Children's Special Health Care Services

Customer Support Section (CSS) Updates

2016 Regional Meetings

Today's Updates

- myHealthButton and myHealthPortal
- CSHCS Conditions with Associated Providers
- Reports
- MILogin
- Payment Agreements
- MIChild
- DMP
- eMEDS
- CSHCS CHAMPS

Children's Special Health Care Services

myHealthButton/myHealthPortal (myHB/myHP)

Guide for LHDs

myHealthButton and myHealthPortal

- The State of Michigan is excited to offer the myHealthButton and the myHealthPortal applications for current members enrolled in Michigan Medicaid, Healthy Michigan Plan and/or Children's Special Health Care Services (CSHCS).
- myHealthButton is a mobile application that can be used from a smartphone.
- myHealthPortal is an online application that can be used from any devise with internet access.
- These application provide members instant access to information about their health care benefits and services.
- https://myhb.state.mi.us (scroll down to registration User Guides)

Children's Special Health Care Services

myHealthButton and myHealthPortal

- Features:
  - View Healthcare Benefit information, such as Services Covered and Co-Pays
  - Copy of the mihealth Card
  - Provider Search
  - CSHCS Qualifying Diagnosis and Authorized Providers
  - CSHCS Payment Agreement Notification and Online Payments
  - Renewal IRPA submission
  - Other Insurance Information
  - Health Risk Assessments
  - Health Tools and Health Tracker Information

myHealthButton and myHealthPortal

- LHD staff will not be able to view client information in myHB/myHP.
- If the correspondence families receive from CSHCS includes both Mom & Dad first names in the address line, they will need to register as Mom & Dad including the & sign. Registration must be exactly as shown on their correspondence (e.g. CEN).
- Once clients/families register for one, they have access to both the myHB/myHP. For registration issues, please refer the families to the appropriate myHB/myHP User Guide. (takes a while to load) https://myhb.state.mi.us. The User Guides are located at the bottom of the Landing Page.

Online IRPA Submission Rules

- CSHCS Financial Review Letter or Financial and Medical Review Letter must have been generated by the CSHCS system and sent to the client/family. Families are unable to submit an IRPA online if CSHCS coverage has lapsed.

- If Medicaid was gained after the Financial Review Letter was sent to the client/family (in the CSHCS system under Enrollment tab > Review Details > Financial has MA populated) the client/family will not be able to see or submit an IRPA online in myHB/myHP.

- If family submitted their paper IRPA and the IRPA was pended in the CSHCS system, client/family will not be able to submit an IRPA online in myHB/myHP.

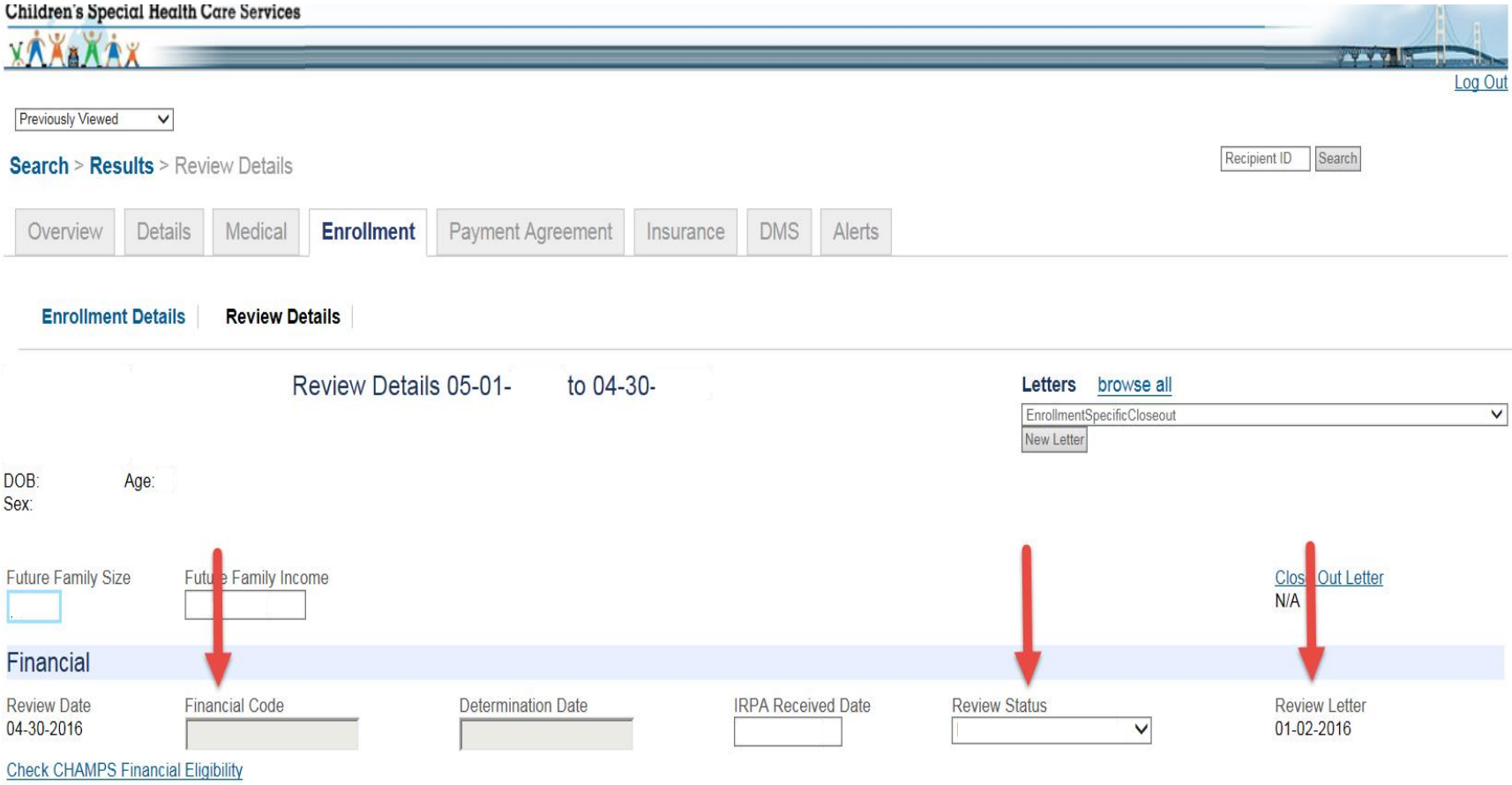
Online IRPA Submission Rules

- Amount for Line 10 of the IRPA is auto-populated according to what the client/family enters on lines 8 and 9 of the online IRPA form.
- When a client turns 18, parents will no longer be able to access the 18 year olds information. Client will need to register and set up their own account.
- Once the family has submitted their IRPA online or CSHCS has received their paper IRPA under Enrollment > Review Details > Financial and Review Status information is populated, the option to submit an IRPA online is disabled.

Families Having Difficulties Locating the IRPA Form in myHB/myHP May Contact Their LHD

- LHDs will be looking at the CSHCS system Enrollment tab > Review Details to see if:
  - Has a Financial Review or Financial/Medical Review letter been mailed? Review Letter date must be populated.
  - Has an IRPA already been received? Financial Review Status must be blank.
  - Has active Medicaid been posted? Financial Code must be blank.

