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State/Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 22-0011

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 Administration 400 South Pine Street, 7th Floor Lansing, Michigan 48933-2250

RE: TN 22-0011

Dear Ms. Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B, MI-22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 15, 2022. This plan amendment updates the Outpatient Prospective Payment System (OPPS) hospital dental 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.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 22 0011
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 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$0 b. FFY 2024 \$0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 2	8 PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (<i>if Applicable</i>) Attachment 4.19-B Page 2 (TN# 20-0001)
 SUBJECT OF AMENDMENT This SPA provides authority for updated Outpatient Prospective Payment System (OPPS) hospital dental rates. 	
10. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO
11. TYPED NAME	ehavioral and Physical Health and Aging Services dministration office of Strategic Partnerships & Medicaid Administrative ervices – Federal Liaison
12 TITLE C Chief Deputy for Health 4 13. DATE SUBMITTED L	apitol Commons Center – 7 th Floor 00 South Pine ansing, Michigan 48933
September 15, 2022	ttn: Erin Black
FOR CMS USE ONLY	
N September 15, 2022	7. DATE APPROVED ovember 4, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 19 October 1, 2022	9. SIGNATURE OF APPROVING OFFICIAL
	1. TITLE OF APPROVING OFFICIAL irector, 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)

3. Outpatient Hospital Services and Other Outpatient Prospective Payment System (OPPS) Reimbursed Facilities

Reimbursement to individual hospitals, including off-campus satellite clinics, hospital-owned ambulance services, freestanding dialysis centers, comprehensive outpatient rehabilitation facilities (CORFs) and rehabilitation agencies for outpatient services is made in accordance with Medicaid's OPPS. Payments made under OPPS will be calculated utilizing the current Medicare conversion factors/rates with an MDHHS reduction factor (RF) applied to the calculated payment (Medicare fee x RF =Medicaid fee) to maintain statewide budget neutrality. Effective FY 2020, the State will reimburse critical access hospitals using an enhanced OPPS reduction factor. Effective FY 2023, the State will reimburse dental services provided in outpatient hospitals according to the Medicaid fee schedule. The current Michigan Medicaid fee schedule and OPPS reduction factors are available at www.michigan.gov/medicaidproviders.

- a) Monitoring of outpatient hospital expenditures will be conducted and the reduction factor adjusted to maintain statewide budget neutrality. A wage index of 1.0 is applied for all hospitals.
- b) Medicare's APC weights are utilized.
- c) Services paid reasonable cost under OPPS are paid by applying individual hospital cost-tocharge ratios to charges.
- d) Updates of each hospital's outpatient cost-to-charge ratios are done in conjunction with updates of the inpatient operating ratios.
- e) For out of state hospitals, the default cost-to-charge ratio is the average statewide outpatient cost-to-charge ratio.

When service coverage/reimbursement methodology differences exist between Medicare and Medicaid, Medicaid fee schedules are utilized. The current Michigan Medicaid fee schedule, available at <u>www.michigan.gov/medicaidproviders</u>, is updated to conform to Medicare OPPS and is effective for dates of service on or after October 1, 2022.