



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

March 2010

«Entity\_Business\_Name»  
«Address\_Line\_1»«Address\_Line\_2»  
«CityTown» «StateProvince» «Zip\_Code»

**Provider ID:** «Provider\_ID»

**Subject: Hospice Provider Identification (ID) Number  
Revised Hospice Membership Notice (DCH-1074)**

Dear Hospice Administrator:

The purpose of this letter is to inform you of your agency's seven-digit Medicaid Provider ID Number in the Community Health Automated Medicaid Processing System (CHAMPS) and revisions to the "Hospice Membership Notice" (DCH-1074) form.

**The implementation of CHAMPS has eliminated the use of the previous Provider ID Number used in the former legacy system.** As a hospice provider you will need this new number when enrolling a beneficiary in hospice. This Provider ID Number, found in the upper right hand corner of this letter, is required in Box 7 of the revised "Hospice Membership Notice" (DCH-1074) form (attached), or Box 6.b of the previous edition.

Please note the other revisions to the DCH-1074 (07/08 edition):

- Removal of box 6.b which resulted in the renumbering of other boxes in Section I - Provider Information.
- Removal of Provider Type in box 13, replacing with the requirement for a Physician National Provider ID (NPI) Number. (Box 12 - Physician Provider ID Number, is no longer required).
- Repositioning of [Nursing] Facility (CHAMPS) Provider ID Number in Section II - Facility Information, to box 17 resulting in the renumbering and repositioning of the boxes in this Section and the remainder of the form.
- Addition of the [Nursing] Facility NPI Number to box 18.
- Repositioning of Date Admitted to Facility to box 19.

If using the DCH-1074 (07/08 edition), please provide the Physician NPI Number in box 12 and the Facility NPI Number in the Remarks Section, clearly labeling each. Box 13, Provider Type, may be left blank.

Your Provider ID in CHAMPS does not take the place of your NPI, which is also required on the DCH-1074 **and** on the institutional format when billing for services under Medicaid.

Nursing Facility Providers are receiving a similar letter informing them of their CHAMPS Provider ID Number. The letter reminds facilities to share their ID number with each hospice providing services in their facility.

Any questions regarding this letter should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Sincerely,

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director  
Medical Services Administration

Attachment

# HOSPICE MEMBERSHIP NOTICE

**Fax to: (517) 373-1437**

<input type="checkbox"/> <b>ENROLLMENT APPLICATION</b> →	1. Effective Date
<input type="checkbox"/> <b>ENROLLMENT UPDATE</b> →	2. Effective Date
<input type="checkbox"/> <b>DISENROLLMENT NOTICE</b> →	3. Effective Date   4. Reason Code

## SECTION I- PROVIDER INFORMATION:

5. Provider Name	6. National Provider ID	7. Provider I.D.	8. Control Number
9. Attending Physician Name	11. Hospice Phone Number ( ) -	12. Hospice Fax Number ( ) -	
10. Physician Address (Number & Street, Suite Number)		13. Physician National Provider ID Number	
City	State	ZIP Code	
14. Is this Beneficiary a Waiver Participant? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			

## SECTION II- FACILITY INFORMATION:

Is beneficiary currently in Nursing Facility, Hospice Owned Nursing Facility, Ventilator Dependent Care Unit or Hospital?

**YES** (If Yes, complete this section.)

**NO** (If No, proceed to Section III.)

15. Facility Name	17. Facility Provider ID Number
16. Facility Address (Number & Street)	18. Facility National Provider ID
City	State
ZIP Code	19. Date Admitted to Facility

## SECTION III- BENEFICIARY INFORMATION:

20. Beneficiary Name (Last, First, Middle Initial)		21. Beneficiary ID Number	
22. Beneficiary Address (Street Address and Apt. No.)		23. Social Security Number	24. Birth Date
City	State	ZIP Code	
25. Gender <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>		26. Home Phone Number ( ) -	
27. CSHCS Beneficiary? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	28. Beneficiary LOC	29. Previous Hospice Enrollee? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	30. Estimated Remaining Life Span Months
31. Legal Parent or Guardian Name (Last, First, Middle Initial)		32. Diagnosis Code(s)	

## REMARKS:

33.
-----

By placing an "X" or a "✓" in this box, I certify that I have read (or they have been read to me) and understand the Conditions of Enrollment and Certification provisions on Page 2 of this form. Any questions I had about these provisions or my hospice care were answered by a hospice representative.

**For ENROLLMENT Only**

34. Beneficiary (or authorized representative) Signature	Date
35. Witness Signature	Date

**For DISENROLLMENT Only**

36. Beneficiary (or authorized representative) Signature	Date
37. Witness Signature	Date

**AUTHORITY:** Title XIX of the Social Security Act  
**COMPLETION:** Is Voluntary, but is required if Medical Assistance program payment is desired.

