

## Michigan Department of Community Health

**Bulletin Number:** MSA 11-33

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

**Issued:** August 1, 2011

**Subject:** Changes to Children's Special Health Care Services (CSHCS) Prior Authorization Requirements for Non-Emergency Out-of-State Medical Care

**Effective:** September 1, 2011

**Programs Affected:** CSHCS

The following terms as defined below are used for the purposes of this bulletin:

- **Non-emergency** medical care is defined as not meeting the definition of emergency medical care described in the CSHCS Chapter of the Medicaid Provider Manual.
- **Out-of-state providers** are defined as those providers who are located outside of Michigan and beyond the areas considered borderland as recognized by the Michigan Department of Community Health (MDCH).

Effective September 1, 2011, out-of-state non-emergency medical care is covered only when the service has been prior authorized by MDCH. Prior authorization requests for out-of-state services may be approved when all of the following criteria are met:

- The requested service is related to the CSHCS qualifying diagnosis;
- The request for out-of-state referral is submitted by the appropriate, CSHCS authorized in-state subspecialist with whom the client will maintain a relationship following the out-of-state services, explaining the reason the requested service must be provided out-of-state;
- The in-state subspecialist and the out-of-state specialist maintain a collaborative relationship with regard to determining, coordinating, and providing the client's medical care, including a plan to transition the client back to in-state services as appropriate;
- Comparable care (the term "comparable care" does not require that services be identical) for the CSHCS qualifying diagnosis cannot be provided within the State of Michigan;
- The requested service is accepted within the context of current medical standards of care as determined by MDCH; and
- The service has been determined medically necessary by MDCH because the client's health would be endangered if he were required to travel back to Michigan for services, if applicable.

All out-of-state providers must complete the Community Health Automated Medicaid Processing System (CHAMPS) enrollment process described in the Provider Enrollment Section of the General Information for Providers Chapter of the Medicaid Provider Manual to submit claims to MDCH. Out-of-state pharmacies must be enrolled with the MDCH Pharmacy Benefit Manager to submit claims for payment.

### Manual Maintenance

Retain this bulletin until applicable 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](mailto: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**

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director  
Medical Services Administration