

Bulletin Number: MSA 14-49

Distribution: Children's Multi-Disciplinary Specialty Clinics, Hospitals, Local Health Departments, Medicaid Health Plans

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Subject: Children's Multi-Disciplinary Specialty (CMDS) Clinics

Effective: January 1, 2015

Programs Affected: Children's Special Health Care Services (CSHCS)

The purpose of this bulletin is to define what a Children's Special Health Care Services (CSHCS)-approved Children's Multi-Disciplinary Specialty (CMDS) Clinic is and when CMDS Clinics are eligible to receive CMDS fees. Typically users of the CMDS Clinics require more complex coordinated assessment and management of severe, chronic, and/or disabling conditions.

This bulletin also provides guidance to CMDS Clinics regarding enrollment as a CMDS Clinic and billing through the Community Health Automated Medicaid Processing System (CHAMPS) for clinic fees paid in addition to the medical services provided.

General Information

CMDS Clinics provide a coordinated, interdisciplinary approach to the management of specified complex medical diagnoses. Services are provided by a team of pediatric specialty physicians and other appropriate health care professionals. When a beneficiary has more than one condition that could be served by more than one CMDS Clinic, it is required that only one CMDS Clinic assumes the care and coordination responsibility for the beneficiary. This will ordinarily be the responsibility of the CMDS Clinic that serves the most complex diagnosis. The CMDS Clinic fees may only be reimbursed to one of the CMDS Clinics if the beneficiary is utilizing the services of more than one CMDS Clinic.

CMDS Clinic services are reserved for those beneficiaries who have CSHCS and have at least one of the conditions for which CMDS Clinics are available. (See www.michigan.gov/cshcs for the listing of types of condition-based CMDS Clinics.)

CMDS Clinic Enrollment

CMDS Clinics are required to operate under the authority of hospitals or medical universities. Hospitals or medical universities requesting the CMDS Clinic designation must adhere to the requirements as stated in this policy and acquire approval and oversight from the CSHCS program. The hospital and medical universities that administer the CMDS Clinics require a separate National Provider Identifier (NPI) number with which to enroll and submit claims for the CMDS Clinic fee.

CSHCS-approved CMDS Clinics must enroll through the online MDCH CHAMPS Provider Enrollment (PE) subsystem to be reimbursed for clinic fees for services rendered to eligible CSHCS beneficiaries. Providers must be enrolled and approved prior to billing for services.

To enroll, providers must go to the MDCH website at www.michigan.gov/mdch and click on the CHAMPS logo. To access CHAMPS, providers must register for a Single Sign-On (SSO) user identification (ID) and password. Log-on to <https://sso.state.mi.us> to register.

Contact the Provider Support Helpline at 1-800-292-2550 or e-mail providersupport@michigan.gov if additional technical help is needed.

Explanation of Services

In addition to medical services, the CMDS Clinics provide:

- A single place and extended appointment for the family to be seen by their team of pediatric specialty providers as well other appropriate health care professionals during that one appointment;
- An environment where the providers come to the family for the single appointment at the clinic as opposed to the family needing to set separate dates and times to go to each provider as in the usual service methodology;
- Same day, face-to-face care coordination by all of the providers who have seen the beneficiary at that appointment allows for immediate discussion, negotiation, coordination and duty assignment of the decisions made that resulted from the provider meeting that follows the appointment. The family does not need to interpret information from one provider to the next which risks misunderstanding as in the usual service methodology;
- Development and upkeep of a coordinated and comprehensive plan of care and treatment for beneficiaries including clear statements of current comprehensive assessment and ongoing treatment plans available to the entire team;
- Facilities that are tailored to the needs of children and their families; and
- Opportunity for the parent/beneficiary to participate in treatment planning, allowing for timely feedback and discussion of concerns with specialists and other health care professionals simultaneously when needed.

CMDS Clinic Staff Requirements

Each CMDS Clinic must have the following basic staff available to provide the unique service delivery available through a CMDS Clinic model:

Medical Director

A Medicaid-enrolled and CSHCS-approved physician currently licensed to practice under Michigan state law with special training and demonstrated clinical experience related to the diagnoses followed by the specific CMDS Clinic type. Physicians are expected to remain familiar with current developments and standards of treatment in their respective fields. If the medical director is not a pediatrician, a board certified pediatrician must be available and function within the scope of current medical practice.

