

PROVIDER INQUIRER

October 1st, 2007

www.michigan.gov/mdch

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Eligibility Verification

It is necessary for all Medicaid providers to verify eligibility on the date of service and **before** rendering services to assure accuracy in billing and payment. It is the responsibility of a Michigan Medicaid Beneficiary to present their MIHealth Card to the provider. A list of programs and contact information a provider can utilize to verify eligibility is located in the Medicaid provider manual at www.michigan.gov/medicaidproviders.

The beneficiary eligibility chapter of the manual should be utilized to determine the scope/coverage, level of care and definitions of coverage. It may be useful to print Section 2 of the beneficiary eligibility chapter for staff to reference at patient check in. This resource is beneficial for coverage determination and billing arrangements at the time of service.

Provider Inquiry receives frequent contacts regarding 025 rejections. When a claim rejects with 025, the beneficiary is enrolled in a Medicaid Health Plan (MHP) and the MHP must be contacted for payment. The rejection can be avoided if eligibility is verified on the date of service and **before** providing services. When admitted to an inpatient facility, the type of coverage in effect on the date of admission is responsible until date of discharge.

There are two situations when retroactive eligibility will occur:

- 1) Newborns are retroactively enrolled into the Mother's MHP, and
- 2) When a newborn/child becomes eligible for Children's Special Health Care Services (CSHCS.)

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Generally a newborn is automatically enrolled in Medicaid if the Mother is eligible for Medicaid at the time of birth. **It is important to verify the Mother's eligibility before providing services, if the Mother is enrolled in a MHP the baby will automatically be retroactively enrolled into Mother's MHP.** The MHP will be responsible for all services. **If Medicaid Fee For Service (FFS) pays before the MHP information is added, Medicaid FFS will initiate a recovery. The provider has 60 days to bill the MHP from the recovery notice.**

The other situation for retroactive change in coverage occurs when a newborn is in a MHP and becomes eligible for CSHCS. The beneficiary will be retroactively disenrolled from the MHP and payment responsibility will change from MHP to FFS Medicaid. Level of care (LOC) 88 will be placed on the beneficiary's eligibility indicating an exception to MHP enrollment. This will result in recovery of payment from the MHP and Providers will then bill FFS Medicaid.

It is important to remember when the date of service is over a year old and the MHP recovers monies to bill Medicaid FFS within 120 days so the claim will be honored. Many rejections will be avoided if eligibility is verified before providing services.

If you have any questions regarding beneficiary eligibility please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at www.michigan.gov/medicaidproviders >> Proposed Medicaid Changes. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
October 23, 2007	0733-Home Help	Home Help Services in the Workplace
October 12, 2007	0734-GME	Graduate Medical Education (GME) and Disproportionate Share Hospital (DSH) Payment Delays

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THE CORNER

Community Health Automated Medicaid Processing System

Provider Revalidation Updates

Beginning in February, 2008, Medicaid Providers will need to confirm the validity of their enrollment information which will be converted from the old MMIS into the new **CHAMPS** on-line Provider Enrollment system. The schedule is as follows:

DATE RANGE	PROVIDER TYPE
February 1, 2008- February 29, 2008	Billing Agents
March 1, 2008- April 30, 2008	Groups, Hospitals, Clinics, etc...
May 1, 2008- July 31, 2008	All Individual Providers

Please note that if the provider(s) have not revalidated their provider information in **CHAMPS** by July 31, 2008, they will have to complete a new enrollment with Medicaid.

Since the MDCH outreach team began the **CHAMPS** Provider Revalidation training sessions earlier this year, various questions have arose regarding the on-line Revalidation process. Below are some of the most common questions. A full listing of the common questions can be found online at www.michigan.gov/medicaidproviders >> **CHAMPS**.

MOST COMMON QUESTIONS

1. If a group or entity's provider enrollment/credentialing and/or billing staff enroll or revalidate a rendering/servicing provider's information, how is the rendering/servicing provider held accountable for the information in the system?
 - The Attorney Generals office worked with us to design a template the entity or group may use to have the provider sign and keep on file in their office. This template authorizes the provider enrollment person to revalidate the information for the individual providers. **MDCH does not keep this template on file.** This

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template can be found at: www.michigan.gov/medicaidproviders >> **CHAMPS**

>> Electronic Signature

2. Will "Ownership" be able to be completed by someone other than the designated provider enrollment person?
 - A provider's revalidation can be accessed and updated by multiple users at different times using the secure application number, but there will not be a way to hide the "Ownership" from specific users.
3. What are we doing with the question "Are you accepting new Medicaid clients"?
 - This information will be used by our Beneficiary Helpline staff to assist beneficiaries in locating a Medicaid provider. It will be important for the providers to keep this updated. Providers can continue to accept Medicaid Beneficiaries on a case by case basis.
4. Can a Provider cut and paste into **CHAMPS**?
 - Yes.

The MDCH outreach team continues to provide **CHAMPS** revalidation training. Visit www.michigan.gov/medicaidproviders >> Medicaid Provider Training Sessions to view sessions available in your area. To register for a session please be sure to fill out the on-line registration form.

New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual.

Issue Date	Bulletin Number	Subject
September 1, 2007	MSA 07-52	Revisions to the Mental Health and Substance Abuse Chapter
September 1, 2007	MSA 07-51	Clarification on Use of Tamper Resistant Prescription Pads
September 1, 2007	MSA 07-50	Updates to the Medicaid Provider Manual

To view the new policy bulletins online you can visit www.michigan.gov/medicaidproviders >> Medicaid Policy Bulletins. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

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NPI Countdown Column

MDCH REQUIRES NPI ON OCTOBER 1

Effective **Monday October 1, 2007**, MDCH will require the NPI to be reported on FFS claims sent either electronically or paper for dental/professional/institutional claim formats based on the date of submission. A claim without an NPI on it will be rejected. A claim that has an NPI number on it but has not been reported to MDCH will also be rejected. If you have not reported your NPI's please do so now. Your NPI's can be reported at <https://sso.state.mi.us>.

MSA Policy Bulletin **MSA 07-48** gives a detailed outlook on the entire billing process that is to take place with the implementation of the NPI.

Within **MSA 07-48**, four new legacy edits are defined. These edits will show on Remittance Advices if the NPI is not on the claim form. These new edits will result in claim rejection.

Other areas within MDCH have also been affected with the implementation of the NPI. For example: EVS, Prior Authorization (PA), Level of Care Determination (LOC) have all been upgraded to accept NPI only on October 1. For EVS, if no NPI has been reported, you will not be able to check eligibility. For PA requests, if no NPI is on file, PA's will be

rejected. And for LOC, without an NPI on file, LOC's will not be determined. So again it is very important to not only include your NPI on all claims, but also anywhere else a Legacy ID was required prior to October 1.

For those providers who need referring NPI numbers for claim forms, CMS is disseminating provider NPI information contained within the NPPES file. This file will be available for download or as a query-only database referred to as the NPI Registry and can be accessed at http://www.cms.hhs.gov/NationalProvIdentStand/06a_DataDissemination.asp. This site will be very helpful in the obtaining of referring or ordering NPI's to be reported on claims.

Any questions regarding the NPI implementation may be directed to the Provider Inquiry Unit at 1-800-292-2550 or you can email your NPI questions to npi@michigan.gov.

NPI NOW REQUIRED!