

Understanding Children's Special Health Care Services (CSHCS) Requirements as a Provider

Provider Training



Understanding CSHCS – Provider Education and Attestation Overview

Purpose of Training:

- Help providers understand CSHCS requirements
- Explain provider responsibilities
- Support successful member care coordination
- Ensure providers feel confident completing attestation requirements

Training Objectives

By the end of this training, providers will be able to:

- Understand what CSHCS is and who it serves
- Identify member eligibility requirements
- Understand provider responsibilities for CSHCS members
- Understanding billing and documentation expectations
- Understand care coordination and transition expectations
- Complete the provider attestation with confidence

What is CSHCS?

Children's Special Health Care Services (CSHCS) is a State of Michigan program that supports children, and some adults, with special health care needs.

Key Facts:

- Covers more than 2,700 qualifying medical diagnoses
- Supports medically necessary services related to approved conditions
- Helps coordinate specialty care needs
- Works alongside Medicaid and other insurance coverage
- Is not a separate insurance plan

Important Note:

CSHCS may cover services not otherwise covered under Meridian when services are directly related to the approved qualifying condition.

Who Does CSHCS Serve?

To qualify for CSHCS, member must:

- Be a resident of Michigan
- Be a U.S. citizen, documented non-citizen admitted for permanent residence, or non-citizen legally admitted migrant worker
- Be under age 21
 - Some adults age 21+ may qualify if diagnosed with cystic fibrosis or certain blood coagulation disorders
- Have an approved qualifying medical condition
- Receive treatment related to the approved diagnosis

Understanding Qualifying Conditions

CSHCS covers a wide range of chronic and complex medical conditions.

Examples of Conditions May Include

- Cystic fibrosis
- Congenital heart disease
- Hemophilia
- Sickle cell disease
- Cerebral palsy
- Spina bifida
- Neuromuscular disorders
- Chronic respiratory conditions

Important Reminder

Services must directly relate to the member's approved CSHCS condition to qualify under the program.

Why Provider Participation Matters

Children enrolled in CSHCS often require:

- Ongoing specialty care
- Multidisciplinary treatment coordination
- Expanded appointment time
- Complex medication management
- Coordination between multiple providers
- Long-term treatment planning

Provider participation supports:

- Better continuity of care
- Improved health outcomes
- Reduced barriers to medically necessary services
- Improved family and member experience

Provider Attestation Overview

Providers are required to attest to specific criteria in order to provide care to members enrolled in CSHCS

Attestation Purpose

The attestation helps ensure:

- Members are assigned to providers equipped to support complex healthcare needs
- Providers understand care coordination expectations
- Providers are prepared to support pediatric chronic conditions

Attestation Completion

Providers complete attestation through Meridian's provider training portal.

Expanded Appointment Expectations

Children with complex medical conditions may require additional time and coordination during visits.

Providers should be prepared to:

- Allow additional visit time when appropriate
- Review extensive medical history
- Coordinate with caregivers and specialists
- Address multiple conditions during a visit
- Support ongoing care planning

Goal

Ensure members receive comprehensive, patient centered care.

Care Coordination Responsibilities

Providers participating in care for CSHCS members are expected to coordinate with:

- Primary care providers
- Pediatric specialists
- Therapists
- Behavioral health providers
- Hospitals
- Community resources
- Care Managers

Effective Coordination includes:

- Sharing clinical information appropriately
- Supporting continuity of care
- Reducing treatment delays
- Collaborating on treatment plans

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Member Eligibility Verification

Providers should verify:

- Member enrollment status
- Approved qualifying diagnosis
- Coverage eligibility
- Whether services are related to the approved condition

Important

Coverage under CSHCS applies only to services directly related to the approved qualifying diagnosis.

Authorization Requirements

Providers should:

- Follow Meridian authorization requirements
- Follow Medicaid requirements
- Ensure services align with approved CSHCS diagnosis
- Submit required clinical documentation

Reminder

CSHCS guidelines do not replace plan-specific authorization requirements.

Billing Expectations

Providers should ensure claims:

- Include appropriate diagnosis coding
- Reflect services tied to the approved CSHCS condition
- Include all required identifiers and documentation
- Meet Medicaid and Meridian billing requirements
- Support medical necessity

Accurate Documentation Helps:

- Reduce claim denials
- Support timely processing
- Improve audit readiness
- Ensure compliance

Common Billing Risks

Providers should maintain documentation that clearly supports:

- Member diagnosis
- Medical necessity
- Treatment plans
- Care coordination efforts
- Specialty referrals
- Transition planning activities

Strong Documentation Supports

- Compliance
- Accurate reimbursement
- Continuity of care
- Audit readiness

Importance of Pediatric Experience

Providers caring for CSHCS members should understand:

- Pediatric chronic condition management
- Family-centered care approaches
- Developmental considerations
- Long-term treatment coordination
- Behavioral and psychosocial impacts of chronic illness

Goal

Deliver compassionate, coordinated, high-quality care

Additional Resources

Providers are encouraged to review:

- State program guidance
- Approve diagnosis information
- Transition resources
- Care coordination resources

Meridian Provider Resources

- Provider manual
- Authorization requirements
- Provider bulletins
- Provider training materials
- Provider contact form

Thank You

Thank you for your commitment to support children and families with complex healthcare needs. Your participation helps improve:

- Access to care
- Continuity of care
- Member experience
- Health outcomes for Michigan families

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