CENTERS FOR MEDICARE & MEDICAID SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 23 — 0003	2. STATE MI
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT	X OF THE SOCIAL
	SECORITIACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	 PROPOSED EFFECTIVE DATE The day after the end of the PHE and ends on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act) 	
 5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Securing Act 	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$179,900 b. FFY 2024 \$363,100	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)	
Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency	New	
Juch a. Hanley B 11. TYPED NAME A Farah Hanley S 12. TITLE C Chief Deputy Director for Health 4	OTHER, AS SPECIFIED: OTHER, AS SPECIFIED: As a specified of the second se	
lonuory 0, 2022	n: Erin Black	
FOR CMS USE ONLY		
	7. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	9. SIGNATURE OF APPROVING OFFICIA	AL.
20. TYPED NAME OF APPROVING OFFICIAL 2	TITLE OF APPROVING OFFICIAL	
22. REMARKS		

Section 7 – General Provisions

7.4. B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act), the agency temporarily extends the following election(s) of section 7.4 (approved 11/19/2020 in SPA number MI-20-0009 and approved 11/09/2021 in SPA number MI-21-0011) of the state plan:

Payments:

<u>X</u> The agency makes the following adjustments to payment rates currently covered in the state plan:

COVID-19 Specimen Collection

Allow Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal FQHCs, and Tribal Health Centers (THC) to be reimbursed for COVID-19 specimen collection when no other eligible qualifying clinic visit is provided on the same date of service. Payment for stand-alone specimen collections in FQHCs, RHCs, Tribal FQHCs, and THCs will be made through an Alternative Payment Methodology (APM). The APM provides a separate service reimbursement pursuant to the payment methodology described under Attachment 4.19-B, Individual practitioner services. The APM is separate from the Prospective Payment System for FQHCs and RHCs and from the All-Inclusive Rate reimbursement methodology for Tribal FQHCs and THCs. This APM is intended to be time-limited and expire at the end of the public health emergency period. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at www.michigan.gov/medicaidproviders. Payments will be made from March 10 through the end of the Public Health Emergency.

The State of Michigan is requesting authority to allow for COVID-19 laboratory specimen collection to be reimbursed when provided by a licensed Pharmacist or Pharmacy Technician under the supervision of a Pharmacist as authorized by the State within their scope of practice. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at www.michigan.gov/medicaidproviders. Reimbursements will be made from March 10 through the end of the Public Health Emergency.

COVID-19 Vaccine Administration

<u>Federally Qualified Health Centers, Rural Health Clinics and Tribal Federally Qualified Health</u> <u>Centers</u>

Allow Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal FQHCs to be reimbursed for COVID-19 vaccine administration when no other eligible qualifying clinic visit is

provided on the same date of service. Payment for stand-alone vaccine administration in FQHCs, RHCs, and Tribal FQHCs will be made through an Alternative Payment Methodology (APM). The APM provides a separate service reimbursement using a cost-based payment methodology. The supplemental amounts made under this APM are in addition to the Prospective Payment System (PPS) paid to FQHCs, RHCs, and Tribal FQHCs for an encounter. The amount in total paid to FQHC, RHC, and Tribal FQHC providers is at least their provider-specific PPS rate. (1) The APM for stand-alone COVID-19 vaccine administration is a supplemental cost-based payment greater than the amount reimbursed for stand-alone vaccines in the PPS methodology for FQHCs, RHCs, and Tribal FQHCs. (2) The supplemental cost calculation is based on average clinic COVID-19 vaccine administration costs. Stand-alone vaccines provided in clinics are reimbursed at \$0 in the PPS reimbursement methodology. The APM will reimburse clinics above what is currently paid under the PPS for stand-alone COVID-19 vaccine administration. (3) A survey was utilized to collect vaccination administration cost data for these providers. Based upon survey information, a weighted average rate of \$39.52 will be issued per stand-alone vaccine administration for this APM. The rate is for additional costs associated with the COVID-19 vaccine. This APM is intended to be time-limited and expire at the end of the public health emergency period. (4) An interim rate will be paid for this APM. The interim rate is the Medicare rate, and it is to be paid at claim adjudication for stand-alone COVID-19 vaccine administration codes delivered by clinics. On a yearly basis, stand-alone COVID-19 vaccine administration codes will be multiplied by the difference between the Medicare rate and the cost-based rate determined by the State. The difference will be paid on yearly basis during cost reconciliation to each clinic that accepts the APM. (5) The supplemental payments under this APM are only for COVID-19 vaccine-only visits. If the COVID-19 vaccine is administered as part of a billable encounter visit, then the FQHC, RHC, or Tribal FQHC will only receive their provider-specific PPS/APM rate. (6) All FQHCs, RHCs, and Tribal FQHCs must explicitly agree to accept the APM for COVID-19 vaccine administration. Payments will be made from December 1, 2020, through the end of the Public Health Emergency.

