Attendance record of 2020-114 IF No-Fault Fee

Schedule Public Hearing

March 26, 2021

Katie Tucker Maureen Kinsella Serena Roberts Chris Lowe

Drew Simon Brian Harrison Tom Judd

K.J. Miller

Misty Delegato Monica Van Acker Margaret Kroese Lesli Rhoton

Christa Rolando Joe Richert Dee Ringler Kevin Smith Tim Hoste

Dennis Atkins

Jenna Dost Elizabeth Piner George W

Tammy Hannah Joe (Guest) Sarah Gibbs

Holly Blanco

Emma Zubeck Jami Dobson

Chris Cleveland Erica Acoulston

Christopher Zook

Christy Capelin Nicole Valenza Cheryl Monroe

Elisa Lazarus Joe (Guest)

Amanda Sherman Cheryl McKinney Dyck Van Koevering Melissa McGarry Jaime Martus Michele Hibbert

Guest Tracy Euler Larry M.

Larry M.
Renee Campbell
Jennifer Cornell
Unknown User
Roger Smith
Mary Flohr
Tanya Munger
Kelly Taylor
Bobby Joseph
Billie Lassiat
Jeff DeGraaf
Sarah (Guest)
Janett Vergil
Karen Ritchie
Kris Skogen

Janett Vergil
Karen Ritchie
Kris Skogen
Amy Miilu
Eric Noyes
Diane Ringler
John C. West
April Buerkel
Russell Bucher
Alisyn Crawford

Erik Schmidt

Douglas Wozniak

Steve Barnard Mary Kate Barnauskas

Steve B

Unknown User Miriam Encaracion

Brant W
Laura Hall
Jeffrey (Guest)
Jennifer Cheatham
Beth Wright
Marianne B
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Miriam Encarnacion Diane Mt. Pleasant Alicia LaBeau Alexis Ward

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Sarah Wohlford: Good Morning. This is the Department of Insurance and Financial Services. Please be sure to mute yourself if you are not speaking or commenting.

Catherine Hart: Good morning everyone. My name is Catherine Hart, and I am an Administrative Law Specialist. We will get started here shortly.

Sarah Wohlford: Again, another reminder, to please mute yourself once you have been admitted to the meeting. Thank you.

Good morning again. Please mute yourself if you are not speaking or commenting. Thank you.

Good morning. We have a number of people calling in on the phone. If you could please make sure you mute yourself. We are getting a lot of background noise, which will make it difficult for the rest of the attendees to hear the proceedings. Thank you.

Catherine Hart: Good morning everyone. Sorry, go ahead Sarah.

Sarah Wohlford: Good morning. Catherine Hart will be facilitating this hearing. This is Sarah Wohlford. I just want, one last reminder, please mute yourselves. We are getting a lot of background noise. It is going to be very difficult for other attendees to hear the proceedings. If you are calling in from the phone, please also mute yourself, even though you are not on video. If we have too, to eliminate the background noise, we may need to mute everyone, and then unmute you as you wish to comment. Thank you.

Catherine Hart: Good morning, my name is Catherine Hart. I will be the facilitator today for this hearing. As Sarah said, please be sure to mute your microphones unless you are asked or called upon to provide comments.

With that, I will open the hearing with the following introduction. This is a public hearing on the proposed Administrative Rules entitled No-Fault Fee Schedule. It is being conducted pursuant to the provisions of the Michigan Administrative Procedure Act, and is being conducted virtually, to comply with measures to prevent the spread of COVID-19. This hearing is being conducted on behalf of the Department of Insurance and Financial Services, the Office of Research, Rules, and Appeals. The department acknowledges this unique way to conduct a public hearing, and we appreciate your understanding and flexibility at this time. This virtual hearing is being called to Order at 9:05 a.m., on March 26, 2021.

This hearing was published in three (3) newspapers of general circulation, as well as, in the Michigan Registrar, Issue Number, Issue published date March 15, 2021. If you wish to provide a comment during this hearing, please leave a comment in the Teams chat box, and I will call on you to give you an opportunity to voice your comments. If you are calling into the meeting, and you wish to speak, you will be given an opportunity to do so after everyone who has submitted a chat box message, has spoken.

We will call on each individual who has entered a name, in the chat box, in the order in which they have entered their request to speak. When it is your turn, please state and spell your name, indicate whether you are representing a particular organization, and state your address. If you are called upon and do not wish to speak, simply let me know, and we will move on to the next person.

