

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Kristi Walker

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to notify providers that the Initial Settlement payment amount will increase to 100 percent.

Reason for policy (problem being addressed):

To allow for increased cash flow to nursing facilities.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) 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 - Financial Operations Administration

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2349-NF	Date: November 29, 2023

Comments Due: January 3, 2024
Proposed Effective Date: January 1, 2024
Direct Comments To: Kristi Walker
Address:
E-Mail Address: WalkerK32@michigan.gov
Phone:

Fax:

Policy Subject: Change in Interim Settlement for Nursing Facilities

Affected Programs: Medicaid

Distribution: Nursing Facilities

Summary: This policy notifies providers that the Initial Settlement payment amount will increase to 100 percent

Purpose: To allow for increased cash flow to nursing facilities.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: None anticipated

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
--	---

Tribal Notification: Yes No - Date:

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Bulletin Number: MMP 23-70

Distribution: Nursing Facilities

Issued: November 29, 2023

Subject: Change in Interim Settlement for Nursing Facilities

Effective: January 1, 2024

Programs Affected: Medicaid

The Nursing Facility Cost Reporting & Reimbursement Appendix of the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#), Section 7.2 Initial Settlement provides direction that if the Reimbursement and Rate Setting Section (RARRS) determines that the Initial Settlement is an underpayment amount to the nursing facility, additional payment will be made to the provider for not less than 70 percent and not more than 80 percent of the determined settlement amount due the provider based on a review of the provider's financial situation and the effect of the filed cost report data on the reimbursement settlement determination.

This bulletin is to notify providers that effective January 1, 2024, the nursing facility FY21, FY22 and FY23 Initial Settlement payment amount will be increased to 100 percent. All other parts of the FY21, FY22 and FY23 Initial Settlement process remain unchanged. In addition, the Initial Settlement process and payment amounts for all other Fiscal Years will remain unchanged.

Questions can be sent to DARS@michigan.gov.

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 Kristi Walker at WalkerK32@michigan.gov.

Please include "Change in Interim Settlement for Nursing Facilities" in the subject line.

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

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

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. 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 >> Policy, Letters & Forms.

Approved

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

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration