

13. Q. What if out-of-state care is needed?

A. Out-of-state care always requires special approval. To process your request, we need a written recommendation from the approved Michigan medical specialist and the name and address of the out-of-state provider.

14. Q. If I decide to end CSHCS early do I have to pay my payment agreement fee?

A. Yes. The payment agreement is a fee to join the program.

15. Q. What should I do when the CSHCS coverage year is about to end?

A. About three months before coverage ends, contact your local CSHCS office to see if a medical review or a financial update is needed to renew coverage.

16. Q. What should I do if I need more help in meeting the eligible person's needs?

A. Call your local CSHCS office. You may be eligible for additional services or other community resources.

17. Q. What if I don't agree with a CSHCS decision about services?

A. You have the right to ask for a Department Review of any decision. For details of the process, call your local CSHCS office.

18. Q. What if I need help with travel and lodging costs while my child is in a hospital away from home?

A. Check with your local CSHCS office to see if you qualify for transportation assistance. We also may be able to help with transportation costs for medical appointments.

19. Q. What if I want to talk with another family who has medical needs similar to ours?

A. To talk with a parent of a child with a condition similar to your child's, call the CSHCS Family Phone Line at 1-800-359-3722. Our statewide Family Support Network of Michigan is made up of support parents who are trained to listen to your concerns and to share information about resources.

20. Q. What if I have more questions?

A. Ask any questions about the CSHCS Program or covered services by calling your local CSHCS office or the Family Phone Line: 1-800-359-3722.



Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-908-5744 (TTY 711).
Arabic	معلومات: إذا كنت تتحدث إحدى اللغات التالية، فإن خدمات المساعدة اللغوية تتوافر لك بالجانبة. اتصل برقم برقم 866-908-5744 (الرقم هاتف الممر والخط: 711).

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FREQUENTLY ASKED QUESTIONS ABOUT CSHCS COVERAGE

Children's Special



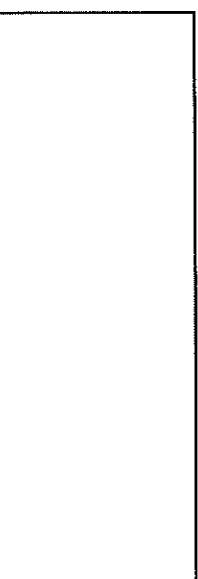
Health Care Services

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CHILDREN'S SPECIAL HEALTH CARE SERVICES

P.O. Box 30479
Lansing, MI 48909-7979
www.Michigan.gov/cshcs

FAMILY PHONE LINE 1-800-359-3722



For details of CSHCS, contact the CSHCS office in your local health department or call the Family Phone Line

Children's Special Health Care Services (CSHCS) helps pay for medical care and treatment for certain eligible medical conditions. You will receive a Client Eligibility Notice listing begin and end dates for coverage plus certain providers who are authorized to provide services. You also will receive a plastic "mihealth" card.

1. Q. How do I use the Eligibility Notice and mihealth card?

A. Your CSHCS Eligibility Notice and mihealth card work like a health insurance card. You must show them before you receive service from a CSHCS provider.

If you do not show your Eligibility Notice until after a provider serves you, the provider does not have to accept CSHCS coverage. When CSHCS coverage is not accepted, your family must pay the bill.

2. Q. What is covered?

A. CSHCS only pays for treatment related to the member's eligible diagnosis. It does not cover primary care. That means we don't cover well baby visits or short term conditions like a cold or sprained ankle.

3. Q. What if I have bills for services given before my coverage began?

A. In some situations, past services related to the eligible diagnosis may be covered. Call your local CSHCS office or the Family Phone Line for information. But even if past services are covered, the provider may not be willing to accept CSHCS payment.

4. Q. What if I'm not sure what medical conditions are covered?

A. Call the CSHCS office in your local health department or the CSHCS Family Phone Line.

5. Q. What if I want to go to a provider not listed on the Eligibility Notice?

A. Call your local CSHCS office to see if the provider can be authorized. Without authorization, you may be responsible for the bill. You will receive a new Eligibility Notice when there are any changes.

NOTE: Pharmacies, Medical Equipment and Supply companies, Hearing Aid dealers and Home Health Agencies do not have to be listed on the Eligibility Notice.

6. Q. When medical care is needed for a condition that has nothing to do with the eligible diagnosis, what do I do?

A. If you think the condition may qualify for CSHCS, contact your local CSHCS office. If the condition is not CSHCSeligible, you will have to use another coverage, such as private health insurance. Depending on your income, you may qualify for Medicaid or MiChild.

7. Q. Should I tell my provider about my Medicaid coverage?

A. Yes. Medicaid pays for services that CSHCS does not, such as medical care not related to the eligible diagnosis.

8. Q. If I have any other health insurance, should I tell the provider?

A. Yes. Providers must bill other insurance before CSHCS. You will need to show your insurance card or give the provider these details:

- Name of Insurance
- Policy & Group Numbers
- Name of Employer

9. Q. What should I do if I receive a bill from a provider for a service I thought CSHCS would cover?

A. DO NOT IGNORE THE BILL. If the provider is a doctor, hospital, or ambulance and is not listed on the Client Eligibility Notice, call your local CSHCS office to see if the provider can be authorized. If the provider is already listed or does not need to be listed, contact the provider and ask him or her to bill CSHCS.

10. Q. Can we be reimbursed by CSHCS for bills we have already paid?

A. No. CSHCS can only pay providers.

11. Q. What should I do if there are changes in our family household or medical care?

A. Contact your local CSHCS office and report any change in:

- name, address or phone number
- family size or income
- medical providers
- your insurance card or coverage

12. Q. How do I get equipment or medical supplies?

A. Make sure an approved CSHCS medical specialist writes the prescription. Check with your medical supplier. Some services require CSHCS approval *before* you get the service. If you have other insurance, you must get prior approval from that carrier *and* CSHCS.