Modernizing Continuum of Care (MCC)
November 14, 2017
Skilled Nursing Facility (SNF) & Hospice

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Agenda

- Modernizing Continuum of Care (MCC)
  - Policy Information
  - Admission & Enrollment Forms
  - Discharge & Disenrollment
  - Claim
- Program Enrollment Type (PET)
- CHAMPS Changes
  - Display
  - Entering a Nursing Facility admission and discharge
  - Entering a Hospice enrollment and disenrollment
- Visual Aid
- Upcoming Training Dates
- Provider Resources

MDHHS

Modernizing Continuum of Care (MCC)

Policy Information

- MSA 1717, MSA 1718 and MSA 1719
- Modernizing Continuum of Care (MCC) project is designed to alleviate paper processes and manual intervention when adding admissions and enrollments for beneficiaries.
- Changes for all providers:
  - Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes which will identify a beneficiary's type of admission or Managed Care enrollment along with their living arrangements.
  - Patient Pay Amounts (PPA) will be displayed separately in a new 'Patient Pay' section at the bottom of the CHAMPS eligibility response page.
  - Medicaid Health Plan Providers will need to enroll in CHAMPS (MSA 17-04).
  - Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

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Admission & Enrollment Forms

- Specific providers will directly enter admission/discharge or enrollment/disenrollment information in CHAMPS.

- All paper MSA 2565-C forms must be submitted to MDHHS by **December 15, 2017**.
  - This will allow adequate time for the paper form to be processed by the caseworker prior to MCC implementation.

- If after the implementation of MCC there is no admission or enrollment on file, a new admission or enrollment will need to be completed in CHAMPS.

Discharge & Disenrollment

- Discharges & Disenrollment's will also be completed within CHAMPS.

- When an admission record at a second facility is created, the previous facilities admission record will be auto end-dated one day prior to the new admission record.

- Dependent on the program type, the admission record may or may not be auto end-dated.
  - e.g., Nursing Facility to Hospice, Hospice to Nursing Facility
    - Hospice to Hospice is exempt from this auto end-date process

Claim

- The Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) for a beneficiary not having a PET on file will remain the same CARC and RARC for no LOC on file.
  - CARC: 251, 22, 96, 26, B7
  - RARC: N146, N598, N216
- If you are reviewing eligibility within CHAMPS for dates of service prior to MCC implementation the LOC record has been converted to a PET.

Program Enrollment Type (PET) Codes

PET Codes

- Crosswalk list of LOC to new PET MSA 1717
- PET codes will be a seven character code:
  - First three characters indicate program type
  - The last four characters indicate the living arrangement
- LOC codes 07 and 11 now crosswalk to multiple PET codes:
  - MHP-COMM for beneficiaries residing in the community
  - MHP-NFAC for beneficiaries in nursing facilities
  - MHP-HOSH for beneficiaries receiving hospice at home
  - MHP-HOSR for beneficiaries receiving hospice in one of the state's 16 licensed hospice residential facilities
  - MHP-HOSN for beneficiaries receiving hospice in a nursing facility

PET Codes (cont.)

- Previously LOC 02:
  - LTC-NFAC Nursing Facility
  - LTC-CMCF Nursing Facility county medical care facility
- Previously LOC 16:
  - HOS-COMM Hospice at Community
  - HOS-NFAC Hospice as Nursing Facility
  - HOS-RESD Hospice at Residence Facility
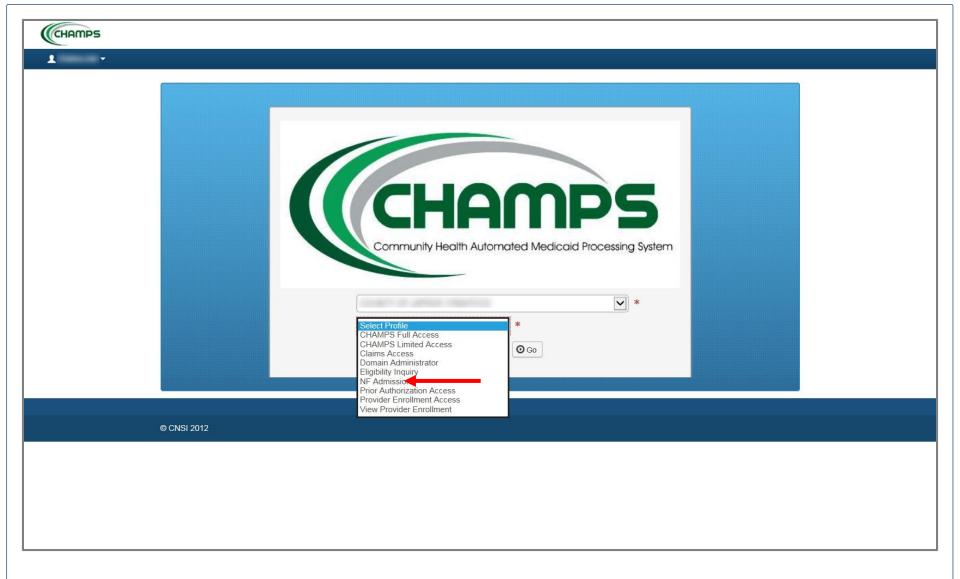 - MIC-HOSH Hospice at Community, along with MI Choice

MDHHS

PET Codes (cont.)

- Previously LOC 55 and LOC 56
  - EXM-PASR Long Term Care Exempt PASR
  - EXM-MPRR Long Term Care Exempt MPRO
  - EXM-ALJD Long Term Care Exempt ALJD
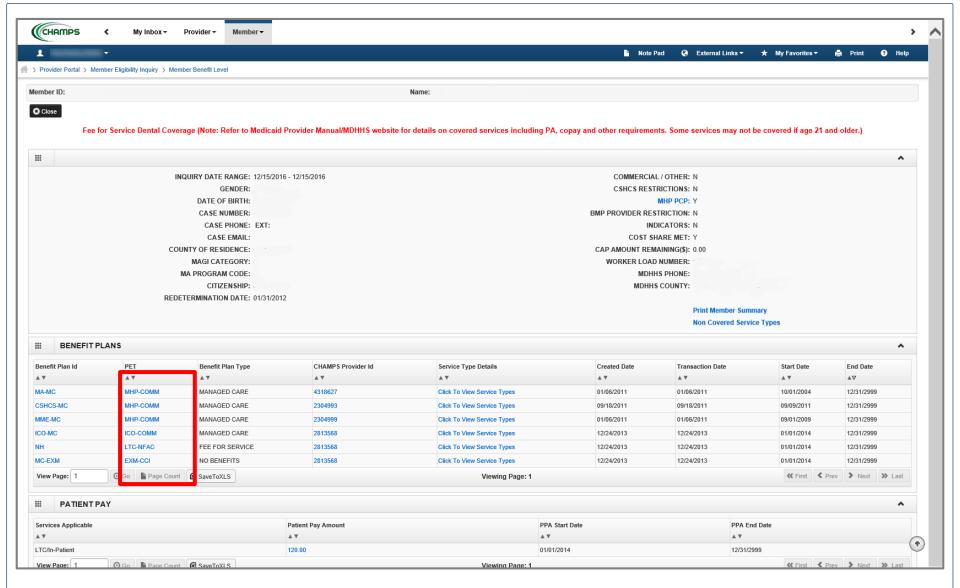 - EXM-DIVM Long Term Care Exempt for Divestment
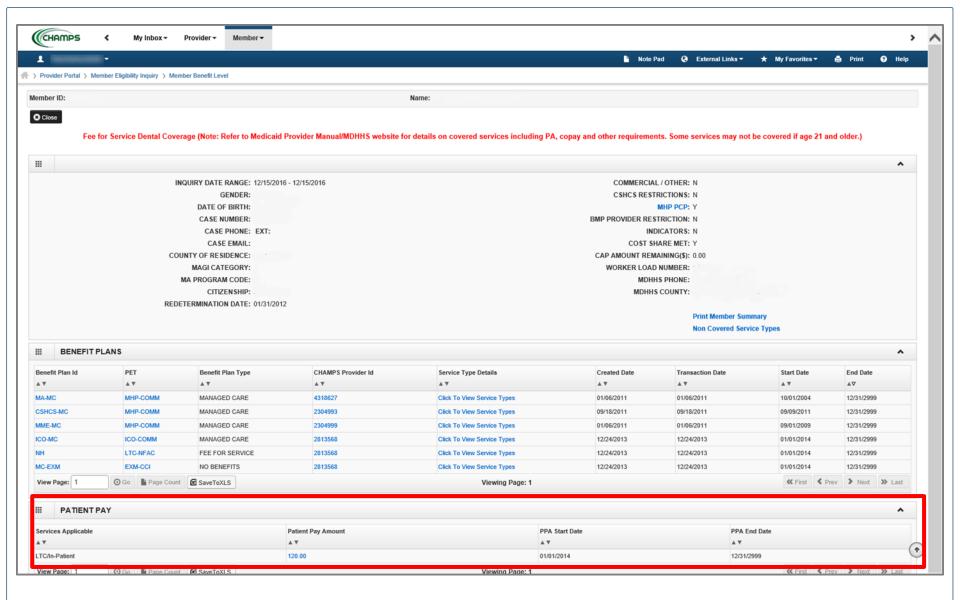
CHAMPS Changes*

Screen changes within CHAMPS

- In order to enter or view admission information select the appropriate profile Available profiles: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment and MI Choice Enrollment

