

July 7, 2016

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

RE: Beneficiary Enrollment in the MI Health Link Program

Effective July 1, 2016, the Michigan Department of Health and Human Services (MDHHS) is implementing a new process for beneficiary enrollment in the MI Health Link program. Providers of services offered through the MI Health Link program will be affected by this change for billing purposes.

This new enrollment process involves deeming individuals for enrollment in the MI Health Link program. Even though it appears they have lost full Medicaid eligibility according to Bridges and the Community Health Automated Medicaid Processing System (CHAMPS), these individuals will remain enrolled in the MI Health Link health plan (otherwise known as Integrated Care Organization [ICO]) during the deeming period. This period will last **up to three months** after an individual loses full Medicaid eligibility, or until the individual regains full Medicaid eligibility, whichever is sooner.

ICOs are required to provide MI Health Link covered Medicare and Medicaid services to individuals during the deeming period. Medicare behavioral health services will still be covered by the Prepaid Inpatient Health Plans during the deeming period. Medicaid services related to behavioral health, intellectual/developmental disability, or substance use disorders will not be covered. Deemed individuals may be able to access other non-Medicare covered behavioral health services if they meet the eligibility requirements for Community Mental Health Services Program delivered services funded through State of Michigan General Funds outside of the MI Health Link program.

Providers will be able to see a “deeming indicator” in CHAMPS to show that the individual remains enrolled with the ICO despite not having full Medicaid at the time of service. When providers see this indicator for a particular date of service, **they must bill the ICO for any services rendered**. There will be no ICO-MC benefit plan during this period of “deemed” enrollment. Instead, the indicator and a correlating message will be present for the “deemed” time period. If the individual regains full Medicaid during this three month deeming period, the ICO-MC benefit plan will be reinstated for the applicable months and the deeming indicator will show an end date based on when the ICO-MC benefit plan was reinstated.

When conducting an eligibility inquiry/query in CHAMPS, the provider must select a **single date of service**. For example, the Inquiry Start Date would be June 19, 2016 and the Inquiry End Date would be the same date. There are some screenshots included below showing providers how to find the “deeming indicator,” taken from the CHAMPS provider screens under the Eligibility Inquiry profile.

Example 1: Using Provider Screens and Eligibility Inquiry Profile in CHAMPS

If using the provider screen and Eligibility Inquiry profile in CHAMPS, the provider would enter search parameters as is normally done, but must use a single date of service as mentioned above. Once the search parameters are entered, the provider must click the “Submit” button at the top of the screen. Refer to Figure 1 below.

Figure 1.

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
- GENDER
- ZIP CODE
- CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY:

SEARCH BY SERVICE TYPE(S):

SERVICING PROVIDER NPI/PROVIDER ID: *

FILTER BY: |

LAST NAME:

DATE OF BIRTH:

Gender:

MICHILD Case Number:

INQUIRY START DATE: *

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: *

After clicking the “Submit” button, this is the next screen that will be shown. If the individual is in deemed status for the time period of inquiry, providers will see the deeming message at the top of the screen in red font as shown in Figure 2. To view the deeming status details, providers should click on the blue link for “Indicators” (see arrow). This is blue if an indicator is present and black if there is no indicator present, with a “Y” for yes and an “N” for no, respectively.

Figure 2.

ICO-MC DEEMING Status. During DEEMING Status this individual's Medicaid and Medicare services will be provided by the ICO Health Plan. Check with the ICO Health Plan for covered services, PA, and other requirements.

The screenshot displays a member information page. At the top, a red message reads: "ICO-MC DEEMING Status. During DEEMING Status this individual's Medicaid and Medicare services will be provided by the ICO Health Plan. Check with the ICO Health Plan for covered services, PA, and other requirements." Below this, a table of member details is shown. A red arrow points to the "INDICATORS: Y" link, which is highlighted in blue. At the bottom of the page, there are two blue links: "Print Member Summary" and "Non Covered Service Types".