What to Check in the CSHCS System



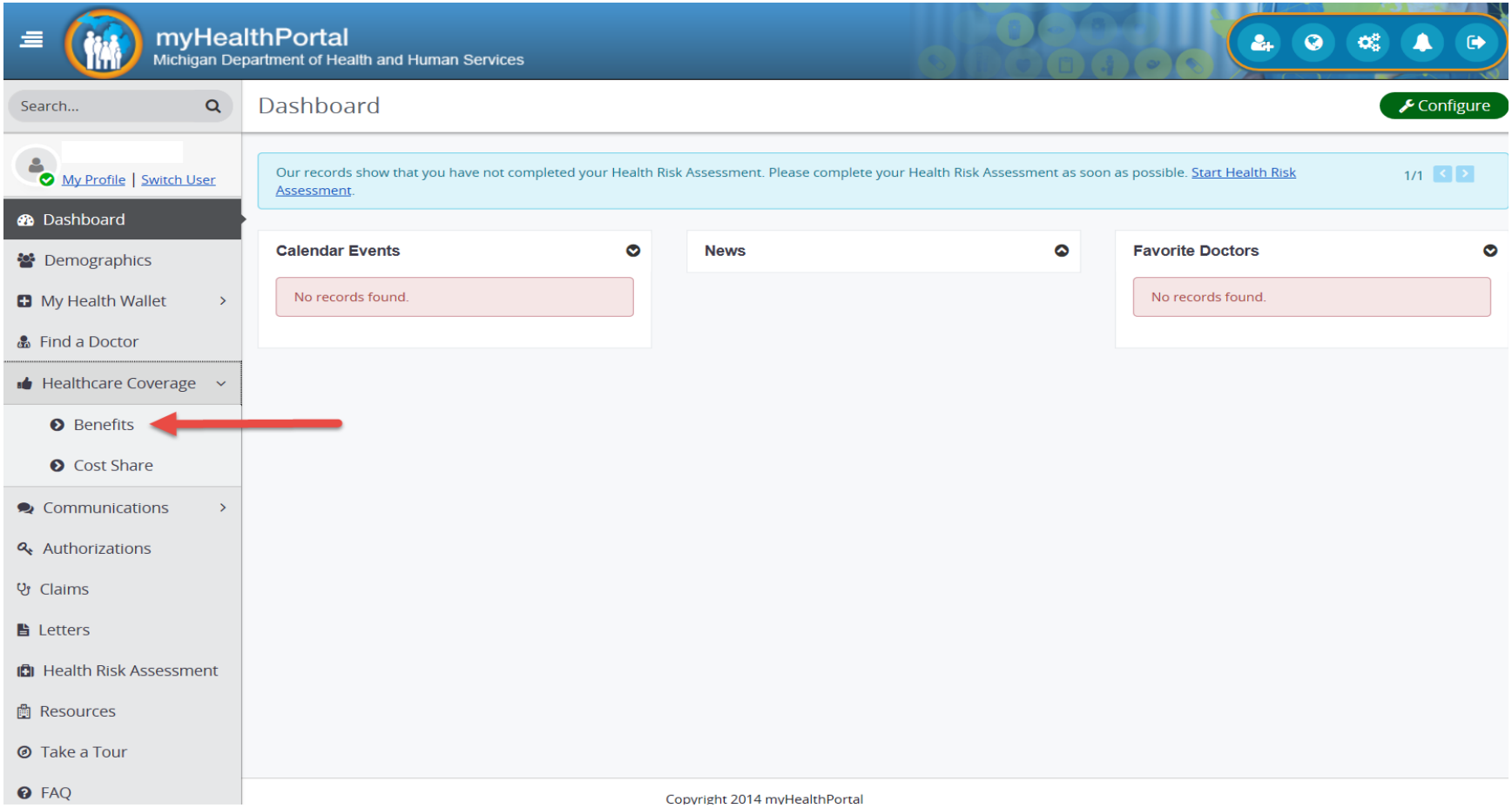
What to check in the CSHCS System

Children's Special Health Care Services

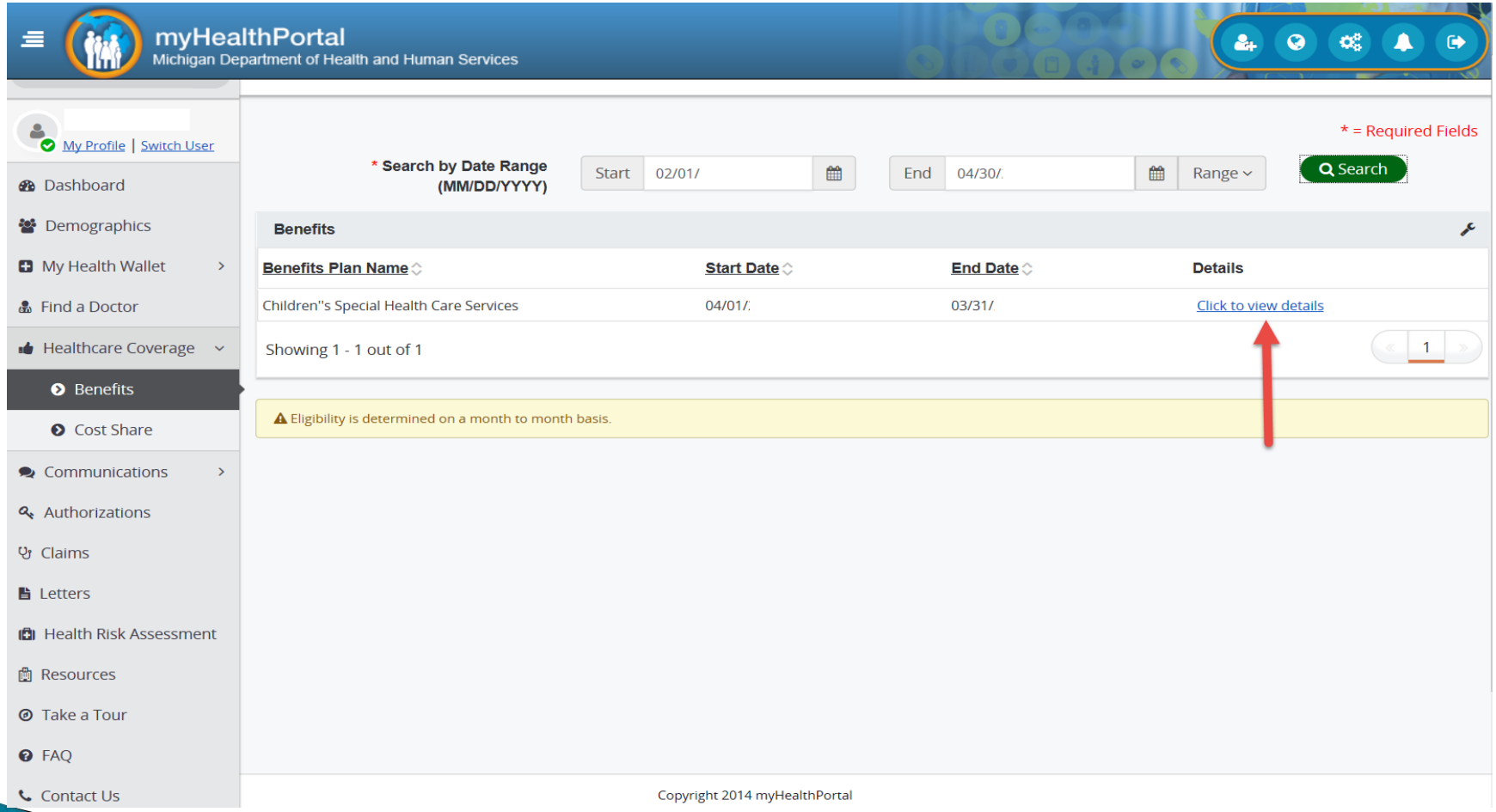
Other reasons why family cannot see the Online IRPA link:

- Has coverage lapsed? Unable to submit IRPA online for lapsed coverage.
- Has the client recently turned 18? Parents are unable to see adult client information.
- If all of the above have been met and the family still has issues seeing the online IRPA form, the family can contact the Beneficiary Helpline at 800-642-3195.
- It is not the responsibility of the LHD to assist families in navigating the myHB/myHP. This information is provided to you in case you receive a call from a family on why they are unable to submit an online IRPA.

