

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>26</u> — <u>0004</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$11,400,000
b. FFY 2027 \$11,400,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 4.19-A, Page 28c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-A, Page 28c (TN# 25-0008)

9. SUBJECT OF AMENDMENT
This SPA extends the MIDocs Consortium within the State of Michigan's Graduate Medical Education (GME) Innovations Sponsoring Institution Program.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

 11. TYPED NAME
Meghan Groen
 12. TITLE
Senior Chief Deputy
 13. DATE SUBMITTED
March 26, 2026

15. RETURN TO
Health Services Administration— Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933
Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Methods and Standards for Establishing Payment Rates – Inpatient Hospital Care

GME Innovations MIDOCs Program

The GME MIDOCs Program supports the expansion of residencies and subsequent retention efforts for approved high need specialties in underserved areas of the state, where current and future physician shortages undermine the health and well-being of Medicaid beneficiaries. The MIDOCs program offers physician training in integrated and patient-centered care for underserved populations that will further the state's Medicaid quality goals. To be eligible for MIDOCs GME funding, the MIDOCs participating medical school must enter into an agreement with the state agency specifying the number of MIDOCs residents to be supported, the total annual cost of such residencies, any post-residency expenditures to retain physicians in underserved areas of Michigan and the amount of other sources of funding available for the program, if any. Sponsoring institutions may receive funding from other sources but Medicaid will act as a payer of last resort to only cover costs not reimbursed through other sources. The state agency will pay the MIDOCs participating medical school an amount equal to the amount of otherwise unreimbursed costs.

The single state agency will approve four (4) agreements with MIDOCs participating medical schools statewide each state fiscal year (SFY), covering residencies for the academic year (July-June (AY)) beginning within the SFY. The agreements will total \$1.52 million in Fiscal Year 2019, \$10.73 million in Fiscal Year 2020, \$19.98 million in Fiscal Year 2021, \$27.75 million in Fiscal Year 2022, \$28.5 million in Fiscal Year 2023, \$22.8 million in Fiscal Year 2024, and \$32 million in Fiscal Year 2025. **IN FISCAL YEAR 2026 AND FUTURE YEARS, THE AGREEMENTS WILL AMOUNT TO \$22.8 MILLION.**

In addition, the following requirements must be met:

- The MIDOCs participating medical school must have submitted to the state agency its MIDOCs program proposal for new or expanded residency program(s) to promote access in underserved areas of the state
- The new or expanded program(s) must possess appropriate accreditation credentials
- The new or expanded program(s) must meet the MIDOCs curriculum standards, including those related to didactic education on patient centered medical homes, interprofessional education, behavioral and physical health integration, and continuous quality improvement
- The MIDOCs participating medical school must be the sponsoring institution of the residency program(s) or have an approved agreement with the sponsoring institution
- The MIDOCs participating medical school or the sponsoring institution (if not the medical school) must have agreements with all training sites for the MIDOCs residents
- If GME distributions exceed the expenses incurred by the MIDOCs participating medical school, their affiliated sponsoring institution and/or the clinical training sites related to the MIDOCs residencies, the size of the payment will be reduced to bring these elements into alignment.

TN NO.: 26-0004

Approval Date:

Effective Date: 4/01/2026

Supersedes

TN No.: 25-0008

Medicaid Hospital Upper Payment Limit Non-Federal Funding Questions

The following questions should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology for each of the applicable services that are submitted pursuant to SMDL #13-003.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

Response 4.19-A: *Providers will not return any portion of any Medicaid-related payments they receive.*

Response 4.19-B: *Providers will not return any portion of any Medicaid-related payments they receive.*

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - i. a complete list of the names of entities transferring or certifying funds;
 - ii. the operational nature of the entity (state, county, city, other);
 - iii. the total amounts transferred or certified by each entity;
 - iv. clarify whether the certifying or transferring entity has general taxing authority: and,

