

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

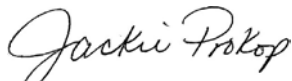
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number: 1717-MCC **Comments Due:** October 17, 2017 **Proposed Effective Date:** January 2, 2018

Mail Comments to: Jessica Combs
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Telephone Number: 517-284-1201 **Fax Number:** 517-241-8969
E-mail Address: CombsJ@michigan.gov

Policy Subject: Modernizing Continuum of Care (MCC) – Changes to Eligibility Inquiry/Response Transactions and Unique Health Plan ID

Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS), MICHild

Distribution: All Providers

Policy Summary: This bulletin provides details regarding the changes related to the implementation of the Community Health Automated Medicaid Processing System (CHAMPS) MCC project.

Purpose: The purpose of this policy is to notify providers of changes related to the eligibility inquiry/response transactions and the unique health plan ID.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: All Providers

Issued: December 1, 2017 (Proposed)

Subject: Modernizing Continuum of Care (MCC) – Changes to Eligibility Inquiry/Response Transactions and Unique Health Plan ID

Effective: January 2, 2018 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), MIChild

This bulletin provides details regarding the following changes related to the implementation of the Community Health Automated Medicaid Processing System (CHAMPS) MCC project:

- Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.
- Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes that will identify a beneficiary's type of admission or managed care enrollment along with their living arrangement. See Section III of this policy for the LOC to PET crosswalk table.
- Patient Pay Amounts (PPA) will be provided separately in a new "Patient Pay" section at the bottom of the eligibility response page. The data will no longer be a part of the LOC segment, which will be removed from the eligibility response page.

I. Provider Enrollment

Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract. This change affects the following managed care entities: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Prepaid Inpatient Health Plans (PIHPs) and MI Choice Agencies. Providers who are currently associated with a managed care entity in CHAMPS will be automatically associated to a single CHAMPS provider ID. Providers who have not yet associated themselves to managed care entities should utilize CHAMPS provider enrollment modification functionality and ensure that their enrollment is associated to all appropriate managed care entities with whom they have a contract.

II. Eligibility and Enrollment (EE)

A. CHAMPS Eligibility Response Changes

- New PET code information: The PET code will be reported in the Benefit Plans section, along with the applicable Benefit Plan, as additional information for providers if a beneficiary has an admission or Managed Care enrollment on file for the requested date of service. **Providers will continue to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary's program coverage and related covered services for a specific date of service.**
- New PPA section: This data will no longer be a part of the LOC segment and will instead be reported in a separate 'Patient Pay' section at the bottom of the response page. The PPA only applies to Long Term Care or Inpatient Hospital Services. This data will only be included in the response if a beneficiary has a PPA on file for the requested date of service.
- The LOC section will be removed.

B. CHAMPS Eligibility Response Example with the Above Changes

The screenshot displays the CHAMPS Member Eligibility Inquiry page. At the top, there is a navigation bar with 'My Inbox' and 'Member' tabs. Below this, the page title is 'Provider Portal > Member Eligibility Inquiry > Member Benefit Level'. The main content area is divided into several sections:

- Member Information:** Fields for Member ID and Name, with a 'Close' button.
- Info:** A note about dental coverage: 'Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)'
- Member Details:** A grid of fields for personal and administrative information, including:
 - INQUIRY DATE RANGE, GENDER, DATE OF BIRTH, CASE NUMBER, CASE PHONE, CASE EMAIL, COUNTY OF RESIDENCE, MAGI CATEGORY, MA PROGRAM CODE, CITIZENSHIP, REDETERMINATION DATE.
 - COMMERCIAL / OTHER, CSHCS RESTRICTIONS, MHP PCP, BMP PROVIDER RESTRICTION, INDICATORS, COST SHARE MET, CAP AMOUNT REMAINING(\$), WORKER LOAD NUMBER, MDHHS PHONE, MDHHS COUNTY.
- BENEFIT PLANS:** A table listing active benefit plans.

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PHIP		MANAGED CARE	2813554	Click To View Service Types	01/21/2015	01/21/2015	07/08/2017	07/08/2017
MA		FEE FOR SERVICE		Click To View Service Types	01/21/2015	01/21/2015	07/08/2017	07/08/2017
NH	LTC-CMCF	FEE FOR SERVICE	8062826	Click To View Service Types	07/09/2017	07/05/2017	07/09/2017	07/09/2017
- PATIENT PAY:** A table showing patient pay information.

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTC/Inpatient	100	07/06/2017	07/06/2017

At the bottom of the page, there is a status bar with 'Page ID: pgProvMedicaid(Member)', 'Environment:', and 'Server Time:'.

C. Health Insurance Portability and Accountability Act of 1996 (HIPAA) 271 Eligibility Response Transaction Changes

- New PET code information: This data will be reported in the EB05 segment, along with the applicable Benefit Plan, as additional information for providers if a beneficiary has an admission or Managed Care enrollment on file for the requested date of service. **Providers will continue to utilize the Benefit Plan ID(s) indicated in the EB05 segment to determine a beneficiary’s program coverage and related covered services for a specific date of service.**
- The HIPAA 270/271 Companion Guide will be updated prior to this change and will be available on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Electronic Billing >> HIPAA Companion Guides.