- Within the benefit plan section of the CHAMPS eligibility screen the PET will now be displayed to indicate the beneficiary enrollment type
  - *All prior LOC records will be converted to PET's prior to implementation*

- The Patient Pay amount (PPA) is displayed within it's own section at the bottom of the member eligibility screen within CHAMPS
  - The PPA amount will be returned in the same loop/segment within the 271 response

- This is the roster page which will list all admissions submitted under the NPI that is logged into CHAMPS

Entering a Nursing Facility admission

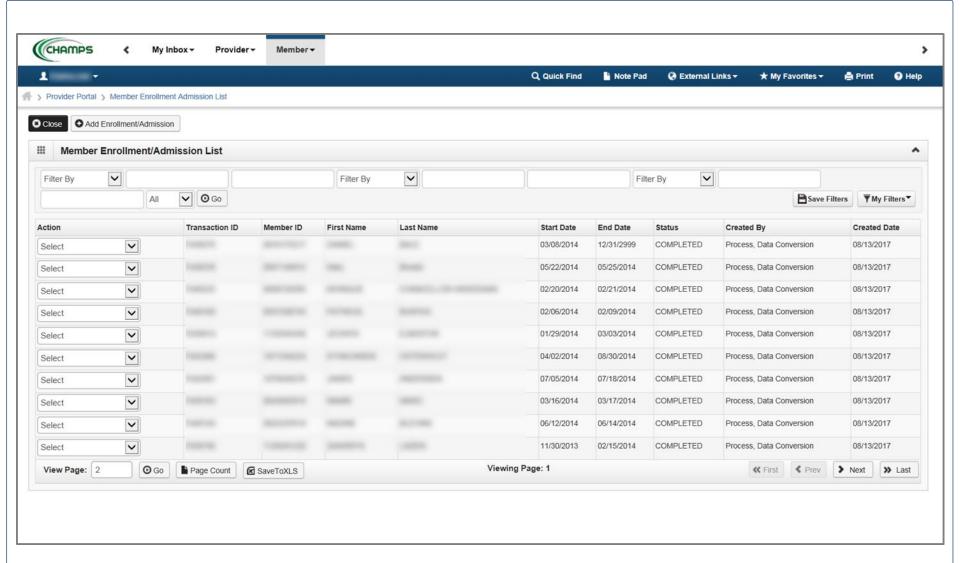Steps on how to enter a Nursing Facility admission within CHAMPS

- In order to enter or view admission information select the appropriate profile Available profiles: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment and MI Choice Enrollment

- After logging into CHAMPS
- Click Member tab
- Select Program Enrollment/Admission

- Within the roster page click Add Enrolment/Admission
- Throughout the entire admission/enrollment process all fields marked with a red asterisk are required

- New CHAMPS admission and enrollment screen
- Enter the Medicaid ID
- If no Medicaid ID enter all required information
- Click Next

- The Admission/Enrollment Information screen will need all information related to the admission
- Click Next

- If there's an existing admission/enrollment you will receive this soft error.
- Click Ok to continue or cancel

- Enter Responsible Party Information if different than the beneficiary/patient.
- Click Next

- If Address Information pre-populates click Next
- Click Add to enter address information
  - *Note: Home address information must be entered for submitting an admission for a patient who has no Medicaid ID number.*

- Select the address type and enter the required asterisked information
- Click Validate Address
- Click Save
- Click Next

CHAMPS

My Inbox ▾   Provider ▾   Member ▾

Quick Find   Note Pad   External Links ▾   My Favorites ▾   Print   Help

Provider Portal › Member Enrollment Admission List

NPI: Provider Name:

✕Close

Member Information	✓
Admission Information	✓
Discharge Information	
Responsible Party Info	✓
Address Information	✓
Previous Facility Info	
Insurance Information	
Upload Documents	
Certification	

Previous Provider/Facility Information

Previous Service Location

Select Facility ▾

Previous Provider/Facility Admission/Enrollment Date

MM/DD/YYYY 📅

Previous Provider/Facility Discharge/Disenrollment Date

MM/DD/YYYY 📅

Previous Provider/Facility NPI/Provider ID

Previous Provider/Facility Name

Previous Provider/Facility Contact Person

Previous Provider/Facility Contact Phone Number

Next

- Enter the prior facility information if applicable
- Click Next

MDHHS

- Click View TPL if hyperlink to review the other insurance information on file for the beneficiary
- Click Next

- If the beneficiary has other insurance not listed on their TPL information screen click Add to enter the insurance information

Member Information	✓
Admission Information	✓
Discharge Information	
Responsible Party Info	✓
Address Information	✓
Previous Facility Info	✓
Insurance Information	
Upload Documents	
Certification	

Other Insurance Information

Other Insurance Available: View TPL

Type of Insurance	Insurance Company	Policy Number	Group Number	Beneficiary Identifier	Policy Holder Employer Name	Policy Holder Name

➕ Add

*Type of Insurance:

---SELECT--- ⌄

Policy Holder First Name:

[_____]

Policy Holder Last Name:

[_____]

Policy Holder SSN:

[_____]

Policy Holder Date of Birth:

[_____] 📅

✔ Save   ✖ Cancel

Next

- Select the type of insurance
- Enter policy holder information
- Click Save
- Click Next

MDHHS

≣ NPI: _____   Provider Name: _____   ✖Close

📄 Member Information ✅	
👥 Admission Information ✅	
📄 Discharge Information	
👤 Responsible Party Info ✅	
📋 Address Information ✅	
🗔 Previous Facility Info ✅	
📑 Insurance Information ✅	
🗔 Upload Documents ➡	
🗔 Certification	

Upload Documents

Type of Document	ID	Descripton

➕Add

[Next]

- At this time the Upload Documents page is not being used
- Click Next

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- Place a check next to both the member and provider certification boxes
  - *Note :The fields for signature and date cannot be modified as these fields need to be completed once the admission notice is printed.*
- Type the provider representative completing the admission
- Click Submit

Member Certification Message

- I certify that the information furnished by me in applying for skilled nursing facility, other long term care, or 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 the Admission Information Section 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.

Provider Certification (cont.)

- NF Provider:

  In accordance with the Michigan Medicaid Provider Manual, Eligibility Chapter, Section 12.1, I completed the information on this form and will maintain the beneficiary's, or his or her authorized representative's, signature on file. The information entered is, to the best of my knowledge, accurate and complete as of the date this form was completed.

- After clicking submit you will receive a confirmation summary page
- Click Ok
  - *Note: Click Cancel if any of the information displayed is incorrect in order to update the information prior to submitting the admission*

- Print the admission so the beneficiary or authorized representative and provider representative can sign the admission notice
- It is the providers responsibility to retain the admission notice in the beneficiaries record

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MICHIGAN MEDICAID MEMBER ENROLLMENT ADMISSION FORM

Applicant Information

NPI: 1234567890
PROVIDER NAME: Nursing Facility

Member Information

Program Type: NURSING FACILITY   Medicaid ID: 00000XXXXX
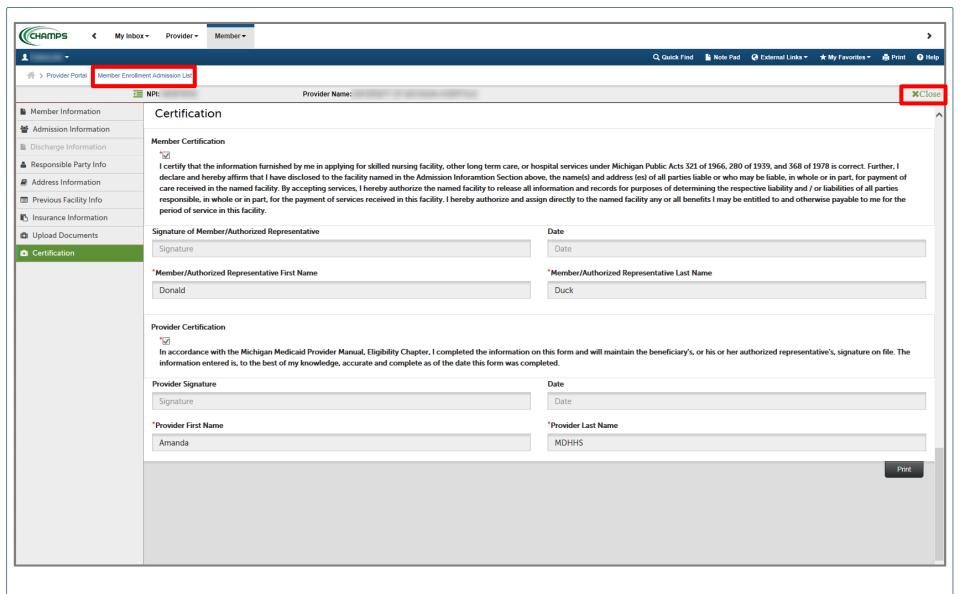SSN (Last 4 Digits): 0000   Date Of Birth: 01/01/1950
First Name: SAMPLE   Last Name: SAMPLE
Middle Name: Gender: Female

Marital Status:

Admission/Enrollment Information

Date of Admission/Enrollment: 01/01/2017
Type of Facility: County Medical Care Facility   Estimated Length of Stay (in Months):
Facility Contact Person: Mrs Jones   Facility Contact Phone Number: (517) 555-1212
Primary Diagnosis Code: Secondary Diagnosis Code:

    Is the Individual Expected to Move to Community ? : NO

    Is the Individual Anticipated to have Out-of-Pocket Medical Expenses? : NO

    Type of Stay custodial or rehabilitative : Rehabilitative

    Is this Admission likely to be 30 days or longer? : NO

    Is this stay for Hospice Services : NO

    Is the Individual Expected to Return Home within 12 months of Facility Admission Date ? : NO

    Has this patient already been discharged from this facility ? : NO

Discharge/Disenrollment Information

Type of Discharge/Disenrollment: Date of Discharge/Disenrollment:
Reason:
Remarks:
Discharge to: Name of facility (If Applicable):

Address Line1:   Address Line2:
Address Line3:   City/Town:
State/Province: County:
Zip Code: Country:

Responsible Party Information

First Name: Mr.   Middle Name:
Last Name: Jones   Relationship to Patient: Husband
Phone Number: (517) 555-1212

Address Information

ADDRESS TYPE :Home
ADDRESS :320 S Walnut St, 48933

Beneficiary First Name		Medicaid ID
SAMPLE	1	00000XXXXX

- After clicking print the admission notice will pop-up as a PDF
- Click print from the PDF version to complete

MDHHS
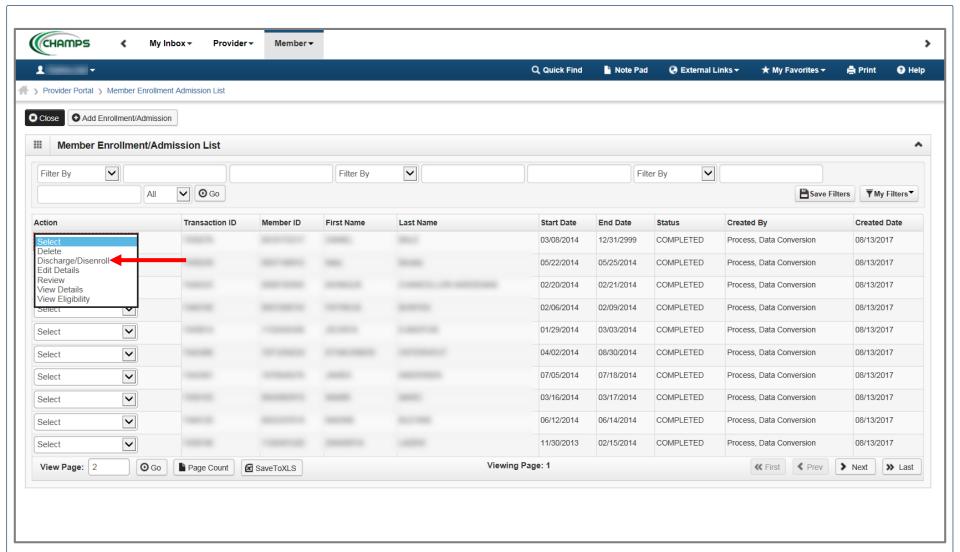Michigan Department of Health & Human Services

- Click Member Enrollment Admission List hyperlink or Close to return to the roster list page
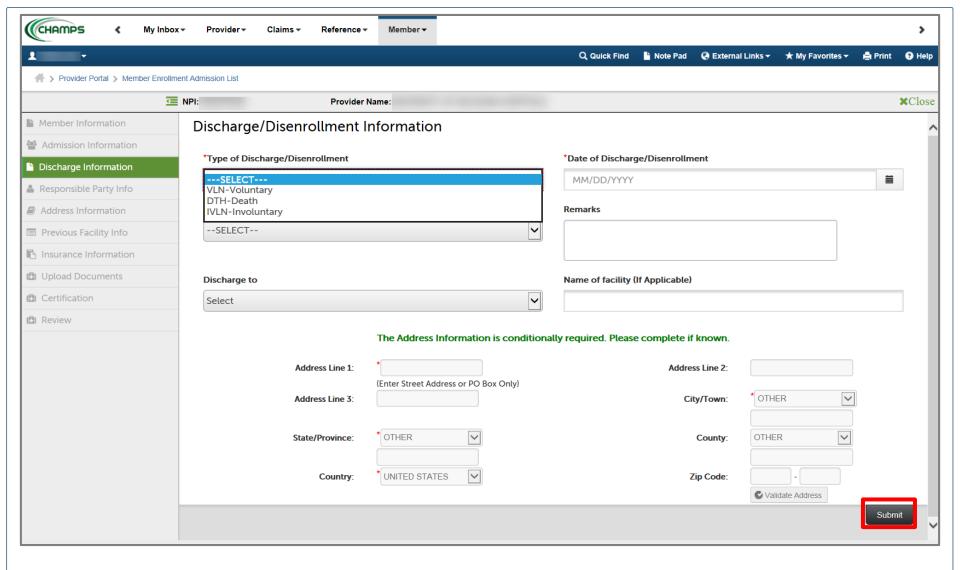
Entering a Discharge

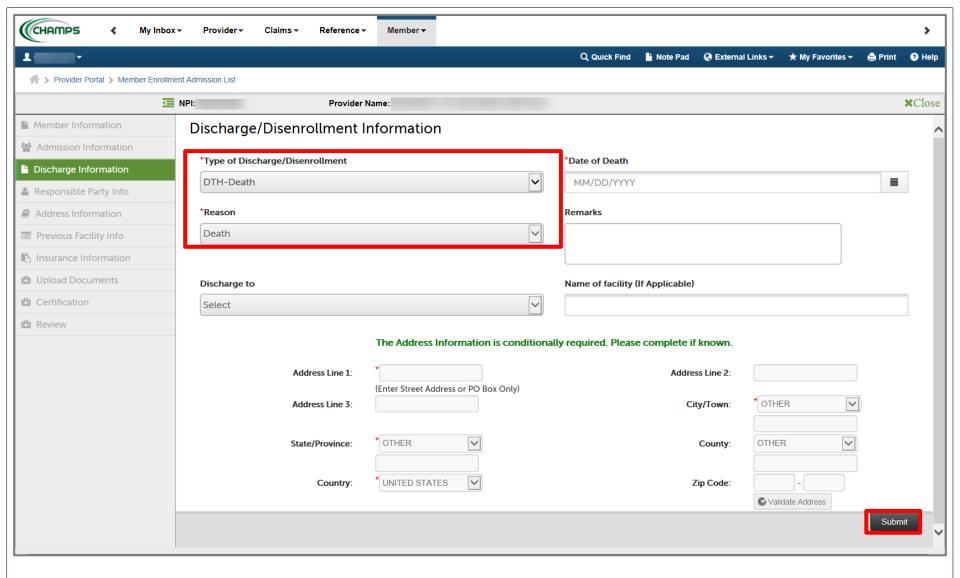Steps for completing a Nursing Facility discharge within CHAMPS

- Roster page:
- Next to the Member ID needing to be discharged, from the action column select Discharge/Dis-enroll
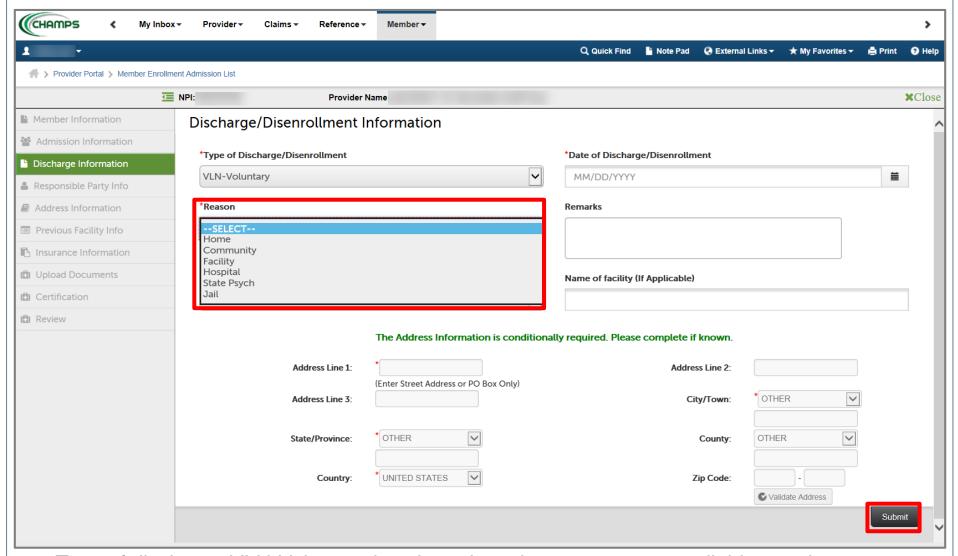
- Select the type of discharge from the dropdown
- Enter the required asterisked information
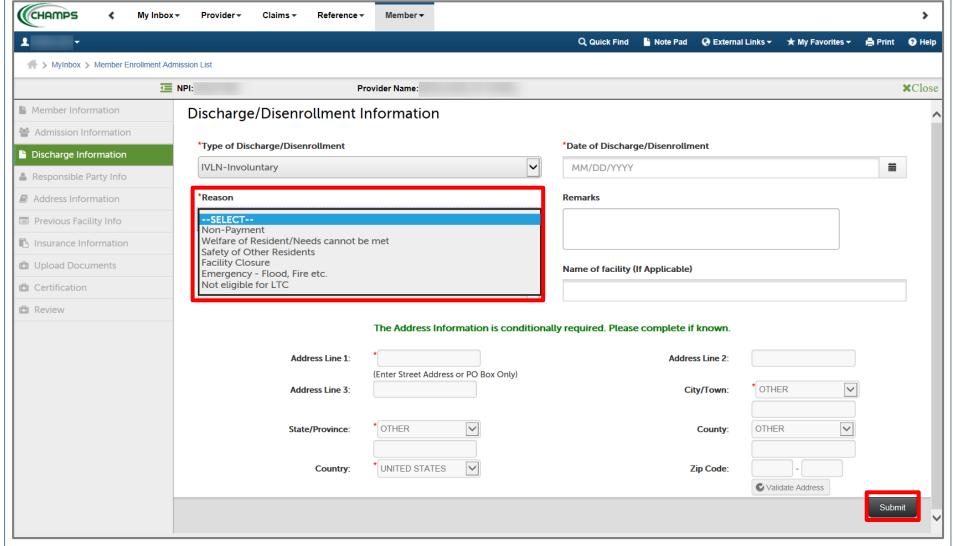- Click Submit when complete