After all individuals who have submitted a chat box message have been called on, I will then ask if there are other individuals, in attendance, who wish to speak. This would include anyone attending by telephone or who did not leave a name when entering the hearing. We will also be sure to review any comments that were left in the chat box and be sure they are entered as written comments.

The purpose of this hearing is to receive public comments related to the proposed rules No-Fault Fee Schedule. We will not be responding to any questions or comments. If you have a question related to the proposed rules, please submit your question, in writing, by email, to Michele Estrada at EstradaM1, E S T R A D A M1 @michigan.gov. This email address is also listed on the Notice of Hearing, which is available on the Department's webpage. You may also email that same address if you wish to receive a copy of the draft rules or the Regulatory Impact Statement. You may also submit written comments by emailing that address no later than 5 p.m. this evening, today, March 26, 2021.

I will now begin calling on individuals who wish to speak by looking in the comment box. If you have difficulty finding the comment box, please let me know and I can direct you to it.

I will now call on people in the order in which they (audio feedback) entered their name. I will do that momentarily.

It looks like the first person who wishes to submit a comment is Katie Tucker. Please proceed.

Katie Tucker: Thank you. Good morning everyone. My name is Katie Tucker. I am an attorney in the Lansing office of Sinas, Dramis law firm. I know I was asked to give an address, my residence is 6248 Pine Hollow Drive, East Lansing, Michigan. Our law firm operates out of our Lansing office, and our firm serves as general counsel to the Coalition Protecting Auto No-Fault, a broad base group formed to preserve the integrity of Michigan model no-fault automobile insurance system. The central mission of CPAN is to protect and preserve the vitality of the Michigan Auto No-Fault Insurance System so it continues to provide comprehensive coverage and meaningful protections for Michigan citizens injured

in motor vehicle collisions. CPN's membership includes major medical associations and major consumer organizations across our state. In addition to our firm's work on behalf of CPN, we also represent medical providers throughout the state of Michigan, pursuing claims for no-fault benefits and related manners. On behalf of our law firm's clients and Michigan's medical provider community who will be uniquely affected by and share a special interest in manners governed by the no-fault fee schedule rule set, I strongly object to the adoption of these rules as written.

At the outset, two important things, there are important to note. First, the No-Fault Act itself does not authorize the Department of Insurance and Financial Services to promulgate any administrative rules or regulations with regard to the fee schedule set forth in section 3157. This is particularly notable given the amended statute expressly required DIFS to promulgate rules regarding utilization review under section 3157a. Consistent with the long-established maxim of statutory construction that the express mention of one thing implies the exclusion of other similar things, the omission of any similar requirement in section 3157 that DIFS promulgate rules regarding the new no-fault fee schedule clearly implies that the Legislature did not intend for it to do so.

The second thing of note is to the extent that DIFS is taking it upon itself to do so by instating these rules, any administrative rule it promulgates must satisfy a certain criteria to be valid and enforceable. In particular the Michigan Supreme Court has made clear to be substantively valid and enforceable, administrative rules must satisfy a three-part test.

First, they must be within the subject matter of the enabling statute, here the No-Fault law. Second, they must comply with the underlying legislative intent of that statute, and, third, they must neither be arbitrary or capricious. Authority comes from Lutrell v Department of Corrections, 421 Mich 93, a 1984 decision of the Supreme Court. Failure to satisfy any prong of this criteria makes an administrative rule both substantively invalid and unenforceable.

In reviewing this rule set, it is clear that DIFS has permissively exceeded its administrative authority and deviated from the plain language and legislative intent underlying the enabling of the statute, No-Fault Act, in arbitrary and material ways that raise very serious concerns for Michigan medical providers. Of the most significant concerns is DIFS draft rule 5(1)(c), which will impose a cumbersome submission requirement and a substantial reimbursement limitation on certain providers rendering treatment of injured persons under the No-Fault Act. Neither of which has any basis of the statute itself. Specifically, Rule 5(1)(c) would require providers to:

- A. Did not have a charge description master in effect on January 1, 2019; or
- B. Did not charge the treatment on January 1, 2019 to derive and submit to DIFS a regional average for their treatment based on an unidentified national data base of fees.

