PROVIDER INQUIRER

June 1st, 2008

www.michigan.gov/mdch

Featured Articles

Verifying Eligibility

It is necessary for all Medicaid providers to verify eligibility **before** providing services to assure accuracy in billing and payment. It is the responsibility of a Michigan Medicaid Beneficiary to notify the provider of all health care benefits available and/or present their MI Health Card to the provider at the onset of services. There is a listing of the different programs and contact information a provider can utilize to verify eligibility in the Medicaid provider manual at: www.michigan.gov/medicaidproviders.

The beneficiary eligibility chapter of the manual should also be utilized to determine the scope/coverage, level of care and definitions of these types of coverage. It may be a good idea to print out parts of Section 2 of the beneficiary eligibility chapter of the manual for the office staff that does patient intake/check in. This will assist the front end office staff that sees the beneficiary and help determine what type of coverage the beneficiary is on. Then billing arrangements can be made before services are provided.

Providers must be proactive in determining whether the Beneficiary has other insurance primary over Medicaid. Medicaid is always payer of last resort. It is the responsibility of the Beneficiary to disclose other insurance information. There is a helpful poster online regarding other insurance from our Third Party Liability area called 'JUST ASK.' This is at the website listed above, click on Billing and Reimbursement for Providers, click on Third Party Liability.

Many providers contact Provider Inquiry regarding the 025R edit. This means the beneficiary is in a Medicaid Health Plan (MHP) and the MHP must be contacted for payment. This edit could be avoided if eligibility was verified **before** providing services. For Inpatient care whatever type of coverage the beneficiary has on the date of admission is responsible for the entire hospital care until the date of discharge.*

There are two special situations for a Medicaid Beneficiary where eligibility will change and retroactivity will occur. 1) Newborns will be retroactively enrolled into their Mom's MHP. 2) When a newborn/child becomes eligible for Children's Special Health Care Services (CSHCS.)

Generally a newborn is automatically enrolled in Medicaid if the Mom is eligible for Medicaid at the time of birth**. It is important to find out the Mom's eligibility before providing services because if the Mom is in a MHP the baby will automatically be retroactively enrolled into Mom's MHP.** The MHP will be responsible for all services. **If Medicaid Fee- for -service (FFS) makes a payment on the services before the MHP information is added, Medicaid FFS will do a recovery of monies. The provider then has 60 days to bill the MHP from the recovery notice/take back if the date of service is over 1 year old.**

*The other situation for retroactive change in coverage occurs when a newborn is in a MHP and becomes eligible for CSHCS. This will cause the beneficiary to be retroactively disenrolled from the MHP and the payment responsibility will change from MHP to FFS Medicaid. The level of care (LOC) 88 will be placed on the beneficiary's eligibility indicating exception to MHP enrollment. This will involve 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 of the recovery so the claim will be honored.
Once again, many rejections can be avoided if eligibility is verified and the coverages are understood **before** providing services.

Proposed Medicaid Changes

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

Comment Due Date	Notice Number	Subject
June 20, 2008	MSA 08-23	New Medicaid Provider Manual Chapters for School Based Services and School Based Services Random Moment Time Study, and the Elimination of the School Based Services Administrative Outreach and Transportation Programs

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

Issue Date	Bulletin Number	Subject
June 1, 2008	MSA 08-26	Updates to the Medicaid Provider Manual - July 2008
June 1, 2008	MSA 08-25	Implementation of Partial Fill Functionality
June 1, 2008	MSA 08-24	Maternal Infant Health Program Consent form (DCH-1190) and Prenatal Screener form (MSA-1200)
May 22, 2008	MSA 08-23	New Medicaid Provider Manual Chapters for School Based Services and School Based Services Random Moment Time Study, and the Elimination of the School Based Services Administrative Outreach and Transportation Programs.
May 2008	MSA 08-22	Sanctioned Providers Update

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THE CHAMPS CORNER

Community Health Automated Medicaid Processing System

Provider Enrollment Updates:

The Revalidation process through the new CHAMPS Provider Enrollment system has been progressing at an impressive rate since its inception on March 31, 2008. For the first two months of the project, nearly 9,000 applications have been approved. Medicaid has approximately 40,000 providers, with 9,000 applications approved and another 3,000 waiting for approval, at this rate all providers should be revalidated by the deadline of August 31, 2008.

To help guide providers in the revalidation and/or new enrollment process MDCH offers various resources such as on-line webinars, posted user guides, in-person computer lab trainings, a CHAMPS hotline (1-888-643-2408 or CHAMPS@michigan.gov), etc. To view this information visit the MDCH website at: www.michigan.gov/mdch >>CHAMPS.

The items listed below should further clarify some steps of the application that tend to generate questions from providers:

Basic Information: Why is the NPI and SSN or TAX ID grayed out? THE NPI, SSN and Tax ID listed in this screen were reported on the provider's original application and converted into the new system. If the Tax ID is incorrect the provider will need to report the change to Vender registration at: http://www.mi.gov/cpexpress. If the NPI is incorrect the provider may report the change to the Provider Enrollment Unit at: (517) 335-5492, by email to: ProviderEnrollment@michigan.gov or by facsimile to: (517) 241-8233. If the SSN is incorrect the Provider will need to inform Provider Enrollment, the application will be denied and the provider will complete a new enrollment adding the correct SSN.

The contact email field listed on the Basic Information page is not required; however MDCH encourages whoever is completing the application to complete this field in order for the Provider Enrollment reviewer to contact that person if the reviewer has questions regarding the application.

Ownership: Why is Provider Enrollment requesting that I complete the ownership step when the application indicates that it is optional? MDCH is required to collect this information for auditing purposes for all enrolled providers except for non-profit organizations.

How do I know if the application has been approved? In order to check the status of the application, you can log back into the Single Sign On (SSO), enter the Application ID into the Track Application box, click submit and a message will appear indicating if the application has been approved or if it remains in-review. Another way to know if the application has been approved is to log into the SSO, a screen will appear requesting the person to Select a Domain and Select a Profile. The Select a Domain field has a drop down box which will list all the applications the user has domain access for and will list each application by Provider name and NPI. If the provider name and NPI show under your domain list, the application has been approved.

Domain Rights: I received the green letter with my doctor's Application ID however when I entered his Application ID into the Track Application field a message came up indicating that I am not authorized to view the information, why did I get that message? Once the application has been submitted, the person that submitted the application becomes the Domain Administrator for that application; therefore it is possible that someone else has already submitted the application. You may want to check with the Provider to find out if he/she has authorized another person to submit his/her application. If this is the case, you will need to request that this person give you user rights so that you may associate him/her to your group/facility/agency or organization.