



November 2014

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider:

RE: Setting of Level of Care Code 55 for Beneficiaries Found Medically/Functionally Ineligible for Medicaid Services Based on the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD)

Level of Care Code 55 will be set on the beneficiary's eligibility file when the Medical Services Administration has determined that the beneficiary is medically/functionally ineligible for Medicaid reimbursed services. Determinations are based on Retrospective Review denials or an LOCD appeal that was upheld by the Department.

Adjustment Reason Code 31 – Patient Cannot be Identified as our Insured

Claims submitted to Medicaid for a beneficiary with a Level of Care 55 will reject with Adjustment Reason Code 31 – Patient cannot be identified as our insured.

Thank you for your commitment to providing quality care to Michigan's citizens. Should you have any questions regarding this letter can be directed to Provider Support at 1-800-292-2550 or ProviderSupport@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Stephen Fitton".

Stephen Fitton, Director
Medical Services Administration