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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 20-0501

This file contains the following documents in the order listed

- 1) Approval Letter
- 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)

Endanal Eigent Voor

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

	rederal riscal 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

- Oovernor'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



State Name: Michigan OMB Control Number: 093
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Transmittal Number: $\underline{MI} - \underline{20} - \underline{0501}$

Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916 1916A

42 CFR 447.52 through 54

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

Yes

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

			Dollars or			
Add	Service or Item	Amount	Percentage	Unit	Explanation	Remove
Add	Physician Office Visit	2.00		Visit		Remove
	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
7 10.0	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
	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

Effective Date: 04/01/2020 Page 1 of 2 TN: MI 20-0501 Approval Date: 07/06/2020

Superseding TN: MI 20-0500



Servi	ce or Item:							ve Servio Item
Indica	ate the income	ranges by which	the cost shar	ring amount for	this service or ite	m varies.		
Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation		Remov
Add								Remov
e state (e state charges cost sharing for non-preferred drugs to otherwise <u>exempt</u> individuals.							
	ing for Non-e	mergency Servic	es Providec	l in the Hospit	al Emergency De	partment Charged to Ot	therwise	
	charges cost sing question:	sharing for non-en	nergency sei	rvices provided	in the hospital en	nergency department (ente	red above),	answer
a state	charges cost sh	paring for non am	ergency serv	vices provided	n the hospital ame	ergency department to other	erwice	

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

TN: MI 20-0501 Effective Date: 04/01/2020 Superseding TN: MI 20-0500 Approval Date: 07/06/2020



State Name:	Michigan	OMB Control Number: 0938-1148
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Transmittal Number: MI - 20 - 0501

ansmitt	al Number: <u>M1</u> - <u>20</u> - <u>0501</u>					
ost Sh	aring Amounts - Targeting					G2c
16 16A CFR 4	47.52 through 54					
e state	targets cost sharing to a specific grou	p or groups	of individua	ls.		Yes
Popu	lation Name (optional): Healthy Mic	chigan Plan				
Eligi	bility Group(s) Included: Adult Grou	up (42 CFR §	435.119)			
	Incomes Greater than	100% FF		comes Less than	n or Equal to 133% FPL	
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	Remov
Add	Podiatry	4.00		Visit	The average reimbursement for a podiatry visit is \$59	Remov
Add	Dental	4.00		Visit	The average reimbursement for a dental visit is \$68	Remov
Add	Vision	2.00		Visit	The average reimbursement for a vision visit is \$23	Remov
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	Remov
Add	Outpetient Hespital Clinic Visit	4.00		Visit	The average reimbursement for an outpatient hospital clinic visit is \$214	Remov
Add	Hearing Aids	3.00		Item	The average reimbursement per unit is \$654	Remov
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.	Remov
Add	Emergency Room Visit for Non- Emergency Services	8.00		Visit		Remov

TN: MI 20-0501 Effective Date: 04/01/2020 Superseding TN: MI 20-0500 Approval Date: 07/06/2020



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

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 <u>Exempt</u> 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 <u>exempt</u> individuals.

No

Remove Population

Add Population

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V.20181119

TN: MI 20-0501 Effective Date: 04/01/2020 Superseding TN: MI 20-0500 Approval Date: 07/06/2020