
OVERVIEW**Medicaid (MA) Only**

The Healthy Michigan Plan (HMP) is based on Modified Adjusted Gross Income (MAGI) methodology.

The Healthy Michigan Plan provides health care coverage for a category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 effective April 1, 2014.

**Targeted
Population**

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who:

- Are 19-64 years of age.
- 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.
- Meet Michigan residency requirements.
- Meet Medicaid citizenship requirements.
- Have income at or below 133 percent Federal Poverty Level (FPL).

**Fee for Service
Beneficiaries**

For Healthy Michigan Plan beneficiaries who are exempt from enrollment in managed care plans or who have yet to enroll in a managed care plan, copayments for services may apply. Fee-For-Service (FFS) beneficiaries will not be assigned a MI Health Account.

Copayments may be required and due at the point of service for office visits, pharmacy, inpatient hospital stays, outpatient hospital

visits, and non-emergency visits to the emergency department for beneficiaries age 21 years and older.

Health Risk Assessment

The Michigan Department of Health and Human Services (MDHHS) has developed a Healthy Michigan Plan Health Risk Assessment that encompasses a broad range of health issues and behaviors including, but not limited to:

- Physical activity.
- Nutrition.
- Alcohol, tobacco, and substance use.
- Mental health.
- Influenza vaccination.
- Chronic conditions.
- Recommended cancer or other preventative screenings.

The DCH-1315, Health Risk Assessment form, is available through the health plans or [at www.michigan.gov/AssistancePrograms/Health Care Coverage/ Healthy Michigan Plan](http://www.michigan.gov/AssistancePrograms/Health_Care_Coverage/Healthy_Michigan_Plan).

NONFINANCIAL ELIGIBILITY FACTORS

The Medicaid eligibility factors in the following items must be met.

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 255, Child Support.
- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

Credible Coverage

Parents requesting health care coverage for themselves must provide proof that their children have credible coverage, even if not applying for the children.

Credible coverage is health insurance coverage under any of the following:

- Group health plan, individual or student health insurance.
- Medicare or Medicaid.
- TRICARE/CHAMPUS.
- CHIP (MIChild in Michigan).
- Federal Employees Health Benefit Program.
- Indian Health Service.
- Peace Corps.
- Public Health Plan (any plan established or maintained by a State, the U.S. government, or a foreign country).
- A state health insurance high-risk pool.

Assets

The Healthy Michigan Plan does not have an asset test.

Income

Modified adjusted gross income must be at or below 133 percent of the Federal Poverty Level (FPL).

REFERENCES

Patient Protection and Affordable Care Act 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

Michigan Public Act 107 of 2013.

Michigan Public Act 208 of 2018.