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State/Territory Name: Michigan

State Plan Amendment (SPA) #: MI 15-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

DEC 17 2015

Mr. Chris Priest, Director Medical Services Administration Department of Community Health 400 South Pine Lansing, MI 48933

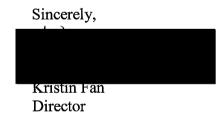
RE: Michigan State Plan Amendment (SPA) 15-0012

Dear Mr. Priest:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0012. Effective for services on or after September 30, 2015, updates the Michigan Department of Community Health Indigent Care Agreement DSH Pool Eligible Hospitals and Allocations Appendix B.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 15-0012 is approved effective September 30, 2015. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.



Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
TEALTHORIE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	: 1 5 - 0012	Michigan		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX	K OF THE SOCIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	TITLE XIX OF THE SOCIAL SECURITY 4. PROPOSED EFFECTIVE DATE	ACT (MEDICAID)		
HEALTH FINANCING ADMINISTRATION	. FROF GOLD CIT LOTTE DATE			
DEPARTMENT OF HUMAN SERVICES	September 30, 2015			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO	D BE CONSIDERED AS NEW PLAN	AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AI	MENDMENT (Separate Transmittal for each ame	ndment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR 447.201	a. FFY 2015 \$0 b. FFY 2016 \$0			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED	PLAN SECTION		
Attachment 4-19-A, Appendix B, Page 10	OR ATTACHMENT (If Applicable):			
	Attachment 4-19-A, Appendix B, Page 1	0		
10. SUBJECT OF AMENDMENT:				
Indigent Care Agreement (ICA) DSH Pool Distribution Update	•			
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	Charles and the control of the contr			
11. GOVERNOR'S REVIEW (Check One):		· ·		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Kathleen Stiffler, Acting Direc			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	AL Medical Services Administrat	ION		
3	16. RETURN TO:			
	Medical Services Administration			
	Actuarial Division - Federal Liaison			
Vanneau Stitler	Capitol Commons Center - 7th Floor			
A 41 (%)	400 South Pine			
15. DATE SUBMITTED:	Lansing, Michigan 48933			
September 30, 2015	attn: Erin Black			
	L OFFICE USE ONLY			
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	18 DATE APPROVED: DEC 17 20	JIJ		
PLAN APPROVED:	ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVEDS 19. EFFECTIVE DATE OF APPROVED DATE OF APPROVEDS 19. EFFECTIVE DATE OF APPROVEDS 19. EFFECTIVE DATE OF APPROVED DATE	20. SIGNATURE OF REGIONAL OFFICIAL:			
21. TYPE NAME: King of Fo	22. TITLE:			
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23. REMARKS:				
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Methods and Standards for Establishing Payment Rates Inpatient Hospital Care-

Michigan Department of Community Health Indigent Care Agreement DSH Pool Eligible Hospitals and Allocations

Medicare

	Medicare			
Hospital Name	Number	Fiscal Year	Allocation	
Bronson Methodist Hospital	23-0017	2014	\$ \$	1,485,896
Carson City Osteopathic Hospital	23-0208	2014	\$	570,010
Edward W. Sparrow Hospital	23-0230	2014	\$	3,241,927
Genesys Regional Medical Center	23-0197	2014	\$	7,075,872
Henry Ford Hospital	23-0053	2014	\$	18,555,217
Hillsdale Community Health Center	23-0037	2014	\$	286,331
Lakeland Hospital - St. Joseph	23-0021	2014	\$	1,146,270
Mclaren - Central Michigan	23-0080	2014	\$	919,340
Mclaren - Greater Lansing	23-0167	2014	\$	6,499,977
McLaren Bay Region	23-0041	2014	\$	1,146,264
McLaren Flint	23-0141	2014	\$ \$	7,075,872
McLaren Lapeer Region	23-0193	2014	\$	1,738,114
McLaren-Northern Michigan	23-0105	2014	\$	1,544,772
Mercy Health Partners - Hackley Campus	23-0066	2014	\$	1,929,091
Mercy Health Partners - Mercy Campus	23-0004	2014	\$	826,752
Metro Health Hospital	23-0236	2014	\$	1,146,264
MidMichigan Medical Center - Midland	23-0222	2014	\$	2,319,799
Mount Clemens Regional Medical Center	23-0227	2014	\$	9,046,589
Munson Medical Center	23-0097	2014	\$	1,910,896
Otsego County Memorial Hospital	23-0133	2014	\$	298,026
Pennock Hospital	23-0040	2014	\$ \$	745,072
Spectrum Health - Reed City Campus	23-1323	2014	\$	919,323
St. Joseph Mercy Hospital - Ann Arbor	23-0156	2014	\$ \$	7,668,495
St. Joseph Mercy Livingston Hospital	23-0069	2014	\$	1,171,437
St. Mary's Health Care (Grand Rapids)	23-0059	2014	\$	1,146,263
St. Mary's of Michigan Medical Center	23-0077	2014	\$	1,987,724
Total			\$	86,173,665
			_	
Allegiance Health	23-0092	2015	\$	218,204
Borgess Hospital	23-0117	2015	\$	235,918
Bronson Battle Creek Hospital	23-0075	2015	\$ \$	229,337
Bronson Methodist Hospital	23-0017	2015	\$	235,918
Edward W. Sparrow Hospital	23-0230	2015	\$	1,201,865
Genesys Regional Medical Center	23-0197	2015	\$ \$	733,457
Lakeland Hospital - St. Joseph	23-0021	2015	\$	267,837
McLaren Bay Region	23-0041	2015	\$	180,837
McLaren Flint	23-0141	2015	\$ \$ \$	733,457
Mercy Health Partners - Hackley Campus	23-0066	2015		383,073
MIDMICHIGAN MEDICAL CENTER - GLADWIN	23-1325	2015	\$	147,891
MIDMICHIGAN MEDICAL CENTER - GRATIOT	23-0030	2015	\$	49,297
- MidMichigan Medical Center - Midland	23-0222	2015	\$-	197,188
Mount Clemens Regional Medical Center	23-0227	2015	\$	3,455,550

TN NO.: <u>15-0012</u>

Approval Date: DEC 17 2015

Supersedes TN No.: 14-014

Effective Date: 09/30/2015