

CSHCS/Customer Support Section PROCEDURES FOR APPLICATIONS AND MEDICALS

Effective 10/1/12

	MA/MHP STATUS	CSS ACTION	LHD ACTION
NEW CLIENT MEDICAL REPORT - Approved (Eligible for CSHCS)	<i>No Medicaid Coverage</i>	Send APPLICATION packet Forward medical report to LHD.	Contact family per normal business process
	<i>Full Medicaid coverage in month qualifying medical report was received - not in MHP</i>	Do not send APPLICATION packet. Create CSHCS enrollment effective the month of the qualifying event, up to six months from medical report received date, maximum retro to 10/1/12. Authorize the appropriate hospitals and sub-specialists per the medical reports. Send CSHCS Welcome Letter. Forward medical report to LHD.	Initiate Welcome contact with family. It is important that LHD CSHCS staff review welcome contact letters and/or verbal communications to determine if your usual message is appropriate for families who are not required to complete a CSHCS enrollment Application. You may need to develop separate letters or verbal communications.
	<i>MHP Member determined Newly Eligible for CSHCS (current MHP member who was not enrolled in a MHP prior 8/1/12 <u>or</u> the qualifying diagnosis did not exist prior to 8/1/12)</i>	Create CSHCS enrollment effective the month of qualifying event, up to six months from medical report received date, maximum retro to 10/1/12. Authorize the appropriate hospitals and sub-specialists per the medical reports. System will add the MHP as an authorized provider after the CSHCS-MC Benefit Plan is created in CHAMPS. Send CSHCS Welcome Letter for MHP Member. Forward medical report to LHD.	Initiate Welcome contact with family. Review welcome contact letters and/or verbal communications to determine if your usual message is appropriate for MHP members. You may need to develop different letters or verbal communications. See Alert # 16-2012 In collaboration with the MHP, determine the level of LHD service warranted for the family and the appropriate contact to provide information on CSHCS benefits, community resources and LHD locally-based services.
	<i>MHP Look Alike (LAL = current MHP member who was in a MHP</i>	Update Manage Look Alike screen in CSHCS database.	Contact the MHP and request case management/care plan information for the

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	<i>prior to 8/1/12 and would have qualified for CSHCS prior to 8/1/12)</i>	Forward medical report to LHD. CSHCS enrollment will be created in March, effective 4/1/13. Enrollment end date will be calculated and likely different from end date displayed on Manage LAL Screen.	client. Determine, in collaboration with the MHP, the level of LHD service warranted for the family and the appropriate contact to provide information on CSHCS benefits, community resources and LHD locally-based services. See LHD Alert # 15-2012 re access to CSHCS services prior to 4/1/13.
DENIED OR PENDED MEDICAL REPORT	<i>Not in MHP</i>	Send appropriate Pend or Denial letter. Forward medical report to LHD.	Follow up per normal business process, offer assistance to obtain additional medical information for eligibility determination, as needed. Arrange diagnostic evaluation, if appropriate.
	<i>MHP Member (Look Alike, Newly Diagnosed or Already Enrolled in CSHCS for a different diagnosis)</i>	Send appropriate Pend or Denial letter. Forward medical report to LHD.	Work in collaboration with the MHP regarding follow up for additional information or referral to appropriate sub-specialist, if necessary. MHP will be notified of the pend and denied medicals via a weekly report.
CSHCS APPLICATIONS RECEIVED (Note: Application received greater than 1 year from medical eligibility determination date cannot be processed. A current medical report is required.)	<i>No Medicaid Coverage</i>	Create CSHCS enrollment per usual business rules. Forward Application to LHD.	Initiate Welcome contact with family.
	<i>Full Medicaid coverage per CHAMPS - not in MHP</i>	Create CSHCS enrollment effective the month of the qualifying event, up to six months from Application received date, maximum retro to 10/1/12. Authorize the appropriate hospitals and sub-specialists per the medical reports.	Initiate Welcome contact with family.

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		Send CSHCS Welcome Letter. Forward Application to LHD.	
	<i>MHP Member (Applications sent from CSHCS Customer Support Section and completed by the family will be processed regardless of previous Look Alike status)</i>	Create CSHCS enrollment effective the month of the qualifying event, up to six months from Application received month, maximum retro to 10/1/12. Authorize appropriate hospitals and sub-specialists listed on the Application. System will add the MHP as an authorized provider after the CSHCS-MC Benefit Plan is created in CHAMPS. Send CSHCS Welcome Letter for MHP Members. Forward Application to LHD.	Initiate Welcome contact with family. Review welcome contact letters and/or verbal communications to determine if your usual message is appropriate for MHP members. You may need to develop different letters or verbal communications. See Alert # 16-2012 In collaboration with the MHP, determine the level of LHD service warranted for the family and the appropriate contact to provide information on CSHCS benefits, community resources and LHD locally-based services.
RENEWAL FOR LAPSED CSHCS COVERAGE DUE TO MEDICAL NOT RECEIVED (Note: Client is considered 'new' to CSHCS if renewal medical received date is greater than 1 year from last enrollment end date. See New Client Medical Report procedure above.)	<i>Not in MHP</i>	Create renewal enrollment period beginning month coverage lapsed; <u>maximum</u> retro 2 months from the month renewal medical reports were received. Authorize the appropriate hospitals and sub-specialists per the medical reports. Forward medical reports to LHD.	Normal business process for renewals. Follow up with family re changes in demographics or authorized providers or services.
	<i>MHP Member</i>	Create renewal enrollment period beginning month coverage lapsed; up to 2 months from the month renewal medical reports were received, maximum retro to 10/1/12. Authorize the appropriate hospitals and sub-specialists per	In collaboration with the MHP, determine the level of LHD service warranted for the family and the appropriate contact and follow up necessary for continuity of CSHCS LHD community-based services. See Alert # 16-2012.

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		<p>the medical reports. System will add the MHP as an authorized provider after the CSHCS-MC Benefit Plan is created in CHAMPS. Forward medical reports to LHD.</p>	
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