

## **Table of Contents**

**State/Territory Name: MICHIGAN**

**State Plan Amendment (SPA) #: 22-0014**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

November 4, 2022

Ms. Farah Hanley  
Medicaid Director  
Medical Services Administrations  
400 South Pine Street 7<sup>th</sup> Floor  
Lansing, MI 48933-2250

RE: TN 22-0014

Dear Ms. Hanley:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B MI-22-0014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 17, 2022. This plan amendment updates Vaccine Administration rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
22 — 0014

2. STATE  
MI

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  
**October 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 430.12(c)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$9,544,500  
b. FFY 2024 \$9,544,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B Page 6f**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B Page 6f (TN# 15-0005)**

9. SUBJECT OF AMENDMENT  
**This SPA provides authority for updated vaccine administration rates.**

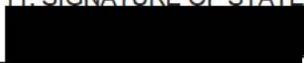
10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


11. TYPED NAME  
**Farah Hanley**

12. TITLE  
**Chief Deputy Director for Health**

13. DATE SUBMITTED  
**October 17, 2022**

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**OCTOBER 17, 2022**

17. DATE APPROVED  
**November 4, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**OCTOBER 1, 2022**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**TODD MCMILLION**

21. TITLE OF APPROVING OFFICIAL  
**DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW**

22. 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)***

---

16. Other Services (continued)

Vaccinations –

Effective for services provided on or after October 1, 2022, the administration of vaccines is reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. The provider's usual and customary charge should be the fee most frequently charged to patients. The payment rate is uniform for private and governmental providers. The Michigan Medicaid fee schedule effective October 1, 2022, may be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

---

TN NO.: 22-0014

Approval Date: November 4, 2022 Effective Date: 10/01/2022

Supersedes

TN No.: 15-0005