

Bulletin Number: MSA 10-61

Distribution: Hospitals, Ambulatory Surgical Centers, Hospital-Owned Ambulance, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers, Medicaid Health Plans, County Health Plans

Issued: December 1, 2010

Subject: Outpatient Prospective Payment System and Ambulatory Surgical Center Reduction Factor

Effective: January 1, 2011

Programs Affected: Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS), Plan First!

The purpose of this bulletin is to update the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) statewide budget-neutrality reduction factor (RF) previously referenced in Medicaid policy bulletin MSA 09-63.

On November 24, 2010, the Centers for Medicare and Medicaid Services (CMS) published changes to the Medicare OPPS system in the Federal Register (2011 CMS Final Rule, CMS-1504-FC). Those changes included a 2.35% inflationary increase to the Medicare OPPS program. To maintain budget neutrality for the Medicaid program, the Medicaid OPPS reduction factor will be adjusted from 57.6% to 56.4% effective for dates of service on or after January 1, 2011.

Policy bulletin MSA 06-47 stated that the Michigan Department of Community Health (MDCH) may adjust its reduction factor to maintain expenditures within appropriated levels if Medicare implements a general rate increase. In addition, MSA 07-12 stated MDCH reserves the right to adjust the reduction factor if budget concerns are evident and changing significantly prior to the end of the State's fiscal year.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Meghan Sifuentes
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Or
E-mail: sifuentesm@michigan.gov

If responding by e-mail, please include "OPPS/ASC Reduction Factor" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration