

Distribution: All Providers 03-04

Issued: June 1, 2003

Subject: Adult Benefits Waiver Coverage & County-Administered Health Plans

Effective: July 1, 2003

Programs Affected: State Medical Program

On July 1, 2003, a new category of eligibility will be established through the Adult Benefits Waiver (ABW) authorized under Title XXI of the Social Security Act. The purpose of this bulletin is to inform providers of the transition of the State Medical Program (SMP) beneficiaries to the new waiver program. This bulletin also provides benefit coverage policy as well as information regarding the services available to ABW beneficiaries residing in counties administering indigent health care programs through County Health Plans (CHPs). Services provided to SMP beneficiaries prior to July 1, 2003 should be billed under existing policies for that program. Coverage changes from the SMP to the waiver program will be effective on July 1, 2003.

The ABW provides health care benefits for the State's childless adult residents with income at or below 35% of the Federal Poverty Level (FPL). Covered services and maximum co-payments for beneficiaries in this eligibility category are detailed in the chart contained in this bulletin. Unless otherwise noted in the Medicaid provider manuals, service coverage and authorization requirements for the fee-for-service (FFS) beneficiaries enrolled in the waiver program mirror those required for Medicaid. Only those providers enrolled to provide services through the Michigan Medicaid program may provide services for fee-for-service waiver beneficiaries. ABW beneficiaries enrolled in CHPs are subject to the prior authorization requirements of the respective county plans.

The local office of the Family Independence Agency (FIA) determines eligibility for the Adult Benefits Waiver. ABW beneficiaries are identified with a scope/coverage code 3G or 3M. Level of care code 11 will be valid for Wayne County beneficiaries on July 1, 2003 and will be transitioned into effect for other County Health Plan beneficiaries between July 1 and October 1, 2003. No level of care code will be identified for the fee-for-service population.

Individuals determined eligible for the waiver will receive a plastic **mihealth** identification card through the mail. Monthly eligibility must be verified through the Department of Community Health (DCH) eligibility verification system (EVS). Individuals with scope/coverage code 3E are eligible only for emergency services and will not be enrolled in a County Health Plan. Medical authorization from the local FIA office for individual services is not required for ABW beneficiaries. Questions regarding ABW coverage and fee-for-service billing should be directed to:

Provider Inquiry
P.O. Box 30731
Lansing, MI 48909-8231

You may also call toll-free: 1-800-292-2550 or contact the program through the Provider Support link on the DCH website at www.michigan.gov/mdch. Click on Providers/Information for Medicaid Providers/Medicaid Provider Inquiry Line to submit e-mail inquiries.

In those counties operating non-profit CHPs, all covered services for ABW beneficiaries must be provided through the health plan. CHPs administering the ABW program are required to provide the services noted in the following chart to ensure that benefits are consistent across the fee-for-service and CHP programs. County-administered health plans may require that services be provided through their contracted provider network and may institute prior authorization requirements beyond those required for the fee-for-service ABW program. CHPs may also require beneficiaries to obtain certain services from the Local Health Departments or other community resources. When such referrals are made, the CHP is responsible for the beneficiaries' share of the fee minus any applicable co-payments. Attachment II contains a list of the current county-administered health plans. An up-to-date list of CHPs is maintained on the DCH website.

Inpatient hospitalization for all ABW beneficiaries must be prior authorized by the DCH Admissions and Certifications Review Contractor (ACRC), which is currently the Michigan Peer Review Organization (MPRO). A PA number will be issued and must be entered on the claim form when billing. MPRO will be used for authorization of all hospitalizations except those in Wayne County until October 1, 2003. On October 1, the CHPS will assume responsibility for inpatient authorization for their respective enrollees. MPRO will continue to authorize hospitalization for ABW fee-for-service beneficiaries.

The telephone number for MPRO is: **1-800-727-7223**

Inpatient services provided to Wayne County PlusCare beneficiaries enrolled in the ABW on July 1, 2003 will continue to be paid for by Wayne County until October 1, 2003. PlusCare providers must use the existing process for authorization and payment of inpatient services until that time. Payment for hospitalizations with dates of admission prior to July 1, 2003 will be the obligation of the entity having financial responsibility on the date of admission.

