TRANSPORTATION

CSHCS Regional Meetings 2016

Sherry Kertesz

TRANSPORTATION Guidelines / Reminders



TRANSPORTATION

- Assist clients in receiving specialty medical care
- Qualifying CSHCS medical dx
- CSHCS authorized provider
- Must have CSHCS coverage
- Financial hardship to family
- Partial, not entire cost of trip
- Client and one adult
- Prior authorized

TYPES OF TRANSPORTATION

- In State requested thru LHD
- Borderland
 - Indiana Fort Wayne; Counties of Elkhart, LaGrange, LaPorte, St Joseph and Steuben
 - Ohio counties of Fulton, Lucas and Williams
 - Wisconsin-Ashland, Green Bay, Rhinelander, Counties of Florence, Iron, Marinette, Forest and Vilas
 - Minnesota Duluth
- Emergency
- Out of State thruCSHCS TransportationAnalyst



IN STATE TRAVEL

- Within the state of Michigan or
- Borderland
 - Indiana Fort Wayne; Counties of Elkhart, LaGrange, LaPorte, St Joseph and Steuben
 - Ohio counties of Fulton, Lucas and Williams
 - Wisconsin-Ashland, Green Bay, Rhinelander, Counties of Florence, Iron, Marinette, Forest and Vilas
 - Minnesota Duluth
- Family is reimbursed
- Pre-authorized
- Eligible on date of appt.

OUT OF STATE

- Medical Care & Treatment must be approved first; PA letter needed w/current dates & correct facility
- If no PA letter, need referral from in-state specialist stating why going oos & why tx can't be done in MI, also NPI# of providers/facility
- Fax to 517-335-0075 (Title 5 Only & CSHCS/Medicaid)
- □ Fax to 517-335-9491 (Transplants csHcs/Medicaid)







Don't forget to check

- Check enrollment status CSHCS only (Title 5)
 - Private Insurance also
- Dually enrolled Medicaid FFS and CSHCS this will include MICHILD, Healthy Michigan Plan refer to local DHHS
- Medicaid Health Plan and CSHCS refer to the Medicaid Health Plan
- Always check the Guidance Manual when not sure when to approve

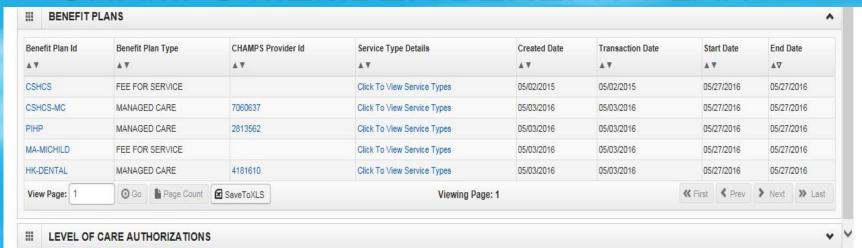
A Few Reminders

- Special Circumstances / Exceptions
 - Client must be in car unless admitted to hospital then we can only reimburse for lodging or mileage but not both
 - No Backdating unless emergency or is <u>new</u> enrollee (effective 01/01/16 we can backdate to enrollment begin date)
- When approving DME, PT/OT, Speech remember to include on the form the name of referring provider
- Check the CHAMPS Client View and / or CHAMPS directly to see what benefit plan the client is in

CHAMPS (CSHCS) Client View Screen

Show 10 💙 entries		Search:		
Benefit Plan ID	Benefit Plan Type	Begin	▼ End	
PIHP	МСО	05-01-2016	12-31-2999	
MA-MICHILD	FFS	05-01-2016	12-31-2999	
CSHCS-MC	МСО	02-01-2016	12-31-2999	
HK-Dental	MCO	06-01-2016	09-30-2024	
CSHCS	FFS	08-01-2016	07-31-2017	
CSHCS	FFS	08-01-2015	07-31-2016	
HK-Dental	МСО	05-01-2016	05-31-2016	
MA-MICHILD	FFS	03-01-2016	04-30-2016	
HK-Dental	MCO	03-01-2016	04-30-2016	
PIHP	MCO	03-01-2016	04-30-2016	

CHAMPS MEMBER BENEFIT PLAN



CSHCS Does Not Cover

- IF THE CLIENT HAS MA FFS
- Must request transportation assistance through the local DHHS office
- Document name & contact info of DHHS staff & person who spoke with DHHS
 - Parent, LHD, Staff, other advocate, etc.
 - Date of conversation / email
 - Role position of DHHS staff who made the decision
 - Denial reason
 - DHHS County of service
 - Clients DHHS county of residence (if different from service county)

Client Transportation Authorization and Invoice - MSA-0636

- Revised effective 04/16 –
 please toss old copies and use current version
- Return address updated. If using current version, form is directly mailed to CSHCS – Lewis Cass
- Must be complete or will delay payment



Payment of In-State

- Form MSA-0636
 - LHD Completes Section 1 only
 - ID#
 - Destination include authorized provider Name
 - Authorized travel dates
 - Signed
 - Exception/note area
 - Return deadline (90 days from travel)

Client Transportation Authorization and Invoice - MSA-0636

- Section 2 is completed by parent or transporting person
- Instructions on back of form
- Return within 90 days of trip
- Send to Return address on form
- Must be complete or will delay payment

MSA-0636 Common Errors by Family/Client

- Incomplete form
- Name, SS#, Signature Missing
- No receipts
- Add info. Dates/places not authorized by LHD
- Submission prior to date of service
- Late submission (90 days) except for new enrollees

MSA-0636 Common Errors by LHD

- Unsigned form (electronic)
- The state of the s

- Authorization dates
- Authorized more than 1 month
- Non approved provider
- Specific destination

Contact info

- Sherry Kertesz 517-335-9408
- Family Phone Line 800-359-3722

QUESTIONS



