

**Bulletin Number:** MSA 14-18

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

**Issued:** May 1, 2014

**Subject:** Effective Date and Retroactive Coverage for Children's Special Health Care Services (CSHCS) Clients

**Effective:** June 1, 2014

**Programs Affected:** CSHCS

The purpose of the policy change is to apply a single effective date rule for CSHCS client coverage and to reflect consistent time frames within retroactive coverage policy. Under the Effective Date section of the CSHCS chapter of the Medicaid Provider Manual, all existing language within policy will be removed and replaced with the information below. The Retroactive Coverage subsection under the Coverage Period section is being eliminated and the information is being included in the new policy language.

#### Section 7 Effective Date

The effective date of CSHCS coverage is dependent upon the date of the event that medically qualifies the client for CSHCS. The CSHCS begin date is the first day of the month of this qualifying event, and may be retroactive up to six (6) months from the date the Michigan Department of Community Health (MDCH) receives all necessary documentation that results in a final determination of CSHCS eligibility.

When application information is missing, the individual has 30 days from the date of the letter sent from MDCH requesting the missing information to submit\* the information in order to preserve the initial effective date of coverage. If the information is not submitted within 30 days, the effective date of coverage may be retroactive up to six (6) months from the date the required information has been submitted. Retroactive coverage does not guarantee that providers of services already rendered will accept CSHCS payment. CSHCS does not reimburse families directly for payments made to providers. Individuals/families are required to provide complete and accurate information at the time of application and as circumstances change. At a minimum, changes in address and insurance must be reported as they occur.

\*Submission date is considered the date the document is received by 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](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 large initial 'S'.

Stephen Fitton, Director  
Medical Services Administration