

TRANSPORTATION

CSHCS Regional Meetings
2016

Sherry Kertesz

TRANSPORTATION Guidelines / Reminders



TRANSPORTATION

- Assist clients in receiving specialty medical care
- Qualifying CSHCS medical dx
- CSHCS authorized provider
- Must have CSHCS coverage
- Financial hardship to family
- Partial, not entire cost of trip
- Client and one adult
- Prior authorized

TYPES OF TRANSPORTATION

- In State requested thru LHD
- Borderland
 - Indiana – Fort Wayne; Counties of Elkhart, LaGrange, LaPorte, St Joseph and Steuben
 - Ohio – counties of Fulton, Lucas and Williams
 - Wisconsin-Ashland, Green Bay, Rhinelander, Counties of Florence, Iron, Marinette, Forest and Vilas
 - Minnesota - Duluth
- Emergency
- Out of State thru CSHCS Transportation Analyst



IN STATE TRAVEL

- Within the state of Michigan or
- Borderland
 - Indiana – Fort Wayne; Counties of Elkhart, LaGrange, LaPorte, St Joseph and Steuben
 - Ohio – counties of Fulton, Lucas and Williams
 - Wisconsin-Ashland, Green Bay, Rhinelander, Counties of Florence, Iron, Marinette, Forest and Vilas
 - Minnesota - Duluth
- Family is reimbursed
- Pre-authorized
- Eligible on date of appt.



OUT OF STATE

- **Medical Care & Treatment** must be approved first; PA letter needed w/current dates & correct facility
- If no PA letter, need referral from in-state specialist stating why going oos & why tx can't be done in MI, also NPI# of providers/facility
- Fax to **517-335-0075** (Title 5 Only & CSHCS/Medicaid)
- Fax to 517-335-9491 (Transplants CSHCS/Medicaid)



Don't forget to check

- Check enrollment status - CSHCS only (Title 5)
 - Private Insurance also
- Dually enrolled - Medicaid FFS and CSHCS this will include MICHILD, Healthy Michigan Plan refer to local DHHS
- Medicaid Health Plan and CSHCS refer to the Medicaid Health Plan
- Always check the Guidance Manual when not sure when to approve

A Few Reminders

- Special Circumstances / Exceptions
 - Client must be in car unless admitted to hospital then we can only reimburse for lodging or mileage but not both
 - No Backdating – unless emergency or is new enrollee (effective 01/01/16 we can backdate to enrollment begin date)
- When approving DME, PT/OT, Speech remember to include on the form the name of referring provider
- Check the CHAMPS Client View and / or CHAMPS directly to see what benefit plan the client is in

CHAMPS (CSHCS) Client View Screen

Benefit Plan

Show entries Search:

Benefit Plan ID	Benefit Plan Type	Begin	End
PIHP	MCO	05-01-2016	12-31-2999
MA-MICHILD	FFS	05-01-2016	12-31-2999
CSHCS-MC	MCO	02-01-2016	12-31-2999
HK-Dental	MCO	06-01-2016	09-30-2024
CSHCS	FFS	08-01-2016	07-31-2017
CSHCS	FFS	08-01-2015	07-31-2016
HK-Dental	MCO	05-01-2016	05-31-2016
MA-MICHILD	FFS	03-01-2016	04-30-2016
HK-Dental	MCO	03-01-2016	04-30-2016
PIHP	MCO	03-01-2016	04-30-2016

Showing 1 to 10 of 18 entries

■ CHAMPS MEMBER BENEFIT PLAN

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
CSHCS	FEE FOR SERVICE		Click To View Service Types	05/02/2015	05/02/2015	05/27/2016	05/27/2016
CSHCS-MC	MANAGED CARE	7060637	Click To View Service Types	05/03/2016	05/03/2016	05/27/2016	05/27/2016
PIHP	MANAGED CARE	2813562	Click To View Service Types	05/03/2016	05/03/2016	05/27/2016	05/27/2016
MA-MICHILD	FEE FOR SERVICE		Click To View Service Types	05/03/2016	05/03/2016	05/27/2016	05/27/2016
HK-DENTAL	MANAGED CARE	4181610	Click To View Service Types	05/03/2016	05/03/2016	05/27/2016	05/27/2016

View Page: Viewing Page: 1

LEVEL OF CARE AUTHORIZATIONS

CSHCS Does Not Cover

- IF THE CLIENT HAS MA – FFS
- Must request transportation assistance through the local DHHS office
- Document name & contact info of DHHS staff & person who spoke with DHHS
 - Parent, LHD, Staff, other advocate, etc.
 - Date of conversation / email
 - Role position of DHHS staff who made the decision
 - Denial reason
 - DHHS County of service
 - Clients DHHS county of residence (if different from service county)

Client Transportation Authorization and Invoice - MSA-0636

- Revised effective 04/16 – please toss old copies and use current version
- Return address updated. If using current version, form is directly mailed to CSHCS – Lewis Cass
- Must be complete or will delay payment



Payment of In-State

- Form MSA-0636
 - LHD Completes Section 1 only
 - ID#
 - Destination include authorized provider Name
 - Authorized travel dates
 - Signed
 - Exception/note area
 - Return deadline (90 days from travel)

Client Transportation Authorization and Invoice - MSA-0636

- Section 2 is completed by parent or transporting person
- Instructions on back of form
- Return within 90 days of trip
- Send to Return address on form
- Must be complete or will delay payment

MSA-0636

Common Errors by Family/Client

- Incomplete form
- Name, SS#, Signature Missing
- No receipts
- Add info. Dates/places not authorized by LHD
- Submission prior to date of service
- Late submission (90 days) except for new enrollees

MSA-0636

Common Errors by LHD

- Unsigned form (electronic)
- Authorization dates
- Authorized more than 1 month
- Non approved provider
- Specific destination



Contact info

- Sherry Kertesz – 517-335-9408
- Family Phone Line 800-359-3722

QUESTIONS