- When type of discharge DTH-Death is selected the reason pre-populates as death.
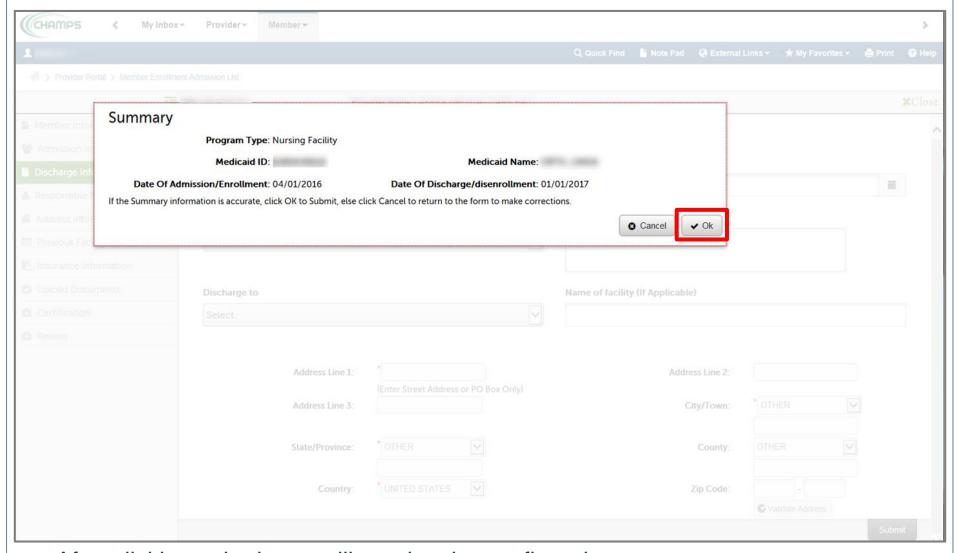- Enter the date of death
- Click Submit

- Type of discharge VLN-Voluntary is selected you have 5 reasons available to select:
  - Home
  - Community
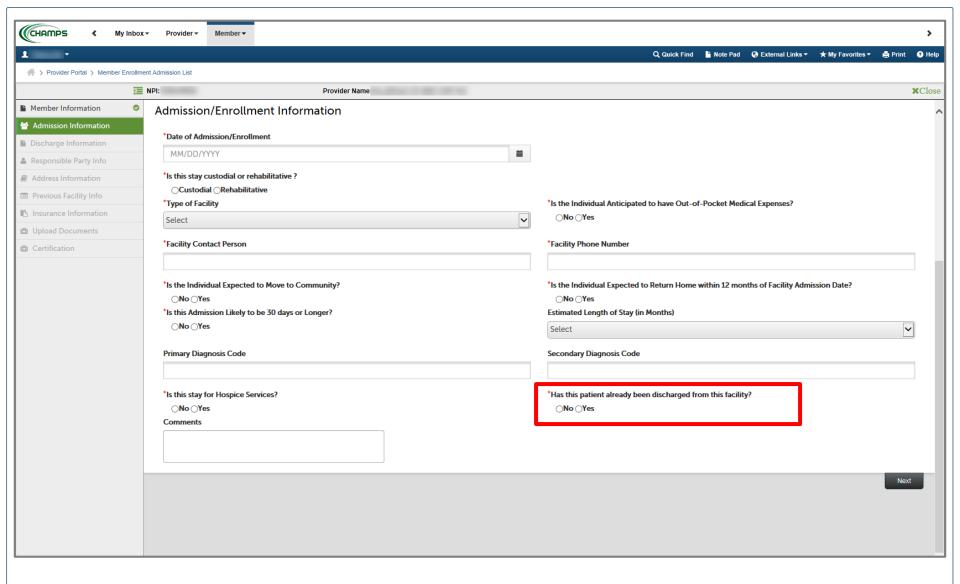 - Facility
  - Hospital State Psych
  - Jail

- Type of discharge IVLN-Involuntary is selected you have 6 reasons available to select:
  - Non-Payment
  - Welfare of Resident/Needs cannot be met
  - Safety of Other Residents
  - Facility Closure
  - Emergency-Flood, Fire etc.
  - Not eligible for LTC

- After clicking submit you will receive the confirmation summary page
- Click Ok
  - *Note: Click Cancel if any of the information displayed is incorrect in order to update the information prior to submitting the discharge*
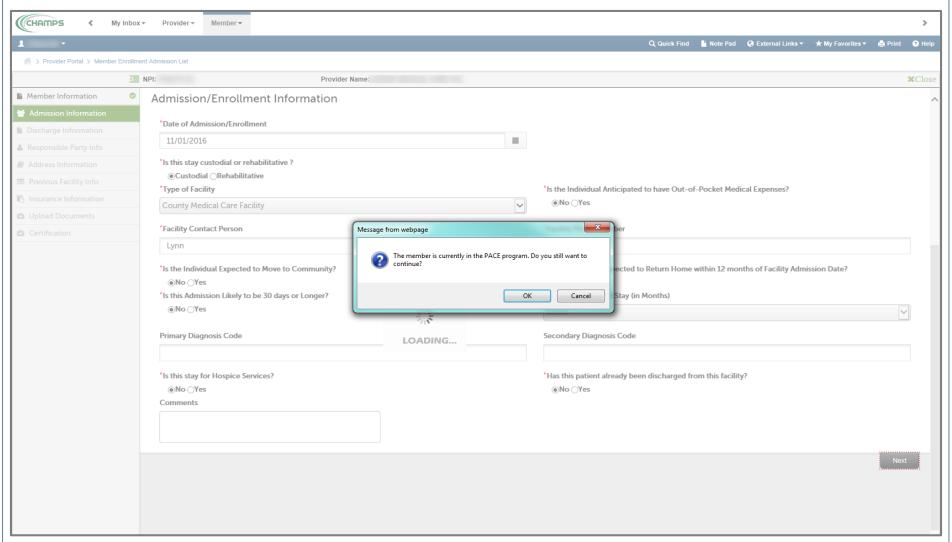
- Discharging the Resident while entering the admission
  - *Has the patient already been discharged from this facility*
- Click Next.

Example Nursing Facility Admissions

- The following slides display some example error messages that will pop-up when entering an admission for a beneficiary who is currently enrolled in one of the following programs:
  - PACE
  - ICO
  - Medicaid Health Plans
  - Hospice
- For the following program types the admission will end date the enrollment if the beneficiary is admitted to a SNF:
  - MICHOICE and HCBS
- Per current MSA policy admissions must have an active LOCD tool that covers the date of the admission

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- Entering a Nursing Facility Admission for a beneficiary who is enrolled in PACE on the date of admission.
- Click Ok to continue the admission
  - *Note: The PACE enrollment will remain active and the PET will end date one day prior to the SNF admission.*

- Entering a Nursing Facility Admission during a PACE open enrollment period.
- The existing PET or BP will become inactive and the new PCE-CMCF will become active effective the admission date
  - *Note the PACE BP will remain to indicate that PACE is the overseeing program.*

- Entering a Nursing Facility Admission for a beneficiary who is enrolled in MIChoice or HCBS on the date of admission.
- Click Ok to continue the admission
  - *Note: After clicking Ok the enrollment and PET on file will end date one day prior to the SNF admission.*
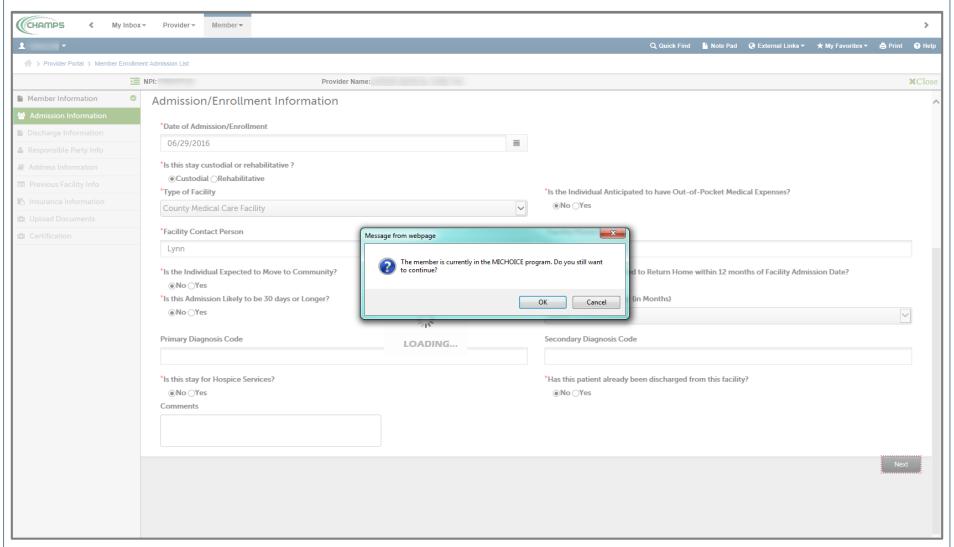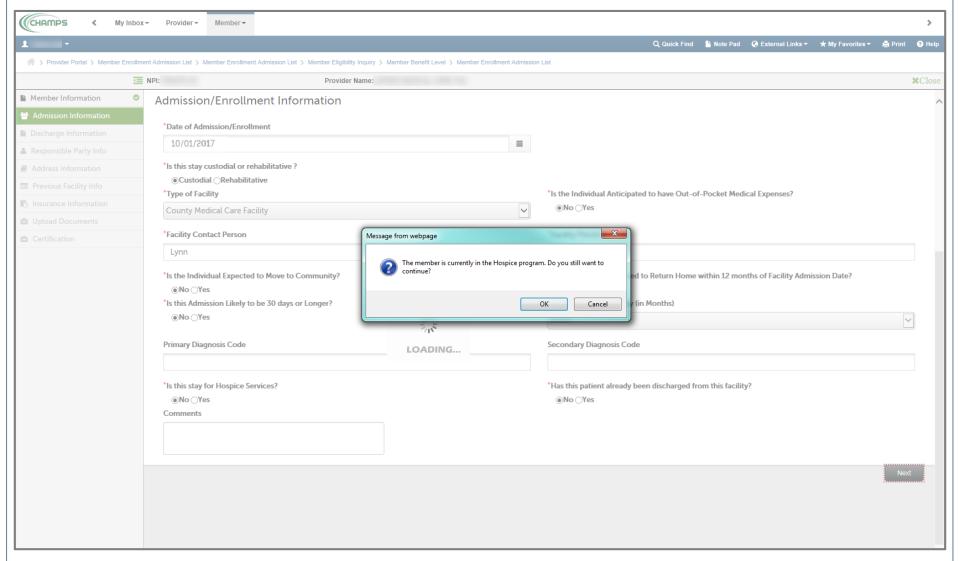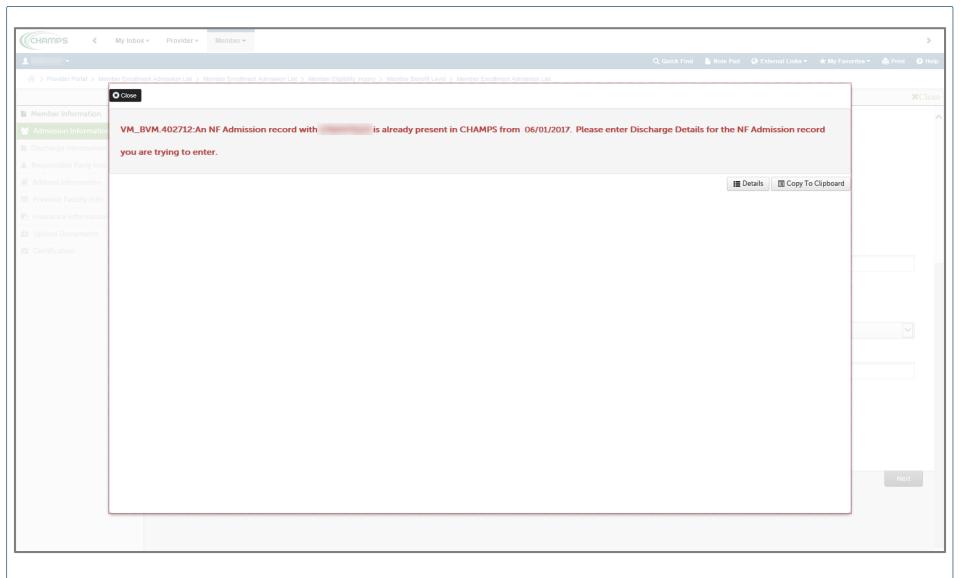
- Entering a Nursing Facility Admission for a beneficiary who is enrolled in Hospice on the date of admission.
- Click Ok to continue the admission

Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 > Provider Portal > Member Enrollment Admission List > Member Enrollment Admission List > Member Eligibility Inquiry > Member Benefit Level > Member Enrollment Admission List

Close

✖ Close

Member Information

Admission Information

Discharge Information

Responsible Party Info

Address Information

Previous Facility Info

Insurance Information

Upload Documents

Certification

VM_BVM.402712:An NF Admission record with ▨▨▨▨ is already present in CHAMPS from 06/01/2017. Please enter Discharge Details for the NF Admission record you are trying to enter.

▤ Details   ▦ Copy To Clipboard

Next

- When entering a Nursing Facility admission it's important the admissions are completed in order.
- Providers will receive this error message if the admissions are completed out of order.

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- Completing a Nursing Facility admission after a beneficiary revokes their Hospice benefits.
  - *The Hospice provider must disenroll the beneficiary to end date NFAC-HOS PET.*

- When entering the Nursing Facility Admission the question asked "Is this stay for Hospice"? If the SNF select yes, you will receive this error.
- The hospice provider must submit the enrollment for Hospice services being performed in a SNF.

Close

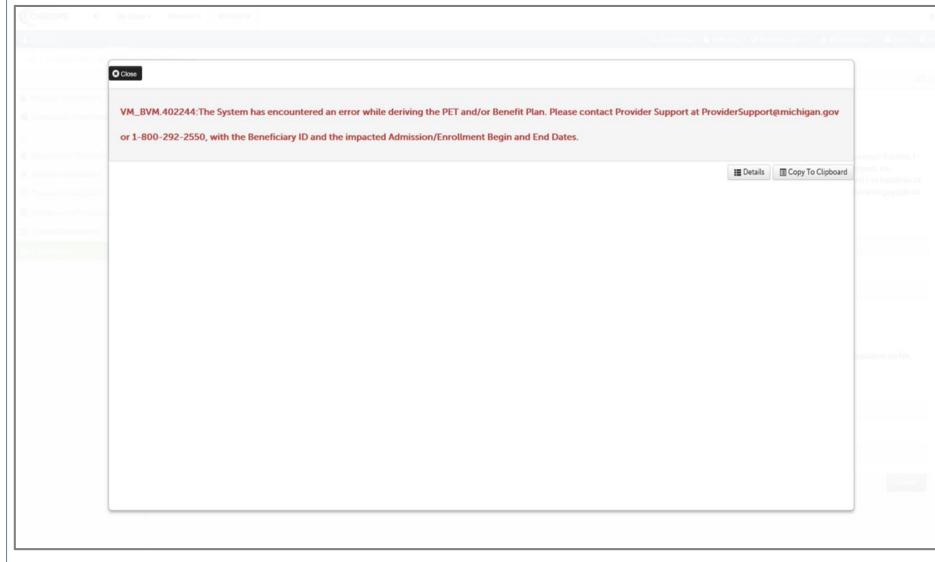VM_BVM.402244:The System has encountered an error while deriving the PET and/or Benefit Plan. Please contact Provider Support at ProviderSupport@michigan.gov

or 1-800-292-2550, with the Beneficiary ID and the impacted Admission/Enrollment Begin and End Dates.

Details   Copy To Clipboard

- There may be instances when there is an issue with the beneficiary ID attempting to be enrolled, in those instances providers will receive this error message.
- Contact Provider Support be sure to include the beneficiary number, dates of enrollment and NPI

M DHHS

Entering a Hospice Enrollment

Steps for completing a Hospice enrollment within CHAMPS

- Select the Billing NPI from the domain dropdown
- Select the Hospice admission profile
- Click Go

- After logging into CHAMPS
- Click Member tab
- Select Program Enrollment/Admission

- New CHAMPS enrollment screen
- Enter the Medicaid ID
- Click Next

- Select the type of facility in which hospice services will be provided.
- Enter all other required information, as indicated with a red asterisk.