CHP providers rendering services to ABW beneficiaries enrolled in a county-administered health plan are not required to enroll as providers in the Medicaid program, but they must comply with all Medicaid provider requirements as detailed in the Medicaid provider manuals. This includes the prohibition on balance billing beneficiaries for the difference between the provider's charge and the county health plan reimbursement.

With the exception of inpatient hospitalization and psychotropic medications, services provided to beneficiaries in CHPs are billable to the county plan. Inpatient hospitalization and psychotropic medications are to be billed under the fee-for-service program. Providers billing for these services must be Medicaid enrolled.

The list of psychotropic drug classes and medications that should be billed through the Medicaid pharmacy benefit manager (PBM) can be found on the PBM's web site at the following address: www.michigan.fhsc.com.

To reach the list of the psychotropic drug classes that should be billed fee-for-service, click on Providers/Drug Information/Drug Class Codes. The psychotropic drug classes are marked with an asterisk. **Note:** *The list of drugs covered under the carve out is updated as necessary. Drugs are added and deleted on a regular basis.*

The list of psychotropic drug classes **currently** part of the carve out are included in Attachment I.

Mental health and substance abuse services for all beneficiaries are the responsibility of the CMHSPs. Policy for these services is outlined in Medicaid All Provider Bulletin Number 03-05.

Reimbursement for services rendered to fee-for-service ABW beneficiaries will be the current Medicaid fee screens or the provider's charge—whichever is less. Services for ABW beneficiaries enrolled in a county-administered health plan will be reimbursed at a rate negotiated by the CHP with its network providers. Services provided to ABW beneficiaries by Federally Qualified Health Centers and Rural Health Centers will not be subject to the prospective payment reimbursement rate.

All ABW beneficiaries must be notified of any denial, reduction, or termination in covered services and offered the opportunity for appeal. Appeals related to such action are subject to the CHP complaint/grievance process and/or the DCH Department Review process administered by the Department's Administrative Tribunal. Beneficiaries

enrolled in CHPs must exhaust CHP complaint/grievance rights prior to requesting a Department Review through the DCH.

Request for a Department Review forms (DCH-0892) and return envelopes should be mailed to beneficiaries with final notice of action letters if there is a denial, reduction, or termination in covered benefits. CHPs must represent their decisions by participating in the Department Review process. All beneficiary requests for Department Reviews must be filed within 30 days or a Department Review will not be conducted. Information regarding this process and the required forms are available at the DCH Administrative Tribunal website:

http://www.mdch.state.mi.us/hlpd/AdminTri/AdminT_index.htm.

Fee-for-service ABW beneficiaries will be charged a co-payment for some covered benefits. The co-payments are listed in the following coverage chart. The respective CHPs may elect to use different co-payment amounts, but the co-pays may not exceed those listed. Co-payments may not exceed the Medicaid fee screen for a specific service.

Adult Benefits Waiver Coverage

Service	Coverage
Ambulance	Limited to emergency ground ambulance transport to the hospital ED.
Case Management	Non-covered
Chiropractor	Non-covered
Dental	Non-covered except for services of oral surgeons as covered under the current Medicaid physician benefit for the relief of pain or infection.
<i>Emergency Department</i>	Covered per current Medicaid policy. For county-administered plans, prior authorization may be required for non-emergency services provided in the emergency department. A \$25 co-payment charged by the facility is required if the emergency room visit does not result in admission.
Eyeglasses	Non-covered
Family Planning	Covered; services may be provided through referral to local Title X designated Family Planning Program.
Hearing Aids	Non-covered
Home Health	Non-covered
Home Help (personal care)	Non-covered
Hospice	Non-covered
Inpatient Hospital	Covered; a case rate will be paid on a per admission basis.
Lab & X-Ray	Covered if ordered by an MD, DO, or NP for diagnostic and treatment purposes. Prior authorization may be required by the county-administered health plan.
Medical Supplies/DME	Limited coverage. <i>Medical supplies are covered except for the following non-covered categories: gradient surgical garments, formulas & feeding supplies, and supplies related to any non-covered DME item</i> <i>DME items are non-covered except for glucose monitors.</i>
Mental Health Services	Covered; services must be provided through the CMHSP.
Nursing Facility	Non-covered
Optometrist	Non-covered

