

CSHCS Alert #5-2013: Billable Services Update
Wed 3/13/2013

Colleagues,

As you may be aware, the CSHCS Local Advisory Council (CLAC) has been meeting for the past few months to review and update the CSHCS care coordination and case management billable services policy (Sections 6, 13, and 14 of the CSHCS Guidance Manual) in an effort to clarify current billing policy in light of the transition of many CSHCS clients into Medicaid Health Plans (MHP).

Revisions to Sections 6, 13, and 14 of the Guidance Manual will be disseminated in the near future. However, it is important for you to be aware of the following clarifications which will assist with your FY13 billing activity.

1. Level I Care Coordination for clients enrolled in a MHP.

A Plan of Care (POC) completed by the LHD that includes information provided by the MHP is billable as a Level I POC, as long as there are unique elements in the POC from the LHD. (e.g. information relative to CMH or ISD services, referrals to community agencies, discussions held regarding seeking other opinions, how to access services from the community at large, seeking local providers of care, seeking assistance in managing familial aspects of care coordination, and dealing with other community resources as needs become known.)

Coordination is expected between the LHD and the MHP. A Plan of Care developed by an MHP that does not include contributions from the LHD is not a billable service.

2. Level II Care Coordination and sharing of client information with an MHP.

Sharing of client information with the MHPs has created a significant demand on LHD staff. On a temporary basis, client information sharing (i.e. POC, historic client information) from the LHD to the MHP is billable for one unit of Level II Care Coordination per client. This temporary allowance will continue until an electronic, secure, bi-directional mechanism for sharing PHI between MHPs and LHDs is established, unless otherwise notified. This temporary change will not be reflected in the updated guidance manual.

LHD billings continue to be subject to the documentation requirements.

Lonnie D. Barnett
Director, Children's Special Health Care Services Division
Bureau of Family, Maternal, and Child Health
Michigan Department of Community Health
Lewis Cass Building, 6th Floor
320 S. Walnut

Lansing, MI 48913
www.michigan.gov/cshcs

Phone: (517) 241-7186
FAX: (517) 241-8970

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