

Michigan Department of Community Health

BENEFIT PLANS

Benefit plan data is assigned by the CHAMPS Eligibility and Enrollment (EE) Subsystem based on the source of the data (e.g., Medicaid, CSHCS, etc.) and program assignment factors (e.g., scope/coverage codes, level of care codes, etc.). Providers will now need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary’s program coverage and related covered services for a specific date of service. The following table provides the Benefit Plan ID, Name, Description, and Type (e.g., Fee-for-Service, Managed Care Organization, or No Benefits). Beneficiary eligibility data related to select Benefit Plans will not be included within either the HIPAA 271 response or through the CHAMPS EE Subsystem provider portal. For these Benefit Plans, other eligibility sources may apply (e.g. HIPAA 834 response, etc.).

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Included In: HIPAA 271 and EE Subsystem
ABW	Adult Benefits Waiver Program	This benefit plan provides basic medical care to low income childless adults who do not qualify for Medicaid. ABW medical coverages are limited (e.g., ambulatory benefit – no inpatient coverage). The ABW program covers individuals with income less than 35% of the Federal Poverty Level. The Department of Human Services (DHS) determines eligibility.	Fee-for-Service	Yes
ABW-ESO	Adult Benefits Waiver (Emergency Services)	This benefit plan provides benefits similar to ABW benefits but is for Emergency Services Only (ESO). For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> • Place the person’s health in serious jeopardy, or • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part. 	Fee-for-Service	Yes
ABW-MC	Adult Benefits Waiver Program (Managed Care)	This benefit plan provides benefits similar to ABW benefits but on a capitated basis.	Managed Care Organization	Yes
ALMB	Additional Low Income Medicare Beneficiary	This benefit plan is part of the Medicare Savings Program (MSP), also know as the “Buy-In” Program.	No Benefits	No
BMP	Beneficiary Monitoring Program	The objectives of the Beneficiary Monitoring Program (BMP) are to reduce overuse and misuse of Medicaid services, improve the quality of health care for Medicaid beneficiaries, and reduce costs to the Medicaid program. The BMP providers bill on a FFS basis for services provided, and receive \$8 per month for each beneficiary monitored in the Lock-in program.	Managed Care Organization	Yes
CMH	Community Mental Health	This is a carve out program that can be assigned to members from multiple eligibility sources, such as ABW or MICHild, etc.	Managed Care Organization	No

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CSHCS	Children's Special Health Care Services	This benefit plan is designed to find, diagnose, and treat children under age 21 with chronic illness or disabling conditions. Persons over age 21 with chronic cystic fibrosis or certain blood coagulation blood disorders may also qualify. Covers services related to the client's CSHCS-qualifying diagnoses. Certain providers must be authorized on a client file.	Fee-for-Service	Yes
CSHCS-MH	CSHCS Medical Home	This is a capitated "case management" benefit plan for CSHCS members. CSHCS Medical Home clients are identified by the Medical Home Indicator in the Member's CSHCS eligibility file.	Managed Care Organization	No
CWP	Children's Home and Community Based Services Waiver	<p>This benefit plan provides services that are enhancements or additions to Medicaid state plan services for children under age 18 with developmental disabilities who are enrolled in the Children's Home and Community-Based Services Waiver Program (CWP). The CWP is a statewide Fee-for-Service program administered by Community Mental Health Service Programs (CMHSPs).</p> <p>The CWP enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who have challenging behaviors and/or complex medical needs, meet the criteria for admission to an Intermediate Care Facility for the Mentally Retarded (ICF/MR) and who are at risk for placement without waiver services.</p>	Fee-for-Service	No
HK - Dental	Healthy Kids Dental	This program is a selective contract between the Michigan Department of Community Health and the Delta Dental Plan of Michigan to administer the Medicaid dental benefit in selected counties to beneficiaries under the age of 21.	Managed Care Organization	Yes
HK-EXP	Full Fee-for-Service Healthy Kids - Expansion	This benefit plan covers children ages 16 through 18 from 100% Federal Poverty Level (FPL) up to 150% FPL. Funding for this program is State Children's Health Insurance Program (SCHIP) Fund, and the benefits mirror Fee-for-Service Medicaid.	Fee-for-Service	Yes
HK-EXP-ESO	Healthy Kids Expansion - Emergency Services	<p>Benefits mirror Medical Assistance Emergency Services Only (MA ESO). Children who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). This benefit plan is funded by SCHIP. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:</p> <ul style="list-style-type: none"> • Place the person's health in serious jeopardy, • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part. 	Fee-for-Service	Yes

