

Michigan Department of Health & Human Services  
**Children's Special Health Care Services**  
**Guidance Manual for Local Health Departments**

**APPENDIX J**

**WHAT TO DO IF....**

<b><u>PROBLEM/ISSUE...</u></b>	<b><u>DO THIS...</u></b>
<p><b>Billing problems:</b></p> <p>A family brings/sends/calls LHD regarding bills which they are sure CSHCS should cover</p> <p><u>Provider Claims Assistance</u>            Provider Inquiry            800-292-2550 or  <a href="mailto:providersupport@michigan.gov">providersupport@michigan.gov</a></p> <p><u>Client Billing Problems</u>            Beneficiary Helpline            800-642-3195</p>	<p>If it looks like the care <b>is related</b> to the CSHCS covered diagnosis:</p> <ul style="list-style-type: none"> <li>• And the provider appears on the Client Eligibility Notice for the date of service (or does not have to be listed), advise the provider to bill the Community Health Automated Medicaid Processing System (CHAMPS) per instructions in the Medicaid Provider Manual;</li> <li>• And the provider should be but is <u>not</u> on the Client Eligibility Notice for the date of service, notify the analyst. Have the family advise the provider to bill when the Eligibility Notice arrives. If you are not sure if the provider must be listed on the Eligibility Notice, consult your analyst.</li> </ul> <p>Note: The provider must bill within one year of the date of service.</p> <p>If the care could <b>possibly</b> be an additional CSHCS qualifying diagnosis, ask the provider to send a report to be reviewed for medical eligibility.</p> <p>If the care is <b>obviously</b> not related to the CSHCS covered diagnosis, tell the family CSHCS cannot pay the bill. Ask about other possible sources for payment, e.g., Medicaid, insurance, MICHild, etc.</p> <p><b>If you are not sure the care is related</b> to the client's covered diagnoses, send an inquiry to your analyst.</p> <p>Refer to section 22 within the guidance manual which addresses more specific information for problem solving.</p> <p>If bill is for a <b>Diagnostic Evaluation</b>, refer to the billing instructions on the referral form, MSA-0650.</p>

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<p>A Michigan provider is billing for a balance after payment by CSHCS and/or Medicaid</p>	<p>Make sure that provider is aware of their agreement with the State to accept CSHCS/MA payment as payment in full. A Medicaid-enrolled provider must advise the family <b>before</b> rendering services if they will not accept MA/CSHCS. If this doesn't work, refer the family to the Beneficiary Helpline, 800-642-3195.</p>
<p><b>Pharmacy Issues:</b></p>	
<p>Pharmacy says medication is being denied by CSHCS</p>	<p>Assess if medication is for CSHCS covered condition. Call the pharmacist to determine reason for denial. If drug needs PA, have the prescriber contact Magellan, 877-864-9014. If other insurance information is not correct on the system, contact insurance specialist. Other denial reasons, advise pharmacy to call Magellan Technical Call Center, 877-624-5204.</p>
<p>Family is being charged for a Medicaid co-pay</p>	<p>Advise the provider that Medicaid co-pays do not apply to CSHCS clients. <u>Medicare Part D</u> co-pays <b>do</b> apply, in this case contact billing resolution specialist.</p>
<p>Provider will no longer provide the needed service and/or supplies</p>	<p>Find out why the service will no longer be provided. Try to resolve the problem or refer to Medicaid Provider Inquiry at 800-292-2550.</p> <p>As appropriate, assist the family in finding a new provider and notify analyst if needed.</p>
<p><b>Provider Problems/Questions:</b></p>	
<p>Provider wants to enroll in Medicaid</p>	<p>Refer provider to:          Medical Services Administration          Provider Enrollment          PO Box 30238          Lansing MI 48909          Phone 517-335-5492</p> <p>Email: <a href="mailto:ProviderEnrollment@michigan.gov">ProviderEnrollment@michigan.gov</a></p>
<p>Provider has billing problem that he has already attempted to</p>	<p>Refer to Medicaid Provider Inquiry at 800-292-2550 or <a href="mailto:providersupport@michigan.gov">providersupport@michigan.gov</a>. If still not</p>