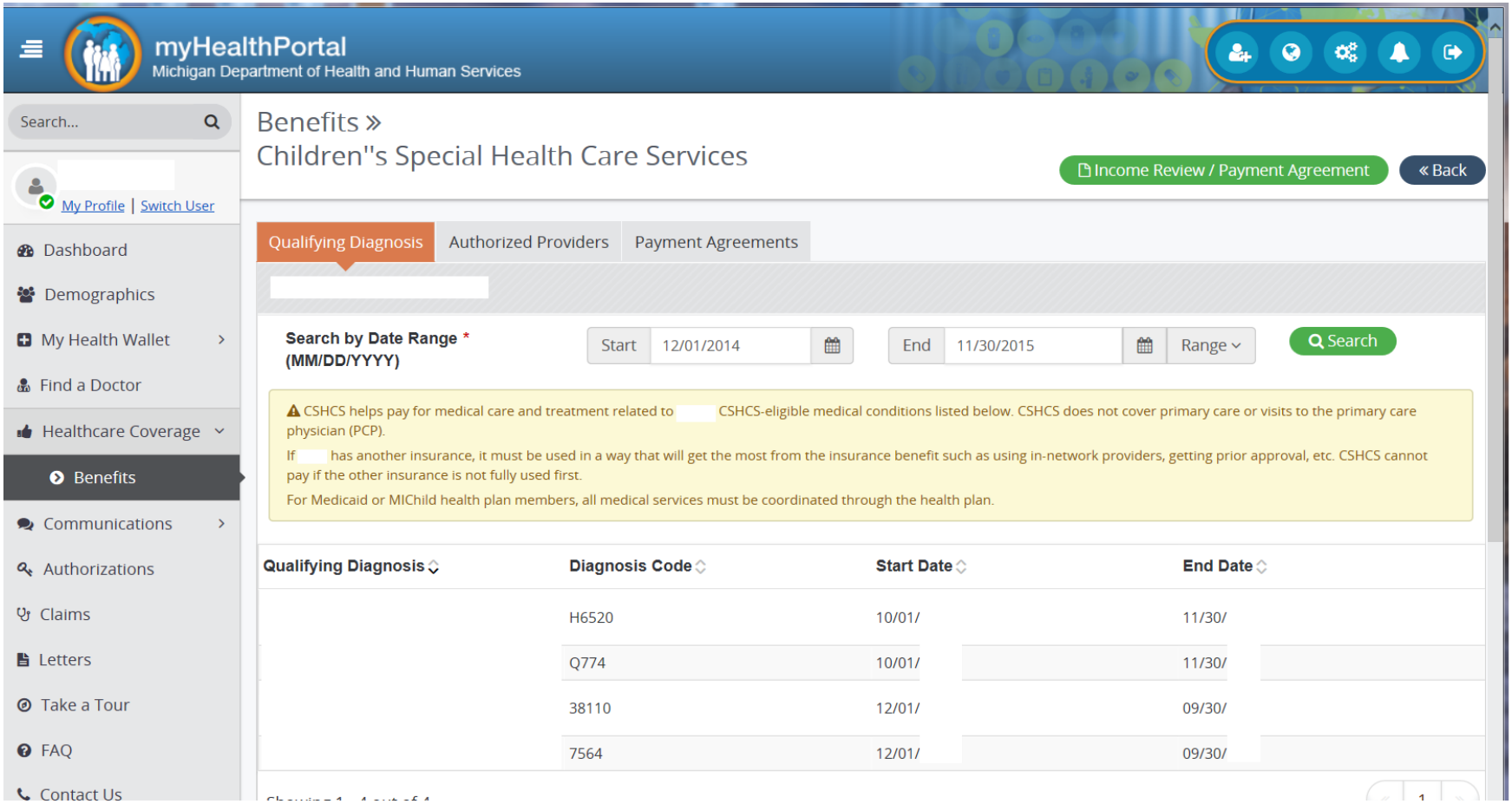
Client/family will click on Healthcare Coverage – Benefits



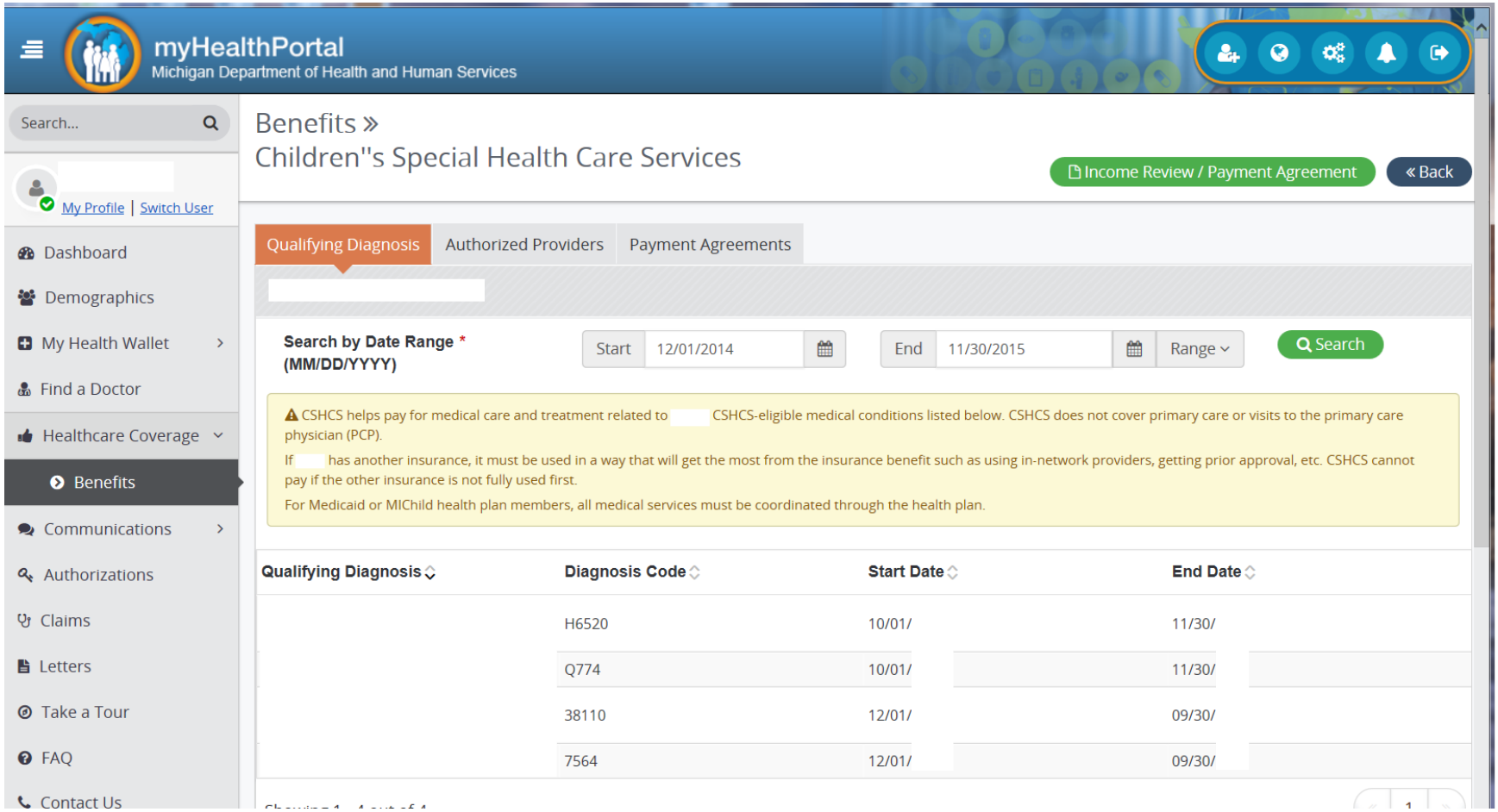
Under the Benefits Plan Name, client/family will click on view details link for Children's Special Health Care Services



