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State/Territory Name: MI

State Plan Amendment (SPA) #: 14-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



March 18, 2015

Stephen Fitton, Medicaid Director Medical Services Administration Federal Liaison Unit Michigan Department of Community Health 400 South Pine Lansing, Michigan 48933

ATTN: Erin Black

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- ➤ Transmittal #: 14-0017- MI PCT
- Effective: January 1, 2015

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or <u>Leslie.Campbell@cms.hhs.gov</u>.

Sincerely,

/s/

Alan Freund Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL O	F 1 4 - 0017	Michigan	
	3. PROGRAM IDENTIFICATION:		
FOR: HEALTH CARE FINANCING ADMINISTRATION	TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	January 1, 2015		
5. TYPE OF PLAN MATERIAL (Check One):			
INEW 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:	7. FEDERAL BUDGET IMPACT:		
42 CFR 447.204	a. FFY 2015 \$11,502,000		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2016 \$ 16,519,000 9. PAGE NUMBER OF THE SUPERSEDE		
	OR ATTACHMENT (If Applicable):	D FLAN SECTION	
Attachment 4.19-B, Page 22 Attachment 4.19-B, Appendix A, Page 1	Attachment 4.19-B, Page 22		
	Attachment 4.19-B, Appendix A, Page	1	
10. SUBJECT OF AMENDMENT:			
Extends Michigan's multi-payer demonstration project (MiPCT) through December 31, 2016.			
Extends Michigan's multi-payer demonstration project (Min OT) through December 31, 2010.			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	Oten here Eitten Director		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Martinel Commisse Astronomistration		
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Medical Services Administration		
	Actuarial Division		
	apitol Commons Center - 7th Floor		
	00 South Pine Street ansing, Michigan 48933		
15. DATE SUBMITTED:	Lansing, Michgan 40933		
	Attn: Erin Black		
FOR REGIONAL OFFICE USE ONLY			
	18 DATE APPROVED:		
December 19, 2014	March 18, 2015		
PLAN APPROVED – ONE COPY ATTACHED			
	20. SIGNATURE OF REGIONAL OFFICIAL:		
January 1, 2015	/s/		
	22. TITLE:		
Alan Freund	Acting Associate Regional Admin	istrator	
23. REMARKS:			

Attachment 4.19-B Appendix A Page 1

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)

MiPCT Administrative Claiming Assurances

The State of Michigan assures there is an agreement in place with the University of Michigan to perform administrative functions on behalf of the State Medicaid Agency and that this agreement was in effect prior to the State Medicaid Agency claiming federal matching funds for expenditures incurred under the agreement. Also identified in the agreement is the mechanism for the University of Michigan to file a claim with the State Medicaid Agency.

The agreement identifies the administrative activities and services the University of Michigan provides and includes provisions related to Medicaid reimbursement and funding mechanisms. Oversight activities and monitoring responsibilities are defined for the State of Michigan regarding the University of Michigan. Maintenance of records, participation in audits, designation of local project coordinators, training timetables and criteria, and submission of fiscal information are also described and defined.

The sunset date for MiPCT is December 31, 2016

Supersedes TN No.: <u>12-06</u>

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)

On a monthly basis, the MDCH posts the enrollee lists on a secure web site and notifies the PO/PHO that the enrollee lists are available.

The MDCH calculates the care coordination payment amounts quarterly for each PO/PHO by adding the enrollee counts for the applicable PO/PHO for each of the three months in the quarter and multiplying by \$4.50.

MDCH transmits quarterly payments to each PO and practice through a gross adjustment payment using the Medicaid payment system. The payments are processed approximately the last month of the quarter. Overpayments and/or underpayments regarding provider and beneficiary eligibility are handled as debits or credits during the following quarter payment cycle.

POs are required to submit quarterly narrative and financial reports to assure that revenues spent are in alignment with the MiPCT Clinical Model. The report will include the progress of each practice and provide an accounting for the funds received and the distribution and use of those funds by participating Practices. The report will include an accounting of care manager activity according to the MiPCT reporting specifications.

State assurances for claiming administrative expenditures related to MiPCT can be found in Attachment 4.19-B, Appendix A, Page 1 of the State Plan.

The sunset date for MiPCT is December 31, 2016.

TN NO.: <u>14-0017</u>