- If type of facility selected is Nursing Facility the following additional fields are required:
  - Nursing Facility NPI
  - Nursing Facility date of admission
  - Contact Person and phone number

- Enter Responsible Party Information if different than the beneficiary/patient.
- Click Next

👤 ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 > Provider Portal > Member Enrollment Admission List

📥 NPI: Provider Name: ✖ Close

📄 Member Information ✓	**Address Information**
👥 Admission Information ✓	
📄 Discharge Information	
👤 Responsible Party Info ✓	
📗 Address Information ➡	
📋 Previous Facility Info	
📄 Insurance Information	
📷 Upload Documents	
📷 Certification	

Address Information

Address Type	Address	Actions

➕Add

Next

- If Address Information pre-populates click Next
- Click Add to enter address information

- Select the address type and enter the required asterisked information
- Click Validate Address
- Click Save
- Click Next

👤 [____] ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 ❯ Provider Portal ❯ Member Enrollment Admission List

📋 NPI: [____]   Provider Name: [____]   ✖ Close

📄 Member Information ✓	
👥 Admission Information ✓	
📄 Discharge Information	
👤 Responsible Party Info ✓	
📓 Address Information ✓	
📋 Previous Facility Info	
📄 Insurance Information	
📷 Upload Documents	
📷 Certification	

Previous Provider/Facility Information

Previous Service Location

[Select Facility ▼]

Previous Provider/Facility Admission/Enrollment Date   **Previous Provider/Facility Discharge/Disenrollment Date**

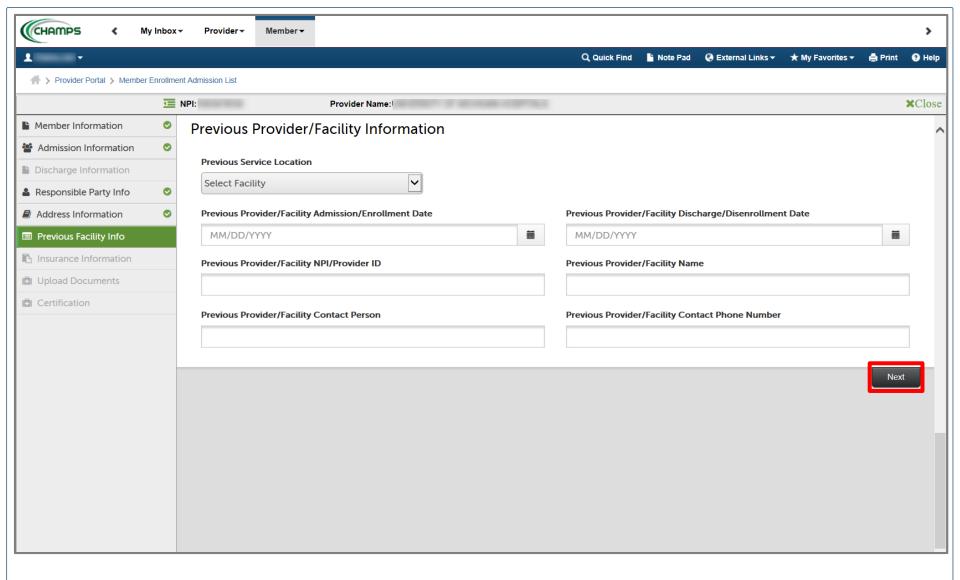[MM/DD/YYYY   📅]   [MM/DD/YYYY   📅]

Previous Provider/Facility NPI/Provider ID   **Previous Provider/Facility Name**

[   ]   [   ]

Previous Provider/Facility Contact Person   **Previous Provider/Facility Contact Phone Number**

[   ]   [   ]

[Next]

- Enter the prior facility information if applicable
- Click Next

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👤 _____ ▾   🔍 Quick Find   📝 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Member Enrollment Admission List

▤ NPI: _____   Provider Name: _____   ✖Close

Member Information	✓
Admission Information	✓
Discharge Information	
Responsible Party Info	✓
Address Information	✓
Previous Facility Info	✓
Insurance Information	➜
Upload Documents	
Certification	

Other Insurance Information

Other Insurance Available: View TPL ⬅

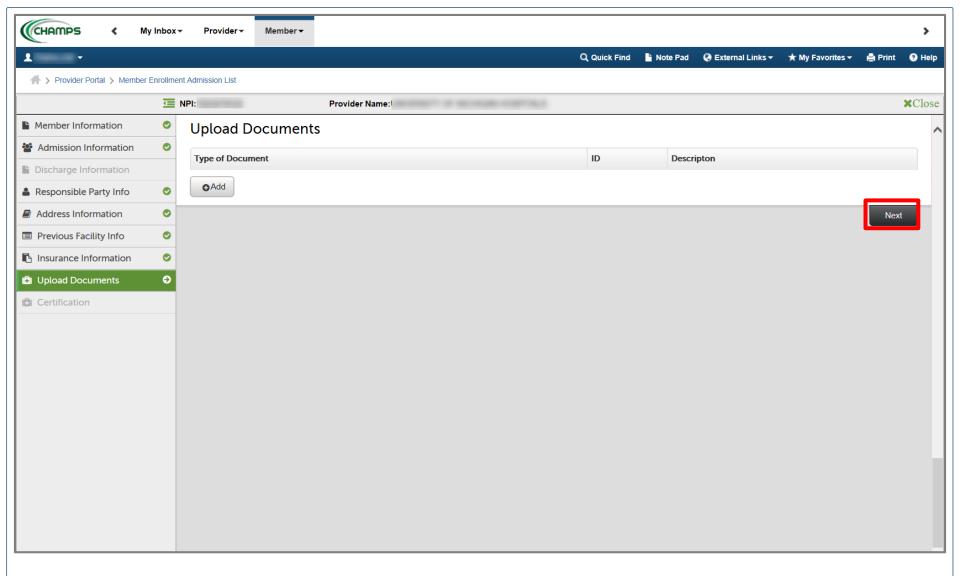| Type of Insurance	Insurance Company	Policy Number	Group Number	Beneficiary Identifier	Policy Holder Employer Name	Policy Holder Name

➕ Add

Next

- Click View TPL if hyperlinked to review the other insurance information on file for the beneficiary
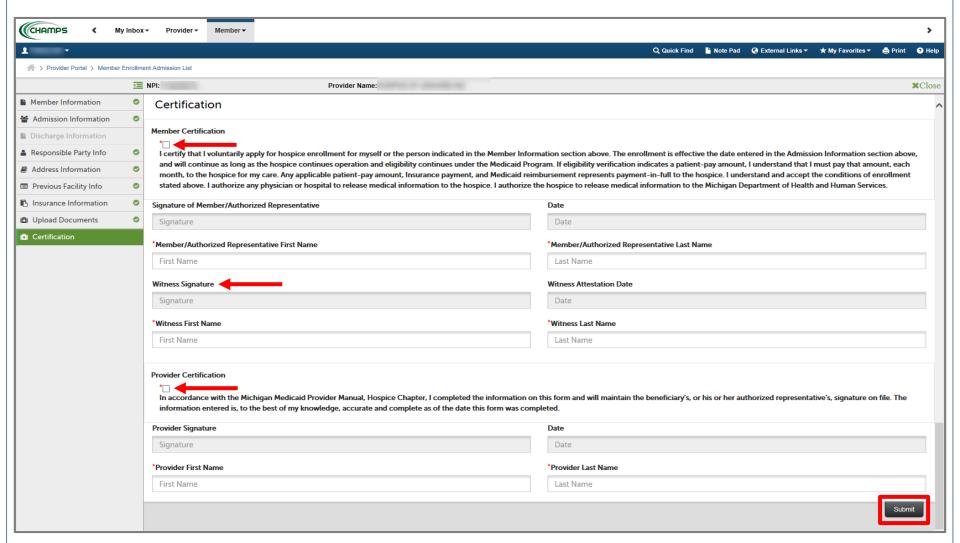- Click Next

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- Select the type of insurance
- Enter policy holder information
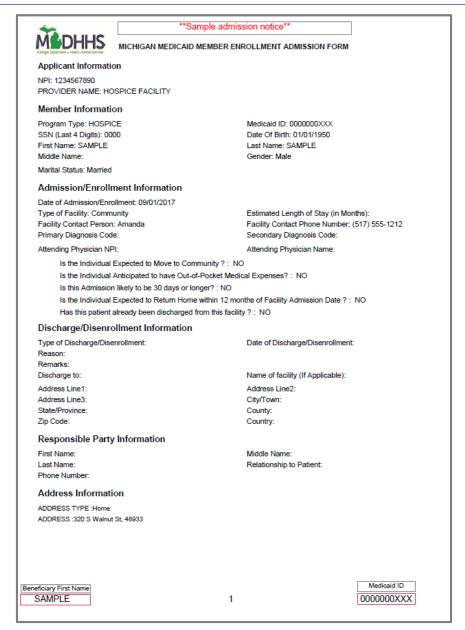- Click Save
- Click Next

- At this time the Upload Documents page is not being used
- Click Next

- Print the admission so the beneficiary or authorized representative, the provider representative and witness can sign the admission notice.
- It is the providers responsibility to retain the admission notice in the beneficiaries record.

MICHIGAN MEDICAID MEMBER ENROLLMENT ADMISSION FORM

Applicant Information

NPI: 1234567890
PROVIDER NAME: HOSPICE FACILITY

Member Information

Program Type: HOSPICE	Medicaid ID: 0000000XXX
SSN (Last 4 Digits): 0000	Date Of Birth: 01/01/1950
First Name: SAMPLE	Last Name: SAMPLE
Middle Name:	Gender: Male
Marital Status: Married	

Admission/Enrollment Information

Date of Admission/Enrollment: 09/01/2017

Type of Facility: Community	Estimated Length of Stay (in Months):
Facility Contact Person: Amanda	Facility Contact Phone Number: (517) 555-1212
Primary Diagnosis Code:	Secondary Diagnosis Code:
Attending Physician NPI:	Attending Physician Name:

Is the Individual Expected to Move to Community ? : NO

Is the Individual Anticipated to have Out-of-Pocket Medical Expenses? : NO

Is this Admission likely to be 30 days or longer? : NO

Is the Individual Expected to Return Home within 12 months of Facility Admission Date ? : NO

Has this patient already been discharged from this facility ? : NO

Discharge/Disenrollment Information

Type of Discharge/Disenrollment:	Date of Discharge/Disenrollment:
Reason:	
Remarks:	
Discharge to:	Name of facility (If Applicable):
Address Line1:	Address Line2:
Address Line3:	City/Town:
State/Province:	County:
Zip Code:	Country:

Responsible Party Information

First Name:	Middle Name:
Last Name:	Relationship to Patient:
Phone Number:	

Address Information

ADDRESS TYPE :Home
ADDRESS :320 S Walnut St, 48933

Beneficiary First Name		Medicaid ID
SAMPLE	1	0000000XXX

- After clicking print the admission notice will pop-up as a PDF
- Click print from the PDF version to complete

Member Certification Message

- I certify that the information furnished by me in applying for skilled nursing facility, other long term care, or 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 the Admission Information Section 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.