If client/family met the parameters listed on slides 9 & 10 above, they should see the Income Review/Payment Agreement button



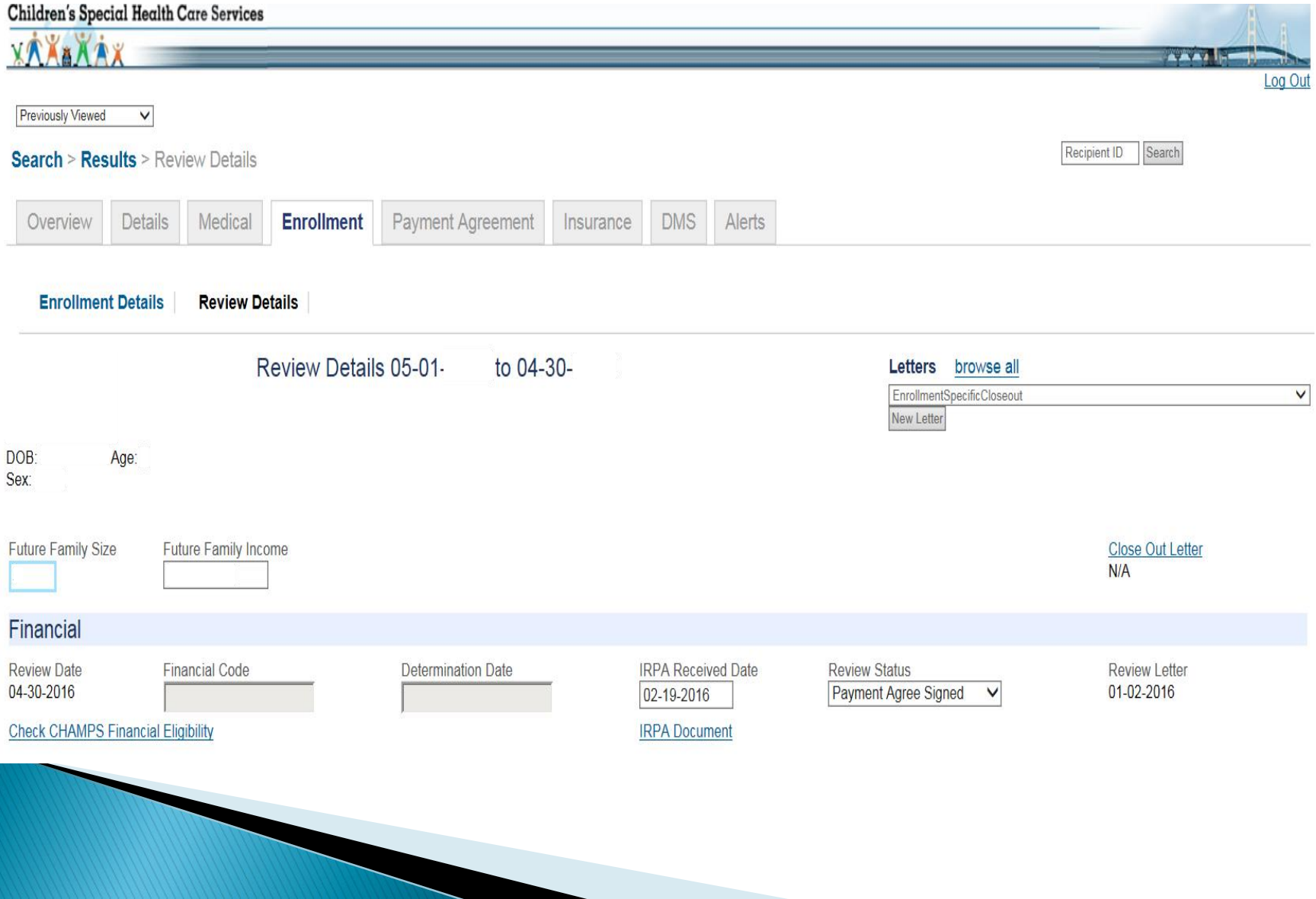
Clients/families can view the IRPA submitted via myHP by clicking on 'Letters' on the left menu



LHD View Of The IRPA

- LHDs can view the submitted IRPA from the Enrollment tab > Review Details > Financial section. Click on the IRPA Document link to view the submitted IRPA.
- If an IRPA comes in VIA myHB/myHP and is correct, the payment agreement is automatically created by the system. Coupon letter is auto created once renewal coverage dates are issued.
- The LHD can see the IRPA document on the client record and download the IRPA if desired.

