

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

July 29, 2021

Ms. Kate Massey
Medicaid Director
Medical Services Administrations
400 South Pine Street 7th Floor
Lansing, MI 48933-2250

RE: TN 21-0008

Dear Ms. Massey:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B MI-21-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 19, 2021. This plan amendment establishes the payment methodology for COVID-19 vaccine administration.

Based upon the information provided by the State, we have approved the amendment effective the day after the PHE ends. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER: 21 - 0008	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE The day after the PHE ends	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

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 440.130	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$41,669,700 b. FFY 2022 \$116,758,300
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 6g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):
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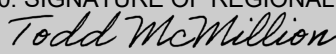
10. SUBJECT OF AMENDMENT:
This SPA provides authority to establish a payment methodology for COVID-19 vaccine administration at 100% of the Medicare rate.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Kate Massey, 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 - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
13. TYPED NAME: Kate Massey	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: May 19, 2021	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: May 19, 2021	18. DATE APPROVED: July 29, 2021

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: Day after the PHE ends	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPE NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

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)***

16. Other Services (continued)

COVID-19 VACCINES ADMINISTRATION SERVICES

THE REIMBURSEMENT FOR COVID-19 VACCINE ADMINISTRATION SERVICES IS 100% OF MEDICARE RATES FOR EQUIVALENT SERVICES. THESE SERVICES WILL BE REIMBURSED AT THE LESSER OF THE MEDICAID FEE SCREENS OR THE PROVIDER'S USUAL AND CUSTOMARY CHARGE MINUS ANY THIRD-PARTY PAYMENT. EXCEPT AS OTHERWISE NOTED IN THE STATE PLAN, MICHIGAN MEDICAID'S PAYMENT RATES ARE UNIFORM FOR BOTH PRIVATE AND GOVERNMENTAL PROVIDERS.

EFFECTIVE DATE OF PAYMENT

THIS REIMBURSEMENT METHODOLOGY APPLIES TO SERVICES RENDERED ON AND AFTER THE DAY AFTER THE PHE ENDS. ALL MEDICAID FEE SCHEDULE RATES ARE PUBLISHED AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

TN NO.: 21-0008 Approval Date: 7/29/21

Effective Date: The day after the PHE ends

Supersedes TN No.: NEW