

Healthy Michigan Plan Frequently Asked Questions

Q: What is the Healthy Michigan Plan?

A: Governor Rick Snyder signed into law Michigan Public Act 107 of 2013, which allows the State of Michigan to make health care benefits available to low-income Michigan residents through the Healthy Michigan Plan in early spring 2014. The Healthy Michigan Plan will encourage healthy behaviors and personal responsibility, help low-income Michigan resident's access affordable health coverage, and reduce uncompensated care that shifts costs onto businesses and taxpayers.

Eligibility

Q: Who is eligible to apply for the Healthy Michigan Plan?

A: The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for the Healthy Michigan Plan is determined through the Modified Adjusted Gross Income methodology, coordinated through the Department of Human Services. All criteria for the Modified Adjusted Gross Income eligibility must be met to be eligible for the Healthy Michigan Plan.

Q: Will current household income rules continue to apply to seniors and most people with disabilities?

A: The Healthy Michigan plan is for ages 19 to 64. It does not apply to seniors. People with disabilities will stay in Medicaid. Their income limits will not change but they will apply using the [MI Bridges](#) application.

Q: Would people living in Michigan with refugee status qualify for Healthy Michigan Plan benefits?

A: The Healthy Michigan Plan uses Medicaid's citizenship and residency rules.

Q: Currently infants of pregnant women on Medicaid are automatically eligible for Medicaid when they are born. Since the Healthy Michigan Plan is only for ages 19-64, would families have to apply for coverage for their infant?

A: Children born to pregnant women enrolled in the Healthy Michigan Plan will be automatically eligible for Medicaid. Women who become pregnant while in the Healthy

Michigan Plan do need to inform their case worker of their pregnancy, due date, and subsequent birth.

Q: Will assets be considered for eligibility purposes in the Healthy Michigan Plan?

A: The State of Michigan will not count the things you own to determine if you qualify for the Healthy Michigan Plan.

Application

Q: When can I apply for the Healthy Michigan Plan?

A: The State of Michigan will begin accepting applications for the Healthy Michigan Plan on April 1, 2014. The Healthy Michigan Plan webpage will be updated with application information as soon as it's available.

Q: How do I apply for the Healthy Michigan Plan?

A: The application will be available online at www.michigan.gov/mibridges, by phone and in-person.

Q: Is there a separate application for the Healthy Michigan Plan?

A: There is not a separate application. Eligibility for the Healthy Michigan Plan can be determined using the Michigan Application for Health Coverage & Help Paying Costs (DCH-1426).

Q: What type of information will I need to apply for the Healthy Michigan Plan?

A: When applying you will need information about each person applying for coverage. This includes birthdates, social security numbers, income information, and citizenship or immigration status.

Q: Will eligibility be based on annual or monthly income like other programs?

A: Eligibility is based on annual income, but we allow applicants to report their income in a variety of ways, including monthly or weekly.

Q: Describe the role of DHS in serving people eligible for the Healthy Michigan Plan?

A: DHS will continue to help people apply for State of Michigan health programs, including the Healthy Michigan Plan.

Q: Can individuals who have existing health coverage (i.e. a private plan, not Medicaid or Medicare) apply for additional coverage through the Healthy Michigan Plan?

A: Yes. Healthy Michigan Plan beneficiaries can have other insurance. The other insurance would be primary and the Healthy Michigan Plan would be secondary.

Q: Will the Healthy Michigan Plan offer retroactive coverage like the current Medicaid program?

A: There will be retroactive coverage for the Healthy Michigan Plan. Beneficiaries cannot receive retroactive coverage for any dates prior to April 1, 2014.

Coverages

Q: What health benefits must the Healthy Michigan Plan cover?

A: The Healthy Michigan Plan must provide 10 essential health benefits, defined as:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity care
- Mental health and substance use disorder treatment services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services for 19 & 20 year olds, including oral and vision care
- Other services such as dental, home health, and family planning

For more information about coverages, see policy bulletin MSA 14-11 posted at www.michigan.gov/healthymichiganplan.

Q: Will the Healthy Michigan Plan cover family planning services?

A: Yes, the Healthy Michigan Plan will cover family planning services with no out-of-pocket cost to patients.

Q: How will adults receive their dental benefits through the Healthy Michigan Plan?

A: Dental services will be provided by the beneficiary's health plan.

Q: Will I be able to get health coverage through the Healthy Michigan Plan if I have a pre-existing condition?

A: Yes. The Healthy Michigan Plan will not deny coverage to individuals due to pre-existing conditions.

Q: Will the Healthy Michigan Plan allow me to stay with my current doctor?

A: Healthy Michigan Plan participants, with some limited exceptions, must enroll in a health plan that will pay your doctor for your care. Check with your doctor to find out whether they participate with one of these plans.

Q: How will my doctor know that I have Healthy Michigan Plan coverage?

A: When you have the Healthy Michigan Plan, a health care card will be mailed to you (if you do not have one already).

Costs

Q: Is there a cost to be in the Healthy Michigan Plan?

A: Healthy Michigan Plan participants will have some cost-sharing responsibilities. If you make between 100 and 133% of the federal poverty level, you will need to pay 2% of your annual income. Co-pays, in amounts consistent with the current Medicaid program requirements, will also be utilized for all Healthy Michigan Plan participants. Your total cost sharing, including co-pays, can't be more than 5% of your annual household income and will be paid through the use of a dedicated health account called the MI Health Account.

Q: How will I pay my monthly contributions and/or co-pays? What methods of payment will be available?

A: Details about how you pay will come later from your health plan.

You can reduce your annual cost-sharing by participating with your health plan in healthy behavior activities, which include completing an annual health risk assessment and changing unhealthy activities.

Other

Q: I currently receive my health care through a county health plan under the Adult Benefits Waiver (also known as the Adult Medical Program). Can I apply for the Healthy Michigan Plan?

A: Current Adult Benefits Waiver beneficiaries will be converted to the Healthy Michigan Plan by April 1, 2014, automatically. Adult Benefits Waiver beneficiaries have been notified of this change.

Q: Will the Healthy Michigan Plan impact Medicaid enrollees with a spend-down? Will spend-down go away for individuals receiving disability who are currently on Medicaid?

A: Medicaid spend-down will keep all of the existing rules the same, however some people who were previously only eligible for spend-down may now be eligible for the Healthy Michigan Plan.

Q: Will current beneficiaries with Medicaid spend-down have the option of not enrolling

in the Healthy Michigan Plan if their spend-down amount is lower than the 2% of income cost-sharing requirement in the Healthy Michigan Plan?

A: Beneficiaries can stay in spend-down but it does not give the minimum essential coverage that the Affordable Care Act requires. They may have to pay a tax penalty.

Since they are eligible for full coverage under Healthy Michigan Plan they would not qualify for the tax credits offered through the exchange.

Q: How can I get a copy of the federal waivers and state plan amendments related to the Healthy Michigan Plan?

A: The waivers and state plan amendments will be posted on the Healthy Michigan Plan website at www.michigan.gov/healthymichiganplan when they are available.

Q: After I am enrolled in the Healthy Michigan Plan can I switch which health plan I belong to?

A: Beneficiaries enrolled in a Healthy Michigan Plan Health Plan can change health plans within the first 90 days of their enrollment or during their yearly open enrollment period.