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.

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

Project Number: 1718-MCC
Comments Due: October 17, 2017
Proposed Effective Date: December 15, 2017

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

Telephone Number: 517-284-1210
Fax Number: 517-241-8969
E-mail Address: eligibilitypolicy@michigan.gov

Policy Subject: Elimination of the Paper Version of the Facility Admission Notice

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

Distribution: Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders.

Policy Summary: Effective December 15, 2017, the Michigan Department of Health and Human Services (MDHHS) will no longer accept the Facility Admission Notice form (MSA-2565-C) for the processing of facility admissions. Hospitals may continue to submit a modified MSA-2565-C to establish Medicaid eligibility for newborns when a hospital is unable to submit notice of the birth through the State’s Electronic Birth Certificate (EBC) system.

Workers will no longer enter admissions into Bridges for admissions received on paper MSA-2565-C forms after December 29, 2017.

Effective January 2, 2018, hospice, hospital, nursing facility, Mi Choice Waiver and Program of All-Inclusive Care for the Elderly (PACE) providers will enter admissions/enrollments to their facility/program directly into the Community Health Automated Medicaid Processing System (CHAMPS).

Purpose: This policy streamlines the process of entering Medicaid coverage into the Bridges system and the Community Health Automated Medicaid Processing System (CHAMPS) when an applicant or beneficiary is admitted to a long term care facility, thereby eliminating many of the problems that occur because of the time lag using the current paper process.
Effective **December 15, 2017**, the Michigan Department of Health and Human Services (MDHHS) will no longer accept the Facility Admission Notice form (MSA-2565-C) for the processing of facility admissions. Hospitals may continue to submit the form to local MDHHS offices to obtain a Medicaid ID number and establish Medicaid eligibility for newborns only if the hospital is unable to submit notice of the birth through the State’s Electronic Birth Certificate (EBC) system. The MSA-2565-C will be modified, and a draft of the revised form is attached to this bulletin.

With the exception of hospital submissions of the MSA-2565-C form for newborns, workers will no longer enter admissions into Bridges for admissions received on paper MSA-2565-C forms after **December 29, 2017**.

Effective **January 2, 2018**, hospice, hospital, nursing facility, MI Choice Waiver and Program of All-Inclusive Care for the Elderly (PACE) providers will enter admissions/enrollments to their facility or program directly into the Community Health Automated Medicaid Processing System (CHAMPS). In addition, effective **January 2, 2018**, these providers will be required to report the discharge/disenrollment of the individual into CHAMPS, regardless of whether the discharge is to another facility, program, or to the home.

In order to prevent access to care issues, workers will continue to have the ability to add reported admissions in Bridges, but this data will not be added to CHAMPS. Workers will also be able to enter reported discharges in Bridges and this data will transfer to CHAMPS, which will discharge them in CHAMPS for the provider.

A separate bulletin is being issued to Medicaid Providers with new policy and procedures related to the process for reporting admissions/enrollment and discharge/disenrollment of Medicaid recipients.
The MSA-2565-C serves as notice of birth of a newborn for the purposes of obtaining a Medicaid ID number. It must be completed only if the hospital is unable to submit notice of the birth through the Michigan Electronic Birth Certificate system.

- The hospital must retain **THE ORIGINAL** of the Hospital Newborn Notice in the beneficiary's file. A copy **MUST** be sent to the local MDHHS office.
- A copy of the MSA-2565-C will be returned to the hospital, noting the eligibility status of the newborn.
- Item 6 must state the name of the mother.
- A copy of the CHAMPS Eligibility Inquiry or HIPAA 271 transaction response with the mother's Benefit Plan ID information should be attached to the form; or the form must contain the county, district, unit, worker, and case number data from the eligibility response separated by slashes (e.g., 33/01/01/08/1234567890).
Michigan Department of Health and Human Services
HOSPITAL NEWBORN NOTICE

1. Newborn Name (Last, First, Middle)
2. Newborn Gender
   M  F
3. Newborn Birth Date
4. Newborn Social Security No. (If Available)
5. Home Address (No. & Street, including apartment number)
6. Name of Newborn’s Mother (Last, First, Middle)
7. Phone No.
   (   ) –
8. Mother Social Security No. (If Available)
9. Mother Birth Date
10. Home Address (No. & Street, including apartment number)
11. Name of Provider
12. National Provider ID Number
13. Provider Address (No. & Street)
14. Attending Physician Name
15. Hospital Case No. (If Applicable)
16. Present Status of Patient (Check ONE)
   Still a Patient
   Discharged (Date): / /
   Deceased (Date): / /
17. Indicate Medicare or Private Health Insurance coverage available to patient and complete the following as applicable
   Medicare
   Private Health Insurance
   No Other Insurance Coverage Available
   (Complete items 18 thru 23 below)
18. Name of Policyholder (Private Health Ins.)
19. Policyholder’s SS No.
   – –
20. Name of Insurance Company
21. Location (City)
22. Group / Policy Number

PATIENT CERTIFICATION
I certify that the information furnished by me in applying for hospital services under Michigan Public Acts 321 of 1966, 280 of 1939, and 368 of 1978 is correct. Further, I declare and hereby affirm that I have disclosed to the facility named in section 9 above, the name(s) and address(es) of all parties liable or who may be liable, in whole or in part, for payment of care received in the named facility. By accepting services, I hereby authorize the named facility to release all information and records for purposes of determining the respective liability and/or liabilities of all parties responsible, in whole or in part, for the payment of services received in this facility. I hereby authorize and assign directly to the named facility any or all benefits I may be entitled to and otherwise payable to me for the period of service in this facility.

24. Signature of Patient’s Representative
25. Signature of Person Completing This Form

STATEMENT OF ELIGIBILITY (To be completed by MDHHS for MA eligibility)

Eligibility is:
   □ DENIED (Contact Patient Representative for Explanation)
   □ APPROVED (see the Billing Information below)

<table>
<thead>
<tr>
<th>Eligible Person’s Name</th>
<th>Program</th>
<th>Grantee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient ID No.</td>
<td>MA Eligibility Effective Date</td>
<td>Grantee Client ID No.</td>
</tr>
<tr>
<td>Patient Pay Amount $</td>
<td>Patient Pay Amt. Effective Date</td>
<td>County</td>
</tr>
</tbody>
</table>

Insurance, Medicare, Third Party Name
Signature of Worker