

Michigan Medicaid Update

February, 2017



Approved Medicaid Policy 2016

Changes in Benefit Administration of MIHP Services for Individuals Enrolled in Medicaid Health Plans (MSA 16-33)

- As of January 1, 2017 MIHP services provided to individuals enrolled in a Medicaid Health Plan (MHP) are now administered by the MHP. As a result of this change, all MIHP services provided to MHP enrollees are coordinated and reimbursed by the MHPs. MIHPs will need to contract with individual health plans to receive payment for services.

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- Non-contracted MIHP providers, including those who have a current MIHP relationship with a pregnant woman or infant, are **required** to contact the enrollee's MHP to discuss operational details **before** providing out-of-network services.
- Processes for submitting claims and receiving payment for services may differ by MHP. Please communicate directly with the MHPs to discuss payment.
- CCAs continue to be a program requirement for MIHPs providing services to MHP enrollees.
- The credentialing process may vary from plan to plan. At a minimum, MIHP providers need MDHHS certification.
- The Medicaid Health Plan may, as a payer, request information and documentation be shared. It is not anticipated that the Medicaid Health Plans will request the plan of care for every member. Many plans have expressed that they intend to request such information only for high acuity beneficiaries or for a small number of beneficiaries for quality review purposes.

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Coverage of Trauma Services for Children Under 21 Years of Age (MSA 16-46)

- As of February 1, 2017 under the Early and Periodic Screening, and Diagnosis and Treatment (EPSDT) benefit, Medicaid will provide trauma related services for children 21 and under.
 - Primary Care Physicians may be reimbursed for screening and assessments related to trauma, including toxic stress.
 - 20 combined outpatient behavioral health visits are allowed in a 12-month period.

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Family Planning Services for Maternity Outpatient Medical Services (MOMS) Program Enrollees

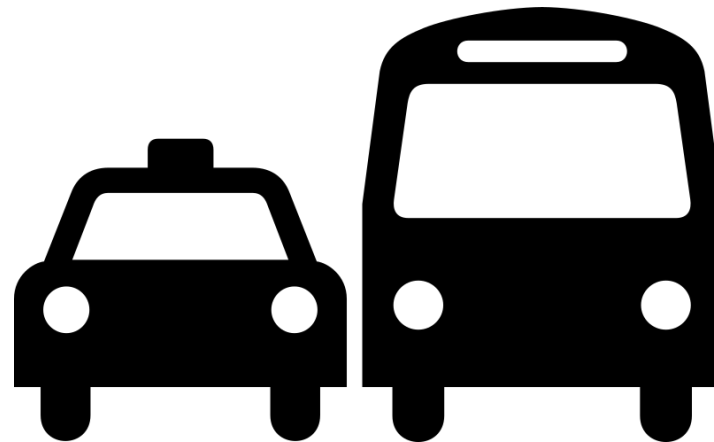
- Effective for dates of service on or after February 3, 2017, beneficiaries of the MOMS benefit plan will be eligible for family planning services during their 60-day post partum period of eligibility.



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Medicaid Provider Manual Chapter for Non-Emergency Medical Transportation (NEMT) (MSA 17-03)

- Effective for dates of service on and after June 1, 2017, NEMT policy will be maintained in the Non-Emergency Medical Transportation chapter of the Medicaid Provider Manual.



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Lead Abatement Services (MSA 17-05)

- Beginning January 1, 2017, the state will provide coordinated and targeted lead abatement services to eligible properties in the impacted areas of Flint, Michigan and other areas within the State of Michigan to ameliorate all lead risks impacting Medicaid and Children's Health Insurance Program (CHIP) eligible individuals.
- Eligible properties include owner-occupied, rental, and those residential structures that an eligible individual, under the age of 19, or pregnant woman is currently residing, or visited regularly (e.g., home of a family member, relative, or other informal child care where a child often visits).

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Lead Abatement Services (MSA 17-05)

- Abatement services are defined as the removal of lead hazards, including:
 - The permanent removal, or enclosure, or encapsulation of lead based paint and lead dust hazards from an eligible residence.
 - The removal and replacement of surfaces or fixtures within the eligible residence.
 - The removal or covering of soil lead hazards up to the eligible residence property line.
 - All preparation, lab sampling analysis, clean up, disposal, and pre-and post-abatement paint, dust, soil and clearance testing activities associated with such measures including pre- and post-abatement water sampling.

Proposed Medicaid Policy 2017

Clinic Billing Format Change to Institutional (1701-Clinic)

- For services performed on or after April 1, 2017, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Centers (THC) must use the specified institutional format when submitting electronic claims and the National Uniform Billing Code (NUBC) claim form for paper claims.
- Currently, a provider must bill Medicare using the institutional format and then resubmit the claim to Medicaid using the professional format. Using this format aligns Medicaid with Medicare billing, allowing each clinic's respective encounter rate to be paid after successful adjudication for FFS claims.
 - Public comment period ends February 27, 2017

Resources

- Medicaid Provider Manual; Maternal Infant Health Chapter
 - www.Michigan.gov/mdhhs : Doing Business with MDHHS>Health Care Providers>Providers>Medicaid>Policy and Forms>Medicaid Provider Manual
- Medicaid Provider Bulletins
 - www.Michigan.gov/mdhhs : Doing Business with MDHHS>Health Care Providers>Providers>Medicaid>Policy and Forms
 - Finalized Policy Bulletins are categorized by year of issue for ease of access.
- Notice of Proposed Policy
 - If you would like to receive a copy of Notices of Proposed policy, complete MSA-0209 (Request to Participate in Proposal Review).
 - Fax completed form to (517)335-5136 or email to MSADraftPolicy@Michigan.gov.

Thank you!

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