MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Health and Human Services

Bulletin Number: MSA 15-45

Distribution: Local Health Departments (LHDs), Hospitals, Physicians, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs)

Issued: December 1, 2015

Subject: Changes to Children's Special Health Care Services (CSHCS) General Information and Travel Assistance Regarding Retroactive Coverage

Effective: January 1, 2016

Programs Affected: CSHCS

The CSHCS program is providing more information to better define and clarify the CSHCS program within the CSHCS Chapter of the Medicaid Provider Manual, General Information Section. Travel assistance policy is also being revised to be consistent with existing retroactive time-frames in CSHCS.

GENERAL INFORMATION

The policy in this chapter pertains to the CSHCS program only.

CSHCS is mandated by the Michigan Public Health Code, Public Act 368 of 1978, Part 58, children and youth with special health care needs (MCL 333.5801 – 333.5879), in cooperation with the federal government under Title V of the Social Security Act, Sec.501. [42 U.S.C. 701] (a) 1 (D) and the annual Michigan Department of Health and Human Services (MDHHS) Appropriations Act. This makes CSHCS a separate program from Medicaid.

However, CSHCS partners closely with the Medicaid program regarding the use of the Medicaid system. This allows for greater efficiency in administering the two programs and allows both programs to collaborate on the care of a beneficiary so there is no duplication of services. CSHCS does not pay for Medicaid-covered services that have been denied by Medicaid. The system and areas of the department that make those decisions are the same for CSHCS and Medicaid. (**NOTE:** See below for more information about the CSHCS interface with Medicaid.)

CSHCS is charged by the Social Security Act, Title V, Maternal and Child Health office with promoting the development of systems of care that are family-centered, community-based, coordinated, and culturally-competent with a focus on health equity. CSHCS strives for having the most appropriate pediatric subspecialists and services that are identified by combining the family's expertise regarding their child and the condition, the medical services provider, the department's medical expertise and CSHCS policy and program intent.

CSHCS increases access to resources and supports for the families and beneficiaries. Services occur in partnership recognizing the family as the constant in the child's life. The goal is to reduce or eliminate barriers that are inherent to the condition. This in turn is intended to increase the quality of life for the beneficiary and the family. This family-centered approach impacts the level of independence most beneficiaries are able to achieve.

CSHCS identifies children with special health care needs. The child's pediatric subspecialist submits medical reports to CSHCS for determination of medical eligibility. When the child does not have a pediatric subspecialist and there is no other way to obtain a medical report (i.e. private insurance, Medicaid, etc.), the program pays for a diagnostic evaluation of medical conditions that are likely to be covered by CSHCS. The beneficiary may be

diagnosed with a CSHCS covered condition, which is the first step toward CSHCS eligibility but is not the only criterion. The condition must also meet chronicity, medical severity criteria and the need for treatment by a pediatric subspecialist before the beneficiary can be determined medically eligible for the program. Unlike other programs, there are no financial criteria that would limit eligibility for CSHCS. Eligibility is determined based upon medical circumstances and not on financial circumstances. Medical eligibility (and allowable citizenship/permanent residency status) must be established by the department before the beneficiary can enroll in CSHCS.

Once enrolled, CSHCS covers pediatric specialty medical treatment (adult specialty for the few enrolled adults) related to the qualifying condition. Care is limited to the qualifying diagnosis and related conditions. The limitation occurs by authorizing particular specialty providers for each child and having the authorized provider(s) order additional services such as therapies, lab tests, etc., as needed as related to their specialty. Providers who are not CSHCS-authorized are not eligible for reimbursement. CSHCS does not cover primary care or condition-related care delivered by a primary care provider.

NOTE: CSHCS and Medicaid interface – CSHCS follows Medicaid policy except where specified in this chapter. Many of the CSHCS processes (e.g., prior authorizations, medical determinations, claims, etc.) are integrated into the Medicaid system and processes for CSHCS beneficiaries.

CSHCS strives to enroll CSHCS beneficiaries into Medicaid when they are eligible for Medicaid. This is primarily because Medicaid covers a broader range of medical services and conditions whereas CSHCS covers only specialty health care for the specific conditions CSHCS covers.

CSHCS also partners with Medicaid when beneficiaries have both CSHCS and Medicaid. Most beneficiaries who also have Medicaid are required to enroll with a Medicaid Health Plan. Under this situation, medical coverage is subject to the Medicaid rules. CSHCS can at times, provide additional services beyond what is available through the Medicaid benefit package. These services include care coordination, the development of a plan of care in which the family participates, referral to appropriate medical providers, and assistance with locating, accessing, and navigating community support services, etc.

TRAVEL REIMBURSEMENT PROCESS

Requests for travel reimbursement must be received by MDHHS within 90 days following the month authorized on the MSA-0636 to be considered for payment. New enrollees may be reimbursed retroactively back to the date of CSHCS enrollment when applicable.

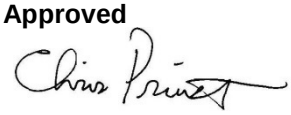
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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



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