The Department of Community Health is an equal opportunity employer, services and programs provider.

## **CONDITIONS OF ENROLLMENT:**

Hospice services are an option of medical care that you may choose while you are in the terminal stages of your illness. Palliative at-home care is the basis for hospice care. If you do not have a family member or friend to care for you in your home, hospice care may be provided while you are a resident of an approved nursing facility (NF), home for the aged (HFA), adult foster care facility (AFC), licensed hospice long term care unit, boarding home, ventilator dependent care unit or hospice owned nursing facility. All Medicaid and any approved Children's Special Health Care Services (CSHCS) covered services for the terminal illness will be provided by the hospice. You must use your **mihealth card**, health plan card, or CSHCS Eligibility Letter to obtain care from your private physician or health plan for services not related to the terminal illness. You may elect to disenroll from the hospice at any time by signing the disenrollment form.

## **CERTIFICATION:**

By signing this form, I certify that I voluntarily apply for hospice enrollment for myself or the person indicated in item number 20. The enrollment is effective on the date entered on item number 1 and will continue as long as the hospice continues operation and eligibility continues under the Medicaid Program or CSHCS approval. If eligibility verification indicates a patient-pay amount, I understand that I must pay that amount, **each month**, to the hospice for my care. Any applicable patient-pay amount, insurance payment, and Medicaid reimbursement represents payment-in-full to the hospice. I understand and accept the conditions of enrollment stated above. I authorize any physician or hospital to release medical information to the hospice. I authorize the hospice to release medical information to the Michigan Department of Community Health.

Distribution List for L 10-03

SOUTHERN CARE INC KALAMAZOO  
SOUTHERN CARE JACKSON-ANN ARBOR  
SOUTHERN CARE SAGINAW  
AFFINITY HOSPICE OF LIFE  
HEARTLAND HOME CARE AND HOSPICE  
HEARTLAND HOME HEALTH CARE & HOSPICE  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
HEARTLAND HOSPICE SERVICES INC  
HEARTLAND HOSPICE SERVICES INC  
HEARTLAND HOSPICE SERVICES INC  
HEARTLAND HOSPICE SERVICES INC  
VISIT NURSE HOSP & HLTH CARE  
HOSPICE OF NORTHWEST OH  
HEARTLAND HOME HEALTH CARE & HOSPICE  
IN-HOUSE HOSPICE SOLUTIONS  
ODYSSEY HEALTHCARE OF DETROIT  
OP HOSPICE INC  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
HEARTLAND HOSPICE SERVICES INC  
VITAS HEALTHCARE CORPORATION MIDWEST  
ST JOHN HOME CARE  
VISITING NURSE ASSOCIATION HEALTH SERV  
GRACE HOSPICE OF MI  
HENRY FORD HEALTH SYSTEMS  
SEASON'S HOSP & PALIATIVE CARE MICH  
FOCUS CARE HOSPICE INC  
SAMARITIAN CARE HOSPICE  
FOCUS CARE HOSPICE INC  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
BEAUMONT HOSPICE  
ARBOR HOSPICE INC  
PERSONALIZED NURSING SERVICE INC  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
ST. JOSEPH MERCY HOSPICE  
ADVANTAGE HOME CARE INC  
ERIE WEST HOSPICE & PALLIATIVE CARE LLC  
ERIE WEST HOSPICE & PALLIATIVE CARE LLC  
ANGELA HOSPICE HOME CARE INC  
MERCY MEM HOSP HOSPICE-MONROE  
MERCY MEM HOSP HOSPICE-MONROE  
AFFINITY HOSPICE OF LIFE  
ST. JOSEPH MERCY HOSPICE  
HOSPICE OF MI  
HOSPICE ADVANTAGE  
HOSPICE OF THE VNA OF SE MICH  
VISITING NURSE ASSOC OF SE MICH  
CRANBROOK HOSPICE CARE  
MERCY HOSPICE  
GRACE HOSPICE OF MI  
CRANBROOK HOSPICE CARE  
MERCY HOSPICE  
MERCY HOSPICE, CADILLAC  
MERCY HOSPICE, GRAYLING  
HOME & HOSPICE ADVANTAGE  
BAY VISITING NURSE AND HOSPICE  
INGHAM VISITING NURSE & HOSPICE  
MCLAREN VISITING NURSE & HOSPICE  
MCLAREN VISITING NURSE AND HOSPICE  
VISITING NURSE SERVICES OF MI  
MARLETTE REG HOSPITAL HOSPICE  
AVALON HOSPICE  
GENESYS HOSPICE  
HEARTLAND HOME HEALTH CARE AND HOSPICE  
HOSPICE ADVANTAGE INC  
COVENANT VISITING NURSE ASSOCIATION  
SOUTHERN CARE SAGINAW  
AMERICANS HOSPICE CARE  
MIDMI HOSPICE  
HEARTLAND HOME CARE AND HOSPICE  
HOSPICE ADVANTAGE  
HOSPICE OF HELPING HANDS INC  
BAY VISITING NURSE AND HOSPICE  
HEARTLAND HOSPICE SERVICES INC  
HOME & HOSPICE ADVANTAGE  
HOSPICE ADVANTAGE  
HOSPICE ADVANTAGE  
HOSPICE ADVANTAGE INC  
HOSPICE ADVANTAGE INC  
HOSPICE ADVANTAGE INC  
HOSPICE ADVANTAGE  
LUTHERAN HOME CARE HOSPICE OF HOPE  
ST JOSEPH HURON HM HL&HOSP INC  
ST. JOSEPH MERCY LIVINGSTON HOSPICE  
HEARTLAND HOSPICE SERVICES INC  
HOSPICE OF CENTRAL MI INC  
WOODLAND HOSPICE  
MEMORIAL HEALTHCARE  
MEMORIAL HEALTHCARE CENTER  
INGHAM VISITING NURSE & HOSPICE  
MCLAREN VISITING NURSE & HOSPICE  
HOSPICE OF LANSING  
HOSPICE OF LANSING  
INGHAM VISITING NURSE & HOSPICE  
MCLAREN VISITING NURSE & HOSPICE  
SPARROW HOSPICE SERVICES  
HOSPICE ADVANTAGE INC  
HOME TOWN HOME HEALTH CARE & HOSPICE  
BORGESS VISITING NURSE & HOSPICE  
HOSPICE CARE OF SW MI  
SOUTHERN CARE INC KALAMAZOO  
WINGS OF HOPE HOSPICE & PALLIATIVE CARE  
LAKELAND HOSPICE  
COMMUNITY HEALTH CENTER OF BRANCH CO  
HOSPICE  
GOOD SAMARITAN HOSPICE CARE/HOS  
PENNOCK HOSPICE  
OAKLAWN HOSPICE  
HOSPICE AT HOME INC  
LAKELAND HOSPICE  
LAKELAND HOSPICE  
HOSPICE OF STURGIS  
HOSPICE OF STURGIS  
THREE RIVERS AREA HOSP HOSPICE  
ALLEGIANCE HOSPICE  
GREAT LAKES HOSPICE  
SOUTHERN CARE JACKSON-ANN ARBOR  
HOSPICE OF LENAWEE INC

