

Distribution: All Providers 00-07

Issued: July 1, 2000

Subject: Medical Exceptions to Mandatory Enrollment in a Qualified Health Plan

Effective: Upon Receipt

Programs Affected: Medicaid

The Department of Community Health (DCH) requires certain eligible Medicaid beneficiaries to enroll in a qualified health plan (QHP) to obtain covered medical services available under Medicaid. Since mandatory enrollment has been in place, the DCH appropriations act (PA 114 of 1999, Section 1611 being the most recent) has stipulated that the department allow a medical exception to mandatory enrollment in a QHP. The purpose of this bulletin is to clarify the criteria, conditions, and processes necessary for a beneficiary to request and receive a medical exception to mandatory enrollment in a Medicaid QHP. The process described here cannot be used for beneficiaries who request to be exempt from managed care enrollment on the basis of mental health and/or substance abuse problems. QHPs are not responsible for the treatment of serious mental illness or substance abuse, therefore enrollment in a QHP in no way interferes with a Medicaid beneficiary's ability to seek and obtain treatment for these conditions. Any requests of this nature will be referred to Mental Health and Substance Abuse Services in DCH.

The intent of a medical exception is to preserve continuity of medical care for a beneficiary who is receiving active treatment for a serious medical condition from an attending physician (M.D. or D.O.) who would not be available to the beneficiary if the beneficiary was enrolled in a QHP. The medical exception may be granted on a time-limited basis necessary to complete treatment for the serious condition. The medical exception process is available only to a beneficiary who is not yet enrolled in a QHP, or who has been enrolled for less than two months. QHP enrollment would be delayed until the attending physician completes the current ongoing plan of medical treatment for the patient's serious medical condition, or the condition stabilizes and becomes chronic in nature, or the physician becomes available to the beneficiary through enrollment in a QHP, whichever occurs first. If the treating physician can provide service through a QHP that the beneficiary can be enrolled in, then there is no basis for a medical exception to managed care enrollment.

A serious medical condition is one that is grave or complex, or may be life threatening, or manifests symptoms needing timely intervention to prevent complications or permanent impairment. Chronic health conditions for which the beneficiary is receiving ongoing treatment to alleviate or control mild symptoms and to prevent possible complications in the future, are not considered serious if they are relatively stable, require long term management, carry little immediate risk to health, and fluctuate over time but respond to well-known standard medical treatment protocols. An acute exacerbation of a chronic condition may be considered serious for the purpose of medical exception. If a beneficiary is enrolled in a QHP, and develops a serious medical condition after enrollment, the medical exception does not apply. In this case, the beneficiary should establish relationships with providers within the plan network who can appropriately treat the serious medical condition.

Active treatment is reviewed in regards to intensity of services. The beneficiary is seen regularly, most likely monthly or more frequently, and the condition requires timely and ongoing assessment because of the severity of symptoms, the treatment, or both. The treatment or therapy is extended over a length of time. The physician (M.D. or D.O.) may be either a primary care doctor or a specialist whose scope of practice enables the interventions necessary to treat the serious condition. A physician is considered "participating" in a QHP if he or she is in the QHP provider network or is available on an out-of-network basis with one of the QHPs for which the beneficiary can be enrolled. The physician may not have a contract with a QHP but may have a referral arrangement to treat the plan's enrollees. If the physician can treat the beneficiary and receive payment from the plan, then the beneficiary would be enrolled in that plan and no medical exception would be allowed.

The Medicaid beneficiary must initiate the review process for medical exception by completing Section 1 of the Medical Exception Request, MSA 1628. Beneficiaries can obtain forms, discuss managed care options, or ask questions regarding the medical exception process by calling MICHIGAN ENROLLS at 1-888-367-6557 or by writing to MICHIGAN ENROLLS, P.O. Box 30412, Lansing, MI 48909. If the beneficiary has been enrolled in a QHP for more than 2 months, the medical exception request does not apply. Often, the beneficiary may just be unhappy with the particular plan or may need information on using the plan and accessing services. The program will assist the beneficiary with complaint issues of this type but they do not qualify as medical exceptions to QHP enrollment. Other remedies may be available to the beneficiary including a complaint and grievance process, a fair hearing request, and a disenrollment for cause. A beneficiary also has up to 90 days after enrollment to change plans for any reason and can request a different physician within the plan at any time.

The physician who is actively treating the beneficiary for the serious medical condition must complete Section II of the MSA 1628. If multiple physicians are involved, each one must complete a separate form. The physician completing the form must be actively treating the beneficiary, and must not be participating with or have any arrangement with a QHP for which the beneficiary can be enrolled. Information must include:

- a detailed description of the serious medical condition that is being treated, including the diagnosis and current active signs and symptoms in adequate detail to justify the degree of seriousness,

- the length of time (in months) that the beneficiary has been actively treated for this condition by the physician completing the form,
- the treatment plan in place including any planned interventions and a list of all current and anticipated medications,
- the frequency of visits,
- and anticipated length of time (in months) that the beneficiary will need this treatment.

