

March 22, 2013

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: #12-021 Laboratory Services
- Effective: January 1, 2013

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

Sincerely,

 Alan Freund, acting

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
1 2 - 21

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
January 1, 2013

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 440.230

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$ 0
b. FFY 2014 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 1
Supplement to Attachment 3.1-A, Page 11
Attachment 4.19-B, Page 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):
Attachment 3.1-A, Page 1
Supplement to Attachment 3.1-A, Page 11
Attachment 4.19-B, Page 13

10. SUBJECT OF AMENDMENT:
This amendment eliminates the \$50 and \$125 maximum daily dollar limits for laboratory services performed by practitioners, clinics, and independent labs when rendered by the same provider, for the same beneficiary, on a single date of service.

11. GOVERNOR'S REVIEW (*Check One*):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:


16. RETURN TO:
Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933

Attn: Loni Hackney

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
December 27, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

3. OTHER LABORATORY AND X-RAY SERVICES (Same for categorically needy and medically needy clients)

Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner included in the Plan within the scope of his profession (see Items 5 and 6) and made by an independent laboratory which is an eligible provider.

~~These laboratory services when performed by an independent lab which is an eligible provider, are limited to a maximum payment rate per recipient, per independent lab. This rate is determined to be adequate to cover reasonable and necessary procedures. Lab services in excess of this rate are covered on an exception basis when determined to be adequate to cover reasonable and necessary procedures. Lab services in excess of this rate are covered on an exception basis when determined to be medically necessary by the department.~~

TN NO.: 12-21

Approval Date: _____

Effective Date: 01/01/2013

Supersedes

TN No.: 91-27

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)***

20. Laboratory Services

Payment rates for clinical laboratories, physician's offices and clinics are established by the Michigan Department of Community Health as a fee screen for each procedure. The fee schedule is designed to enlist the participation of an adequate number of providers. The Medicare prevailing fees are used as a guidelines or reference in determining the maximum fee screens for individual procedures.

Providers other than the State Bureau of Laboratories are reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. A provider's usual and customary charge should be the fee most frequently charged to patients. The State Bureau of laboratories may be reimbursed up to the Medicare prevailing fees.

~~Laboratory services performed by an eligible provider are limited to a maximum payment rate per beneficiary per day. This rate is determined to be adequate to cover reasonable and necessary procedures. Laboratory services in excess of this rate are covered on an exception basis when determined to be medically necessary by the department.~~

Laboratory services provided by outpatient hospitals or ESRD facilities are reimbursed through the Medicaid OPPS and are not limited by a maximum payment rate per beneficiary per day.

TN NO.: 12-21

Approval Date _____

Effective Date: 01/01/2013

Supersedes
TN No.: 07-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided No Limitations With Limitations*

2.a. Outpatient hospital services.

Provided No Limitations With Limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the state plan).

Provided No Limitations With Limitations* Not Provided

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided No Limitations With Limitations*

3. Other laboratory and x-ray services.

Provided NO LIMITATIONS ~~With Limitations*~~

* Description provided on an attachment.

TN NO.: 12-21

Approval Date: _____

Effective Date: 01/01/2013

Supersedes
TN No.: 92-05

Order Confirmation
Ad Order Number 0004517700



Customer Account: 42716 MDCH ACTUARIAL DIVISION PO BOX 30479 LANSING MI 48909-7979 USA (517) 241-7192 FAX (517) 241-5112 smithp2@michigan.gov	Payer Customer Account: 42716 MDCH ACTUARIAL DIVISION PO BOX 30479 LANSING MI 48909-7979 USA (517) 241-7192	PO Number Elimination of Maximum Ordered By EMAIL PAT Sales Rep. Iwestphal Order Taker Iwestphal Order Source Fax Special Pricing None
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Ad Content Proof

PUBLIC NOTICE
Michigan Department of
Community Health
Medical Services
Administration

Elimination of Maximum
Daily Dollar Limits for
Laboratory Services

The Michigan Department of Community Health (MDCH) is providing notification that for dates of service on and after January 1, 2013, the Medicaid Laboratory policy will be amended to eliminate the \$50 and \$125 maximum daily dollar limits for laboratory services performed by practitioners, clinics, and independent labs when rendered by the same provider, for the same beneficiary, on a single date of service. Removal of these limits is expected to be budget neutral.

Any comments on, or requests for copies of, the Notice of Proposed Policy may be submitted in writing to: Michigan Department of Community Health, Program Policy Division, Bureau of Medicaid Policy and Health System Innovation, Attention Penny Johnson, P.O. Box 30479, Lansing, Michigan 48909-7979. Written comments may be reviewed by the public at Capitol Commons Center, 400 South Pine Street, Lansing, Michigan. Request for copies and comments must include the project number. There is no public hearing scheduled for this proposed policy.

Tear Sheets	1	Net Amount	\$874.99
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$874.99
Blind Box		Payment Method	
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$674.99

Ad Number	0004517700-01	Ad Type	CLS Liner
Pick Up #		Ad Size	1.0 X 87 LI
External Ad #		Ad Attributes	
		Ad Released	No
		Color	<NONE>
		Production Method	AdBooker
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Product	Flint Journal::	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$197.65		
Run Dates	11/15/2012		
Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESADMINISTRATIONELIMINATIONOFMAXIMUMDAILYDOLLARLIMITSFORLABORATORYSE		
Run Schedule	PUBLIC NOTICE Michigan Department of Community Health Medical		
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical		
Product	Grand Rapids Press::	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$264.65		
Run Dates	11/15/2012		
Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESADMINISTRATIONELIMINATIONOFMAXIMUMDAILYDOLLARLIMITSFORLABORATORYSE		
Run Schedule	PUBLIC NOTICE Michigan Department of Community Health Medical		
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical		
Product	Kalamazoo Gazette::	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$98.49		
Run Dates	11/15/2012		
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Run Schedule	PUBLIC NOTICE Michigan Department of Community Health Medical		
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical		

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Order Confirmation
Ad Order Number 0004517700



Product Saginaw News:: *Placement/Class* Announcements - Announcemr
Inserts 1 *POS/Sub-Class* Public Notices-Public Notices
Cost \$107.20
Run Dates 11/15/2012
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Run Schedule
Invoice Text: PUBLIC NOTICE Michigan Department of Community Health Medical



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

October 22, 2012

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Elimination of Maximum Daily Dollar Limits for Laboratory Services

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a State Plan Amendment.

MDCH intends to rescind current laboratory policy to eliminate the \$50 and \$125 maximum daily dollar limits for laboratory services performed by practitioners, clinics, and independent labs when rendered by the same provider, for the same beneficiary, on a single date of service. A State Plan Amendment will be submitted to reflect this change in policy.

You may submit comments regarding this Notice of Intent to msapolicy@michigan.gov. If you would like to discuss the Notice of Intent, please contact Mary Anne Tribble, Medicaid Liaison to the Michigan Tribes. Mary Anne can be reached at (517) 241-7185 or via e-mail at tribblem1@michigan.gov.

There is no public hearing scheduled for this SPA.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH

**Distribution List for L 12-43
October 22, 2012**

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community
Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Derek J. Bailey, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. Alan Shively, Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Terry Fox, Health Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians
Mr. Dexter McNamara, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Mr. Jon Gardner, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services
Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe
Ms. Gail George, Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC:

Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH