MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Health and Human Services

Bulletin Number: MSA 15-51

Distribution: All Providers

Issued: December 1, 2015

Subject: MIChild Transition to Medicaid Expansion

Effective: January 1, 2016

Programs Affected: Medicaid, MIChild

The Michigan Department of Health and Human Services is converting the MIChild program to a Medicaid expansion program. Although individuals will be enrolled in a Medicaid expansion program as a result of this policy, the program will continue to be referred to as the MIChild program. All Medicaid coverages and conditions will apply in accordance with current Medicaid policy. Children currently enrolled in MIChild will transition from their current health plan to a Medicaid Health Plan. The purpose of this bulletin is to inform providers of this conversion and to clarify information regarding the services that will be available to children enrolled in MIChild. Medicaid rates will be applied for all services.

Eligibility

The MIChild Medicaid program provides health care coverage for children who:

- Are age 0 through 18
- Have income at or below 212% of the Federal Poverty Level under the Modified Adjusted Gross Income methodology (MAGI)
- Do not have other comprehensive medical insurance (this includes insurance that covers inpatient and outpatient hospital services, laboratory, x-ray, pharmacy and physician services)
- Do not qualify for other MAGI related Medicaid programs
- Are residents of the State of Michigan

The child's eligibility for MIChild is determined through the MAGI methodology. All criteria for MAGI eligibility must be met to be eligible for MIChild.

Transition of Current MIChild Beneficiaries into the MIChild Medicaid Expansion.

Children who are currently enrolled in MIChild will be automatically transitioned into the MIChild Medicaid expansion program effective January 1, 2016. All Medicaid covered services will be available to these children effective January 1, 2016.

Some children may have existing provider relationships and treatment plans already in place. Health plans providing coverage for all medical services are required to honor prior authorizations in place at the time of enrollment until appropriate prior authorizations can be established by the new health plan without interruption of ongoing services. Health plans and Prepaid Inpatient Health Plans (PIHPs) are working to assure there is continuity in the care provided to children who are receiving behavioral health services through a PIHP as they are transitioned into the MIChild Medicaid Health Plans.

A mihealth card will be mailed to most MIChild beneficiaries at the time of the conversion. MIChild beneficiaries who were previously enrolled in a Medicaid program and who still have their mihealth card will be able to use that card. The beneficiary will also receive an additional health plan identification card when they enroll in a health plan. Prior to rendering services, providers must verify that the child has been enrolled as a MIChild Medicaid beneficiary. The mihealth card does not contain eligibility information and does not guarantee eligibility. The provider may use the mihealth card to access a beneficiary's eligibility information using the Community Health Automated Medicaid Processing System (CHAMPS) eligibility inquiry directly or through a vendor prior to rendering services. Families will be assisted by MI Enrolls in selecting a health plan that services their area.

Eligibility Inquiries

For 270/271 Health Insurance Portability and Accountability Act (HIPAA) transactions providers must:

- Use the Client Identification Number (CIN) with a value of 'D00111-MIChild' in 2100A Loop NM109 for dates of inquiry prior to January 1, 2016, and
- Use the Beneficiary Identification Number with a value of 'D00111' in 2100A Loop NM109 for dates of inquiry on or after January 1, 2016.

For CHAMPS online provider eligibility inquiries providers must:

- Use the CIN for dates of inquiry prior to January 1, 2016, and
- Use the Beneficiary Identification Number for dates of inquiry on and after January 1, 2016.

Delivery System

Children who are exempt from enrolling in a managed care plan will be enrolled in Fee-for-Service (FFS). Information pertaining to children who are exempt from enrolling in a health plan or who may voluntarily enroll in a health plan can be found in Section 9.1 of the Beneficiary Eligibility Chapter of the Medicaid Provider Manual. Newly enrolled children and children who are transitioning to a new health plan will be enrolled in FFS until the health plan coverage takes effect. Providers must submit claims for FFS through CHAMPS. Some MIChild health plans are also current Medicaid Health Plans. Children enrolled in these plans will transition to the corresponding Medicaid Health Plan but will be given an option to change plans if they choose. (Refer to the Medicaid Health Plan Chapter of the Medicaid Provider Manual for more information.)

Cost-Sharing Requirements

Families enrolled in the MIChild program are required to pay a premium of $10 per month per family to maintain coverage for their children. Children enrolled in MIChild are exempt from copays for services.

MIChild Covered Services

Children enrolled in MIChild are considered Medicaid beneficiaries and are entitled to all Medicaid covered services benefits. Services that are covered under Medicaid and not MiChild include School Based Services, Maternal Infant Health Program (MIHP), Home Help, Podiatry, Non-Emergency Medical Transportation (NEMT), Skilled Nursing Facility, audiology services, and a comprehensive array of prevention, diagnostic, and treatment services provided through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit as defined in the Medicaid Provider Manual. Acupuncture is no longer a covered service. Vision services will be limited to one routine eye examination every two years, and non-routine eye examinations are a benefit for the purpose of evaluation and treatment of chronic, acute or sudden onset of abnormal ocular conditions. When billing for services, providers must use their Medicaid ID for dates of service on and after January 1, 2016.

Vaccines for Children (VFC)

MIChild beneficiaries will also be eligible to receive immunizations through the VFC program, which is a federally funded immunization program that provides vaccines at no cost to children and adolescents. Prior to this change, children covered under MIChild insurance were ineligible for the VFC program since all or part of the vaccine was covered by insurance, including copays, deductibles or other charges associated with the cost of the vaccine.

Dental Benefits

All MIChild eligible children ages 0 through 18 will receive dental services through the ***Healthy Kids Dental*** program administered by Delta Dental of Michigan. Beneficiaries currently receiving dental services through Golden Dental will be transitioned to the Delta Dental/***Healthy Kids Dental*** program. Procedures already in progress on the effective date (e.g. root canals, crowns, dentures) will be completed without interruption during the transition period. MIChild dental benefits will be identical to the current ***Healthy Kids Dental*** benefit, except that onlays, bridges, veneers and periodontal procedures will no longer be covered. The maximum dollar amount per member per contract year for covered dental services will be eliminated.

Behavioral Health Care

Behavioral health services will be provided in accordance with current Medicaid policy. Beneficiaries are allowed 20 outpatient visits per calendar year to treat mild to moderate conditions through their health plan, in accordance with Medicaid policy as stated in the Medicaid Provider Manual, Mental Health/Substance Abuse Chapter, Beneficiary Eligibility Section.

A Medicaid beneficiary whose behavior health needs are severe, chronic and complex may require evaluation and treatment through the PIHP, or Community Mental Health Services Program (CMHSP). This managed care program provides an array of services and supports through the state plan and additional services through Section 1915(b)(3) of the Social Security Act, and these supports and services can be found in the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual. The number of allowable visits under FFS for treatment of moderate to severe condition can be found in the Practitioner Chapter.

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

Chris Priest, Director
Medical Services Administration