

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 17-0011**

This file contains the following documents in the order listed:

- 1) Revised Approval Letter
- 2) Revised CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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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February 21, 2018

Kathy Stiffler  
Acting State 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 Ms. Stiffler:

Enclosed for your records is a revised approval package for Transmittal # 17-0011. The effective date on the CMS-179 form has been changed from January 1, 2018 to the earlier effective date of October 24, 2017.

- Transmittal #: 17-0011: Neonatal and Obstetrical Services
- Effective Date: October 24, 2017 and January 1, 2018
- Approval Date: January 23, 2018

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

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  17 - 0011	2. STATE:  Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 24, 2017	

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

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 440.50

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$2,047,900  
b. FFY 2019 \$2,730,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1.b.7  
Attachment 4.19-B, Page 1.b.8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):  
  
New

10. SUBJECT OF AMENDMENT:

This SPA will provide details describing the methodology for establishing rates associated with neonatal and obstetrical services per State appropriation boilerplate.

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Chris Priest, 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<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933  
  
Attn: Erin Black

13. TYPED NAME:  
Chris Priest

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
November 6, 2017

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
November 6, 2017

18. DATE APPROVED:  
January 23, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 24, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
/s/

21. TYPE NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
Other than Inpatient Hospital and Long-Term-Care Facilities***

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**Physician Services, Neonatal Critical Care and Intensive Care Services**

Neonatal Services Reimbursement Methodology

Reimbursement for neonatal critical care and intensive care services is 64% of the annual Medicare rates published January of each year. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less.

Effective Date of Payment

This reimbursement methodology applies to services rendered on and after January 1, 2018. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

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TN NO.: 17-0011

Approval Date: 1/23/18

Effective Date: 10/24/2017

Supersedes

TN No.: New Page

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
Other than Inpatient Hospital and Long-Term-Care Facilities***

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**Physician Services, Obstetrical Services**

Obstetrical Services Reimbursement Methodology

Reimbursement for obstetrical services is 95% of the annual Medicare rates published January of each year. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less.

Effective Date of Payment

This reimbursement methodology applies to services rendered on and after October 24, 2017. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

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TN NO.: 17-0011

Approval Date: 1/23/18

Effective Date: 10/24/2017

Supersedes

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