



MI Health Link: Understanding Deeming

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Today's Agenda

- What is Deeming
- Why did MDHHS Implement Deeming
- Who Qualifies for Deeming
- What Services are Covered
- How Long does Deeming Last
- How to Check for Deeming
- What Happens when Deeming Ends
- What Providers Need to Know
- Provider Resources

What is Deeming

- The MI Health Link program allows people to remain enrolled for up to three months when people no longer meet the Medicaid eligibility requirements to participate in the program
- Deeming started on July 1, 2016 for people whose full Medicaid ended on June 30, 2016
- Deeming does not deem a person eligible for Medicaid
- MDHHS released letter L 16-42 on July 7, 2016 regarding deeming

Why Implement Deeming

- Deeming is a good thing!
- It allows beneficiaries to continue to receive Medicaid services while they await Medicaid redetermination
- It prevents beneficiaries from being disenrolled from their current MI Health Link health plan, also known as an Integrated Care Organization (ICO)
- Deeming assures continuity of Medicare and Medicaid supports and services

Who Qualifies for Deeming

- People enrolled in MI Health Link whose Medicaid eligibility ended are eligible for deeming
 - A person may have not submitted the Medicaid redetermination paperwork to the local office
 - The local office may have not processed the redetermination paperwork timely
 - The person may need to submit additional materials to complete the redetermination review

What Services Are Covered

- MI Health Link health plans are required to provide MI Health Link covered Medicare and Medicaid services and any additional plan covered 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

What Services Are Covered

- Individuals in deeming 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

How Long does Deeming Last

- The deeming period lasts up to three months
- It may end sooner if the person
 - Is determined to have full Medicaid
 - No longer meets the other program eligibility criteria
 - Medicare Part A, B or D ends
 - Person moves out of the state
 - Person is no longer living
 - Person is incarcerated
 - Person is determined to not be lawfully present in the U.S.
 - Chooses to enroll in a different Medicare plan

How to Check for Deeming

- When a provider checks Medicaid eligibility through the CHAMPS system or the 270/271 process, the deeming status will be indicated by a flag
 - There will be no ICO-MC benefit plan in CHAMPS during the deeming period
 - Instead, the deeming indicator and a correlating message will be present for the deemed time period
- When providers see the deeming indicator for a particular date of service, they must bill the MI Health Link health plan for services rendered
 - Providers should utilize the TPL screen in CHAMPS to identify the MI Health Link health plan

How to Check for Deeming

- Using Provider Screens and Eligibility Inquiry Profile in CHAMPS
 - Enter the search parameters and click “submit” in the initial screen
 - A single date of service must be used to receive **accurate** deeming inquiry results
 - The Inquiry Start Date and Inquiry End Date must be the same date

How to Check for Deeming

Close

Submit

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: |

SSN:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

Gender:

Zip Code:

MICHILD Case Number:

MA Case Number:

INQUIRY START DATE: *

INQUIRY END DATE: *

How to Check for Deeming

- The next slide displays the results of the searched parameters
- If the individual is in deemed status for the time period of inquiry, the deeming message will appear at the top of the screen in **red** font
- “**Indicators**” is blue if an indicator is present and will have a “Y” for yes
- “Indicators” is black if there is no indicator present and will have an “N” for no

How to Check for Deeming

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.

INQUIRY DATE RANGE: 06/17/2016 - 06/17/2016

GENDER: MALE

DATE OF BIRTH: 12/24/1947

CASE NUMBER:

CASE PHONE: EXT:

CASE EMAIL:

COUNTY OF RESIDENCE: 82-WAYNE

MAGI CATEGORY:

MA PROGRAM CODE:

CITIZENSHIP: U.S. Citizen

REDETERMINATION DATE:

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

INDICATORS: Y

WORKER LOAD NUMBER: 823458

MDHHS PHONE: (313) 963-6002

MDHHS COUNTY: 82-82-THE ADULT MEDICAL SERVICES



[Print Member Summary](#)

[Non Covered Service Types](#)

How to Check for Deeming

- To view the deeming status details, click on the blue link for “Indicators” (red arrow on previous slide)
- **Reminder**
 - The results will display the deeming status for only the single date searched
 - Inquiries with a date range of more than one day will not return accurate deeming results

How to Check for Deeming

Member Indicator List

Filter By And Filter By And Operational Status Active

Indicator	Indicator Value	Start Date	End Date	Operational Status
▲▼	▲▼	▲▼	▲▼	▲▼
Deeming Indicator	Yes	06/17/2016	06/17/2016	Active

View Page: Viewing Page: 1

How to Check for Deeming

- Utilizing the 270/271 Process
 - Providers may use the 270/271 process to determine whether an individual remains enrolled in the MI Health Link health plan during the deemed period

How to Check for Deeming

- 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.

What Happens when Deeming Ends

- If the person regains full Medicaid before the end of the deeming period
 - the ICO-MC benefit plan will be reinstated in CHAMPS for the applicable months of full Medicaid eligibility
 - the deeming indicator will be updated to show an end date based on when the ICO-MC benefit plan was reinstated
 - Example: The person's Medicaid ends on 6/30/16 and deeming is set for 7/1/16-9/30/16. The person regains full Medicaid eligibility starting on 8/1/16. Deeming will be from 7/1/16 to 7/31/16 and the ICO-MC benefit plan will begin on 8/1/16.

What Happens when Deeming Ends

- If the person does not regain full Medicaid by the end of the deeming period
 - the deeming period automatically ends in CHAMPS
 - the person is disenrolled from the MI Health Link program
 - a disenrollment request is sent to Medicare
 - The MI Health Link health plan sends a disenrollment letter to the person explaining Medicare coverage options

What Providers Need to Know

- Check Medicaid eligibility and look for the deeming indicator
- Deeming can last up to three months
- The beneficiary remains enrolled in MI Health Link in Medicare during deeming but cannot change MI Health Link plans during deeming
- The health plan is responsible for services during the deeming period even if the person does not regain full Medicaid eligibility
- Program requirements remain the same during deeming

What Providers Need to Know

- Providers must bill the MI Health Link health plan for services rendered during deeming
- Providers should utilize the TPL screen in CHAMPS to identify the MI Health Link health plan
- Providers must follow the plan's requirements for prior authorization or referral during deeming

MI Health Link Provider Resources

- Provider Page and Toolkit available at www.michigan.gov/mihealthlink

- Provider Contacts for Contracting Issues

http://www.michigan.gov/documents/mdch/MI_Health_Link_ICO_Provider_Contracting_Contact_List_482398_7.pdf

- Provider IDs and TPL Contract Numbers

http://www.michigan.gov/documents/mdhhs/ICO_Champs_Provider_and_CMS_Contract_Number_508248_7.pdf

MI Health Link Contact Information

- For general questions, please contact Integratedcare@michigan.gov
- For enrollment issues, please contact MSA-MHL-Enrollment@michigan.gov