- v. whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response 4.19-A: *Funding for all hospital payments detailed below must be appropriated by the state legislature before expenditures can be incurred. The funding sources supporting appropriations for specific payments are itemized below.*

DRG Payments – *Hospital DRG payments made under section 4.19-A are estimated to be \$294.6 million for fiscal year 2023. State funding for these payments is estimated at \$62.3 million for this time period.*

Per Diem Payments – *Hospital per diem payments made under section 4.19-A are estimated to be \$5.0 million for fiscal year 2023. State funding for these payments is estimated at \$0.6 million for this time period.*

TEFRA Payments – *Hospital TEFRA payments made under section 4.19-A are estimated to be \$48.2 million for fiscal year 2023. State funding for these payments is estimated at \$15.5 million for this time period.*

Capital Payments – *Hospital capital payments made under section 4.19-A are included in the DRG and Per Diem payments listed above for fiscal year 2023. State funding for these payments is listed above for this time period.*

GME Payments – *Hospital GME payments made under section 4.19-A are estimated to be \$52.1 million for fiscal year 2023. State funding for these payments is estimated at \$20.5 million for this time period.*

GME payments consisted of \$31.2 million in GME Funds Pool and Primary Care Pool payments and \$20.9 million in Innovations Pool payments. The latter were made to Pine Rest Christian Hospital, Hurley Medical Center, and Detroit Receiving Hospital under arrangements with Michigan State University and Wayne State University, respectively, whereby the universities provided the state share of approximately \$10.5 million.

DSH Payments – *Hospital DSH payments under 4.19-A are estimated to be \$490.5 million for fiscal year 2023. The total non-federal share of hospital DSH payments was approximately \$142.6 million for this time period. There are four components to the non-federal share of the payments:*

- 1. Approximately \$60.3 million was funded through state general fund tax dollars.*
- 2. Approximately \$1.0 million was funded through intergovernmental transfers (IGTs) from public entities. The state received the state share from public entities prior to issuing the DSH payment to the hospitals. Attachment A provides additional information related to these IGTs.*
- 3. Approximately \$27.5 million was funded through certified public expenditures (CPEs). The methodology for these payments is described on pages 24b and 24c of Section 4.19-A of Michigan's Medicaid State Plan. Attachment B provides additional information related to these CPEs.*

4. Approximately \$53.8 million was funded through a hospital provider tax to support the Outpatient Uncompensated Care DSH Pool.

Supplemental/Enhanced Payments – Hospital supplemental payments made under section 4.19-A are estimated to be \$398.6 million for fiscal year 2023. These payments consist of \$397.9 million in Medicaid Access to Care Initiative (MACI) payments and \$.7 million in Rural Access Pool (RAP) payments. MACI payments are supported by a hospital provider tax. RAP payments are supported by the state general fund. The non-federal share of supplemental/enhanced payments is estimated at \$89.8 million.

Response 4.19-B: Funding for all hospital payments detailed below must be appropriated by the state legislature before expenditures can be incurred. The funding sources supporting appropriations for specific payments are broken out below.

Regular Outpatient Hospital Payments- Regular outpatient hospital payments made under section 4.19-B are estimated to be \$100.9 million for fiscal year 2023. These payments are supported by state general fund. State funding for these payments is estimated at \$22.7 million for this time period.

Supplemental/Enhanced Payments- Hospital supplemental payments made under section 4.19-B for fiscal year 2023 are estimated to be \$109.0 million. These payments consist of \$108.2 million in Medicaid Access to Care Initiative (MACI) payments and \$0.8 million in Rural Access Pool (RAP) payments. MACI payments are supported by a hospital provider tax. RAP payments are supported by the state general fund. The non-federal share of supplemental/enhanced payments is estimated at \$24.6 million.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response 4.19-A: The Medicaid Access to Care Initiative (MACI) and Rural Access Pool (RAP) payments detailed in section 4.19-A are considered to be supplemental payments. Total supplemental inpatient payments made under section 4.19-A for fiscal year 2023 are approximately \$397.9 million for MACI payments and \$0.7 million for the RAP payments.

