

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

1. TRANSMITTAL NUMBER:
13 - 10

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
April 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 447 Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 _ \$ 1,220,000
b. FFY 2014 _ \$ 4,770,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Page 1b

10. SUBJECT OF AMENDMENT:
This amendment is to increase the payment rates for the Public Entity Adjustment Program (PEA) to 100% of the average commercial rates for services rendered to Medicaid beneficiaries.

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:
Stephen Fitton

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
June 28, 2013

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

Attn: Loni Hackney

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

Policy and Methods for Establishing Payment Rates (Other than Inpatient Hospital and Long Term Care Facilities)

The payment adjustment will be the lesser of:

- The difference between 95.7% of the average commercial rate for services provided on or after January 17, 2010. The average commercial rate is established separately for each public entity. It is derived by calculating a weighted average by procedure code, of a minimum of five non-governmental payers whose combined business constitutes not less than 50% of a practice or practice groups' commercial business. In order to derive the average commercial rate for procedures, each participating public entity must submit commercial fee schedules for the taxable entity most representative of the primary provider group of the public entity's medical group. The fee schedules submitted must clearly demonstrate pricing information by procedure code by commercial payer. Additionally, the public entity must indicate the percent of business each commercial payer constitutes of their total commercial business revenue. A weighted average by procedure code will be calculated at the public entity level from the submitted fee schedules. The state will calculate average rates on an annual basis using fee schedules in effect for the calendar year which includes the first quarter of the fiscal year for which the average rates will be applied. BEGINNING APRIL 1, 2013, PROVIDERS PARTICIPATING IN THE PUBLIC ENTITY ADJUSTMENT PROGRAM SHALL RECEIVE THE DIFFERENCE BETWEEN 100% OF THE AVERAGE COMMERCIAL RATE AND THE TOTAL BASE PAYMENTS ALREADY MADE TO THE PROVIDERS BY MEDICAID AND ANY OTHER PAYER.
- The difference between the practitioner FFS Medicaid fee screens and the practitioner's customary charge.

Services to beneficiaries enrolled in Medicaid Managed Care Organizations (MMCOs) are not included in the payment adjustments. No provider will receive payments that in aggregate exceed their customary charges.

Practitioners will receive a base payment equal to the FFS payment to other practitioners when they bill for services. For each fiscal quarter, the public entity will provide a listing of the identification numbers for their practitioners/ practitioner groups that are affected by this payment adjustment to the MSA. The MSA will generate a report, which includes the identification numbers and utilization data for the affected practitioners/ practitioner groups. This report will be provided to the public entity. The public entity must review the report and acknowledge the completeness and accuracy of the report. After receipt of this confirmation, the MSA will approve the payment adjustments. The payment adjustments will be made for each fiscal quarter. The process includes a reconciliation that takes into account all valid claim replacements affecting claims that were previously processed.

After the MSA confirms the accuracy of the payment adjustments, the adjustments will be sent to the practitioners/ practitioner groups through the identification number used to bill Medicaid under the FFS program.

Service providers may bill Medicaid for vaccines/toxoids which they have purchased. Medicaid reimburses the provider up to Medicare reimbursement rates.

TN NO.: 13-10

Approval Date: _____

Effective Date: 04/01/2013

Supersedes

TN No.: 10 - 21

Order Confirmation

Ad Order Number 0004638506



Customer	Payer Customer	PO Number	Ambulatory Surgical C
Account: 42716	Account: 42716	Ordered By	EMAIL PAT
MDCH ACTUARIAL DIVISON	MDCH ACTUARIAL DIVISON	Sales Rep.	omunce
PO BOX 30479	PO BOX 30479	Order Taker	svinton1
LANSING MI 48909-7979 USA	LANSING MI 48909-7979 USA	Order Source	Fax
(517) 241-7192	(517) 241-7192	Special Pricing	None
FAX (517) 241-5112 smithp2@michigan.gov			