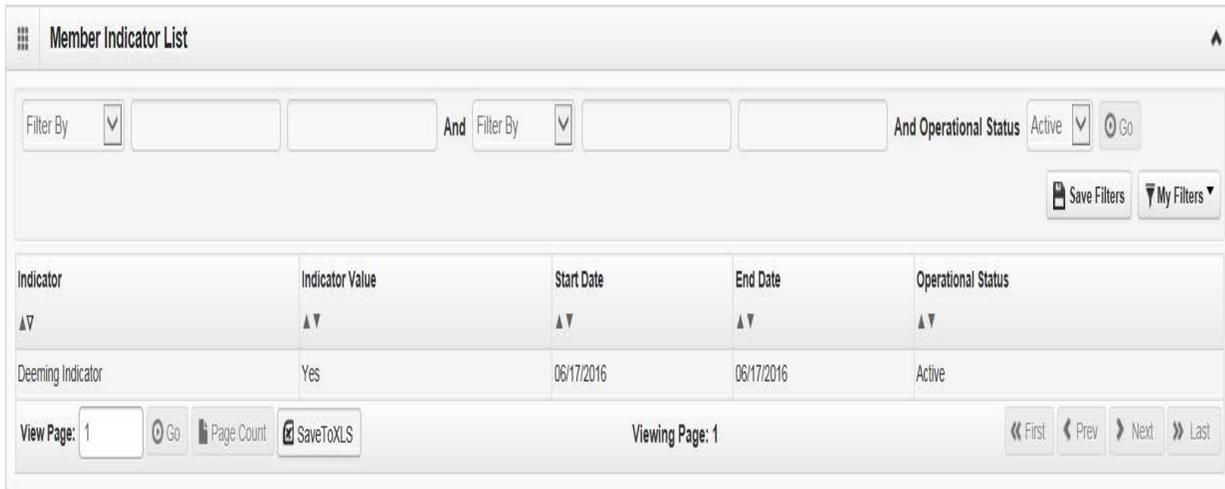
INQUIRY DATE RANGE: 06/17/2016 - 06/17/2016	COMMERCIAL / OTHER: Y
GENDER: MALE	CSHCS RESTRICTIONS: N
DATE OF BIRTH: 12/24/1947	MHP PCP: N
CASE NUMBER:	BMP PROVIDER RESTRICTION: N
CASE PHONE: EXT:	INDICATORS: Y
CASE EMAIL:	
COUNTY OF RESIDENCE: 82-WAYNE	WORKER LOAD NUMBER: 823458
MAGI CATEGORY:	MDHHS PHONE: (313) 963-6002
MA PROGRAM CODE:	MDHHS COUNTY: 82-82-THE ADULT MEDICAL SERVICES
CITIZENSHIP: U.S. Citizen	
REDETERMINATION DATE:	

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

If the “INDICATORS” link is blue with a “Y” next to it, when the provider clicks on that blue link, they will see the screen in Figure 3.

Figure 3.



MDHHS is currently working on adding the actual ICO information into the deeming message, but this will not be available until a future CHAMPS release. In the interim, providers may need to do an inquiry with dates of service covering a previous month in order to see with which ICO the individual was most recently enrolled.

Example 2: Utilizing the 270/271 Process to determine program enrollment

Providers may use the 270/271 process as they do now to determine whether an individual remains enrolled with the ICO during the deemed period. In the 271 response, providers will see the following information:

Eligibility Data	Benefit Plan: ICO-MC Deemed
EB01	1
1	30
2	7
EB04	OT
EB05 – MA Program Code	ICO-MC Deemed
MSG Segment and Citizenship Status Code	ICO-MC DEEMING Status. During DEEMING Status this individual’s Medicaid and Medicare services will be provided by the ICO Health Plan. Check with the ICO Health Plan for covered services, PA, and other requirements.

Please utilize the information provided within this letter to aid with matters related to verifying eligibility and billing. If providers have any questions or concerns, they may contact MDHHS at IntegratedCare@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a long, sweeping underline.

Chris Priest, Director
Medical Services Administration