Nurse

A Registered Nurse (RN) currently licensed to practice under Michigan state law, possessing a baccalaureate degree in nursing, and having a minimum of two years of pediatric nursing experience.

Dietitian

A Registered Dietitian Nutritionist (RDN) in possession of a master's degree in human nutrition or public health with an emphasis on nutrition and two years of pediatric nutrition experience in providing nutrition education and counseling.

Social Worker

A Certified Social Worker (CSW) or professional staff member in possession of a master's degree in social work and two years of experience in counseling and providing service to children and their families.

Parent/Guardian and/or Beneficiary

The parent/guardian and/or the beneficiary must be an actively participating team member in the development of the beneficiary's comprehensive Plan of Care (POC).

Additional Required Staff

Additional staffing requirements are based on clinic diagnosis type (see attached Tables I and II).

CMDS Clinic Visit Types

Beneficiaries with multiple, complex diagnoses may receive CMDS coordinated services from more than one CMDS Clinic. However, only one clinic (usually treating the most severe condition) can receive the clinic fee reimbursement. The CMDS Clinic that receives the payment is responsible for coordination among the multiple CMDS Clinics. The CMDS Clinics must develop an integrated assessment with recommendations and, together with the beneficiary and family, develop a coordinated and comprehensive CMDS-Plan of Care (POC) and treatment for the beneficiary. This CMDS-POC consists of comprehensive provider dictations, reports or letters detailing what comprises the beneficiary's plan of care. The CMDS Clinic communicates the written CMDS-POC to the appropriate health care providers and the family/beneficiary. The CMDS Clinics must provide and document clinic visit levels to include the following:

Initial Comprehensive Evaluation

The Initial Comprehensive Evaluation is performed during the CSHCS beneficiary's first visit to the CMDS Clinic. The medical team integrates assessments and recommendations and works with the family/beneficiary in the development of a coordinated and comprehensive plan of care and treatment for the beneficiary. The CMDS-POC is required to be recorded. The CMDS Clinic will communicate the written CMDS-POC to the appropriate health care providers and the family/beneficiary. Written CMDS-POCs may be provided to other appropriate health care providers for whom the parent/guardian/beneficiary has signed a medical release form. A copy of the CMDS-POC is to be submitted to CSHCS medical consultants for review.

An Initial Comprehensive Evaluation visit must include the following:

- Physician specialist(s) and non-physician professionals examination or assessment of the beneficiary and submission of an establish/confirm diagnosis(es), identification of strengths and needs, and with beneficiary/family input, development of a course of action or plan for treatment;
- Integration of findings and recommendations at team conferences;
- Discussion of the medical findings and treatment recommendations with family/beneficiary in language the family/beneficiary can comprehend;
- Designation of identified staff to teach the family/beneficiary how to assist in the management of the beneficiary's health problems if appropriate; and
- Compilation of an integrated CMDS-POC from the findings of the various health care providers that includes relevant history, medical findings by specialty, problem areas that may develop and for which the beneficiary should receive care, recommendations and prescriptions for braces, shoes, special equipment, medications, etc., referral to physical therapy, speech-language therapy, occupational therapy, public health nurse, CMDS support services and a description of how the CMDS-POC will be implemented. Authorization and processes may differ per health plans and Fee-for-Service (FFS).

Reimbursement for the Initial Comprehensive Evaluation fee occurs only once per beneficiary per lifetime regardless of the number of diagnoses and/or CMDS Clinics from which the beneficiary may be receiving services. Medical services continue to be billed as usual.

Basic and Ongoing Comprehensive Evaluation

Basic and ongoing comprehensive evaluation is conducted with established CMDS patients. The evaluation(s) may include the entire CMDS Clinic staff composition or as deemed appropriate by each CMDS Clinic Director per visit and is documented in the CMDS-POC.