LHD View Of The IRPA



Children's Special Health Care Services

CSHCS Conditions with Associated Providers

CSHCS Conditions With Associated Providers

- This is a document **for internal use only.**
- The table is meant to be used as guidance in determining possible specialists that may be related to a specific diagnosis and then added to the provider list for a specific Child.
- This list is not all inclusive of all providers that may be needed.
- Many diagnoses have a variable course and will not need all of the providers listed.
- Physical therapy, surgery, anesthesiology, hospitalizations, labs, and x-ray related to the diagnoses will be covered.
- Most preferred specialists are pediatric subspecialists; as the child gets older (i.e. late teens), more adult providers would be utilized

CSHCS Conditions With Associated Providers

CONDITION	PROVIDERS NEEDED
Anomalies of Skull and Face/Cleft Palate	Craniofacial/Cleft Palate Clinic Neurosurgeon Plastic Surgeon Often: Ophthalmology, ENT, Oral Surgeon, Dentist, Orthodontist, Audiology
Asthma	Peds Pulmonology Allergy Occasionally: ENT Chronic Sinusitis
Brachial Plexus Injury	Brachial Plexus Clinic Peds Orthopedics Neurosurgeon Neurologist
Burns	Plastic Surgery Occasionally: Pulmonology (depending on the site)
Cancer/Leukemia	Peds Hematology/Oncology Peds Surgery Radiation Oncology Neurosurgery for brain tumors Occasionally: Dental, Dermatology, Transplant
Cardiology/Congenital Heart Disease	Peds Cardiology Peds Cardiac Surgery

CSHCS Conditions With Associated Providers

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CONDITION	PROVIDERS NEEDED
Cerebral Palsy	Pediatric Neurology Orthopedics Physiatrist PM&R Occasionally: Neurosurgery for shunts, GI, Neuro development for G-Tube
Cleft Lip/Palate	See Anomalies of Skull and Face/Cleft Palate -Isolated Cleft may need only plastic surgery
Craniosynostosis	Neurosurgeon
Cystic Fibrosis	Cystic Fibrosis Clinic Peds/Adult Pulmonology Endocrine (with Diabetes) Occasionally: Gastroenterology or Pediatric surgery
Dermatomyositis	See Rheumatoid Arthritis
Diabetes	Peds Endocrinology Diabetes Clinic Occasionally: Ophthalmology

CSHCS Conditions With Associated Providers

CONDITION	PROVIDERS NEEDED
DiGeorge Syndrome	Peds Cardiology Craniofacial/Cleft Palate Clinic Occasionally: Immunology Endocrine
Dysphagia/Feeding Tubes R1310 – All Dysphagia types R1319 – Specific for Devos Q399 – G-Tube	Peds Gastroenterology Feeding Clinic (Dr.Dodge) Occasionally: PM&R, Pulmonology, ENT
Encephalitis/Meningitis	Peds Neurology Peds Infectious Disease
Epilepsy	Peds Neurology Ophthalmology
Esotropia/Exotropia Strabismus/Amblyopia	Ophthalmology Optometry
Fredrich's Ataxia	Peds Neurology Orthopedics Occasionally: Cardiology, Audiology, Ophthalmology

CSHCS Conditions With Associated Providers

Children's Special Health Care Services

CONDITION	PROVIDERS NEEDED
Growth Hormone Deficiency (Hypopituitarism) Can be associated with: Turner's Syndrome, Prader Willi, IUGR	Peds Endocrinology
Hodgkins/Lyphoma (See Cancer)	Peds Hematology Peds Surgery Radiation Oncology
Hemophilia/Von Willebrand's	Hemophilia Clinic Peds or Adult Hematology Dentist, if under age 21 Occasionally: ENT, Orthopedics, OB/Gyn
Hydrocephalus	Neurosurgeon Peds Neurology
Klippel-Feil Syndrome (Fused Cervical Vertebrae)	Peds Orthopedics Peds Neurosurgery (Variable can have other manifestations: Nephrology, cardiology, ENT, Audiology, Cleft Palate)
Limb Deformities	Peds Orthopedics Amputee Clinic Physiatrist

CSHCS Conditions With Associated Providers

Children's Special Health Care Services

CONDITION	PROVIDERS NEEDED
Metabolic Disorder E729 Amino Acid E748 Carbohydrate	Metabolic Disease Clinic Genetics Peds Neurology Other providers depending on the disorder
Mitochondrial Disease	Metabolic Disease Clinic Genetics Peds Neurology Other providers depending on the disorder
Muscular Dystrophy	Peds Orthopedics Peds Neurology Peds Cardiology Peds Pulmonology Peds Physiatrist
Neurofibromatosis	Genetics Peds Neurology Neurofibromatosis Clinic Occasionally: ENT, Audiology, Dermatology, Ophthalmology, Neurosurgery
Prader Willi	PGenetics Peds Neurology Physiatrist Peds Endocrinology Occasionally: GI for feeding tubes initially with poor feeding

CSHCS Conditions With Associated Providers

Children's Special Health Care Services

CONDITION	PROVIDERS NEEDED
Rheumatoid Arthritis (Dermatomyositis, Lupus)	Peds Rheumatology Peds Orthopedics Peds Ophthalmology Depending on the diagnosis: Dermatology, Plastic surgery
Scoliosis	Peds Orthopedic Surgeon Occasionally: Neurosurgery
Hearing Loss Sensorineural/Conductive	ENT Audiology Cochlear Implant Center Occasionally: Genetic, Cardiology, Ophthalmology
Serous Otitis Media Eustachian Tube Dysfunction	ENT Audiology
Sickle Cell	Sickle Cell Clinic Peds Hematologist
Sleep Apnea	Peds Pulmonology Sleep Clinic

