

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16 - 0013

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2016

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 433 Subpart D

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.22-B, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.22-B, Page 1

10. SUBJECT OF AMENDMENT:

Updates third party liability state plan language related to payment of claims consistent with current policy.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

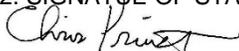
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

October 17, 2016

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

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

Requirements for Third Party Liability – Payment of Claims

1) Method Used to Determine Provider Compliance

The State requires the provider to utilize all other resources to their fullest extent before presenting the claim to Medicaid for payment.

2) Guidelines Used to Determine Cost Effectiveness and Time/Dollar Thresholds for Billing

Paternity Confinement Expenses - The State of Michigan IV-D program refers paternity cases to the local prosecuting attorney who petitions the court to order the absent parent to provide support for the minor child and repay Medicaid confinement expenses. The prosecutor and/or court requests from the Third Party Liability Division a statement of confinement expenses for inclusion in the court order. Confinement expense statements are provided by the Third Party Liability Division for every paternity case whether or not repayment is ordered and the terms of repayment is at the discretion of the court. Enforcement and collection is vested with an extension of each judicial circuit court in Michigan.

Health Insurance - Recoveries from Health Insurers are initiated within 30 days of adding Health Insurance information to the TPL Master File. Billing for reimbursement is retrospective.

Medicare- All current Medicare eligible recipients are monitored by the Invoice Processing system to assure payment of the lesser of the coinsurance and deductible amounts or the Medicaid screen amount minus any Medicare payment. Retroactive Medicare eligibility is pursued for covered provider types regardless of dollar amount since the process is automated. The part A and part B claims ~~(excluding Long Term Care claims which are cost-avoided)~~ are claim adjusted to the Medicaid providers.

Casualty - The Michigan Department of ~~Community~~ Health AND HUMAN SERVICES pursues recovery of Casualty claims when claims exceed \$300 for automobile cases or \$1000 for general liability or medical malpractice cases. Requests from insurance companies and attorneys are processed regardless of the value of the paid claims. Claims for no-fault auto are accumulated for as much as 12 months. If the claims do not exceed the threshold as noted in the first sentence of this subsection, the case is closed. General Liability claims are accumulated to extend 6 months from the date of event or date of notification, whichever is longer. If the claims do not exceed the threshold, the case is closed. Once the case has been identified as exceeding the cost effective threshold, recovery is pursued.

TN NO.: 16-0013

Approval Date: _____

Effective Date: 10/01/2016

Supersedes
TN No.: 07-05



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

August 16, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment to Update Language
Regarding the Requirements for Third Party Liability Payment of Claims

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment.

The purpose of the amendment is to update State Plan language regarding the requirements for third party liability payment of claims. Specifically, language excluding long-term care claims from retroactive Medicare part A and part B claim adjustments will be removed. MDHHS expects the State Plan Amendment to have little or no impact on Native American beneficiaries. The anticipated effective date of this State Plan Amendment is August 1, 2016.

There is no public hearing scheduled for this State Plan Amendment. Input regarding this amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-284-4034, or via email at Elliott-EganL@michigan.gov. **Please provide all input by September 30, 2016.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this amendment, according to the tribes' preference. This consultation meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive, flowing style.

Chris Priest, Director
Medical Services Administration

cc: Keri Toback, Region V, CMS
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.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 16-45
August 16, 2016

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, 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. Warren C. Swartz, Jr., 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. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Donald MacDonald, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Ms. Leah Fodor, Chairperson, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Frank Cloutier, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive 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: Keri Toback, Region V, CMS
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.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



Order Confirmation

Ad Order Number 0007832930

Customer

MICHIGAN DEPARTMENT OF HEALTH

Account:1000560354

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PO BOX 30479

LANSING MI 48909 USA

(517)241-9444

FAX:

smithp2@michigan.gov

Payor Customer

MICHIGAN DEPARTMENT OF HEALTH

Account: 1000560354

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PO BOX 30479

LANSING MI 48909 USA

(517)241-9444

PO Number

Sales Rep. Karen Jones

Order Taker Karen Jones

Order Source

Special Pricing

<i>Tear Sheets</i> 1	<i>Net Amount</i>	\$624.64
<i>Proofs</i> 0	<i>Tax Amount</i>	\$0.00
<i>Affidavits</i> 0	<i>Total Amount</i>	\$624.64
<i>Blind Box</i>	<i>Payment Method</i>	Invoice
<i>Promo Type</i>	<i>Payment Amount</i>	\$0.00
<i>Materials</i>	<i>Amount Due</i>	\$624.64
<i>Invoice Text</i> MEDICARE THIRD PARTY LIABILITY		

Ad Schedule

<i>Product</i> Flint Journal	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$182.75	<i>AdNumber</i> 0007832930-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 59 li
<i>Pick Up #</i> 0007825634	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 09/22/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONME

<i>Product</i> Grand Rapids Press	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$244.70	<i>AdNumber</i> 0007832930-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 59 li
<i>Pick Up #</i> 0007825634	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 09/22/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONME

<i>Product</i> Kalamazoo Gazette	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$91.07	<i>AdNumber</i> 0007832930-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 59 li
<i>Pick Up #</i> 0007825634	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 09/22/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONME

Product Saginaw News

Placement/Class Announcements

Inserts 1

POS/Sub-Class Public Notices

Cost \$99.12

AdNumber 0007832930-01

Ad Type CLS Liner

Ad Size 1 X 59 li

Pick Up # 0007825634

Ad Attributes

External Ad #

Color <NONE>

Production Method AdBooker

Production Notes

Run Dates Sort Text PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONME
09/22/2016

0007832930-01

Ad Content Proof

Public Notice

**Michigan Department of
Health and Human
Services
Medical Services
Administration**

**Medicare Third Party
Liability for Payment of
Claims
State Plan Amendment
Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to update language regarding requirements for third party liability payment of claims. Language excluding long-term claims from retroactive Medicare part A and part B claim adjustments will be removed from the State Plan.

The anticipated effective date for the updated third party liability language SPA is October 1, 2016.

There is no anticipated cost impact to the State of Michigan for this Amendment.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 or e-mail MSADraft Policy@michigan.gov by December 21, 2016. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html.