

**Bulletin:** MSA 10-41

**Distribution:** MICHild Manual Holders, Local Health Departments, MICHild Administrative Contractor (MAXIMUS), MICHild Health and Dental Plans, Department of Human Services Central Office, Tribal Health Clinics, Federally Qualified Health Centers

**Issued:** October 1, 2010

**Subject:** Managed Care Enrollment Lock-In

**Effective:** November 1, 2010

**Programs Affected:** MICHild

The purpose of the policy change is to comply with Federal Policy change. The length of time currently allowed for enrollees to change their Health and/or Dental Plan after enrollment is 30 days. This bulletin increases the length of time to 90 days.

The *MICHild* Enrollee shall be "locked-into" the Contractor for 12 months from the date of enrollment, as long as the child remains *MICHild* eligible. Enrollees shall have the first 90 calendar days of that period to change Health Plans and/or Dental Plans. *MICHild* Enrollees will have an annual open enrollment period and must be notified 60 days prior to the opportunity to change Health Plan and/or Dental Plan enrollment. An Enrollee may change Health Plans and/or Dental Plans at any time for cause, as determined on an individual basis and approved by the Michigan Department of Community Health (MDCH).

Revisions to the MICHild Manual policy will be posted to the MDCH website at [www.michigan.gov/michild](http://www.michigan.gov/michild) >> MICHild Manual.

### Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Mary Anne Tribble  
Michigan Department of Community Health  
Medical Services Administration  
P.O. Box 30479  
Lansing, Michigan 48909-7979  
Or  
E-mail: [tribblema@michigan.gov](mailto:tribblema@michigan.gov)

If responding by e-mail, please include "Managed Care Enrollment Lock-In" in the subject line. Comments received will be considered for revisions to the bulletin.

## Manual Maintenance

Retain this bulletin until applicable 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](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## APPROVED

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director  
Medical Services Administration