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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 20-0003

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Division of Reimbursement Review

April 17, 2020

Kate Massey, State Medicaid Director Medical Services Administration Michigan Department of Health and Human Services 400 south Pine Street, P.O. Box 30479 Lansing, MI 48909-7979

RE: State Plan Amendment 20-0003

Dear Mr. Jones:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 20-0003. This amendment proposes to update neonatal services language in response to the MDHHS Fiscal Year 2020 budget, increasing the Medicaid reimbursement percentage from 75% to 95% for specified neonatal intensive and critical care services.

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 implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of February, 1, 2020.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

cc:

Deborah Benson Keri Toback

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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

Physician Services, Neonatal Critical Care and Intensive Care Services

Neonatal Services Reimbursement Methodology

Reimbursement for neonatal critical care and intensive care 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 February 1, 2020. All rates are published at www.michigan.gov/medicaidproviders.

TN NO.: <u>20-0003</u> Approval Date: <u>04/17/2020</u> Effective Date: <u>02/01/2020</u>

Supersedes TN No.: 18-0007