

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

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

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



April 5, 2023

Ms. Farah Hanley  
Medicaid Director  
Medical Services Administration  
400 S. Pine St., 7<sup>th</sup> Floor  
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 23-0003

Dear Ms. Hanley:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MI-23-0003. This amendment proposes to temporarily extend provisions for specific specimen collection and clinic vaccine administration payments originally approved in Disaster Relief SPAs MI-20-0009 and MI-21-0011.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Michigan's SPA Transmittal Number MI-23-0003 is approved effective May 12, 2023.

If you have any questions, please contact Christine Davidson at 312-886-3642 or via email at [Christine.Davidson@cms.hhs.gov](mailto:Christine.Davidson@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.04.05  
08:00:57 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

cc: Erin Black, MDHHS  
Keri Toback, CMCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>23</u> — <u>0003</u>	2. STATE <u>MI</u>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROPOSED EFFECTIVE DATE  May 12, 2023
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5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Securing Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023                      \$179,900 b. FFY 2024                      \$363,100
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  New
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9. SUBJECT OF AMENDMENT  
This SPA provides a temporary extension to specific COVID-19 disaster relief provisions for specific clinic specimen collection and clinic vaccine administration payments currently authorized in DR SPAs 20-0009 and 21-0011.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

AGENCY OFFICIAL  <div style="background-color: black; width: 150px; height: 30px; margin-bottom: 5px;"></div> Farah Hanley 12. TITLE Chief Deputy Director for Health 13. DATE SUBMITTED January 9, 2023	15. RETURN TO  Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Erin Black
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<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED January 9, 2023	17. DATE APPROVED <b>04/05/2023</b>

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy Date: 2023.04.05 08:01:22 -0400</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid & CHIP Services

22. REMARKS

## Section 7 – General Provisions

### 7.4. B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until September 30, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved 11/19/2020 in SPA number MI-20-0009 and approved 11/09/2021 in SPA number MI-21-0011) of the state plan:

#### Payments:

X The agency makes the following adjustments to payment rates currently covered in the state plan:

#### **COVID-19 Specimen Collection**

Allow Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal FQHCs, and Tribal Health Centers (THC) to be reimbursed for COVID-19 specimen collection when no other eligible qualifying clinic visit is provided on the same date of service. Payment for stand-alone specimen collections in FQHCs, RHCs, Tribal FQHCs, and THCs will be made through an Alternative Payment Methodology (APM). The APM provides a separate service reimbursement pursuant to the payment methodology described under Attachment 4.19-B, Individual practitioner services. The APM is separate from the Prospective Payment System for FQHCs and RHCs and from the All-Inclusive Rate reimbursement methodology for Tribal FQHCs and THCs.

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. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

The State of Michigan is requesting authority to allow for COVID-19 laboratory specimen collection to be reimbursed when provided by a licensed Pharmacist or Pharmacy Technician under the supervision of a Pharmacist as authorized by the State within their scope of practice. 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. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

#### **COVID-19 Vaccine Administration**

#### **Federally Qualified Health Centers, Rural Health Clinics and Tribal Federally Qualified Health Centers**

Allow Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal FQHCs to be reimbursed for COVID-19 vaccine administration when no other eligible qualifying clinic visit is provided on the same date of service. Payment for stand-alone vaccine administration in FQHCs, RHCs, and Tribal FQHCs will be made through an Alternative Payment Methodology (APM). The APM provides a separate service reimbursement using a cost-based payment methodology. The supplemental amounts made under this APM are in addition to the Prospective Payment System

*(PPS) paid to FQHCs, RHCs, and Tribal FQHCs for an encounter. The amount in total paid to FQHC, RHC, and Tribal FQHC providers is at least their provider-specific PPS rate. (1) The APM for stand-alone COVID-19 vaccine administration is a supplemental cost-based payment greater than the amount reimbursed for stand-alone vaccines in the PPS methodology for FQHCs, RHCs, and Tribal FQHCs. (2) The supplemental cost calculation is based on average clinic COVID-19 vaccine administration costs. Stand-alone vaccines provided in clinics are reimbursed at \$0 in the PPS reimbursement methodology. The APM will reimburse clinics above what is currently paid under the PPS for stand-alone COVID-19 vaccine administration. (3) A survey was utilized to collect vaccination administration cost data for these providers. Based upon survey information, a weighted average rate of \$39.52 will be issued per stand-alone vaccine administration for this APM. The rate is for additional costs associated with the COVID-19 vaccine. (4) An interim rate will be paid for this APM. The interim rate is the Medicare rate, and it is to be paid at claim adjudication for stand-alone COVID-19 vaccine administration codes delivered by clinics. On a yearly basis, stand-alone COVID-19 vaccine administration codes will be multiplied by the difference between the Medicare rate and the cost-based rate determined by the State. The difference will be paid on yearly basis during cost reconciliation to each clinic that accepts the APM. (5) The supplemental payments under this APM are only for COVID-19 vaccine-only visits. If the COVID-19 vaccine is administered as part of a billable encounter visit, then the FQHC, RHC, or Tribal FQHC will only receive their provider-specific PPS/APM rate. (6) All FQHCs, RHCs, and Tribal FQHCs must explicitly agree to accept the APM for COVID-19 vaccine administration.*

**Tribal Health Centers**

*Increase the payment rate for the administration of COVID-19 vaccines to the cost-based payment rate of \$39.52 for Tribal Health Centers (THCs). THCs will be reimbursed at this rate for COVID-19 vaccine administration when no other eligible qualifying clinic visit is provided on the same date of service. A survey was utilized to collect vaccination administration cost data for these providers. Based upon survey information, a weighted average rate of \$39.52 will be issued per stand-alone vaccine administration. The rate is for additional costs associated with the COVID-19 vaccine. An interim rate will be paid for this cost-based methodology. The interim rate is the Medicare rate, and it is to be paid at claim adjudication for stand-alone COVID-19 vaccine administration codes delivered by clinics. On a yearly basis, stand-alone COVID-19 vaccine administration codes will be multiplied by the difference between the Medicare rate and the cost-based rate determined by the State. The difference will be paid on a yearly basis during cost reconciliation to each THC. The cost-based payment for this reimbursement methodology is for COVID-19 vaccine-only visits. If the COVID-19 vaccine is administered as part of a billable encounter visit, then the THC will only receive the AIR.*