Children's Special Health Care Services

CSHCS Conditions With Associated Providers

CONDITION	PROVIDERS NEEDED
Spina Bifida Myelodysplasia	Myelodysplasia Clinic Pediatrician (If Director) Peds Orthopedics Urology Physiatrist Peds Neurosurgery Occasionally: GI
Talipe Equinovarus	Peds Orthopedics

Children's Special Health Care Services

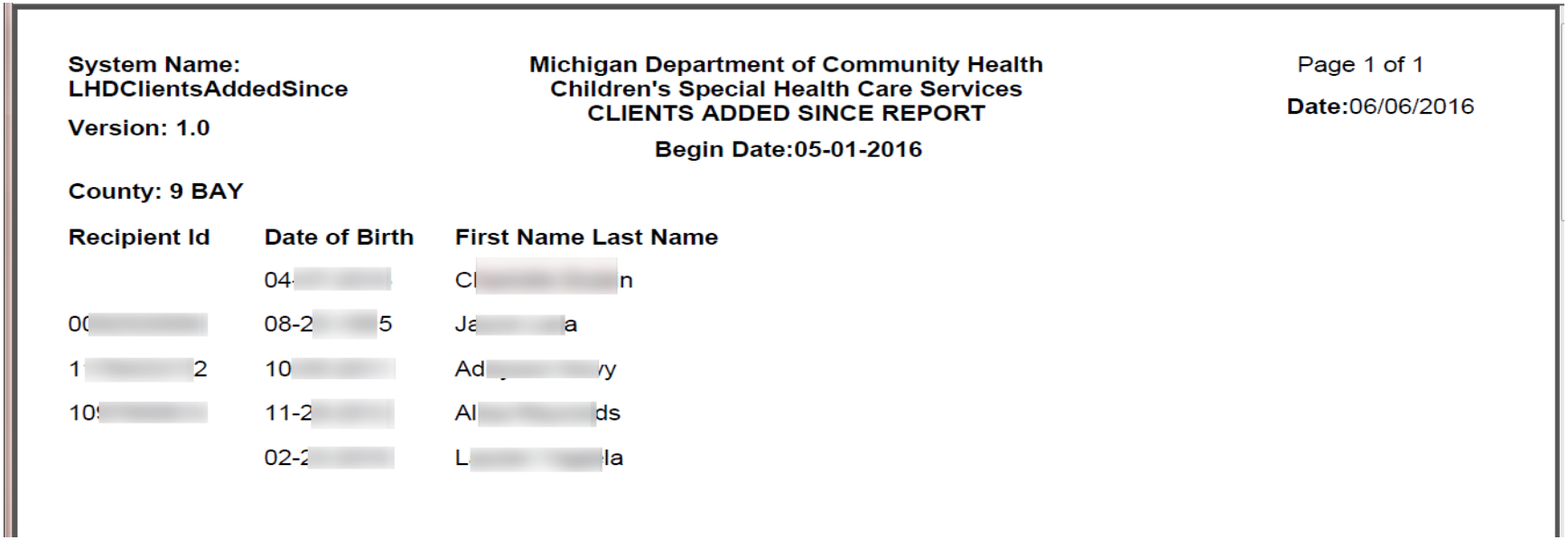
Reports

Let's Talk Reports

- There are 17 LHD reports in the current database.
- The reports provide a variety of information:
  - Who lost Medicaid
  - Who lost enrollment in a health plan
  - How many clients are in each county and/or district
    - How many have Medicaid, how many only have CSHCS
  - Which clients renewed in the auto-renewal process
  - Which clients did not auto renew
  - Client-specific expenditures

LHD Clients Added Since

- This report shows clients added to the database since MMDDYYYY. User inputs the desired date.



System Name:
LHDClientsAddedSince

Version: 1.0

Michigan Department of Community Health
Children's Special Health Care Services
CLIENTS ADDED SINCE REPORT
Begin Date:05-01-2016

Page 1 of 1

Date:06/06/2016

County: 9 BAY

Recipient Id	Date of Birth	First Name Last Name
	04	Cl n
0	08-2 5	Ja a
1 2	10	Ad y
10	11-2	Al ds
	02-2	L la

3rd Month Report

- This report shows a list of clients whose coverage ends in 3 months.

System Name: MReview_LHD_3M
Version: 2.0

Michigan Department of Community Health
Children's Special Health Care Services
3rd Month Report for LHD

Coverage Ending: 09-2016

Page: 1
Date: 06/06/2016

County 6 - Arenac

Recipient Information		Responsible Party Information		Health Plan Active 06/06/2016	Review Letter Sent
Name	Be ee	**Name**	Jo	Meridian Health Plan	**Financial** No
Date of Birth	0	**Address**	2 St		
Recipient Id	0 4	**City, State, Zip**	Standish, MI 48		
Age	11	**Phone #**	1-(989)		

Seq	Med Elig	Letter Sent	Dx Code	Description	Notes
1			G40409	Other Generalized Epilepsy And Epileptic Syndromes, Not Intractable, Without Status Epilepticus	
2			Q043	Other Reduction Deformities Of Brain	

District Enrollment

- This report shows client enrollment in each county or district LHD over the last 13 months.
- Run after the first Saturday of the month.
- This report can be export to Excel.