Adult Benefits Waiver Coverage

Service	Coverage
Outpatient Hospital (non-emergency department)	Diagnostic & treatment services are covered. Diabetes education services are covered in the outpatient setting. Prior authorization may be required for some services. A \$3 co-payment for professional services is required.* <i>OT/PT/Speech are not covered.</i> <i>Labor room and partial hospitalization are excluded from outpatient coverage.</i>
Pharmacy	Products included on the Michigan Pharmaceutical Products List (except enteral formulas) and that are prescribed by an MD, DO, NP or type 10-enrolled oral surgeon; PA may be required Rx must be billed to the DCH or County Plan, as appropriate; Note: psychotropic medications will be provided under the fee-for-service benefit. Injectables used in clinics or physician offices are NOT a pharmacy benefit except for select psychotropics as noted on the MDCH web site. A \$5 co-payment is required for non-branded generic drugs and those listed on the Michigan Preferred Drug List (PDL) or the County Health Plan formularies. A \$10 co-payment is required for all other drugs Beneficiaries may not be charged more for a co-payment than the cost of an individual prescription.
Physician, Nurse Practitioner, Oral Surgeon, Medical Clinic	The following services are covered per current Medicaid policy: Annual physical exams (including a pelvic and breast exam, and pap test). Women who qualify for screening/services under the Breast and Cervical Cancer Program administered by the Local Health Department (LHD) may be referred to that program for services as appropriate. Diagnostic & treatment services. May refer to LHD for TB, STD, or HIV-related services as available. Immunizations per current ACIP guidelines. May be referred to LHD. Travel immunizations are excluded. Injections administered in a physician's office per current Medicaid policy; county plans may require PA for some injections. Prior authorization may be required for some services. A \$3 co-payment is required for office visits (professional services).*
Podiatrist	Non-covered
Prosthetics/Orthotics	Non-covered
Private Duty Nursing	Non-covered
Substance Abuse	Covered through local Community Mental Health Services Program
Therapies (OT/PT/Speech)	Non-covered in any setting.
Transportation (non-ambulance)	Non-covered
Urgent Care Clinic	Professional services provided in a freestanding facility are covered; county-administered plans may require authorization by the primary care physician or plan administrator. A \$3 co-payment is required.*
*Professional services requiring a co-payment are defined by the following evaluation and management procedure codes: 92002-92014, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397	

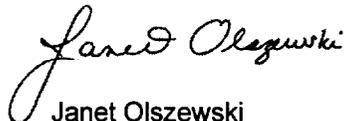
Manual Maintenance

Retain this bulletin for future reference.

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 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.

Approval



Janet Olszewski
Director



Paul Reinhart
Deputy Director for
Medical Services Administration

Psychotropic Drug Classes As of April 21, 2003

The following list contains the psychotropic drug classes that are currently carved out from the Adult Benefits Waiver and should be billed fee for service through the MDCH PBM. Please note that the drugs within these classes are updated as necessary and may be modified at any point in time. A current list is maintained on the PBM's website at www.michigan.fhsc.com.