Ad Content Proof

PUBLIC NOTICE
Michigan Department of
Community Health
Medical Services
Administration

Notice of Intent to Submit
a Revised State Plan
Amendment (SPA) to In-
crease payment rates for
the Public Entity Adjust-
ment Program

The department intends to
submit a state plan
amendment for the pur-
pose of adjusting the per-
centage of the Average
Commercial Rate paid to
physicians and other affil-
iated providers participat-
ing in the Public Entity
Adjustment Program; pur-
suant to this amendment,
providers participating in
the aforementioned supple-
mental payment program
shall receive 100% of the
average commercial rates
for services rendered to
Medicaid beneficiaries.
This amendment shall be
effective for services ren-
dered on or after April 1,
2013. This notice is an up-
date to a previously issued
notice that reflected an
effective date of January
1, 2013.

Tear Sheets	1	Net Amount	\$794.63
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$794.63
Blind Box		Payment Method	
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$794.63

Ad Number 0004638506-01	Ad Type CLS LIner	Ad Size 1.0' X 79' LI
Pick Up #	Ad Attributes	Ad Released No
External Ad #	Color <NONE>	Production Method AdBooker
	Production Notes	

Comments

Any comments on, or re-
quests for copies of the
Notice of Proposed Policy
may be submitted in writ-
ing to: Michigan Depart-
ment of Community Health,
Actuarial Division, Bureau
of Medicaid Policy and
Health System Innovation,
Attention Brody McClellan,
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, Michi-
gan. Request for copies and
comments must include the
project number. There is
no public hearing sched-
uled for this proposed pol-
icy.

Product Flint Journal::	Placement/Class Announcements - Announcem
# Inserts 1	POS/Sub-Class Public Notices-Public Notices
Cost \$233.05	
Run Dates 6/18/2013	
Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESAD MINISTRATIONNOTICEOFINTENTTOSUBMITAREVISEDSTATEPLANAMENDMENTSPAT	

Product Grand Rapids Press::	Placement/Class Announcements - Announcem
# Inserts 1	POS/Sub-Class Public Notices-Public Notices
Cost \$312.05	
Run Dates 6/18/2013	
Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESAD MINISTRATIONNOTICEOFINTENTTOSUBMITAREVISEDSTATEPLANAMENDMENTSPAT	

Product Kalamazoo Gazette::	Placement/Class Announcements - Announcem
# Inserts 1	POS/Sub-Class Public Notices-Public Notices
Cost \$118.13	
Run Dates 6/18/2013	
Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESAD MINISTRATIONNOTICEOFINTENTTOSUBMITAREVISEDSTATEPLANAMENDMENTSPAT	

Order Confirmation
Ad Order Number 0004638506



Product Saginaw News:: *Placement/Class* Announcements - Announcem
Inserts 1 *POS/Sub-Class* Public Notices-Public Notices
Cost \$126.40
Run Dates 6/18/2013
Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESAD
MINISTRATIONNOTICEOFINTENTTOSUBMITAREVISEDSTATEPLANAMENDMENTSPAT



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

June 21, 2013

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a Revised State Plan Amendment (SPA) to increase payment rates for the Public Entity Adjustment Program

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as a revised 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 to increase payment rates for the Public Entity Adjustment Program.

Consultation Letter L 13-03 dated January 10, 2013, provided notification to Tribal Chairs and Health Directors of the intent by MDCH to submit a State Plan amendment for the purpose of adjusting the percentage of the Average Commercial Rate paid to physicians and other affiliated providers participating in the Public Entity Adjustment Program. Pursuant to this amendment, providers participating in the aforementioned supplemental payment program shall receive 100% of the average commercial rates for services rendered to Medicaid beneficiaries.

The initial intent of MDCH was to have an effective date of January 1, 2013. The revised State Plan amendment will have an effective date of April 1, 2013.