There is no reference whatsoever to any so-called regional average or to any "national data base" of fees in the No-Fault Act. This is a completely new invention on the part of DIFS that has absolutely no basis in the statute and does not contort with the legislative's intent. Further, Rule 5(1)(c) could be interpreted to impose an additional limitation on those providers again who did not have a charge description master in effect on January 1, 2019, or who did not charge for that treatment on January 1, 2019, essentially, new providers, or existing providers, render review of treatment. In particular, it could be construed to limit reimbursement to that category of providers for the percentages that were in section 3157, sub 7, as applied to that so-called regional average that I mentioned a moment ago. Again, this limitation has absolutely no basis in the statute itself, due to the extent of the legislature did not address the reimbursement for this category of providers. It is not the prerogative of an administrative agency to "fill in the blank" or to "read a requirement into a statute the Legislature has seen fit to omit". That comes from a Michigan Court of Appeals decision in a Book-Gilbert v Greenleaf, 302 Mich App 538, 542 published decision. (recording interference). To the extent that DIFS now seeks to do so through Rule 5(1)(c), it unlawfully usurps the legislative power conferred by our State constitution exclusively on the Legislature.

Also, of great concern are DIFS draft Rules 3(2), 5(1), (2) and (4); and 6(2). All of which would affirmably require all providers rendering treatment under the No-Fault Act, to provide varies documents, information, and other materials regarding their fees and related matters to DIFS. Despite again the fact that the statute itself imposes no such requirement. Further, these rules would require private medical providers, private businesses, to disclose these sensitive proprietary materials to a governmental agency, even in cases where a provider has not pursued an administrative appeal and without adequate protections to ensure this sensitive proprietary information is not released into the public domain. Nothing in the No-Fault Act which is the statute that governs this matter requires this type of disclosure, except for the limited purpose of utilization review within the meaning of Section 3157a, Sub 6.

Further, the utilization review process authorized by the Legislature only compels a provider to disclose certain limited materials to DIFS, if and when the provider elects, not as required, but elects to pursue an appeal through DIFS. This series of Rules would require disclosure in all cases.

In summary, Michigan Appellate Courts have long and consistently held an administrative agency, like DIFS, has no power or authority other than that expressly conferred to them by clear and unmistakable statutory language. The clear and unmistakable language of the enabling statute, again here the No-Fault Act, does not impose any of the requirements found in the proposed Rules 3(2), 5(1), (2) or (4), and 6(2). For all of these reasons, we strongly object to these rules. The applicable legal authority and principles underline all the objections that I have just asserted are mournfully set forth in a series of written comments and objections that our firm intents to submit to DIFS on behalf of our clients. Thank you for the opportunity to be heard this morning on this very important issue.

Catherine Hart: Thank you Katie.

I would just like to remind everybody that if you wish to log a public comment, please put your name in the meeting chat box, and I will call on you in the order in which you have done so.

Next up is Maureen Kinsella, please.

Maureen Kinsella: Good Morning. Thank you very much. I'm Maureen Kinsella. I appreciate the opportunity to speak to you on behalf of the Michigan Brain Injury Provider Council and voice our opposition to your draft fee schedule rule set. My address is 28470 W. Thirteen Mile Road, Suite 300, Farmington Hills, Michigan 48334.

By way of brief background, Michigan Brain Injury Provider Council, also known as MBIPC is a 501(c)(6) trade association. Since 1987, MBIPC has served providers in professions related to brain injury rehabilitation. Its purpose is to enhance the ability of its members to provide high quality, ethical rehabilitation, care, and services to persons with a brain injury. We have members throughout this State, many of whom are small businesses. Our members are physicians, nurses, therapists, brain injury rehabilitation centers, case management companies, guardians, home care companies, pharmacies, durable medical equipment providers, and other specialty service providers.

Section 3157 of the No-Fault Act, commonly referred to as the Fee Schedule section, affects all of our members who exists to serve those with brain or spinal cord injuries, and for that reason we are particularly invested in providing you with comment, concerns, and opposition regarding your February 9, 2021 draft Fee Schedule Rule Set. Given their impact on healthcare providers in this state, many of whom are providing life sustaining, day in and day out care to catastrophically injured individuals, I hope that you hear us and you give our comments in this matter great weight.

In addition to these comments, MBIPC has provided you with written comment in opposition dated February 22, 2021. I shall briefly address at this hearing two areas of significant concern.

