

DEC 23 2011

Stephen Fitton, Medicaid Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Loni Hackney

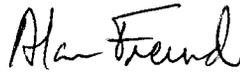
Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #09-020 Reduces provider fees
- Effective October 1, 2009.

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,



*Acting*  
Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <u>09 - 20</u>	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2009	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.200	7. FEDERAL BUDGET IMPACT: a. FFY 10 \$ <u>(#55.7)</u> <i>dec</i> b. FFY 11 \$ <u>(#57.4)</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment <sup>4.19-B</sup> 4.19, Introduction	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19, Introduction

10. SUBJECT OF AMENDMENT:  
reimbursement rate modification

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Paul Reinhart, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</i>	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Nancy Bishop
13. TYPED NAME: Stephen Fitton	
14. TITLE: Acting Director, Medical Services Administration	
15. DATE SUBMITTED: December 8, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12-08-09	18. DATE APPROVED: 12/23/2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-09	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Alan Freund</i>
21. TYPE NAME: Verlon Johnson	22. TITLE: <i>Acting Associate Regional Administrator</i>
23. REMARKS:	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Section 4 – General Program Administration***

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Unless otherwise noted, Michigan's Medicaid payment rates are uniform for private and governmental providers. The Michigan Medicaid fee schedule effective for dates of service on or after October 1, 2009, may be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

Payment rates modified October 1, 2009:

Individual Practitioner Services	Attachment 4.19-B, pages 1 thru 1.b.1
Physicians	
Ophthalmologists	
Oral Surgeons	
Podiatrists	
Physician's Assistants	
Nurse Practitioners	
Certified Nurse Midwives	
Physician Services /Anesthesia	Attachment 4.19-B, pages 1 thru 1.b.1
Family Planning Clinics	Attachment 4.19-B, pages 1 thru 1.b.1
Hearing and Speech Centers	Attachment 4.19-B, pages 1 thru 1.b.1
Optometrists	Attachment 4.19-B, pages 1 thru 1.b.1
Pharmacy	Attachment 4.19-B, page 1c
Home Health Providers	Attachment 4.19-B, page 2c
Medical Suppliers	Attachment 4.19-B, page 2c.2
Oxygen	Attachment 4.19-B, page 2c.2
Prosthetic Devices	
Hearing Aids	Attachment 4.19-B, page 3
Cochlear Implant	Attachment 4.19-B, page 3
Shoe Store	Attachment 4.19-B, page 3
Eyeglasses/Optical house services/opticians	Attachment 4.19-B, page 3.1
Maternal Support Services	Attachment 4.19-B, page 5
Certified Registered Nurse Anesthetists/Anesthesia	Attachment 4.19-B, page 5a
Ambulance	Attachment 4.19-B, page 6e
Clinical Laboratory	Attachment 4.19-B, page 13

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TN NO.: 09-20

Approval Date: DEC 23 2011

Effective Date: 10/01/2009

Supersedes  
TN No.: 09-15