

2012 Alert #15; email
Wed, September 26, 2012

Colleagues,

As you know, there has been considerable discussion regarding individuals who are currently enrolled in a Medicaid Health Plan, and who are eligible, but not enrolled, in CSHCS. For individuals that were eligible (but not enrolled) in CSHCS prior to August 1, 2012, enrollment for these individuals into CSHCS will begin on April 1, 2013. This population is known as the CSHCS 'Look Alikes (LAL).'

We are concerned that the LALs who might benefit from CSHCS services, such as LHD care coordination, will not be able to access these services until they are enrolled in CSHCS. Therefore, CSHCS is making a temporary exception for the LAL population (until April 1, 2013) to the policy that restricts LHDs to bill for services only on behalf of clients enrolled in CSHCS. Note that coordination with the MHP is expected when providing care coordination or case management services for an MHP member.

The current rule is that LHDs cannot be reimbursed by CSHCS for care coordination services if the client does not have CSHCS coverage at the time of service. CSHCS Policy for Care Coordination services: "Clients enrolled in CSHCS with identified needs may be eligible to receive care coordination services."

Note that per Medicaid State Plan, case management services can be provided to the Medicaid population, even for those not enrolled in CSHCS. Medicaid State Plan language for Case Management services: "Those eligible to receive Case Management services include persons enrolled in CSHCS or Medicaid with identified need for case management services..." However, we do not expect a large number of the look-alike population will be eligible for case management services.

This e-mail serves as notification of an exception to the above rule that billable care coordination services only apply to those with current CSHCS coverage. Local health departments are authorized to provide and bill for care coordination or case management services for the LAL population according to the same case management and care coordination criteria. The exception to the rule ends on April 1, 2013.

Therefore, MHP members who are determined eligible for CSHCS but have an enrollment date of April 1, 2013, are eligible for CSHCS billable services prior to April 1, 2013. All other rules related to providing and billing for care coordination or case management services are still in effect. Once the client becomes CSHCS enrolled, the LHDs can continue to provide and bill for the billable services as per current practice while collaborating with the MHPs regarding mutually served clients.

You will be able to identify the LALs by the "Manage Look Alike" screen in the CSHCS database. From the client's Overview screen in the CSHCS database, click the Medical

tab. On left side of the screen there will be a link named “Manage Look Alike.’ Click the link to view the client’s future enrollment begin and end dates, medical review date and qualifying diagnoses.

Billing for the services will occur by identifying the client as having both CSHCS and Medicaid on the Supplement to the FSR. Meanwhile, there must be a note in the file that the client is a Medicaid only MHP enrollee but identified in the CSHCS database as a LAL. This will address any concerns that may occur in a file review and/or site visit.

Please contact Lonnie Barnett if you have any questions.

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