Tribal Health Centers

Increase the payment rate for the administration of COVID-19 vaccines to the cost-based payment rate of \$39.52 for Tribal Health Centers (THCs). THCs will be reimbursed at this rate for COVID-19 vaccine administration when no other eligible qualifying clinic visit is provided on the same date of service. A survey was utilized to collect vaccination administration cost data for these providers. Based upon survey information, a weighted average rate of \$39.52 will be issued per stand-alone vaccine administration. The rate is for additional costs associated with the COVID-19 vaccine. This payment increase is intended to be time-limited and expire at the end of the public health emergency period. An interim rate will be paid for this cost-based methodology. The interim rate is the Medicare rate, and it is to be paid at claim adjudication for stand-alone COVID-19 vaccine administration codes delivered by clinics. On a yearly basis, standalone COVID-19 vaccine administration codes will be multiplied by the difference between the Medicare rate and the cost-based rate determined by the State. The difference will be paid on a yearly basis during cost reconciliation to each THC. The cost-based payment for this reimbursement methodology is for COVID-19 vaccine-only visits. If the COVID-19 vaccine is administered as part of a billable encounter visit, then the THC will only receive the AIR<mark>. The</mark> payment increase will be made from December 1, 2020, through the end of the Public Health Emergency.

Approval Date: _____



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 Attention Anyone Knowing How To Contact Dr. Norman Walters. Please Have Him Call Jessica Reese. 1975 Thank you. 810-569-2991
 Request for Proposal: 2022-14 Roof Replacement 2022-14 Roof Replacement 2022-14 Roof Replacement Soliciting bids from qualified compa-nies to provide roof replace-ment services for its Rides To Wellness Center. The MTA Rides To Wellness Campus is located in Gene-see Courty. Bids shall be yumitted on or before 3:00 p.m. EDST on Tues., Nov. 29, 2022 at 3820 Richfield Road, Flint, MI 48506. A detailed packet may be obtained by contacting Jenny Cooper via email at RFP@flinthc.org.

 ADVERTISEMENT FOR BIDS GRAND BLANC COMMUNITY SCIEDOL DISCOMMENDIAL
 A Pre-Proposal meeting will

 ADVERTISEMENT FOR BIDS GRAND BLANC COMMUNITY SCHOOL DISTRICT HIGH SCHOOL WEST & MCGRATH DELEMENTARY ROOFING RENOVATIONS Grand Blanc Community School District will receive firm prime contractor bids for the labor materials, equipment, and all other services to complete the fol-lowing High School West & MCGrath Elementary Roofing Renovations located at 1 Je-wett Trail, Grand Blanc, MI 48439 and 5288 Todd St., Grand Blanc, MI 48439.
 The bidding documents con-sist of plans & specs pre-pared by Gazall, Lewis & As-sociates, Architects, Inc., Mott Foundation Building, 503 South Saginaw Street Suite 100, Flint, MI 48502.
 Documents may be down-loaded from A Pre-Proposal meeting will be held at the MTA Center of Technology (Building 2 -R2W Facility) located at 1717 S. Dort Highway, Flint, Michigan 48503 on Novem-ber 30, 2022 at 1:30 pm. E.D.T.

