Yes	Yes	Yes
Substance Use Disorder Outpatient Services	Yes	Yes	Yes (includes prevention services)
6. Prescription drugs - Federal Mandate			
Prescription Drugs and Supplies	Yes	Yes	Yes
7. *Rehabilitative and habilitative services and devices - Federal Mandate			
Inpatient Rehabilitation Services	Yes	Yes	Yes
Outpatient Rehabilitation and Habilitative Services, including Chiropractic Services	Yes	Yes	Yes
Durable Medical Equipment, Medical Supplies, Prosthetics and Orthotics;	Yes	Yes	Yes
*Habilitative services are an essential health benefit and must be provided in the Healthy Michigan Plan in compliance with federal law.			
8. Laboratory services - Federal Mandate			
Diagnostic and Therapeutic Radiology Services and Laboratory Testing	Yes	Yes	Yes
9. *Preventive and wellness services and chronic disease management - Federal Mandate			
Preventive Care/Screening/Immunization	Yes	Yes	Yes
*Preventive services are an essential health benefit and must be provided in compliance with federal law.			
10. Pediatric services, including oral and vision care - Federal Mandate (coverage is for beneficiaries ages 19 and 20)			
General Pediatric Care	Yes	Yes	Yes
Vision Screening for Children	Yes	Yes	Yes
Eye glasses and dental check-up services for children will align with current Medicaid state plan benefits.			

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Additional State Plan Mandated Benchmark Covered Services; Social Security Act § 1937

In compliance with federal law, the following services and providers must be covered: (1) Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for enrollees under age 21, (2) services provided in a Rural Health Clinic and Federally Qualified Health Center, (3) Non-Emergency Medical Transportation, and (4) family planning services and supplies/reproductive health services.

Additional State Plan Benchmark Covered Services

Michigan is also proposing to cover adult dental services, vision/optometrist services (including eyeglasses, therapies, refractions, etc.), hearing services including hearing aids and adjustments, and Home Help services/personal care services (these services will be covered fee-for-service).

In accordance with 42 CFR 440.315(f), exceptions may be made on an individual basis to provide additional state plan services when medically necessary.