

MEDICAL SERVICES ADMINISTRATION

FINAL POLICY APPROVAL SHEET

Policy Subject: Health Insurance Program (HIP) Enrollment

Bulletin Number: MSA 12-20

Required Approvals

	Signature	Date	Comments
Analyst/Specialist			
Section Manager			
Division Director *			
Ambulatory Benefit Section Manager			
Medicaid Policy Division Director			
Bureau of Medicaid Policy and Health System Innovation			
Medical Services Administration Director			

*** If policy initiated by other than Program Policy staff, appropriate division director approval required.**

Further Instructions/Comments:

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lori Simon

Phone Number: 517-241-8862

Initial

Public Comment

Final

Brief description of policy:

Children's Special Health Care Services (CSHCS) is requiring mandatory enrollment for certain clients into the Health Insurance Program (HIP), which was created by the federal Affordable Care Act (ACA) for people who are denied access to insurance due to their pre-existing condition. CSHCS clients age 18 or older with hemophilia or cystic fibrosis, who have no other insurance, are the mandatory enrollment population. Upon receipt of a completed HIP application, CSHCS coverage will be extended for the full 12 month enrollment period.

Reason for policy (problem being addressed):

Mandatory enrollment is being implemented as a significant cost savings to the state general funds. This change also assures comprehensive insurance coverage for clients who are normally denied access to health insurance due to a pre-existing condition.

Budget implication:

- budget neutral
- will cost DCH \$ _____, and is/is not budgeted in current appropriation
- will save DCH \$ 4,000,000.00

Does policy have operational implications on other parts of DCH?

No

Does policy have operational implications on other departments?

No

Summary of input:

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: Approval Date:	

Michigan Department of Community Health

Bulletin Number: MSA 12-20

Distribution: Hospitals, Physicians, Local Health Departments, Medical Clinics

Issued: June 1, 2012

Subject: Health Insurance Program (HIP) Enrollment

Effective: July 1, 2012

Programs Affected: Children's Special Health Care Services (CSHCS)

Clients who are covered by CSHCS, specifically for hemophilia or cystic fibrosis, age 18 or older, with no other insurance are required to apply for enrollment in the Health Insurance Program (HIP) of Michigan. This high risk pool option was created by the federal Affordable Care Act (ACA) for people who are denied access to insurance due to a pre-existing condition. A CSHCS Temporary Eligibility Period (TEP) of 90 days is activated at the initial CSHCS enrollment or renewal of CSHCS enrollment to allow the client time to complete the HIP application process.

Upon CSHCS receipt of a completed HIP application, CSHCS coverage is extended to complete the full 12 month enrollment period from the initial coverage date. CSHCS coverage terminates at the end of the 90-day TEP if the client fails to submit the application to CSHCS.

Manual Maintenance

Retain this bulletin until the 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. 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.

Approved

Stephen Fitton, Director
Medical Services Administration

Distribution Request for Public Comment, Final Bulletin, Numbered Letter

Date: May 22, 2012

Requester: Lori Simon

<input type="checkbox"/> Comment <input checked="" type="checkbox"/> Bulletin <input type="checkbox"/> Letter	Project/Bulletin Number: MSA 12-20
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Instructions:

- Indicate purpose of request and project number in box above.
- For **Public Comment**, check only the general category box (below) to identify distribution.
- For **Final Bulletin and Numbered Letter**, check the general category box (below) and specific areas to identify distribution.

All Provider (Do Not Check Additional Boxes)

Ambulance (PT 18)

Chiropractor (PT 14)

Dental

- 12 Dentist 74 Clinic
 0500 Dental Cap.

Family Planning Clinics (PT 23)

FQHC (0287)

Hearing Aid Dealer (PT 90)

Hearing Centers (PT 80)

Home Health (PT 15)

Hospice (PT 15/0996)

Hospital

- 30 Inpatient 40 Outpatient
 22 State Psych. 4895 ESRD

Laboratory (PT 16)

Local Health Department

Maternal and Infant Support (PT 77/4903/0001)

Medicaid Health Plans (PT 17)

- 0092 Hlth. Ins./Medical
 0094 County Health Program

Medical Supplier

- 85 Orthotist/Prosthetist
 87 Med. Supplier/DME 88 Shoe Store

Mental Health and Substance Abuse

- 77 Med. Clinic 65 ICF/MR
 0090 CMHSP 0091 SA/CA

Nursing Facility

- 60 NF 61 Co. MCF/In.
 62 Hosp. LTC 63 Vent Unit/Swing Bed
 64 Co. MCF/Out. 65 ICF/MR
 72 NF/MI 0005 Swing Bed

Pharmacy (PT 50)

Practitioner

- 10 MD 11 DO
 13 Pod. 77 Med. Clinic
 0009 Oral Surg. 0021 CRNA
 0124 Nurse/Midwife 0125 FNP
 0126 Ped. NP 0272 PT
 0285 Diab. Trng. 4904 CMS Comp. Clin.
 4905 CMS Mgt./Follow-up Clin.

Private Duty Nursing

- 0012 LPN 0013 RN
 0014 Agency 4006 Nursing

Rural Health Clinics (0275, 0276)

School Based Services (PT 77/0289)

Tribal Health Centers (0278)

Vision

- 86 Opt. Co. 94 Optometrist
 95 Opt. House (contractor)

Other Categories

- HCEP Beneficiary
 Home Help
 Other: (Identify)

Eligibility
