

# 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 inform nursing facility providers that the Medicaid Interim Payment (MIP) program will be discontinued on September 30, 2024.

**Reason for policy (problem being addressed):**

This program is underutilized and provides little benefit to providers who can achieve the same or better results by timely submission of invoices.

**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?**

Functionality would need to remain in CHAMPS in case of nursing facility closure.

**Does policy have operational implications on other departments?**

No

**Summary of input:**

controversial Some facilities that are currently using the program may object to changing their invoice submission methods.

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:	

<b>DRAFT FOR PUBLIC COMMENT</b>  Michigan Department of Health and Human Services		
	<b>Project Number:</b> 2417-NF	<b>Date:</b> July 1, 2024

**Comments Due:** August 5, 2024  
**Proposed Effective Date:** October 1, 2024  
**Direct Comments To:** Kristi Walker  
**Address:**  
**E-Mail Address:** [WalkerK32@michigan.gov](mailto:WalkerK32@michigan.gov)  
**Phone:**

**Fax:**

**Policy Subject:** Medicaid Interim Payment (MIP) Program Termination

**Affected Programs:** Medicaid

**Distribution:** Nursing Facilities

**Summary:** This policy informs nursing facility providers that the MIP program will be discontinued on September 30, 2024.

**Purpose:** This program is underutilized and provides little benefit to providers who can achieve the same or better results by timely submission of invoices.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** Some facilities that are currently using the program may object to changing their invoice submission methods.

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

**THIS SECTION COMPLETED BY RECEIVER**

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

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Nursing Facilities

**Issued:** September 1, 2024 (Proposed)

**Subject:** Medicaid Interim Payment (MIP) Program Termination

**Effective:** October 1, 2024 (Proposed)

**Programs Affected:** Medicaid

Michigan Medicaid Bulletin 5370-81-05 announced changes to the Medicaid Interim Payment (MIP) program effective October 1, 1981, and was incorporated into the Michigan Medicaid Provider Manual on April 1, 2005.

The purpose of this bulletin is to inform nursing facilities that the MIP program will end on September 30, 2024. Effective October 1, 2024, nursing facilities will be required to submit all nursing facility claims for services rendered in a timely manner to ensure timely reimbursement.