The first area of concern is your stated purpose found at rule 2(c) and correspondently the edict directing providers at rule 5, which orders healthcare providers that they must produce and attest to DIFS regarding charge masters, average charges, and "regional average". You have stated that these rules are in part to establish procedures for the department to collect information, charge information from providers. In the purpose of collection according to your draft rules is to "calculate payment or reimbursement" to providers. As DIFS is a regulatory agency and not the insurance companies that are statutorily obligated to receive, review, and reimburse no-fault benefit claims, DIFS' mandate to healthcare providers is unfounded. It is insurers, not DIFS, that should seek that information in the

ordinary course of claim handling if it is pertinent and specific to a provider's specific claim from that insurer.

It appears that the DIFS rules seek to do the job of the insurance company, and the rule places obligation on providers (audio interference)........

Catherine Hart: A reminder to please mute your phones and your chat so we can hear Ms. Kinsella. Thank you.

Maureen Kinsella continues: Thank you very much. Rather than these rules, the Legislature requires providers to submit claims with reasonable proof of fact in the amount of loss to insurance companies, and our obligation under the Act is to provide that information to insurance companies with whom we have claims. The DIFS rule is in effect a solution in search of a problem that places burden on healthcare providers to find, research, collect, attest, and produce information to DIFS, and yet it is not DIFS that regulates healthcare providers, and it is not DIFS charged under the law to calculate payment or reimbursement. While DIFS serves a function in utilization review appeals, those appeals are voluntary, and only if engaged disclosure of documents are mandated at that time. Thus, rule 5 creates redundancy and that redundancy is burden. It is burden placed on healthcare providers who are already suffering the crushing burden of PA21 and 22 and dealing right now with the crisis of care for Michiganders.

To summarize and conclude on this first issue of concern, this regulation of healthcare providers is not required by state law or federal mandate. It places burden unnecessarily on healthcare providers. Many of whom are not even subject to Section 3157(7), of the act. It creates redundancy as there are already utilization review statute and utilization review rule that addresses document collection, and its purpose of seeking to calculate payment, is one that the Legislature has squarely placed on insurance companies, not on this governmental agency.

The second area of significant concern is Rule 5(1)(c). This particular draft rule mandates new companies that come into existence after January 1, 2019, or existing companies that did not provide a particular service or have a charge master on January 1, 2019, those companies must provide DIFS with a "regional average" established by a national database of fees for service. Those terms, regional average and national database, are no where within the amended act. Simply stated, a fee schedule based on a regional average from a national database, is a creation of DIFS. It is not of the Legislature. Moreover, purposed rule 5(1)(c) is inconsistent with Section 3157 of the No-Fault Act. There is a schedule or standard that applies for payment for those providers that I have identified earlier, new companies or existing companies that do not provide a particular service on January 1, 2019. That standard is the reasonable charge standard under Section 3157(1). That particular section of the Act provides that it is subject to the fee schedules that follow. If no fee schedule that follows applies under 3157(2) – (14), it is obvious what is left, and that is the reasonable charge standard. Well, that is likely most certainly not what insurance companies want and presumably not what DIFS may want, given this draft rule, it is

what the law allows. Throughout your Regulatory Impact Statement on these rules, DIFS reports wanting consistency of payment to providers. That desire belies what we have long known, which there is a range of reasonable charges in the marketplace for healthcare services. Even in a world where fee schedules exist, after July 1, 2021, there will be a range of different payment amounts, and all are subject of reasonableness standard. Your desire for consistency in this regard is inconsistent with the law.

I understand that DIFS may consider the proposed rule to be permissible, based on DIFS interpretation of Section 3157 and its enforcement, however, Section 3157 is silent regarding providers that did not exist on January 1, 2019, or providers that existed on January 1, 2019, but did not have a charge master or average charge on that date. As such, the Legislature can be said to have intentionally excluded those providers from the fee schedules under subsection (2) – (14). That does not mean that they are left without standard or payment, because the Legislature also identified Section 3157(1) the reasonableness standard. That does not bode particularly well if DIFS desires "consistency", but that is an issue for the Legislature, specifically to the Rule 5(1)(c), we believe DIFS is exceeding its regulatory authority by promulgating this rule. DIFS interpretation of Section 3157 and its proposed rule, also arguably violates MCL 24.232(7) and its prohibition against issuing rules that exceed the scope of the enabling statute. Further, there is a well-known canon of statutory construction that says the expression of one thing is the exclusion of another. That too is applicable here to the extent that the Legislature intentionally excluded the impacted providers from those specific fee schedules when passing the amended version of Section 3157, but also left open the reasonableness standard under Section 1. This is an area left open by the Legislature, whether it was an area left open purposefully or simply through drafting, it is a matter for the Legislature to address by amending legislation, not DIFS rulemaking. The futility of this point should be brought home to you by the fact that right now House Bill 4486 sits in the Legislature and it does address this matter quite specifically.