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 13-33
June 21, 2013**

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community
Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, 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. James Williams, Jr., 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. Robin Carufel, 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
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



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

August 1, 2012

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment (SPA) for the Public Entity Adjustment;
Specialty Network Access Fee Enhanced Medicaid Reimbursement Rates

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.

The department intends to submit a state plan amendment for the purpose of including Central Michigan University as a public entity to participate in the physician adjuster program. This program pays physicians and other affiliated providers 95.7% of average commercial rates for services rendered to Medicaid beneficiaries.

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 12-30
August 1, 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

Order Confirmation

Ad Order Number 0004536809



Customer	Payor Customer	PO Number	Submit SPA to increas
Account: 42716	Account: 42716	Ordered By	EMAIL PAT
MDCH ACTUARIAL DIVISON	MDCH ACTUARIAL DIVISON	Sales Rep.	hwstphal
PO BOX 30479	PO BOX 30479	Order Taker	hwstphal
LANSING MI 48909-7979 USA	LANSING MI 48909-7979 USA	Order Source	Fax
(517) 241-7192	(517) 241-7192	Special Pricing	None
FAX (517) 241-5112 smithp2@michigan.gov			

Ad Content Proof

PUBLIC NOTICE
Michigan Department of
Community Health
Medical Services
Administration

Notice of Intent to
Submit a State Plan
Amendment (SPA) to
Increase Payment Rates
for the Public Entity
Adjustment Program

The department intends to submit a state plan amendment for the purpose of adjusting the percentage of the Average Commercial Rate paid to physicians and other affiliated providers participating in the Public Entity Adjustment Program; pursuant to this amendment, providers participating in the aforementioned supplemental payment program shall receive 100% of the average commercial rates for services rendered to Medicaid beneficiaries. This amendment shall be effective for services rendered on or after January 1, 2013.

Comments
Any comments on, or requests for copies of the Notice of Proposed Policy may be submitted in writing to: Michigan Department of Community Health, Actuarial Division, Bureau of Medicaid Policy and Health System Innovation, Attention Brody McClellan, 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	\$934.83
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$934.83
Blind Box		Payment Method	
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$934.83

Ad Number	0004536809-01	Ad Type	CLS Liner
Pick Up #	0004517700	Ad Size	1.0 X 73 LI
External Ad #		Ad Attributes	
Invoice Text:		Ad Released	No
Order Notes:	emailed proof	Color	<NONE>
		Production Method	AdBocker
		Production Notes	

Product	Flint Journal:	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$258.42		
Run Dates	12/23/2012		
Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESADMINISTRATIONNOTICEOFINTENTTOSUBMITASTATEPLANAMENDMENTSPATOINCREA		
Run Schedule			
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical S		

Product	Grand Rapids Press:	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$445.30		
Run Dates	12/23/2012		
Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESADMINISTRATIONNOTICEOFINTENTTOSUBMITASTATEPLANAMENDMENTSPATOINCREA		
Run Schedule			
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical S		

Product	Kalamazoo Gazette:	Placement/Class	Announcements - Announcemr
# Inserts	1	POS/Sub-Class	Public Notices-Public Notices
Cost	\$107.31		
Run Dates	12/23/2012		
Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESADMINISTRATIONNOTICEOFINTENTTOSUBMITASTATEPLANAMENDMENTSPATOINCREA		
Run Schedule			
Invoice Text:	PUBLIC NOTICE Michigan Department of Community Health Medical S		

Order Confirmation
Ad Order Number 0004536809



Product Saginaw News:: *Placement/Class* Announcements - Announcemer
Inserts 1 *POS/Sub-Class* Public Notices-Public Notices
Cost \$116.80
Run Dates 12/23/2012
Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFCOMMUNITYHEALTHMEDICALSERVICESAD
MINISTRATIONNOTICEOFINTENTTOSUBMITASTATEPLANAMENDMENTSPATOINCREA
Run Schedule
Invoice Text: PUBLIC NOTICE Michigan Department of Community Health Medical S
