



APPENDIX J

WHAT TO DO IF....

<u>PROBLEM/ISSUE...</u>	<u>DO THIS...</u>
Billing problems:	
<p>A family brings/sends/calls LHD regarding bills which they are sure CSHCS should cover</p>	<p>If it looks like the care is related to the CSHCS covered diagnosis:</p> <ul style="list-style-type: none"> • And the provider appears on the Client Eligibility Notice for the date of service (or does not have to be listed), advise the provider to bill the Medicaid Invoice Processing system per instructions in his Medicaid Provider Manual; • And the provider should be but is <u>not</u> on the Client Eligibility Notice for the date of service, notify the Analyst. Have the family advise the provider to bill when the Eligibility Notice arrives. If you are not sure if the provider must be listed on the Eligibility Notice, consult your Analyst. <p>Note: The provider must bill within one year of the date of service.</p> <p>If the care could possibly be an additional CSHCS qualifying diagnosis, ask the provider to send a report to be reviewed for medical eligibility.</p> <p>If the care is obviously not related to the CSHCS covered diagnosis, tell the family CSHCS cannot pay the bill. Ask about other possible sources for payment, e.g., Medicaid, insurance, MICHild, etc.</p> <p>If you are not sure the care is related to the client's covered diagnoses, send an inquiry to your Analyst.</p> <p>If the family has been billed, especially if collection is threatened, refer family to the Beneficiary Helpline at 1-800-642-3195. Encourage family to document who they talk to and when.</p> <p>If bill is for a Diagnostic Evaluation, refer to the billing instructions on the referral form, MSA-0650.</p>

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<p>A Michigan provider is billing for a balance after payment by CSHCS and/or Medicaid</p>	<p>Make sure that provider is aware of their agreement with the State to accept CSHCS/MA payment as payment in full. A Medicaid-enrolled provider must advise the family before rendering services if they will not accept MA/CSHCS. If this doesn't work, refer the family to the Beneficiary Helpline, 1-800-642-3195.</p>
<p>Pharmacy Issues:</p>	
<p>Pharmacy says medication is being denied by CSHCS</p>	<p>Assess if medication is for CSHCS covered condition. Call the pharmacist to determine reason for denial. If drug needs PA, have MD or DO contact First Health. If other insurance information is wrong, correct with TPL form. If this doesn't work, contact MDCH if you can't resolve the problem</p>
<p>Family is being charged for a Medicaid co- pay</p>	<p>Advise the provider that Medicaid copays do not apply to CSHCS clients. <u>Medicare</u> Part D copays do apply.</p>
<p>Provider will no longer provide the needed service and/or supplies</p>	<p>Find out why the service will no longer be provided. Try to resolve the problem or refer to Medicaid Provider Inquiry at 1-800-292-2550.</p> <p>As appropriate, assist the family in finding a new provider and notify analyst if needed</p>
<p>Provider Problems/Questions:</p>	
<p>Provider wants to enroll in Medicaid</p>	<p>Refer provider to: Medical Services Administration Provider Enrollment PO Box 30238 Lansing MI 48909 Phone 517-335-5492</p> <p>Email: ProviderEnrollment@michigan.gov</p>
<p>Provider has billing problem that he has already attempted to resolve</p>	<p>Refer to Medicaid Provider Inquiry at 1-800-292-2550. If still not satisfied, have the provider get the name of PI staff and then ask for a supervisor.</p>