And that is how issues or problems with legislation should be addressed, and yet, here we sit, and by this single rule, rule 5(1)(c), with a stroke of the pen that you are wheeling with this rule, you would wipe away what the Legislature has left open in the statute for certain providers.

In conclusion I would like to thank you very much for your attention and for the conduct of this hearing. MBIPC is hopeful you will consider its comments here and the ones we have submitted in writing to you. Thank you.

Catherine Hart: Thank you very much. I do not see any other messages in the chat. We will keep the floor open for a few more minutes to ensure everybody can navigate Teams. Again, if you wish to log a comment, please put your name in the chat box, and I will call on you. I will pause for a moment to allow those who wish to do that, to do so.

Silence.

Looks like, next up Margaret Kroese. Pardon me if I mispronounce your last name. Please proceed.

Margaret Kroese: No problem. Put my camera on. Hi, I am Margaret Kroese, from Hope Network, Executive Vice President from Hope Network. The address is 1490 E. Beltline, SE, Grand Rapids, Michigan 49506. I believe those are the data points I needed to start with. I just want to voice my opposition to the Rules for the reasons just stated by representatives for MBIPC and CPAN. And, since they did such a good job outlining those issues, I won't iterate here, just wanted to voice my concern in opposition. Thank you.

Catherine Hart: Thank you very much. Tom Judd please proceed.

Tom Judd: Hi, Tom Judd, 1188 Labella Lane, Dewitt, Michigan. I would just like to express my support in opposition provided by CPAN and MBIPC. Thank you.

Catherine Hart: Thank you very much. Misty Delegato please proceed.

Misty Delegato: Hi, this is Misty Delegato, and I am at 8300 Hull Road, Utica, Michigan. I would like to as well concur with them and oppose this, these upcoming changes.

Catherine Hart: Thank you very much. Monica VanAcker we will log your comment. Thank you.

Monica VanAcker comment: I do not wish to speak but would like to register my opposition to Rule 51C. Monica VanAcker, 1276 Long Lake Ct., Brighton, Michigan.

Catherine Hart: If anyone else wishes to log a comment, please provide your name in the chat. We will pause to allow that to occur. Jenna Dost please proceed.

Jenna Dost: Hi, my name is Jenna Dost. I am the Director of Sales and Business Development for Dobson Healthcare Services, 3741 East Weiler, Suite B, Bay City, Michigan. I would also like to express that I strongly oppose what is proposed going forward.

Catherine Hart: Thank you very much. Tim Hoste we will log your comment in the support of MBIPC and CPAN. Thank you. Like wise to Elizabeth Piner. Thank you.

Tim Hoste Comment: 14323 East 11 Mile, Warren, Michigan 48088. I oppose the draft rules and support the commentary provided by MBIPC and CPAN.

Elizabeth Piner Comment: I do not wish to speak but would like to register my opposition to Rule 51C. Elizabeth Piner, 1831 Newman Rd, Okemos, Michigan 48864.

Catherine Hart: I will keep the floor open in the chat box for several more minutes. Bob Mlynarek, I see you have your hand raised, go ahead and proceed if you wish to log a comment.

Bob Mlynarek: Thank you. My name is Bob Mlynarek, First Call Home Healthcare, 22367 Starks Dr, Clinton Twp, Michigan. I oppose the current DIFS Rules.

Catherine Hart: Thank you very much. Tammy Hannah we will log your opposition comment. Thank you.

Tammy Hannah comment: 6041 Sleepy Hollow Lane, East Lansing, Michigan 48823. I oppose the draft rules and support comments made by MBIPC and CPAN.

Catherine Hart: Same with Christa Rolando. Thank you.

Christa Rolando comment: I do not wish to speak but Christa Rolando 8300 Hall Rd, Utica, Michigan 48317. I would like to register my opposition to rule 51c.

Catherine Hart: Dennis Atkins we will log your comment. Thank you. Same with Lesli Rhoton. Thank you.

Dennis Atkins comment: 1655 E. Caro Rd, Caro, Michigan 48723. I oppose the draft rules and support the comments by the two attorneys.

Lesli Rhoton comment: 5173 Farm Road Waterford, Michigan 48237. I do not wish to speak, but I want to add my support to the comments made by MBIPC and CPAN.

Catherine Hart: Joe Richard, I see your opposition comment. We will log it, thank you.

