

Bulletin Number: MSA 13-46

Distribution: All Providers

Issued: November 26, 2013

Subject: Update on Enrollment of Children's Special Health Care Services (CSHCS)/Medicaid Beneficiaries into Medicaid Health Plans (MHP), MHP Exclusion of Beneficiaries Authorized for Private Duty Nursing (PDN)

Effective: January 1, 2014

Programs Affected: Medicaid, Children's Special Health Care Services

The purpose of this bulletin is to update three policies delineated in MSA 12-46, effective October 1, 2012. Medicaid beneficiaries with full Medicaid benefits and Children's Special Health Care Services (CSHCS) are hereafter referred to in this bulletin as CSHCS/Medicaid beneficiaries. This bulletin will update policies regarding prior authorization (PA) for CSHCS/Medicaid beneficiaries; excluded services for CSHCS/Medicaid beneficiaries; and disenrollment from a Medicaid Health Plan (MHP) for all Medicaid beneficiaries when Private Duty Nursing (PDN) services are authorized.

PA for CSHCS/Medicaid Beneficiaries

In order to preserve continuity of care, MHPs and Fee-For-Service (FFS) must accept PAs in place when the CSHCS/Medicaid beneficiary has a change in enrollment status. For CSHCS/Medicaid beneficiaries who have been in the FFS system and who have FFS PA in place at the time the MHP receives the enrollment file, MHPs are expected to honor the PA in place for 30 days after the effective date of enrollment. Full reciprocity is required between the party that originally authorized the service and the new payer for the first 30 days following the enrollment change. This includes accepting the approved provider, services, quantity limits, Medicaid rates and special rates, as well as other terms that have been negotiated for the beneficiary's care.

- The servicing provider is responsible for transmitting a copy of the previously approved PA to the new payer when there is a change in the beneficiary's enrollment status.
- If the prior authorized provider is not in the MHP network, the MHP must pay the out-of-network provider at the prior authorized rate for the first 30 days following the enrollment change. Providers may not bill FFS or the beneficiary for services covered by the MHP; the provider must bill the MHP.
- Providers must be enrolled with Medicaid to bill FFS. Providers may not bill the MHP or the beneficiary for services covered by Medicaid FFS; the provider must bill FFS.

Excluded Services for CSHCS/Medicaid Beneficiaries

All services specifically excluded from the MHP contract remain excluded for CSHCS/Medicaid beneficiaries enrolled in an MHP. Refer to the Medicaid Provider Manual, Medicaid Health Plans Chapter, for the list of services excluded from the MHP contract. MHPs are not required to provide transportation for services excluded from the MHP contract.

In-state approved intensive feeding clinic(s) are excluded from the MHP contract. Drugs in the categories listed on the MHP carve-out list found at <https://michigan.fhsc.com/> >> Providers >> Drug Information are also excluded from the MHP contract. These medications are reimbursed by MDCH's pharmacy Third Party Administrator (TPA) through a point-of-service reimbursement system.

The following services continue to be covered by the CSHCS program and are not the responsibility of the MHP:

- Local Health Department care coordination
- Local Health Department case management
- Children's Multidisciplinary Specialty Clinic facility payment
- Orthodontia provided for certain CSHCS qualifying diagnoses
- Respite
- Private insurance premium payment

Disenrollment from MHP for Beneficiaries Authorized for PDN Services by FFS

Effective January 1, 2014, any Medicaid beneficiary authorized for PDN services while enrolled in a MHP will be disenrolled from their MHP retroactively to the first day of the month in which the PDN services are received. PDN and other Medicaid-covered services will be covered by Medicaid FFS for these beneficiaries. This policy affects all Medicaid beneficiaries authorized for PDN services regardless of funding source.

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. 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
Medical Services Administration`