

Bulletin: MSA 10-40

Distribution: MICHild Manual Holders, Local Health Departments, MICHild Administrative Contractor (MAXIMUS), MICHild Health and Dental Plans, Department of Human Services Central Office, Federally Qualified Health Centers, Tribal Health Centers, Rural Health Clinics

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Subject: MICHild Health Plans

Effective: November 1, 2010

Programs Affected: MICHild

This policy notifies providers of a revision to policy that addresses MICHild health plans' (herein referred to as health plans) ability to determine eligibility for the MICHild program. The Michigan Department of Community Health (MDCH) currently allows health plans to make the initial MICHild eligibility determination. Effective September 1, 2009, the initial MICHild eligibility determination may no longer be made by the health plans. On and after September 1, 2009, only MDCH may conduct both the initial and final MICHild eligibility determinations.

Revisions to the MICHild Manual policy will be posted to the MDCH website at www.michigan.gov/michild >> MICHild Manual.

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, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



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