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Hospice	Hospice	This healthcare program is designed to meet the needs of terminally ill individuals when the individual decides that curative treatment is no longer in their best interest. These individuals choose palliative care, which is not a cure, but ensures comfort, dignity, and quality of life. Hospice is intended to address the needs of the individual with a terminal illness, while also considering family needs. Michigan Medicaid covers hospice care for a terminally ill beneficiary whose life expectancy is six months or less (if the illness runs its normal course), as determined by a licensed physician and the Hospice Medical Director.	Fee-for-Service	Yes
HSW	Habilitation Supports Waiver Program	Beneficiaries with developmental disabilities may be enrolled in this Program to receive the supports and services as defined. HSW beneficiaries may also receive other Medicaid state plan or additional/B3 services.	Managed Care Organization	No
ICF/MR-DD	Intermediate Care Facility for Mental Retarded - DD	The facility primarily provides health-related care and services above the level of custodial care to mentally retarded individuals, but does not provide the level of care or treatment available in a hospital or SNF. This is an all inclusive program.	Fee-for-Service	Yes
INCAR	Incarceration - Other	A non-Medicaid funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated.	Fee-for-Service	Yes
INCAR-ABW	Incarceration – ABW (No Benefits)	This program will not provide benefits after 3/1/05, while an otherwise ABW eligible member is incarcerated.	No Benefits	Yes
INCAR-ESO	Incarceration – Emergency Services	This benefit plan restricts services to off-site inpatient hospital emergencies only while the member is incarcerated.	Fee-for-Service	Yes
INCAR-MA	Incarceration - MA	A Medicaid-funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated.	Fee-for-Service	Yes
INCAR-MA-E	Incarceration – MA Emergency Services	A Medicaid-funded benefit plan that restricts services to an emergency hospital while an otherwise eligible member is incarcerated.	Fee-for-Service	Yes
MA	Full Fee-for-Service Medicaid	Members are generally assigned to this benefit plan upon approval of their eligibility information and remain active even if eventually assigned to MA Managed Care [MA-MC]. Once assigned to a managed care plan, the health plan is the primary payer.	Fee-for-Service	Yes

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MA-ESO	Medical Assistance Emergency Services	<p>Individuals who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:</p> <ul style="list-style-type: none"> • Place the person's health in serious jeopardy, • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part. 	Fee-for-Service	Yes
MA-MC	Medicaid Managed Care	Full Medicaid for Managed Care Organization enrollment. This capitated plan will be set to a higher priority than MA [Fee-for-Service]. The services not covered under this plan will be covered in MA.	Managed Care Organization	Yes
MI Choice	Home and Community Based Waiver Services	The MI Choice Waiver provides home and community based healthcare services for aged and disabled persons. The program's goal is to allow persons to remain at home to receive health services. These persons require nursing home care but opt to receive services in their home. MI Choice beneficiaries are not enrolled in a Medicaid health plan.	Fee-for-Service	Yes
MICHild	MICHild Program (SCHIP)	This healthcare program is administered by the Michigan Department of Community Health (MDCH). It is for the low income uninsured children of Michigan's working families. Like Healthy Kids, MICHild is for children who are under age 19. The child must be enrolled in a MICHild health and dental plan in order to receive services.	Managed Care Organization	Yes
MICHild-D	MICHild - Dental	This benefit plan is for dental services administered by MDCH. Only members eligible for MICHild can be assigned to this plan.	Managed Care Organization	Yes
MOMS	Maternity Outpatient Medical Services	This program provides immediate health coverage for pregnant women. The MOMS program is available to provide immediate prenatal care while a Medicaid application is pending. The woman must use Medicaid benefits if and when they become available. Coverage also includes individuals who are not citizens. Prenatal health care services will be covered by MOMS and/or Medicaid for up to the entire pregnancy and for 60 days after the pregnancy ends.	Fee-for-Service	Yes
NH	Nursing Home	This benefit is for qualifying members residing in a nursing home. A facility or institution must be licensed, certified, or otherwise qualified as a nursing home or long term care facility by the state in which services are rendered. This term includes skilled, intermediate, and custodial care facilities which operate within the terms of licensure.	Fee-for-Service	Yes