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Provider wants to know how much CSHCS pays for a particular service	Refer provider to the MDCH web site to view the Medicaid/CSHCS fee screens: www.michigan.gov/mdch click on Providers - Information for Medicaid Providers - Provider Specific Information – desired database.
Inpatient Hospitalizations:	
Non-Medicaid CSHCS client is inpatient 30 days or more	Apply for 30 day Medicaid. Refer to hospital social worker.
Changes:	
CSHCS client has died	In addition to making appropriate referrals, notify the Analyst of the date of death. Submit form MSA-0927 (Income Review/Payment Agreement Amendment) if family has a payment agreement. This will cancel any outstanding payment agreement balance for that family. See bereavement section for process to have the Family Center send appropriate bereavement letter and materials.
There is a major change in family finances	If family has payment agreement, complete MSA-0927 (Income Review/Payment Agreement Amendment) Assess if this change resulted in a change of insurance and submit new insurance information. Assess if Insurance Premium Payment benefit needed. Assess if this change would make the child eligible for Medicaid or MIChild and assist with application as appropriate.
Family is moving within the state	Notify Analyst of new address and county. Transfer files to that county according to the policies of your health department. Inform the family that you will or will not be transferring the file. Give family the contact person name and phone number in the new county.
Family is moving out of state	Get the family's new address if known and date of move. Notify Analyst. Assist the family in obtaining information regarding programs available in the new state. Resources for obtaining that information are: http://cshcnleaders.ichp.ufl.edu/TitleVDirectory/default.htm Family Voices at www.familyvoices.org

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	<p>Family Phone Line at 1-800-359-3722</p> <p>Determine if OOS move allows CSHCS coverage to be continued (temporary, military assignments, college, see Residency in Section 8). If not, let family know that the CSHCS coverage will end when they leave the State of Michigan.</p>
Payment Coupons:	
Coupons lost	Call or send a NOA to the Analyst to have a replacement set sent to the family.
Out-of-State Care:	
<p>Out-of-state care requested</p> <p>FYI – Procedure for referring physicians</p>	<p>Coverage for out-of-state care requires prior authorization by a Medical Consultant. MI specialist provides written recommendation, name and address of out-of-state physician, hospital, and/or other provider. Referring physician faxes documents to PRD for approval/denial. LHD informs family that out-of-state provider may not accept CSHCS as payment in full.</p>
<p>Medical care required while out-of-state on vacation. Will CSHCS cover the bill?</p>	<p>Get the hospital/physician name, address, telephone number and name of contact person. Send information to Analyst along with details of care received. CSHCS covers out-of-state emergency medical care when services are related to the qualifying diagnosis. Inform family that out-of-state provider may choose not to bill, or may not accept CSHCS as payment in full.</p> <p>Out of state pharmacy must still go through First Health. If provider will not enroll with First Health, service cannot be covered.</p>
Durable Medical Equipment (DME):	
Client has prescription for equipment	Refer family to a Medicaid-enrolled durable medical equipment provider. The provider will order the equipment after obtaining prior authorization (if required).

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Medical Report:	
Has medical report been received by MDCH/CSHCS?	Call Family Phone Line to see if medical received. If not, LHD or parent can call the provider. If client hasn't been to provider in the last year, advise the family to schedule an appointment. Typically, client must be seen by an approved specialist yearly for each diagnosis.
Medical report is not current (more than 12 months old).	Advise the family to schedule an appointment with the specialist.
Coverage/Limitations:	
Provider asks about Medicaid and/or CSHCS coverage for a service	Refer provider to Medicaid Provider Manual www.michigan.gov/mdch click on Providers - Information for Medicaid Providers - Medicaid Provider Manual.
Duplicate IDs:	
Client has two identification numbers, one for Medicaid and a different one for CSHCS	Notify the Customer Support Section by email or phone. bedfordi@michigan.gov or 517-335-9096. Give the client name, birth date, and ID numbers.
Returned Mail:	
Returned mail is forwarded from MDCH/CSHCS seeking LHD help in locating the family.	Options to locate family: <ul style="list-style-type: none"> • Call alternate phone numbers in client's file. • If mail has a forwarding address, send a letter to that address requesting verification. • Call Analyst to check Medicaid address. • Check other LHD programs e.g., WIC, MIHP, MICR. • Check with client's doctors. • Check with school to see if they will send notice home with child. • Notify analyst of correct address.