

Bulletin Number: MSA 17-47

Distribution: Hospitals, Medicaid Health Plans

Issued: November 27, 2017

Subject: Inpatient and Outpatient Short Hospital Stay Rate of Reimbursement

Effective: January 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services, Maternity Outpatient Medical Services

NOTE: Implementation of this policy is contingent upon State Plan Amendment approval from the Centers for Medicare & Medicaid Services (CMS).

The Michigan Department of Health and Human Services (MDHHS) will adjust the Short Hospital Stay rate of reimbursement for certain inpatient and outpatient hospital stays to maintain budget neutrality for the Medicaid program as defined in bulletin MSA 15-17. The Short Hospital Stay rate will be \$1,608 effective for dates of service or inpatient discharges on and after January 1, 2018. All other qualifying criteria and rate methodology for the Short Hospital Stay rate remain unchanged. MDHHS will continue to monitor the diagnosis code sets and reimbursement to maintain budget neutrality and consistency with future reimbursement changes. Future adjustments to the Short Hospital Stay rate of reimbursement and applicable diagnosis codes will be published on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> "Inpatient Hospitals" or "Outpatient Hospitals."

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: Carly Todd
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: ToddC1@michigan.gov

If responding by e-mail, please include "Short Hospital Stay Rate" in the subject line.

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

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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



Kathy Stiffler, Acting Director
Medical Services Administration