MSA
MEDICAL SERVICES ADMINISTRATION
Bulletin
Michigan Department of Community Health

Bulletin Number: MSA 11-37

Distribution: All Providers

Issued: October 1, 2011

Subject: Enrollment of Dual Medicare and Medicaid Eligible Beneficiaries into Medicaid Health Plans

Effective: November 1, 2011

Programs Affected: Medicaid

Beginning November 1, 2011, Medicaid beneficiaries with both Medicare eligibility and Medicaid eligibility (dual eligibles) will transition from an excluded population to a voluntary population for purposes of Medicaid Health Plan (MHP) enrollment. Implementation of this policy is subject to approval from the Centers for Medicare and Medicaid Services.

Certain categories of dual eligibles will remain an excluded segment of this population and will not be transitioned to voluntary enrollment. The following dual eligibles will remain an excluded population:

- Dual eligibles with program code C, L, N, or Q;
- Dual eligibles excluded for reasons other than dual eligible status such as Medical Exception or Incarceration;
- Dual eligibles without full Medicaid coverage such as Qualified Medicare Beneficiaries, Special Low Income Medicare Beneficiaries and Additional Low Income Medicare Beneficiaries; or
- Dual eligibles enrolled in a Medicare managed care plan (MMCP) that is not approved to serve Medicaid enrollees in the enrollee’s county of residence.

MHPs are responsible for co-insurance and deductibles for all Medicare-covered services. In general, providers and MHPs must follow the guidelines for Medicare as described in the Medicaid Provider Manual, Coordination of Benefits Chapter, Section 2.6 Medicare.

MHPs may require beneficiaries to obtain services from in-network providers and may require enrollees to obtain prior authorization (PA) for services. Per current contractual restrictions, the MHPs are prohibited from requiring PA under the following circumstances:

- When a beneficiary is receiving emergency services.
- When a beneficiary receives care from a Federally Qualified Health Center (FQHC) in their county of residence and the MHP does not have a contract with that particular FQHC.
- When a beneficiary receives immunizations and communicable disease services provided by a Local Health Department.

MHPs must cover Medicaid-covered prescriptions that are excluded from Part D pharmacy coverage unless the drug class is specifically carved-out of the MHP benefit. MHPs may require enrollees and providers to utilize the MHP formulary for the medication covered by the MHP.

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. 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
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