System Name: District Enrollment
Version: 1.0

Michigan Department of Community Health
Children's Special Health Care Services
DISTRICT ENROLLMENT - June, 2016

Date Produced:06/06/2016
Page 1 of 3

DHD Name	Counties Included	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	% of State Enrollment for most recent month	Avg. Enrolled
Allegan	Allegan	507	511	503	500	496	489	494	489	497	492	499	490	498	1.53 %	497
Barry-Eaton	Barry, Eaton	502	511	508	503	492	491	480	486	483	478	493	488	493	1.52 %	493
Bay	Bay	330	334	332	328	333	317	323	323	317	318	320	314	315	0.97 %	323
Benzie-Leelanau	Benzie, Leelanau	119	118	121	119	122	123	121	118	118	113	116	110	110	0.34 %	118
Berrien	Berrien	485	472	479	474	456	443	449	452	449	444	449	430	435	1.34 %	455
Branch-Hillsdale-St.Joseph	Branch, Hillsdale, St. Joseph	707	709	700	704	694	698	686	691	689	703	703	688	686	2.11 %	697
Calhoun	Calhoun	524	525	535	535	532	525	518	529	530	527	542	537	543	1.67 %	531
Central Michigan	Arenac, Clare, Gladwin, Isabella, Osceola, Roscommon	738	738	741	733	721	727	718	711	702	703	701	685	675	2.08 %	715

Children's Special Health Care Services

MILogin

MILogin

- Single Sign On (SSO) is gradually going away as the new solution, MILogin, goes live in several waves.
- CSHCS went live in Wave 2 on May 20th.
- CHAMPS will go live in Wave 3 on June 19th.
- MCIR and WIC are scheduled to go live in Wave 4, effective July 26, 2016.

MILogin

- MILogin Team continues work on sporadic issues related to CSHCS system:
  - Multi Factor Authentication (MFA) not consistently requested before entry
  - Provider Names not populating on Overview and Enrollment screens
  - MFA screen sometimes pops up when LHD User clicks for a diagnosis definition

Children's Special Health Care Services

Payment Agreement Guidance

Payment Agreements: Guidance For Clients Turning 18 During the Enrollment Period

- Things to consider:
  - How many months into the payment agreement period will the client turn 18?
    - If the client turns 18 sometime during the 90 days prior to or within 60 days after the expiration date, the family may want to wait for the client to turn 18 then have them sign the IRPA. NOTE: The client cannot sign the IRPA before the day they turn 18 or the IRPA will be returned since they are not their own responsible party until age 18.
    - If the responsible party signs the IRPA, they will be responsible for the entire amount of the agreement even after the client turns 18. The balance due is not amended nor is this a reason to request an exception since the entire amount was due at the start of the payment agreement period.

Payment Agreements: Guidance For Clients Turning 18 During the Enrollment Period

- More things to consider:
  - What is the client's diagnoses?
    - If the client has Diabetes, Epilepsy, etc., where regular medications are needed, the family may decide to renew even thought the payment agreement amount will typically be higher than if the 18 year old signs the contract.
    - If the client has a hearing loss diagnosis and does not need new hearing aids in the next few months, they may decide to let coverage lapse (60 days or less), waiting for the client to turn 18.

Payment Agreements: Guidance For Clients Turning 18 During the Enrollment Period

- One more thing to consider:
  - Does the family anticipate having the client apply for Medicaid when they turn 18? If so, no IRPA is needed, but the length of time until Medicaid coverage is established may put them into a lapsed coverage situation.

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MIChild

MIChild

- MIChild is a category of Medicaid (effective January 2016)
- Although it is a Medicaid category, the$10.00 per month premium has resumed.
- Maximus continues to be the payment/premium vendor.

Children's Special Health Care Services

Document Management Portal (DMP)

DMP

- CSHCS program staff are being trained in June 2016 according to job duties.
- LHD training will occur in July and will be conducted via webinars.
- The transition from EZ Link to DMP is expected to happen on or near August 1, 2016.

DMP

- Document Management Portal (DMP) is a document based system.
- There is no longer a comprehensive client file similar to EZLink.
- There is the capability to search a client by name, ID, etc., and find all documents associated to the client.
- You will access DMP by logging into CHAMPS.

DMP

- Documents uploaded to the DMP with Document Type and Document Title assigned by the LHD, Medicaid Health Plan or other provider will go directly to the appropriate work queue within CSHCS for processing.

- Documents that are uploaded to the DMP with the incorrect Document Type and/or Document Title will take additional steps within CSHCS to process the document correctly.

- Documents that are faxed or mailed to CSHCS will have the Document Type and Document Title assigned by CSHCS staff and routed to the appropriate CSHCS work queue. Faxed and mailed documents will take longer to process.

DMP

More to come as we work our way through determining the most efficient manner to do business in the new environment.

Children's Special Health Care Services

Transitioning From The Current Database to eMEDS and CSHCS/CHAMPS

The Current CSHCS Database

- When will the current database be decommissioned?
  - As of today, we anticipate that the current database will no longer be available at the close of business on Thursday, January 5, 2017.
  - Because of the transition time needed by the vendor, we will be unable to work in the database on Friday, January 6, 2017.
  - The new system will go-live over the weekend and be ready for use on Monday, January 9, 2017.

The New CSHCS System

- The new system will have two parts: eMEDS and CSHCS CHAMPS.
  - eMEDS will contain client medical records and medical eligibility decisions. It will also be the entry point for clients to apply online.
  - CSHCS CHAMPS is where initial enrollment, renewal activities, adding providers, adding diagnoses, payment agreement, and the insurance premium benefit program information will reside.
  - Letters will be generated out of both portion of the system depending on whether the client is enrolled in CSHCS or not.

How Does It Work?

- Although we have completed the requirements and design phases of the project and seen some parts of the system through the vendor's view and screen prints, we have yet to see or test the new system(s).

- User Acceptance should begin in September.

Children's Special Health Care Services

Questions?

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