Distribution List for L 10-03

HOSPICE OF HILLSDALE COUNTY VISITING NURSE  
HOME CARE SVCS INC  
HOSPICE OF MUSKEGON INC  
HOSPICE OF NORTH OTTOWA COMM INC  
SPECTRUM HEALTH CONTINUING CARE  
SPECTRUM HEALTH HOSPICE  
HEARTLAND HOSPICE SERVICES INC  
FAITH HOSPICE  
MERCY HOSPICE, CADILLAC  
MUNSON HOSPICE AND PALLIATIVE CARE  
HOSPICE OF THE SUNRISE SHORE  
NORTHWEST MICH COMMUNITY HLT AGENCY  
HOSPICE OF THE STRAITS  
HOSPICE OF THE SUNRISE SHORE  
MERCY HOSPICE, GRAYLING  
EMMET COUNTY MEDICAL CARE FACILITY  
HOSPICE OF LITTLE TRAVERSE BAY  
HOSPICE OF LITTLE TRAVERSE BAY  
CHIPPEWA COUNTY HEALTH DEPT  
MARQUETTE GENERAL HOME HEALTH AND HOSPICE  
OSF BAY DE NOC HOSPICE  
NORTH WOODS HOME NURSING INC  
SCHOOLCRAFT MEMORIAL HOME CARE  
SCHOOLCRAFT MEMORIAL HOME CARE  
SCHOOLCRAFT MEMORIAL HOMECARE  
SCHOOLCRAFT MEMORIAL HOMECARE  
LAKE SUPERIOR HOSPICE ASSOC  
LAKE SUPERIOR HOSPICE ASSOC  
NYFRIES, INC  
LMAS DISTRICT HEALTH DEPARTMENT  
KEWEENAW HOME NURSING & HOSPICE  
SUPERIOR HOME HEALTH AND HOSPICE  
BARAGA COUNTY HOME CARE AND HOSPICE  
REGIONAL HOSPICE SERVICES INC  
SMMC HOSPICE  
OSF BAY DE NOC HOSPICE  
AVALON HOSPICE  
ODYSSEY HEALTHCARE OF DETROIT