A basic and ongoing comprehensive evaluation may include the following activities:

- Comprehensive beneficiary assessment;
- Evaluation and identification of the beneficiary's needs;
- Coordination of the beneficiary's multidisciplinary needs;
- Review and modification of the comprehensive, CMDS-POC;
- Assured implementation and follow-up; and
- Referrals to other professionals, resources, and services as applicable.

Reimbursement for the Basic and Ongoing Comprehensive Evaluation fee is provided for a maximum of three (3) visits per beneficiary, per twelve-month CSHCS eligibility year regardless of the number of diagnoses or CMDS Clinics the beneficiary may have. Medical services continue to be billed as usual.

Management/Follow-up Visits

Management/Follow-up visits to a CMDS Clinic may be provided if they have been recommended in the CMDS-POC. In addition, a referral may be recommended based on a tertiary hospital inpatient discharge plan that was written within the previous twelve months of the referral. Every effort should be made to include all staff identified as participants in the CMDS-POC or as recommended by the CMDS Clinic Medical Director.

The follow-up visit may include:

- A physical exam by a pediatrician and/or physician subspecialist(s);
- Assessment by at least two of the clinic staff (in addition to the clinic physicians) designated for the clinic type;
- Follow-up on all components identified in the CMDS-POC by appropriate staff;
- Update of condition and treatment, and revision of the CMDS-POC; and
- Communication with the family/beneficiary, other providers, including provision of copies of the CMDS-POC to the family/beneficiary, and other designated health care providers.

Reimbursement for Management/Follow-up Clinic fee is provided for a maximum of three (3) visits per beneficiary, per twelve-month CSHCS eligibility year, regardless of the number of diagnoses or CMDS Clinics the beneficiary may have. Medical services continue to be billed as usual.

Support Service Visits

CMDS Clinics may provide CMDS Clinic support services. The service consists of counseling, specialized training, transition assistance and/or treatment. Support services must be ordered as part of the CMDS-POC developed at a CMDS Clinic Comprehensive Initial or Basic Evaluation visit or Management/Follow-up visit.

A CMDS Clinic support service may be provided by any combination of one or more of the non-physician basic CMDS Clinic staff to the beneficiary and/or family as outlined in the CMDS-POC. Support Services may be conducted by professional members of the team (i.e., nurses, dietitians, certified diabetes counselors, social workers or other clinical professional staff as appropriate). The presence of a physician is not required.

- The clinical encounter must be substantive with clinical information gathered, treatment recommendations provided, transition needs addressed and an update to the CMDS-POC.
- The clinical content of the encounter is documented in the CMDS-POC.

CMDS support service visits include and provide two different methods of delivery:

- Face-to-Face meetings between the appropriate clinic professional and the family and/or beneficiary; or
- Telephone meetings between the appropriate clinic professional and the family and/or beneficiary.

Reimbursement for Support Services Clinic fee can be provided up to a maximum of ten (10) visits per beneficiary as a single method or a combination of methods, per twelve-month CSHCS eligibility year, regardless of the number of diagnoses or CMDS Clinics the beneficiary may have. Medical services continue to be billed as usual.

Additional Responsibilities

The CMDS Clinic must establish and maintain an agreement with each Medicaid and MICHild Health Plan for health plan enrolled beneficiaries to ensure coordinated care planning and data sharing.

- The CMDS Clinic must establish a process for clinical staff to communicate with health plan staff on a regular basis to identify health plan enrollees using the CMDS Clinic(s), review testing/assessment/screening results, treatment plans, CMDS-POCs, and status of mutually served beneficiaries.
- The CMDS Clinic must collaborate with health plans on the development of referral procedures and effective means of communicating the need for individual referrals. For beneficiaries enrolled in a health plan the CMDS Clinic must bill the Medicaid Health Plan (MHP) for medical services rendered according to the health plan billing rules.

The CMDS Clinic fee is billed as a FFS claim through CHAMPS regardless of health plan status.