H2A	Central Nervous System Stimulants
H2D	Barbiturates
H2E	Sedative –Hypnotics, Non-Barbiturate
H2F	Anti-Anxiety Drugs
H2G	Anti-Psychotics, Phenothiazines
H2H	Monoamine Oxidase (MAO) Inhibitors
H2I	Anti-Psychotics, Phenothiazines (continued 1)
H2J	Antidepressants O.U.
H2K	Antidepressant Combinations O.U.
H2L	Anti-Psychotics, Non-Phenothiazines
H2M	Anti-Mania Drugs
H2N	Antidepressants O.U. (continued 1)
H2O	Anti-Psychotics, Non-Phenothiazines (continued 1)
H2P	Anti-Anxiety Drugs (continued 1)
H2Q	Sedative-Hypnotics, Non-Barbiturate (continued 1)
H2U	Tricyclic Antidepressants & REL. Non-SEL. RU-INHIB
H2V	Anti-Narcolepsy/Anti-Hyperkinesia Agents
H2W	Tricyclic Antidepressant/Phenothiazine Combinations
H2X	Tricyclic Antidepressant/Benzodiazepine Combinations
H2Y	Tricyclic Antidepressant/Non-Phenothiazine Comb. (obsolete 1/2000)
H4B	Anticonvulsants
H4C	Anticonvulsants (continued 1)
H6B	Antiparkinsonism Drugs, Anticholinergic
H7B	Alpha-2 Receptor Antagonist Antidepressants
H7C	Serotonin-Norepinephrine Reuptake-Inhib (SNRIS)
H7D	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)
H7E	Serotonin-2 Antagonist/Reuptake Inhibitors (SARIS)
H7J	MAOIS – Non-Selective & Irreversible
H7O	Antipsychotics, Dopamine, Antagonists, Butyrophenones
H7P	Antipsychotics, Dopamine, Antagonists, Thioxanthenes
H7Q	Antipsychotics, Dopamine, Antagonists, Benzamides
H7R	Antipsych., Dopamine Antag., Diphenylbutylpiperidines
H7S	Antipsychotics, Dopamine, Antagonists, Dihydroindolones
H7T	Antipsychotics, Atypical, Dopamine, & Serotonin Antag.
H7U	Antipsychotics, Dopamine & Serotonin Antagonists
H7V	Antipsychotics, Dopamine, Antagonists, Iminodibenzyl Der.
J5B	Adrenergics, Aromatic, Non-Catecholamine

County Health Plans

<u>County</u>	<u>Health Plan, Address, and Phone</u>
Barry	B-E Healthy Program P.O. Box 30161 Lansing, Michigan 48909 (866) 291-8691
Bay	HealthPlus Options P.O. Box 1700 Flint, Michigan 48501-1700 (800) 332-9161
Clinton	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Eaton	B-E Healthy Program P.O. Box 30161 Lansing, Michigan 48909 (866) 291-8691
Genesee	Genesee Health Plan Health Plus of Michigan Building 2050 South Linden Rd. Flint, MI 48532 (810) 720-7785
Gratiot	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Ingham	Ingham Health Plan Ingham County Health Department P.O. Box 30161 5303 S. Cedar Lansing, MI 48911 (517) 887-4465 (866) 291-8691
Jackson	Jackson Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Kalamazoo	Kalamazoo Human Services Kalamazoo County Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Kent	Kent Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Marquette	Medical Care Access Coalition 1414 W. Fair Ave. #26 Marquette, MI 49855 (906) 226-4400

<u>County</u>	<u>Health Plan, Address, and Phone</u>
Midland	Midland Health Plan P.O. Box 458022 West Lake, OH 44145-8022 (989) 839-1665
Montcalm	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Muskegon	Muskegon Care 92 Seaway Drive P.O. Box 0238 Muskegon, MI 49444 (231) 830-1050
Saginaw	HealthPlus Options P.O. Box 1700 Flint, Michigan 48501-1700 (800) 332-9161
Washtenaw	Washtenaw County Health Plan 555 Towner P.O. Box 0915 Ypsilanti, MI 48197 (734) 481-2502
Wayne	Total Health Care Urban Hospital Care Plus PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (313) 871-2000
Wayne	Ultimed Urban Hospital Care Plus PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (313) 961-1717 (800) 242-7955
Wayne	Health Source Urban Hospital Care Plus PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (800) 543-0161
Wayne	Dental Delivery Systems, Inc Urban Hospital Care Plus PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (313) 945-1100