III. LOC to PET Crosswalk Table

Level of Care (LOC)	Program Enrollment Type (PET)	Program/Reason	Benefit Plan
02	LTC-CMCF	Nursing Facility residing at County Medical Care Facility (CMCF)	NH
02	LTC-NFAC	Nursing Facility (not CMCF)	NH
02	LTC-NFAC	Hospital LTC Unit	NH
02	LTC-NFAC	Hospital Swing Bed	NH
02	LTC-NFAC	Ventilator Dependent Care Unit (VDCU)	NH
03	ICO-HCBS	MI Health Link and receiving Home and Community Based Services	ICO-MC
05	ICO-NFAC	MI Health Link residing in Nursing Facility (not CMCF)	ICO-MC
07	ICO-COMM	MI Health Link and living in the community	ICO-MC
15	ICO-HOSC	MI Health Link receiving Hospice in CMCF	ICO-MC
07	ICO-HOSH	MI Health Link receiving Hospice at home	ICO-MC
05	ICO-HOSN	MI Health Link receiving Hospice in a Nursing Facility (not CMCF)	ICO-MC
07	ICO-HOSR	MI Health Link receiving Hospice in a Hospice Residence Facility	ICO-MC
03	ICO-HOSW	MI Health Link receiving Home and Community Based Services and receiving Hospice services at home	ICO-MC
15	ICO-CMCF	MI Health Link residing in County Medical Care Facility	ICO-MC
07 and 11	MHP-COMM	Medicaid Health Plan	CSHCS-MC MME-MC
07 and 11	MHP-HOSH	Medicaid Health Plan and receiving Hospice at home	CSHCS-MC MME-MC
07 and 11	MHP-HOSN	Medicaid Health Plan and receiving Hospice in a Nursing Facility	CSHCS-MC MME-MC

Level of Care (LOC)	Program Enrollment Type (PET)	Program/Reason	Benefit Plan
07 and 11	MHP-HOSR	Medicaid Health Plan and receiving Hospice in a Hospice Residence Facility	CSHCS-MC MME-MC
07 and 11	MHP-NFAC	Medicaid Health Plan and residing in a Nursing Facility	CSHCS-MC MME-MC
07 and 11	PCE-CMCF	PACE and residing in County Medical Care Facility (CMCF)	PACE
07 and 11	PCE-COMM	PACE living in the Community	PACE
07 and 11	PCE-HOSC	PACE receiving Hospice in County Medical Care Facility (CMCF)	PACE
07 and 11	PCE-HOSH	PACE receiving Hospice at home	PACE
07 and 11	PCE-HOSN	PACE receiving Hospice in a Nursing Facility (not CMCF)	PACE
07 and 11	PCE-HOSR	PACE receiving Hospice at Hospice Residence Facility	PACE
07 and 11	PCE-NFAC	PACE residing in Nursing Facility (not CMCF)	PACE
16	HOS-COMM	Hospice in the Community	HOSPICE
16	HOS-NFAC	Hospice in Nursing Facility	HOSPICE
16	HOS-RESF	Hospice in Residence Facility	HOSPICE
17	SPF-INPT	State Psych Facility	SPF
22	MIC-COMM	MI Choice in the Community	MICHOICEMC
22	MIC-CSSP	MI Choice in the Community with Significant Support Participant Indicator	MICHOICEMC
22	MIC-HOSH	MI Choice receiving Hospice at home	MICHOICEMC
22	MIC-HSSP	MI Choice Significant Support Participant (SSP) receiving Hospice at home	MICHOICEMC
32	INC-JAIL	Incarceration Jail	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC
32	INC-JDET	Incarceration Juvenile Detention	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC
32	INC-PRSN	Incarceration Prison	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC
55	EXM-ALJD	Long Term Care Exempt ALJD	LTC-EXEMPT
55	EXM-MPRR	Long Term Care Exempt MPRO	LTC-EXEMPT
55	EXM-PASR	Long Term Care Exempt PASR	LTC-EXEMPT
56	EXM-DIVM	Long Term Care Exempt for Divestment	LTC-EXEMPT

IV. Contracts Management (CM) Subsystem

A. HIPAA 834 Enrollment File Changes for Managed Care Entities

- Program Enrollment Type (PET) code and Benefit Plan information will be reported in the 2300 Loop, HD04 segment: <PET Code> (8 characters) <Benefit Plan Code> (10 characters max) Right justified.
- The HIPAA 834 Companion Guide will be updated prior to this change and will be available on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Electronic Billing >> HIPAA Companion Guides.

B. Additional HIPAA 834 Enrollment File Changes for MHPs

- Loop 2000/REF02 Segment changes:
 - LOC data will be removed.
 - New Auto-assigned vs Voluntary Indicator data will be reported.
 - New Plan chosen based on specialist indicator data will be reported if on file.
 - New Pregnancy due date data will be reported if on file.
- Loop 2310/NM1 Segment changes:
 - This loop will also be used to send the primary care provider (PCP) chosen at Maximus and the MHP's Site Number if chosen at Maximus.