



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

August 27, 2015

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider:

RE: Medicaid Coverage Update

The purpose of this letter is to notify you that due to unanticipated systems issues, some beneficiaries did not receive timely Medicaid coverage. While this issue has been resolved, the Michigan Department of Health and Human Services (MDHHS) is notifying affected beneficiaries and providers, and is providing further direction on how both may receive appropriate reimbursement. The following eligibility groups were affected by the systems issue:

- Healthy Michigan Plan-eligible Parents/Caretaker Relatives who did not list their child(ren) on their application from April 2014 through December 2014. We expect to reprocess this group and send beneficiary notifications in early September, 2015.
- Individuals and families who were eligible for Transitional Medical Assistance (TMA) and Special N Support from March 2014 through March 2015. We expect to reprocess this group and send beneficiary notifications in mid-September, 2015.
- Medicaid beneficiaries who requested up to three months of retroactive eligibility going back to January 2014 through October 2014. Healthy Michigan Plan beneficiaries who requested up to three months retroactive eligibility going back to April 2014 through October 2014. We expect to reprocess these groups and send beneficiary notifications in late September 2015.

Beneficiaries in the groups described above are being notified that MDHHS may provide coverage for services received during identified periods of eligibility. MDHHS is also directing those beneficiaries who have paid medical expenses during the identified periods of eligibility to seek reimbursement from their providers. Copies of the beneficiary notices have been enclosed with this letter for your information. If you receive such requests from your patients, please reimburse them knowing that MDHHS will process the claims when you resubmit them. Beneficiaries are responsible for notifying providers of their Medicaid eligibility.

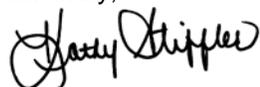
Providers are directed to resubmit for consideration, any claims denied for eligibility edits for those Medicaid beneficiaries in the groups described above no later than March 31, 2016. Claims with dates of service greater than 12 months from the date of submission need to have "MAGI Corrective Action" reported in the claim notes section (HIPAA transaction NTE segment Loop 2300) in order for the claim to process correctly. MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance, and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

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Thank you for your commitment to providing quality care to Michigan's citizens. Any questions regarding this letter can be directed to Provider Support at 1-800-292-2550 or e-mailed to ProviderSupport@michigan.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration

Enclosures

Month Day, 2015

CASE HEAD OR GUARDIAN
CASE HEAD OR GUARDIAN ADDRESS 1
CASE HEAD OR GUARDIAN ADDRESS 2
CITY STATE, ZIP CODE

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Beneficiary ID:
Case Number:

Dear Beneficiary:

You are getting this letter because when you applied for health care coverage, you asked for help paying your medical bills for up to three months before you applied. When you applied, the Michigan Department of Health and Human Services (MDHHS) could not act on your request. Now MDHHS can act on your request, and as a result, you may be eligible for help with some or all of those bills during the dates below.

Retro Timeframe 1

Retro Timeframe 2

Retro Timeframe 3

Retro Timeframe 4

If you have unpaid medical bills from any of the dates shown above, and you did not have any other medical coverage, call the doctor's office, hospital, pharmacy, or other medical care providers that gave you these bills and ask them to rebill Medicaid for those services. **It is your duty to tell your medical care providers that you are now eligible for Medicaid coverage during the dates shown above.**

If you have paid medical bills from any of the dates shown above, ask your doctor's office, hospital, pharmacy, or other medical care providers to rebill Medicaid and give you a refund for your payment. **It is your duty to tell your medical care providers that you are now eligible for Medicaid during the dates shown above.**

If your doctor, hospital, pharmacy, or other medical care provider will not give you a refund for the bills you paid, MDHHS may be able to help. If your medical provider will not give you a refund for your paid bills, please send the following information to MDHHS for review:

- Copies of all paid bills for medical services you received during the dates above. Be sure that your name is listed on the bills along with (1) the date of the medical service, (2) a description of the service, and (3) the amount charged for the service. Pharmacy bills for prescriptions should list the (1) drug name, (2) quantity received, and (3) cost of the prescription.
- Copies of receipts, cancelled checks, or other papers showing the amount you paid and the date you paid the bill for the medical services above.
- The amount of any payment made by a third party, such as an insurance company, for the medical services above.

Send all of the documents and information **by December 31, 2015** to:

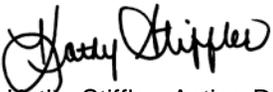
Michigan Department of Health and Human Services
Medical Services Administration
Eligibility Quality Assurance Section/MAGI Reimbursement
400 S. Pine Street, 5th Floor
Lansing, Michigan 48913

DO NOT give these documents to your MDHHS specialist. **KEEP COPIES** of all of these documents for yourself.

MDHHS may ask you for more information. Non-Medicaid covered services will not be refunded. You may have to report refunds from MDHHS as income.

If you have questions or need help, call the Beneficiary Help Line at **1-800-642-3195** or **TTY 1-866-501-5656**.

Sincerely,



Kathy Stiffler, Acting Director
Medical Services Administration

SAMPLE

Month Day, 2015

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Beneficiary Identification:
Case Number:

Dear Beneficiary:

You are getting this letter because your health care eligibility determination done in 2014 was not correct because of a computer problem. The Michigan Department of Health and Human Services (MDHHS) went back and looked at your health care eligibility again and found that you have Healthy Michigan Plan coverage for the dates shown below.

This letter explains how you may be able to get help with unpaid bills or get paid back for bills you paid out of pocket for medical services during the dates below.

Timeframe 1
Timeframe 2
Timeframe 3
Timeframe 4

Timeframe 5
Timeframe 6
Timeframe 7
Timeframe 8

Timeframe 9
Timeframe 10
Timeframe 11
Timeframe 12

If you have unpaid medical bills from any of the dates shown above and you did not have any other medical coverage, call the doctor's office, hospital, pharmacy, or other medical care providers that gave you these bills and ask them to rebill Medicaid for those services. **It is your duty to tell your medical care providers that you are now eligible for Medicaid coverage for these dates.**

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If your doctor, hospital, pharmacy, or other medical care provider will not give you a refund for the bills you paid, the MDHHS may be able to help. If your medical care provider will not give you a refund for your paid bills, please send the following information to MDHHS for review:

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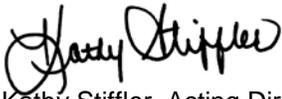
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Sincerely,



Kathy Stiffler, Acting Director
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Beneficiary Identification:
Case Number:

Dear Beneficiary:

You are getting this letter because your health care eligibility determination done in 2014 was not correct because of a computer problem. The Michigan Department of Health and Human Services (MDHHS) went back and looked at your health care eligibility again and found that you have Transitional Medical Assistance (TMA) or Special N Support (SNS) coverage from <Begin Date> to <End Date>. TMA is available to families that have received Low Income Family Medicaid in at least three of the last six months, but are no longer eligible because a parent has too much income. SNS is available to families that received Low Income Family Medicaid but are no longer eligible because of income from spousal support. You are eligible for TMA or SNS coverage during the dates above regardless of the change in income. **This letter explains how you may be able to get help with unpaid bills or get paid back for bills you paid out of pocket for medical services during the dates shown above.**

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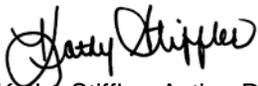
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Kathy Stiffler, Acting Director
Medical Services Administration

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