

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Tyler Wise

**Phone Number:** 517-284-1128

Initial

Public Comment

Final

## Brief description of policy:

This policy temporarily extends reimbursement for FQHCs, RHCs, Tribal FQHCs, and THC providing stand-alone COVID-19 vaccine administration services post PHE. In clinic reimbursement, stand-alone vaccine administration services are reimbursed as part of the Prospective Payment System methodology for FQHCs, RHCs, and Tribal FQHCs and as part of the All-Inclusive Rate methodology for THC. Therefore, stand-alone vaccine administration services are typically reimbursed at \$0. This temporary extension policy continues cost-based reimbursement for stand-alone COVID-19 vaccine administration services provided by clinics post PHE, effective May 12, 2023, and ending September 30, 2024.

## Reason for policy (problem being addressed):

The purpose of this bulletin is to temporarily continue clinic reimbursement for COVID-19 vaccine administration services post-PHE period and ending September 30, 2024.

## Budget implication:

budget neutral

will cost MDHHS \$ , and is not budgeted in current appropriation

will save MDHHS \$

## Is this policy change mandated per federal requirements?

No.

## Does policy have operational implications on other parts of MDHHS?

Yes, the Hospital and Clinic Reimbursement Division, Managed Care Plan Division, and Medicaid Payments Division.

## Does policy have operational implications on other departments?

No.

## Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date: <b>11/17/22</b>
Date: 4/5/23 Approval	Date:

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2320-Clinic	<b>Date:</b> April 7, 2023

**Comments Due:** May 12, 2023

**Proposed Effective Date:** May 12, 2023

**Direct Comments To:** Tyler Wise

**Address:**

**E-Mail Address:** [WiseT2@michigan.gov](mailto:WiseT2@michigan.gov)

**Phone:** 517-284-1128

**Fax:**

**Policy Subject:** Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Clinic Vaccine Administration Payments

**Affected Programs:** Medicaid, Healthy Michigan Plan, MIChild, Maternity Outpatient Medical Services (MOMS), Emergency Services Only (ESO), MI Health Link

**Distribution:** Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Tribal FQHCs, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Summary:** This policy temporarily extends reimbursement for FQHCs, RHCs, Tribal FQHCs, and THCs providing stand-alone COVID-19 vaccine administration services post-PHE. In clinic reimbursement, stand-alone vaccine administration services are reimbursed as part of the Prospective Payment System methodology for FQHCs, RHCs, and Tribal FQHCs and as part of the All-Inclusive Rate methodology for THCs. Therefore, stand-alone vaccine administration services are typically reimbursed at \$0. This temporary extension policy continues cost-based reimbursement for stand-alone COVID-19 vaccine administration services provided by clinics post PHE, effective May 12, 2023, and ending September 30, 2024.

**Purpose:** The purpose of this bulletin is to temporarily continue clinic reimbursement for COVID-19 vaccine administration services post-PHE period and ending September 30, 2024.

**Cost Implications:** FY2023: Federal - \$432,000, FY2024: Federal - \$432,000

**Potential Hearings & Appeal Issues:** N/A

**State Plan Amendment Required:** Yes  No   
**If yes, date submitted:** 1/9/2023

**Public Notice Required:** Yes  No   
**Submitted date:** 11/17/2022

**Tribal Notification:** Yes  No  - **Date:** 11/9/2022

**THIS SECTION COMPLETED BY RECEIVER**

**Approved**

**No Comments**

**See Comments Below**

**Disapproved**

**See Comments in Text**

<b>Signature:</b>	<b>Phone Number</b>
<b>Signature Printed:</b>	
<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>

Comment001

Revised 6/16

**Bulletin Number:** MMP 23-26

**Distribution:** Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Tribal FQHCs, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Issued:** April 7, 2023

**Subject:** Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Clinic Vaccine Administration Payments

**Effective:** As Indicated

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild, Maternity Outpatient Medical Services (MOMs), Emergency Services Only (ESO), MI Health Link

## **General Information**

This bulletin notifies Michigan Medicaid-enrolled FQHCs, RHCs, Tribal FQHCs, and THCs of information regarding the temporary extension of Medicaid program reimbursement of COVID-19 vaccine administration services post- PHE.

Consistent with the PHE conditions related to COVID-19, the Michigan Department of Health and Human Services (MDHHS) issued several bulletins and letters, including MSA 20-75, MSA 21-42, and L 22-04 addressing clinic stand-alone COVID-19 vaccine administration coverage and reimbursement. This policy also reminds clinics of COVID-19 vaccine administration reimbursement and clarifies that payments will temporarily continue post-PHE.

Effective May 12, 2023, and ending September 30, 2024, FQHCs, RHCs, Tribal FQHCs, and THCs will be reimbursed for COVID-19 vaccine administration services when no other eligible qualifying clinic visit is provided on the same date of service.

## **FQHC, RHC, and Tribal FQHC Reimbursement Requirements**

Payment for stand-alone COVID-19 vaccine administration in FQHCs, RHCs, and Tribal FQHCs will be made through an alternative payment methodology (APM). The APM provides reimbursement for stand-alone COVID-19 vaccine administration services using a cost-based rate. The APM is intended to be time-limited and is a temporary extension to previously approved Disaster Relief policies and will expire September 30, 2024.

FQHCs, RHCs, and Tribal FQHCs must explicitly agree to accept the APM for COVID-19 vaccine administration reimbursement. Health centers will be contacted via written communication requesting an e-mail response affirmatively accepting the APM. Clinics that fail to respond in agreement of the APM will be excluded from the APM and have COVID-19

vaccine administration services reimbursed as part of the prospective payment system (PPS) methodology. Clinics accepting the APM will be reimbursed for stand-alone COVID-19 administration services at the cost-based rate, and the payment will be excluded from the PPS methodology for FQHCs, RHCs, and Tribal FQHCs. **NOTE:** this is considered a new APM separate from the previous agreement effective through the end of the PHE. New written communication from MDHHS will be issued and an e-mail response affirmatively accepting this APM is required for reimbursement post-PHE.

### **THC Reimbursement Requirements**

Payment for stand-alone COVID-19 vaccine administration at THCs is made through a payment rate increase. Therefore, THCs will not be required to respond to MDHHS to receive the cost-based payment rate for stand-alone COVID-19 vaccine administration services. Tribal FQHCs are still required to respond in agreement of the APM to receive cost-based reimbursement. The payment rate increase is intended to be time-limited and is a temporary extension to previously approved Disaster Relief policies and will expire September 30, 2024.

### **Clinic Cost Reconciliation**

The initial fee-for-service and MHP reimbursement for stand-alone COVID-19 vaccine administration services will be at 100 percent of Medicare rates. Annual cost reconciliation will occur to reimburse eligible clinics the difference between the Medicare rate and the cost-based rate. Reconciliation will occur in the form of a lump-sum gross adjustment. All reimbursement rates will be reviewed and updated as applicable and are published on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information. All other COVID-19 vaccine coverage information described in Bulletin MSA 20-75, MSA 21-42, and L 22-04 remains unchanged.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Tyler Wise at [WiseT2@michigan.gov](mailto:WiseT2@michigan.gov).

Please include “Temporary Extension to the Disaster Relief Policies for COVID-19 PHE Specific to Clinic Vaccine Administration Payments” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

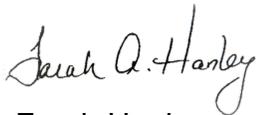
Information is time-limited and will not be incorporated into any policy or procedure manuals.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



Farah Hanley  
Senior Chief Deputy Director for Health