Joe Richard comment: 39000 Chase Road, Romulus, Michigan. I oppose 51c.

Catherine Hart: Like wise to Dee Ringler and Kevin Smith. Thank you very much.

Dee Ringler comment: I do not wish to speak. I oppose 51c.

Kevin Smith comment: 750 Fuller Ave, NE, Grand Rapids. I oppose the draft rules and support the commentary provided by MBIPC and CPAN.

Catherine Hart: Sarah Gibbs I see your comment in opposition. We will log it. Thank you.

Sarah Gibbs comment: I oppose the draft rules. I support all the comments from MBIPC and CPAN. 12900 Partridge Run, Shelby Twp, Michigan 48315.

Catherine Hart: Holly Blanco. We will log your comment.

Holly Blanco comment: 8300 Hall Rd, Utica, Michigan. I oppose 51c.

Catherine Hart: I would like to open the floor up to anybody on the phone, or who cannot navigate Teams. I would like to allow the opportunity for everybody who desires to submit a comment, to do so. So please state your name and provide your comment. Make sure you are not on mute, if you are speaking, please.

Emma Zubeck, I see your comment. We will log it. Same with Jami Dobson. Thank you.

Emma Zubeck comment: I do not wish to speak but Emma Zubeck 8300 Hall Rd., Utica, Michigan 48317. I would like to support the comments made by MBIPC and CPAN and oppose 51C!

Jami Dobson comment: Dobson Healthcare Services, Inc, 5730 Dobson Ranch Rd, West Branch, Michigan. I strongly oppose the draft rules and support the commentary from MBIPC and CPAN.

Catherine Hart: The floor is currently open to anybody who wishes to log a public comment whether you are on the phone or in the chat. Please do so.

Caller: Can you hear me?

Catherine Hart: Yes, sir. Please state your name, address, and organization you represent, if applicable.

Caller: My name is Sanford Zutest (sp?), from Health Call Detroit, at 28000 Woodward Ave, Royal Oak, Michigan. And, basically my comment was basically not regarding the gathering data by DIFS but mainly as is a lot of clarification that is required in the requirements on how providers are going to be paid, because it talks about Medicare fees and does this apply if there is a Medicare appropriate code for a service that is being provided and how would that compare to data being gathered regarding charges and fee masters. Those issues are very unclear.

Catherine Hart: Thank you so much. Your comment is logged. The floor remains open for anybody who wishes to log a public comment. Jason Grouth, I see your hand. Please proceed. Jason Grouth, please proceed. You may be on mute. I will come back to Jason Grouth.

Tammy Golding please log your comment.

Caller Tammy Golding: (very faint audio) Hi, I'm Tammy Golding. I voice my concern regarding these Rules in opposition to

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Catherine Hart: Tammy, sorry to interrupt, can you please speak up just to make sure we record your comment.

Tammy Golding: Sure. This is Tammy Golding. Can you hear me now?

Catherine Hart: Yes, thank you.

Tammy Golding: Yes, I want to voice concern to these rules. I'm in opposition to these rules and support the feedback from Katie Tucker and Maureen Kisella. Thank you.

Catherine Hart: Thank you very much. Ok, the floor is open for anybody who wishes to log a public comment. You may do so by stating your name, address, and organization you're with, if applicable. Erica Acoulston, I see your opposition comment. It will be logged. Thank you.

Erica Acoulston comment: From Walk the Line opposes DIFS rules pertaining to provider fee schedule.

Catherine Hart: Jason Groth I see your hand. I want to make sure you have a chance to respond. If you have a comment, please proceed.

Silence. No response from Jason Groth.

Catherine Hart: Anybody else who wishes to comment, please proceed. The floor will be open for a few more minutes.

Silence.

Catherine Hart: A reminder, for anybody who wishes to log a comment, please do so while they are in the chat or by speaking up. Thank you.

Silence.

Catherine Hart: Last call for comments. If you wish to log a comment, please speak up or submit one in the chat function. I will proceed to close this hearing at 9:45 a.m.

Silence.

If there are any final comments, please proceed to submit them. I will close the hearing in one minute.

Silence.

Ok, if there are no further comments, I will proceed to close the hearing. Any additional comments regarding the proposed rules must be submitted in writing, by email, to Michele Estrada, at EstradaM1@michigan.gov, no later than today, at 5:00 p.m., March 26, 2021.

Thank you all for attending. The hearing is now closed as of 9:45 a.m.

Thank you very much.