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**State/Territory Name: MI**

**State Plan Amendment (SPA) #:16-0500-Cost Sharing**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) G2c Cost Sharing Form – Targeting – Revised 11-16-16

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 N. Michigan  
Suite 600  
Chicago, Illinois 60601

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November 18, 2016

Chris Priest, Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 16-0500: Cost Sharing – HMP Copay Increases
- Effective: April 1, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

# 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-16-0500

Proposed Effective Date

04/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 200000.00
Second Year	2018	\$ 400000.00

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to exempt certain groups from Medicaid Copayment responsibilities. The original submission date was 12/30/13. In addition, the SPA addresses general cost sharing

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:

Chris Priest, Director  
Medical Services Administration

Signature of State Agency Official

Submitted By: Erin Black  
Last Revision Date: Nov 16, 2016  
Submit Date: Aug 22, 2016

Date Received:  
8/22/16

Date Approved:  
11/18/16

Effective Date of Approved Material:  
April 1, 2017

Signature of Regional Official:  
/s/

Typed Name:  
Ruth A. Hughes

Title:  
Associate Regional Administrator



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 16 - 0500

Expiration date: 10/31/2014

## 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

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

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.



# Medicaid Premiums and Cost Sharing

## 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

### 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.

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