The Pre-Bid meeting is not mandatory.

posals are \$50,000 or more will be required to furnish a Satisfactory Performance and Payment Bond in the amount of 100% of their bid. The cost of the Bond shall b included in each proposal. The Board of Education re-serves the right to reject an The Board of Education re-serves the right to reject any and/or all bids in whole or in part and to waive any infor-malities therein. The Board of Education reserves the right to accept that bid which in its opinion, is in the best interest of the Owner. Meredith Anderson Secretary Board of Education Grand Blanc Community Schools

ment System and All-Inclusive Rate reimburse-ment methodology when no other eligible qualifying clin-ic visit is provided on the same date of service. Allow FQHCs and RHCs to be reimbursed for COVID-19 vaccine administration through an alternative pay-ment methodology separate from the Prospective Pay-ment System when no other eligible qualifying clinic visit is provided on the same date of service. Allow Tribal FQHCs and THCs to be reimbursed for COVID-19 vaccine adminis-tration through a rate in-crease separate from the All-inclusive Rate reim-bursement methodology when no other eligible quali-fying clinic visit is provided on the same date of service.

The estimated gross cost to the State of Michigan for the State Plan Amendment is \$483,600 per year. is \$483,600 per year. There is no public meeting scheduled regarding this no-tice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to M SADraftPolicy@michigan.gov or submitting a request in writing to MDHHS/ Behavio-ral and Physical Health and Aging Services Administra-tion, Program Policy Divi-sion, PO Box 30479, Lansing MI 48909-7979 by December 15, 2022. A copy of the pro-posed State Plan Amend-ment will also be available for review at https://www. michigan.gov/mdhs/ inside-mdhs/ budgetfinance/264/ state-plan-amendments.

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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

GRETCHEN WHITMER GOVERNOR

LANSING

ELIZABETH HERTEL DIRECTOR

November 9, 2022

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Michigan Department of Health and Human Services (MDHHS) Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Clinic Specimen Collection and Clinic Vaccine Administration Payments

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by MDHHS to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to temporarily extend disaster relief COVID-19 PHE policies for specific clinic specimen collection and clinic vaccine administration payments currently authorized in DR SPAs 20-0009 and 21-0011.

The purpose of the SPA request is to obtain the authority to utilize temporary flexibilities after the COVID-19 PHE ends. These flexibilities will allow MDHHS the ability to fully address the health needs of Medicaid beneficiaries after the PHE period.

The requested temporary extension of current flexibilities after the COVID-19 PHE ends includes:

- Allow Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal FQHCs, and Tribal Health Centers (THC) to be reimbursed for COVID-19 specimen collection separate from the Prospective Payment System (PPS) and All-Inclusive Rate reimbursement methodology when no other eligible qualifying clinic visit is provided on the same date of service.
- Allow FQHCs and RHCs to be reimbursed for COVID-19 vaccine administration through an alternative payment methodology (APM) separate from the PPS when no other eligible qualifying clinic visit is provided on the same date of service.
- Allow Tribal FQHCs and THCs to be reimbursed for COVID-19 vaccine administration through a rate increase separate from the All-Inclusive Rate reimbursement methodology when no other eligible qualifying clinic visit is provided on the same date of service.

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The approval by CMS for these temporary flexibilities will be effective the day after the end of the PHE until and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period. MDHHS expects these changes to increase access to COVID-19 testing and vaccines for Native American beneficiaries.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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 517-512-4146, or via email at Elliott-EganL@michigan.gov. Please provide all input by December 27, 2022.

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribes' preference. Consultation meetings 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.

An electronic copy of this letter is available at <u>www.michigan.gov/medicaidproviders</u> >> Policy, Letters & Forms.

Sincerely,

Jarah Q. Hanley

Farah Hanley Chief Deputy Director for Health

 CC: Keri Toback, CMS Nancy Grano, CMS
 Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
 Daniel Frye, Director, Indian Health Service - Bemidji Area Office Lorna Elliott-Egan, MDHHS

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CC: Keri Toback, CMS

Nancy Grano, CMS

Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan

Daniel Frye, Director, Indian Health Service - Bemidji Area Office Lorna Elliott-Egan, MDHHS