Provider Certification

- Hospice Provider:

  In accordance with the Michigan Medicaid Provider Manual, Hospice Chapter, Section 3.2, I completed the information on this form and will maintain the beneficiary's, or his or her authorized representative's, signature on file. The information entered is, to the best of my knowledge, accurate and complete as of the date this form was completed.
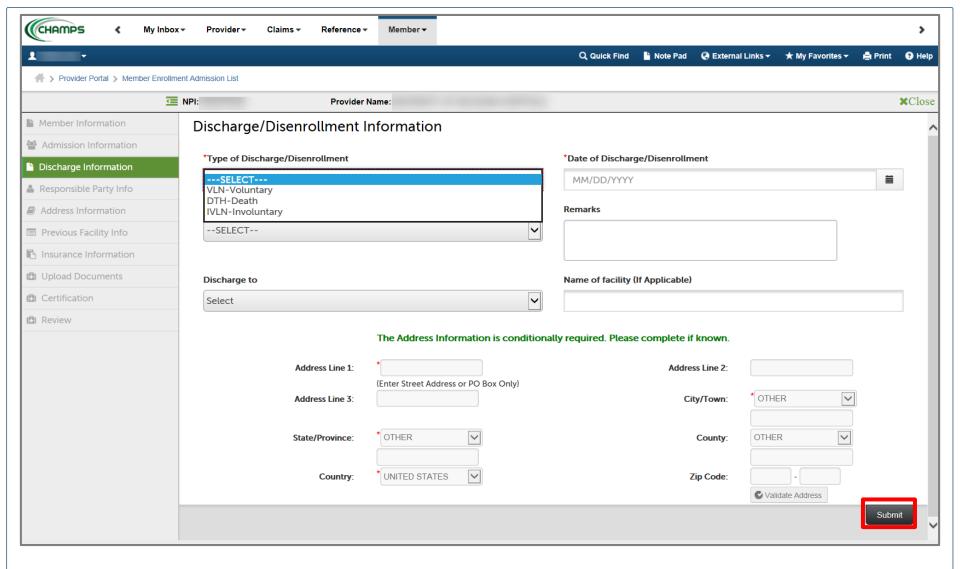
Entering a Hospice Disenrollment
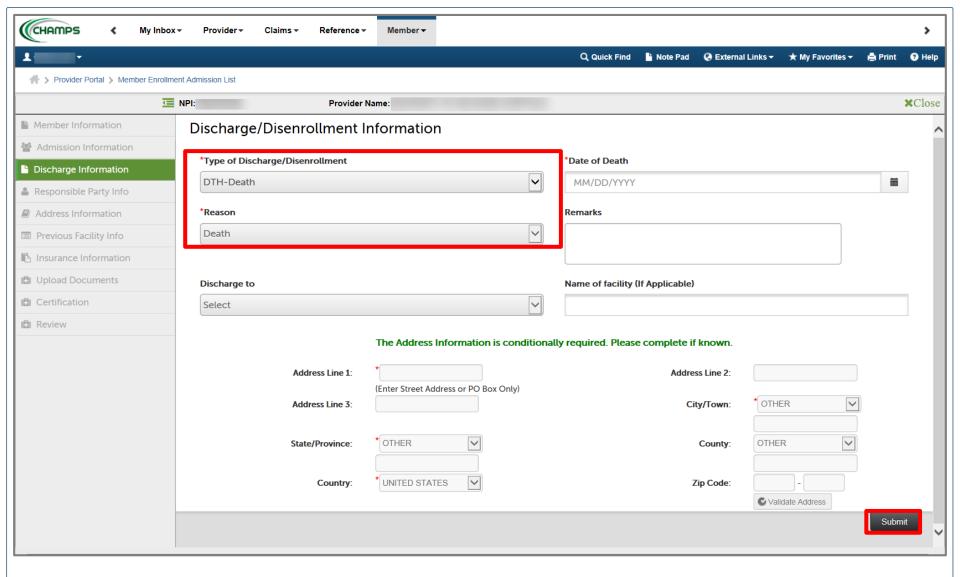
Steps for completing a Hospice disenrollment within CHAMPS

- Roster page:
- Next to the Member ID needing to be disenrolled, from the action column select Discharge/Disenroll

- Select the type of disenrollment from the dropdown
- Enter the required asterisked information
- Click Submit

- When type of disenrollment DTH-Death is selected the reason pre-populates as death.
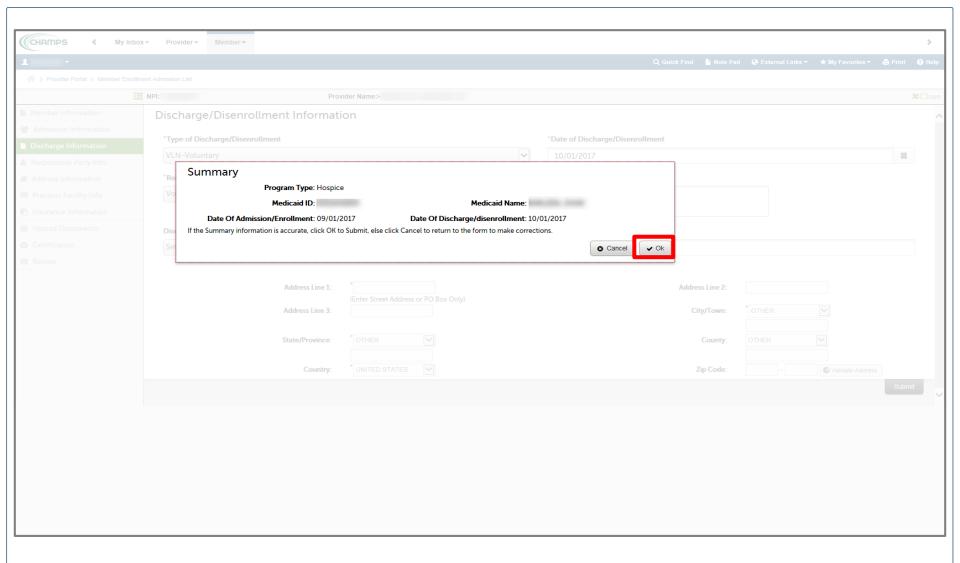- Enter the date of death
- Click Submit

- Type of disenrollment VLN-Voluntary is selected you have 2 reasons available to select:
  - Voluntary Disenrollment
  - Other

- Type of disenrollment IVLN-Involuntary is selected you have 5 reasons available to select:
  - Loss of Medicaid Coverage
  - Change in condition and no longer qualifies for Hospice Services
  - Beneficiary moves out of Hospice Service area
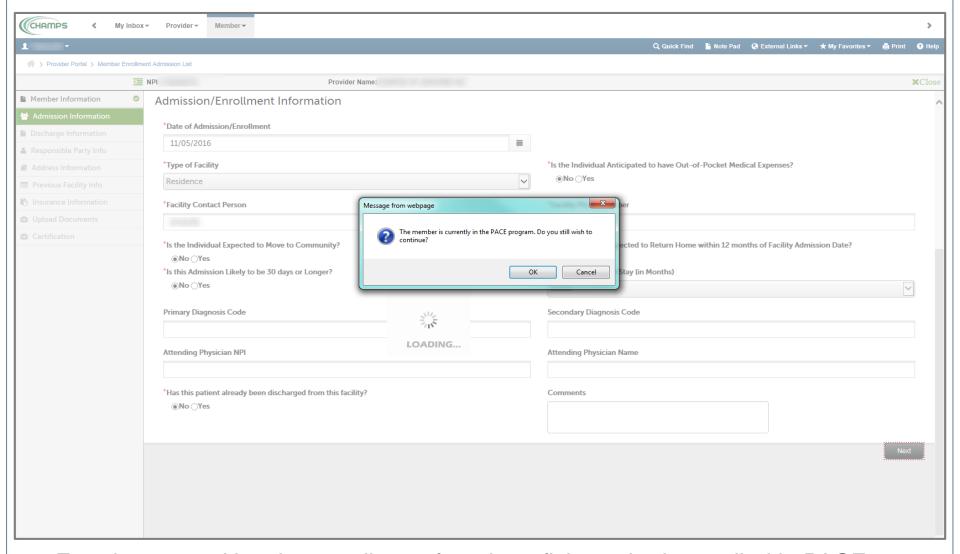 - Hospice elects to terminate beneficiary's enrolment
  - Other