An exception request cannot be processed without all of the above information. MSA will verify that the treating physician is not available in any QHP that the beneficiary can enroll in. If an exception to managed care enrollment is granted, the MSA will identify a period of time up to one year for which it is approved. At the end of that period, the beneficiary will again be eligible for enrollment in a QHP.

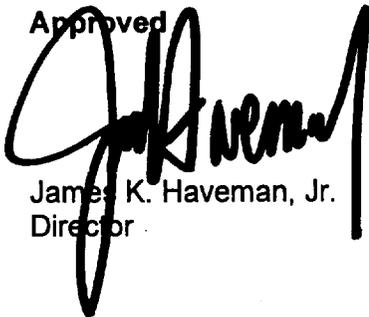
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979. Provider may phone toll free 1-800-292-2550.

Approved



James K. Haveman, Jr.
Director



Robert M. Smedes
Deputy Director for
Medical Services Administration

**MEDICAL SERVICES ADMINISTRATION**

400 S. PINE
P. O. BOX 30479
LANSING MI 48909-7979

Dear Medicaid Beneficiary,

On the back of this letter is the **Medical Exception Request form** that you requested. The department will consider your request for a medical exception from enrollment in a qualified health plan if you are not yet enrolled in a plan or if you have been enrolled for less than 2 months. You must have a serious medical condition **and** be undergoing active treatment for this condition with a doctor who could no longer treat you if you enroll in one of Medicaid's qualified health plans. This form is for **ONE** beneficiary and **ONE** doctor only. If other family members are asking for a medical exception, or if more than one doctor is treating you, you need to use a separate form for each family member's exception request and for each doctor involved in your care.

BENEFICIARY INSTRUCTIONS:

- Please fill out the TOP part of the form (Section I) yourself or have someone help you.
- You need to sign and date the form.
- If someone completed the form for you, that person must also sign and date the form.
- Use one form for each doctor that is treating you if there is more than one.
- Next, take this form/letter to your doctor.

PHYSICIAN INSTRUCTIONS:

- Please fill out the bottom portion of the form (Section II).
- Describe the serious medical condition that you are treating including the diagnosis and current active signs and symptoms in adequate detail to justify the degree of seriousness. A serious medical condition is one that is grave or complex, may be life threatening, or manifests symptoms needing timely intervention to prevent complications or permanent impairment. Chronic health conditions that are stable do not qualify for an exception to enrollment in a qualified health plan.
- Indicate the date you first saw the beneficiary for this condition, the frequency of visits, and the anticipated time that treatment needs to be continued.
- Describe the treatment plan in place including any planned interventions and a list of all current and anticipated medications.
- You must be a licensed physician (MD, DO). Please complete all information and sign the form. Note: To continue to see this patient under a managed care exception, you must be enrolled in the Medicaid program.

BENEFICIARY or PHYSICIAN

Please mail the completed form to us in the enclosed return mail envelope addressed to:

**MICHIGAN ENROLLS
PO BOX 30412
LANSING, MI 48909**

If you have any questions about filling out this form, please call us toll-free at: **1-888-367-6557**.

Authority: Title XIX of the Social Security Act

Completion: Is Voluntary, but is required if an Exception is sought.

The Department of Community Health is an equal opportunity employer, services and programs provider.

MEDICAL EXCEPTION REQUEST

Michigan Department of Community Health
Medical Services Administration

SECTION I - To be Completed by Medicaid Beneficiary or Authorized Representative:

| | | | |
|---|----------------------|--|----------------------------|
| Beneficiary Name (One Beneficiary per Form) | | Date of Birth | Telephone Number () |
| Beneficiary Medicaid ID Number | Medicaid Case Number | Name of Contact Person AND the Best Day and Time for Questions | |
| State the reasons why you need an enrollment exception for medical reasons. <i>(Please Attach Additional Pages, if Necessary)</i> _____ _____ _____ _____ | | | |
| Name (Printed) of Person Completing Form (if Other Than Beneficiary) | | Relationship to the Beneficiary | |
| Signature of Person Completing Form <i>(if Other Than Beneficiary)</i> | Date | Beneficiary Signature | Date |

SECTION II - To be Completed by the Beneficiary's Treating Doctor: *(one Doctor per form)*

| | | | |
|---|--|------------------------------|----------------------------|
| NOTE: | <ul style="list-style-type: none"> A medical exception from enrollment in Medicaid's Managed Care Plans has been requested by the above beneficiary. Please complete this form attaching additional documentation, if necessary. | | |
| Provide a detailed description of the serious medical condition(s) that is being treated. Include diagnosis and current active signs and symptoms in adequate detail to justify the degree of seriousness: _____ _____ _____ _____ _____ _____ _____ | | | |
| Treatment Plan: _____ | | | |
| Current and anticipated medications: _____ | | | |
| Treating Patient Since (date) | Number of Months of Treatment | Frequency of Visits | |
| Physician Name <i>(printed)</i> | | Medicaid ID | |
| Physician Specialty(ies) <i>Please Print</i> | | Physician Signature | Date |
| Name of Office Contact Person | | Best Day and Time to Contact | Telephone Number () |