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resolve	satisfied, have the provider get the name of PI staff and then ask for a supervisor.
Provider wants to know how much CSHCS pays for a particular service	Refer provider to the MDCH web site to view the Medicaid/CSHCS fee screens: <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945-159815--,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945-159815--,00.html</a> Click on Providers - Information for Medicaid Providers - Provider Specific Information – desired database.
<b>Inpatient Hospitalizations:</b>	
Non-Medicaid CSHCS client is inpatient 30 days or more	Apply for 30 day Medicaid. Refer to hospital social worker.
<b>Changes:</b>	
CSHCS client has died	In addition to making appropriate referrals, notify the analyst of the date of death. Submit form MSA-0927 (Income Review/Payment Agreement Amendment) if family has a payment agreement. This will cancel any outstanding payment agreement balance for that family.  See bereavement section for process to have the Family Center send appropriate bereavement letter and materials.
There is a major change in family finances	If family has payment agreement, complete MSA-0927 (Income Review/Payment Agreement Amendment) Assess if this change resulted in a change of insurance and submit new insurance information. Assess if Insurance Premium Payment benefit needed. Assess if this change would make the child eligible for Medicaid or MICHild and assist with application as appropriate.
Family is moving within the state	Notify analyst of new address and county. Transfer files to that county according to the policies of your health department.  Inform the family that you will or will not be transferring the file. Give family the contact person name and phone number in the new county.
Family is moving out of state	Get the family's new address if known and date of move. Notify analyst. Assist the family in obtaining information regarding programs available in the new state. Resources for obtaining that information are:

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	<p><a href="http://cshcnleaders.ichp.ufl.edu/TitleVDirectory/default.htm">http://cshcnleaders.ichp.ufl.edu/TitleVDirectory/default.htm</a></p> <p>Family Voices at <a href="http://www.familyvoices.org">www.familyvoices.org</a></p> <p>Family Phone Line at 800-359-3722</p> <p>Determine if OOS move allows CSHCS coverage to be continued (temporary, military assignments, college, see Residency in Section 8). If not, let family know that the CSHCS coverage will end when they leave the State of Michigan.</p>
<b>Payment Coupons:</b>	
Coupons lost	Call or send a NOA to the analyst to have a replacement set sent to the family.
<b>Out-of-State Care:</b>	
Out-of-state care requested  FYI – Procedure for referring physicians	Coverage for out-of-state care requires prior authorization by a Medical Consultant. MI specialist provides written recommendation, name and address of out-of-state physician, hospital, and/or other provider. Referring physician faxes documents to PRD for approval/denial. LHD informs family that out-of-state provider must be Michigan Medicaid enrolled in order to bill.
Medical care required while out-of-state on vacation. Will CSHCS cover the bill?	Get the hospital/physician name, address, telephone number and name of contact person and request the ER report be sent to CSHCS. CSHCS covers out-of-state <b>emergency</b> medical care when services are related to the qualifying diagnosis. Inform family that out-of-state provider must be Michigan Medicaid enrolled in order to bill.  Out of state pharmacy must still go through Magellan. If provider will not enroll with Magellan, service cannot be covered.
<b>Durable Medical Equipment (DME):</b>	
Client has prescription for equipment	Refer family to a Medicaid-enrolled durable medical equipment provider. The provider will order the equipment after obtaining prior authorization (if required).

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<b>Medical Report:</b>	
Has medical report been received by MDCH/CSHCS?	Call Family Phone Line to see if medical received. If not, LHD or parent can call the provider. If client hasn't been to provider in the last year, advise the family to schedule an appointment. Typically, client must be seen by an approved specialist yearly for each diagnosis.
Medical report is not current (more than 12 months old).	Advise the family to schedule an appointment with the specialist.
<b>Coverage/Limitations:</b>	
Provider asks about Medicaid and/or CSHCS coverage for a service	Refer provider to Medicaid Provider Manual <a href="http://michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html">http://michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html</a> Click on Providers - Information for Medicaid Providers - Medicaid Provider Manual.
<b>Duplicate IDs:</b>	
Client has two identification numbers, one for Medicaid and a different one for CSHCS	Notify the Customer Support Section county analyst by EZ Link or phone. Give the client name, birth date and ID numbers.
<b>Returned Mail:</b>	
Returned mail is forwarded from MDHHS/CSHCS seeking LHD help in locating the family.	Options to locate family: <ul style="list-style-type: none"> <li>• Call alternate phone numbers in client's file.</li> <li>• If mail has a forwarding address, send a letter to that address requesting verification.</li> <li>• Call analyst to check Medicaid address.</li> <li>• Check other LHD programs e.g., WIC, MIHP, MICR.</li> <li>• Check with client's doctors.</li> <li>• Check with school to see if they will send notice home with child.</li> <li>• Notify analyst of correct address.</li> </ul>