CMDS Clinic Fee Billing Instructions

CMDS Clinic fees must be billed according to instructions contained in the Billing and Reimbursement for Professionals Chapter of the Michigan Medicaid Provider Manual found at www.michigan.gov/medicaidproviders >> Policy and Forms. CMDS Clinics must bill clinic fees following Uniform Billing (UB) guidelines on the professional CMS-1500 claim format or the electronic Health Care Claim Professional (837) ACS X12N Version 5010 information. CHAMPS NPI claim editing will be applied to the billing, rendering, supervising, attending, servicing and referring providers as applicable for payment.

The following Healthcare Common Procedure Coding System (HCPCS) codes should be used to bill for the clinic fees associated with CMDS Clinic visits:

CMDS Clinic Visit	CPT/HCPCS Code	Modifier	Periodicity	Reimbursement
Comprehensive Initial Visit	S0315		Once per client	\$350
Comprehensive Basic Evaluation	S0316		3/12-month CSHCS eligibility year	\$170
Management/Follow-up Visit	S0317		3/12-month CSHCS eligibility year	\$100
Face-to-Face Support Services	S0317	TS	10/12-month CSHCS eligibility year for any combination of support services	\$50
Telephone Support Services	98967	TS		\$25

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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TABLE I: CMS CLINIC STAFFING REQUIREMENTS FOR PHYSICIANS AND DENTISTS*

CMS Clinic Types	<i>Pediatrician</i>	<i>Internal Med/Adolesc Med Spec.</i>	<i>Pediatric Cardiologist</i>	<i>Ped. Cardiac Surgeon</i>	<i>Ped. Endocrinologist</i>	<i>ENT Specialist</i>	<i>Ped Gastroenterologist</i>	<i>Ped. Hematologist/Oncologist</i>	<i>Ped. Immunologist</i>	<i>Ped. Infectious Disease Spec</i>	<i>Ped Nephrologist/Urologist</i>	<i>Ped. Neurologist</i>	<i>Ped. Neurosurgeon</i>	<i>Orthopedic Surgeon/Physiatrist</i>	<i>Ophthalmologist</i>	<i>Ped. Pulmonologist</i>	<i>Ped. Rheumatologist</i>	<i>Ped. Surgeon</i>	<i>Plastic Surgeon</i>	<i>Ped. Endocrinal/neonatalogist/neurologist</i>	<i>Ped Hematol/Immunol/Infect. Dis Spec.</i>	<i>Neonatal/Ped Pulmonology/Ped Intensivis</i>	<i>Ped. Neurol/Dev Ped./ Neurosurgeon</i>	<i>Dentist-General</i>	<i>Oral Surgeon</i>	<i>Orthodontist</i>	<i>Pedodontist</i>	<i>Prosthodontist</i>
AIDS	X																			X	X	C						
Amputee/Limb Deficiency	X												X															
Apnea	X					C									C							X	C					
Cardiology	X		X	C																								
Chronic Illness	X																											
Cleft Lip/Palate/Facial	X																	X					C		X	X	X	X
Cystic Fibrosis	X	C			C		C			C					X													
Diabetes	X	C			X							C			C													
Endocrinology	X				X		C					C		C	C			C				C						
Gastroenterology/Nutritional Def	X				C		X					C					C											
Hematology/Oncology	X							X		C			C		C			C										
Hemophilia	X	X					C	X		C				C														
Immunology/Rheumatology	X								X	X							X											
Lead Toxicity	X										C	C					C											
Metabolic Disease	X						C				C			C	C					X								
Multiple Handicap/Chronic Dis	X					C	C				C	X	C	X									X					
Muscular Dystrophy	X		C									X	X		C													
Myelodysplasia/Spina Bifida	X										X	C	X	X														
Nephrology/Urology	X				C						X							X										
Neurology	X		C			C	C					X	C	X														
Pulmonary/Severe Asthma	X		C					C	C						X													
Seizures	X											X	C	C														C
Sickle Cell Anemia	X							X		C								C										

* Physician must be a pediatric specialist. Adult specialist may provide services for clients 16 and over.
 Columns listing more than one physician specialty represent options for the clinics to choose one or more specialist for that group
 X = Clinic is required to have this specialty available on-site
 C = Clinic must identify consultation physician for referral

