

Distribution: All Provider 03-10

Issued: September 1, 2003

Subject: Adult Benefits Waiver

Effective: October 1, 2003

Programs Affected: State Medical Program

Adult Benefits Waiver Implementation

The revised implementation date for the Michigan Department of Community Health's Adult Benefits Waiver (ABW) is **October 1, 2003**. Policy for this program was included in All Provider bulletins 03-04 and 03-05, and HCEP 03-02. This bulletin provides clarification to the previously issued policy bulletins.

Inpatient Admission Authorization

The Michigan Peer Review Organization (MPRO) is responsible for conducting PACER reviews for all elective inpatient admissions, 15-day readmissions, and transfers for **all** ABW beneficiaries. Contrary to information published in All Provider Bulletin 03-04, County Health Plans (CHPs) **will not** assume this responsibility. MPRO will also conduct retrospective reviews of inpatient admissions for the fee for service and CHP beneficiaries in a manner consistent with the reviews currently performed for the Medicaid program. Retrospective reviews for outpatient hospital services and emergency room visits will be conducted by MPRO for the fee for service population only. The CHPs may institute their own retrospective review processes for outpatient and emergency room services.

Reimbursement of Professional Service in Inpatient Hospital Setting

Professional services provided in the inpatient setting by physicians and CRNAs must be billed to the Michigan Department of Community Health for fee for service ABW beneficiaries consistent with current Medicaid policy. Services provided in the inpatient setting to CHP enrollees must be billed to the CHPs. Inpatient facility charges will be reimbursed by the MDCH for all ABW beneficiaries.

Out of State Admissions

Out of state admissions are covered under the ABW. Claims for beneficiaries enrolled under the fee for service benefit, as well as for those enrolled in CHPs, must be submitted through the Miscellaneous Transactions Unit for processing as with all other Medicaid out of state claims.

Office Visit Codes for Ophthalmologists

General ophthalmological services procedure codes 92002 through 92014 are covered only when provided by ophthalmologists under provider types 10, 11 and 77. Services provided by optometrists are not covered under the ABW.

Therapy Evaluations

Occupational, physical, and speech therapy evaluations are covered when provided by physicians or in the outpatient hospital setting. Therapy services are not covered under the ABW.

Administrative Hearings

ABW applicants or beneficiaries must be provided written notice for each proposed action to deny, reduce, suspend or terminate any ABW covered benefit. Applicants and beneficiaries must be offered the opportunity to appeal the action whether they are enrolled in a County Health Plan or receiving services through the fee for service program.

The notice of proposed action must include:

- statement of the action to be taken
- reasons for the intended action
- specific regulations supporting the action
- an explanation of the individual's right to a hearing
- the circumstances under which assistance or service is continued if a hearing is requested.

All Provider Bulletin 03-04 indicated incorrectly that a MDCH Department Review would be provided as the administrative remedy for ABW applicants or beneficiaries. The process through which beneficiaries may appeal is the **Administrative Hearings** process administered by the Department's Administrative Tribunal and Appeals Division. Information pertaining to the Administrative Hearings process can be found on the Department's website in the Administrative Tribunal Policy and Procedures Manual.

Inquiries about the Administrative Hearings process may be made to the Tribunal by calling (517) 335-8911 or writing to the following address:

Michigan Department Of Community Health
Administrative Tribunal & Appeals Division
P.O. Box 30195
Lansing, MI 48909

E-mail inquiries should be sent to: administrativetribunal@michigan.gov .

Mental Health and Substance Abuse Services

All Provider Bulletin 03-05 described the Mental Health/Substance Abuse benefit for all ABW beneficiaries. The statement, identified with an arrow on page one of the bulletin, is amended to the following:

- Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as **medically** necessary, and when utilized as an approved alternative to more restrictive care or placement.

Family Planning and Pregnancy Related Services

No co-payments are required for family planning or pregnancy related services or prescriptions.

Manual Maintenance

Retain this bulletin for future reference. Bulletin AP 03-06 is obsolete and should be discarded.

Questions

Any questions regarding this bulletin should be directed to: Provider Support, 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 a phone number so you may be contacted if necessary. Providers may phone toll free: 1-800-292-2550.

Approved


Paul Reinhart, Director
Medical Services Administration