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PACE	Program All-Inclusive Care for Elderly	This program is an innovative model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible. PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services.	Managed Care Organization	Yes
PIHP	Prepaid Inpatient Health Plan	This benefit plan covers mental health and substance abuse services for MA who have a specialty level of need.	Managed Care Organization	No
Plan First!	Family Planning Waiver	This waiver program allows MDCH to provide family planning services to women who otherwise would not have medical coverage for these services.	Fee-for-Service	Yes
QDWI	Qualified Disabled Working Individual	A client must have applied for or be enrolled in Medicare Part A as a working disabled person who has exhausted Premium-free Part A and whose SSA disability benefits ended because the client's earnings exceed SSA's gainful activity limits. Medicaid pays the client's Medicare Part A premium only.	No Benefits	No
QMB	Qualified Medicare Beneficiary – All Inclusive	This benefit plan is part of the Medicare Savings Program (MSP), also known as the "Buy-In" program. A client must be entitled to Medicare Part A. Under certain income limits, Medicaid pays for Medicare Part B premiums, deductibles and co-payments. This is an all-inclusive benefit plan.	Fee-for-Service	Yes
SA	Substance Abuse	This is a carve out program that can be assigned to members from multiple eligibility sources, such as ABW or MICHild, etc.	Managed Care Organization	No
SED	Children's Serious Emotional Disturbance Waiver Program	<p>This benefit plan provides services that are enhancements or additions to Medicaid state plan services for children under age 18 with a serious emotional disturbance who are enrolled in this Program. MDCH operates this Program through contracts with Community Mental Health Service Programs (CMHSPs). The Children's Serious Emotional Waiver (SEDW) is a Fee-for-Service program administered by the CMHSP in partnership with other community agencies. The SEDW is currently available in a limited number of counties and CMHSPs.</p> <p>The SEDW enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and who are at risk of hospitalization without waiver services.</p>	Fee-for-Service	No

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Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Included In: HIPAA 271 and EE Subsystem
SLMB	Special Low Income Medicare Beneficiary	A client must have applied for or be enrolled in Medicare Part A. Under certain income limits, Medicaid pays the client's Medicare Part B premium only; Expanded Special Low-Income Medicare Beneficiary (ESLMB): A client must have applied for or be enrolled in Medicare Part B and not be eligible for any other Medicaid coverage. Under certain income limits, Medicaid pays the client's Medicare Part B premium only. No specific benefits are defined for this plan.	No Benefits	No
Spend-down	Medical Spend-down	If the family's or individual's net income is over the Medicaid limit, the amount in excess is established as a "spend-down amount." In order for the person to qualify for Medicaid during the months, he/she must incur medical bills equal to the spend-down amount. Medicaid will pay expenses incurred above this amount. If a group member is liable for bills incurred before the spend-down period began, these bills can be used to meet the spend-down.	No Benefits	Yes
SPF	State Psychiatric Hospital	This benefit plan offers inpatient and outpatient services for the observation, diagnosis, active treatment, and overnight care of persons with a mental disease or with a chronic mental condition who require daily direction or supervision of physicians and mental health professionals who are licensed to practice in this state.	Fee-for-Service	No
TMA-PLUS	Full Fee-for-Service Transitional Medical Assistance - Plus	This benefit plan is available to families after Transitional MA (TMA) ends to assist families who are unable to purchase employer-sponsored healthcare. TMA-Plus offers a way to extend medical coverage through a premium-payment plan. Funding for this program is General Fund. Benefits mirror Fee-for-Service Medicaid.	Fee-for-Service	Yes
TMA-PLUS-E	Transitional Medical Assistance - Plus - Emergency Services	Benefits mirror MA ESO. Individuals who are not otherwise eligible for full TMA-PLUS because of citizenship status may be eligible for Emergency Services Only (ESO). Funding for this benefit plan is General Fund. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> • Place the person's health in serious jeopardy, • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part. 	Fee-for-Service	Yes