Response 4.19-B: Medicaid Access to Care (MACI) and Rural Access Pool (RAP) hospital payments detailed in Attachment 4.19-B are considered to be supplemental payments. Total supplemental payments made under Attachment 4.19-B for fiscal year 2023 are approximately \$108.2 million for MACI payments and \$0.8 million for the RAP payments.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class

of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: The answer to this question is provided in the State's response to the CMS formal UPL reporting requirements. The State's UPL packet includes a final copy of its fiscal year 2025 upper payment limit demonstration and the accompanying completed fillable documents.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

Response: In the aggregate, the payments are under the Medicare upper payment limit. They therefore do not exceed the hospital providers' reasonable costs of providing services. A mechanism has been implemented to recoup and return the federal share of overpayments in the event that overpayment occurs.

Public Notice

Michigan Department of Health and Human Services Health Services

Graduate Medical Education (GME) Innovations MIDOCs Program 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 extend the GME Innovations MIDOCs Program. The anticipated effective date for the GME Innovations MIDOCs Program SPA is on or after April 1, 2026. The estimated gross cost to the State of Michigan for the SPA is \$22.8 million in Fiscal Year 2026.

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 sending an e-mail to MSADraftPolicy@michigan.gov or submitting a request in writing to: MDHHS/Health Services Administration, Policy Integration & Evaluation Division, PO Box 30479, Lansing MI 48909-7979 by April 10, 2026. A copy of the proposed SPA will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>.

RELEASED: March 11, 2026



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

March 20, 2026

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Graduate Medical Education (GME) Innovations MIDOCs Program

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 the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

MDHHS intends to submit a SPA to extend the GME Innovations MIDOCs program. MDHHS expects that Michigan's Medicaid patient groups, including tribal members, will benefit by the support for innovative GME programs that improve access to skilled and experienced physicians. The anticipated effective date of this SPA is on or after April 1, 2026.

Due to the requirements of Public Act 22 of 2025, it is not possible to adhere to the sixty (60) days notification. Therefore, notification is being provided as soon as possible. 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 Isabelle Welsh, MDHHS liaison to the Michigan tribes. Isabelle can be reached at 906-201-2511, or via email at WelshI@michigan.gov. **Please provide all input by April 20, 2026.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribe's 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 Isabelle Welsh 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.

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March 20, 2026
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An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, stylized 'M' and 'G'.

Meghan E. Groen, Chief Deputy Director
Health Services

CC: Christine Davidson, CMS/CMCS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern
Michigan
Chris Poole, Director, Indian Health Service - Bemidji Area Office
Isabelle Welsh, MDHHS

Distribution List for L 26-20
March 20, 2026

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Ms. Sandra Witherspoon, Chairperson, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Sonya Zotigh, 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. Everett Ekdahl, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, 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
Ms. Giana Dahlke, Little River Band of Ottawa Indians
Ms. Janice Grant, Little River Band Ottawa Indians
Ms. Kate Gilbert, Little River Band of Ottawa Indians
Ms. Winnay Wemigwase, Tribal Chairperson, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa Indians
Dr. Frank Animikwam, Medical Director, Little Traverse Bay Band of Odawa Indians
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Mallory Horwath, Interim Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Tribal Chairperson, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Jessilyn Dunegan, Health Director, Nottawaseppi Band of Potawatomi Indians
Mr. Andrew Straatsma, Nottawaseppi Huron Band of Potawatomi Indians – Tribal Health Department
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Mr. Lucas Sprague, Tribal Chief, Saginaw Chippewa Indian Tribe
Ms. Betsey Alonzo, Assistant Health Director, Nimkee Memorial Wellness Center
Mr. Dustin Davis, Tribal Administrator, Saginaw Chippewa Indian Tribe
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. James Benko, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Christine Davidson, CMS/CMCS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Chris Poole, Director, Indian Health Service - Bemidji Area Office
Isabelle Welsh, MDHHS