

CSHCS ALERT #11-2013 (2) - MICHild/CSHCS Dually-Enrolled Clients Transportation
Fri 11/1/2013 9:58 AM

Colleagues:

You will find below a communication that was sent to the MICHild health plan administrators from the Managed Care Plan Division to convey the process for children with both CSHCS and MICHild in obtaining transportation services from CSHCS.

While reading this communication please keep these key points in mind:

- It is important that the family, MICHild plan or the LHD verifies that the provider participates with the MICHild plan as an in-network or out-of-network provider before transportation is authorized.
- MICHild health plans were instructed to inform the LHDs when diagnosis related providers change for the child so that provider can be added to the CSHCS authorized list for transportation assistance and the other can be removed if required. Medical reports are not required to add or change a diagnosis related provider on the CSHCS authorized list.
- MICHild plans don't authorize providers for their enrollees the same way we do it in CSHCS, this will need to be a collaborative process between the LHDs and the health plans in order to best serve families.
- **Reminder: Out-of state travel assistance requests must be prior authorized by the CSHCS transportation analyst.**
- Please refer to Alert #11-2013 regarding MICHild Dually Enrolled Clients (attached)

Thank you for your assistance in this matter. If you have questions about adding a provider, contact your **County Analyst**. Please contact **Courtney Pendleton at Pendletonc@michigan.gov** with questions about CSHCS transportation assistance.

Dear MICHild Health Plans,

As discussed at the September Bi-Monthly Administrative Issues Meeting, MICHild transportation authorization will be handled by the Local Health Departments for enrollees who also have CSHCS. The CSHCS MICHild transportation benefit is for care/services related **ONLY** to the qualifying condition (not preventive primary care, or acute, episodic care unrelated to the qualifying condition).

An additional issue that was not covered at the Bi-Monthly meeting is the necessity for CSHCS to have the provider added as an authorized provider if it is a provider who had not previously been serving the child through CSHCS/MICHild. Adding an authorized provider will require the health plan to notify the applicable Local Health Department of the change in provider (pediatric

subspecialist) for an already-approved CSHCS qualifying condition. This can be easily done through ProviderLink or any other secure system. No medical report will be necessary; just the provider information, for which client and for what diagnosis.

If a new provider is being requested for a new diagnosis (one not already approved by CSHCS), a medical report will first need to be sent to CSHCS to determine if the diagnosis meets CSHCS criteria and then if the provider is appropriate for that diagnosis. Sometimes this will require a visit to the subspecialist by the MIChild enrollee to actually confirm the diagnosis. CSHCS will cover the transportation costs for this first diagnostic visit (all of this should be worked through the applicable LHD) and then any subsequent travel if approved as requested following the diagnostic visit.

Due to the recent change with MIChild, we may see a more marked change in treating providers since some providers may choose to no longer participate. Should a change in provider be necessary, please notify the applicable LHD of the new provider that has been arranged for instead of who had been treating the enrollee for the CSHCS qualifying condition, to assure that transportation benefits are not delayed or denied. The LHDs will communicate any/all changes to state CSHCS for entry into the eligibility database.

If you have any questions, please let Julie Blazic know. Thank you!

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