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State/Territory Name: Michigan

State Plan Amendment (SPA) #: MI 21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

November 5, 2021

Ms. Kate Massey
State Medicaid Director
State of Michigan, Department of Community Health
400 South Pine Street
Lansing, Michigan 48933

RE: Michigan State Plan Amendment (SPA) 21-0010

Dear Ms. Massey:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 21-0010 effective for services on or after September 1, 2021. This SPA provides reimbursement methodology for rapid whole genome sequencing testing provided in the inpatient hospital setting.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 21-0010 is approved effective September 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,



For

Rory Howe
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21 - 0010	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2021	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$320,500 b. FFY 2022 \$624,900
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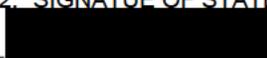
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 11a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):
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10. SUBJECT OF AMENDMENT:

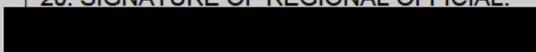
This SPA provides authority for reimbursement, separate from the Diagnosis Related Group (DRG) payment, for medically necessary Rapid Whole Genome Sequencing testing in the inpatient hospital setting.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Kate Massey, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
13. TYPED NAME: Kate Massey	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: August 12, 2021	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: August 12, 2021	18. DATE APPROVED: November 5, 2021

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  For
21. TYPE NAME: Rory Howe	22. TITLE: Director, Financial Management Group

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Rates
Inpatient Hospital***

I. HOSPITAL RAPID WHOLE GENOME SEQUENCING (RWGS) TESTING
REIMBURSEMENT

RAPID WHOLE GENOME SEQUENCING TESTING PROVIDED IN THE INPATIENT HOSPITAL SETTING IS EXCLUDED FROM THE DRG PAYMENT. AN ADDITIONAL PAYMENT FOR MEDICALLY NECESSARY RWGS WILL BE MADE TO A HOSPITAL WHEN ESTABLISHED CLINICAL CRITERIA IS MET. COSTS ASSOCIATED WITH RWGS ARE TO BE BILLED SEPARATELY FROM THE INPATIENT EPISODE. HOSPITAL REIMBURSEMENT WILL BE MADE ACCORDING TO THE MEDICAID LABORATORY FEE SCHEDULE.

TN NO.: 21-0010

Approval Date 11/5/2021

Effective Date: 9/01/2021

Supersedes
TN No.: NEW