- After clicking submit you will receive the confirmation summary page
- Click Ok
    - *Note: Click Cancel if any of the discharge information displayed is incorrect in order to update the information prior to submitting the discharge*
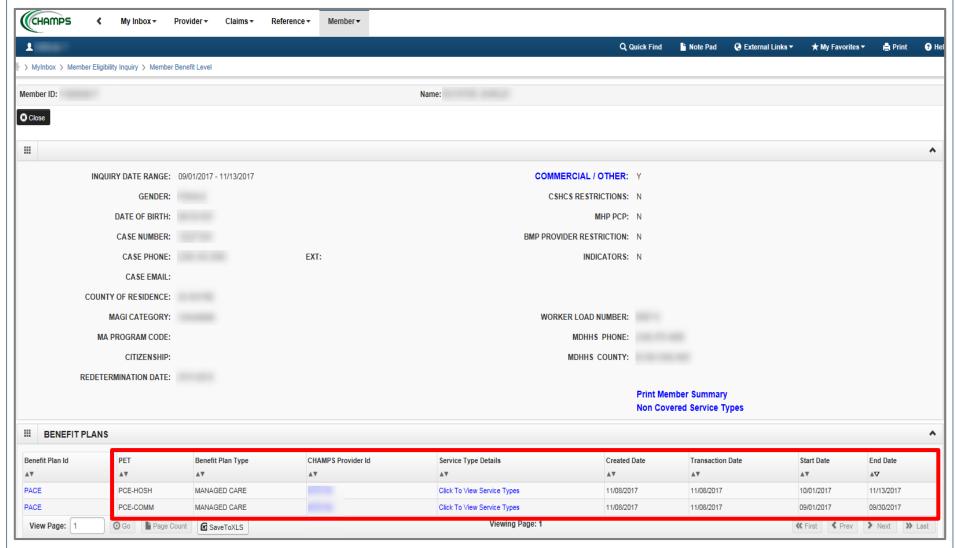
Examples Hospice Enrollments

- The following slides show example messages that will be displayed when entering an enrollment for a beneficiary who is currently enrolled in one of the following programs:
  - ICO
  - PACE
  - Medicaid Health Plans
  - Nursing Facility
- For the following program types the admission will end date the enrollment if the beneficiary is enrolled into Hospice:
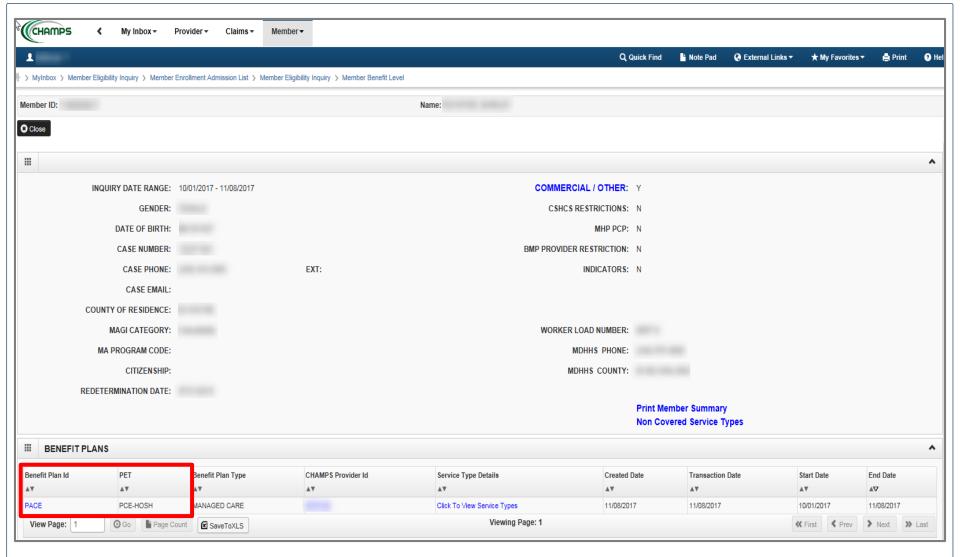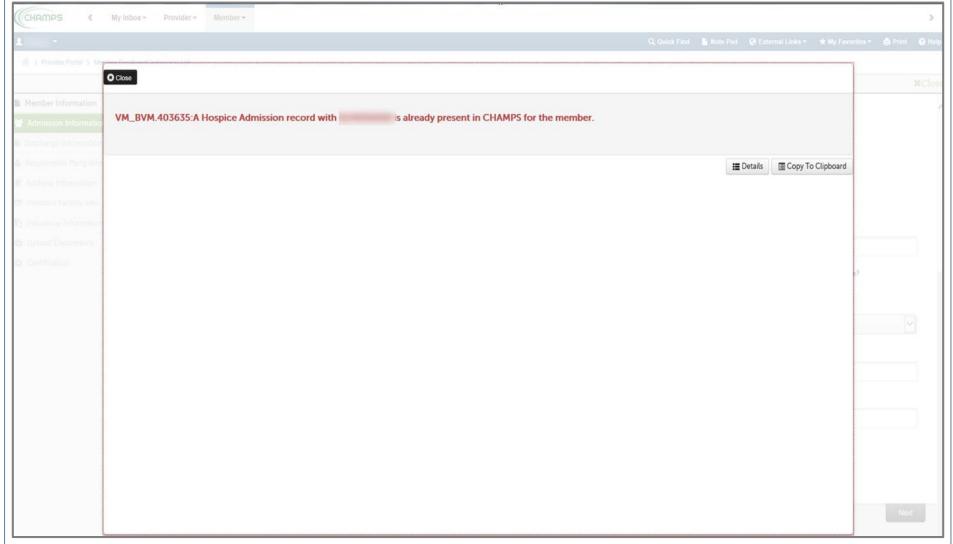 - MICHOICE and HCBS

- Entering a new Hospice enrollment for a beneficiary who is enrolled in PACE
- Click Ok to continue the enrollment
  - *Note: PACE,ICO, MHP admissions will remain active, Benefit Plans will end one day prior to new admission*
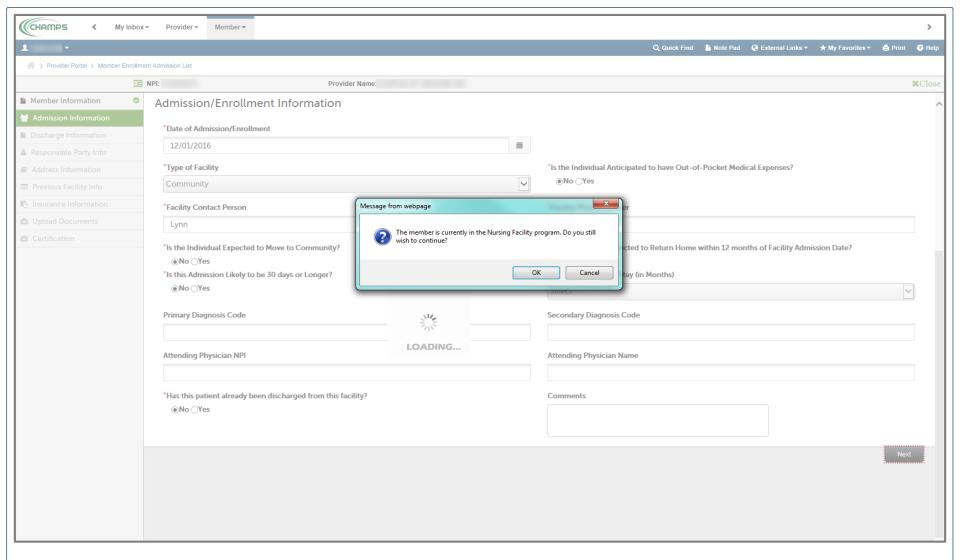
- Entering a Hospice services in the community enrollment during a PACE open enrollment period.
- The existing PET or BP will become inactive and the new PCE-HOSH will become active effective the admission date
  - *Note the PACE BP will remain to indicate that PACE is the overseeing program.*
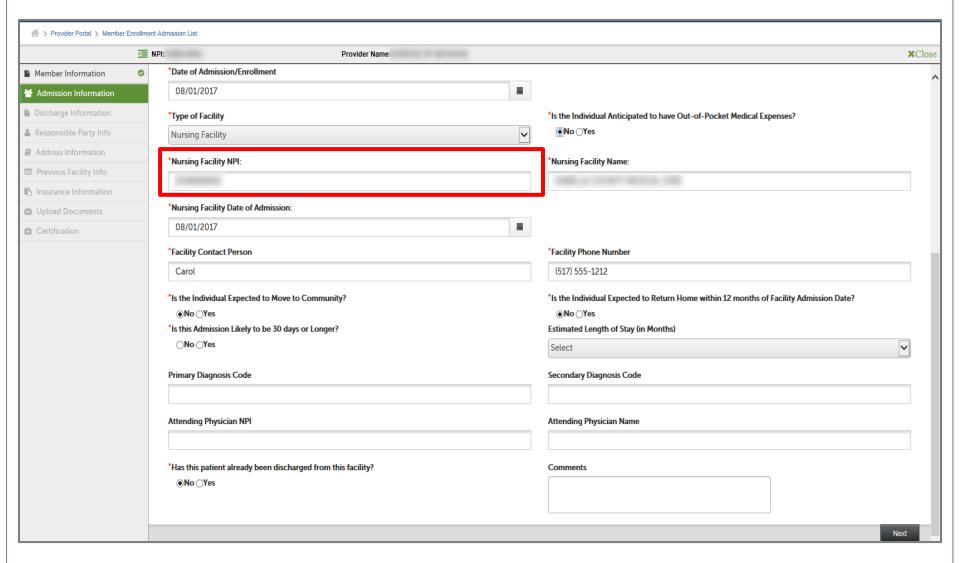
- Entering a Hospice services in the community enrollment during a PACE open enrollment period.
- The existing PET or BP will become inactive and the new PCE-HOSH will become active effective the admission date
  - *Note the PACE BP will remain to indicate that PACE is the overseeing program.*
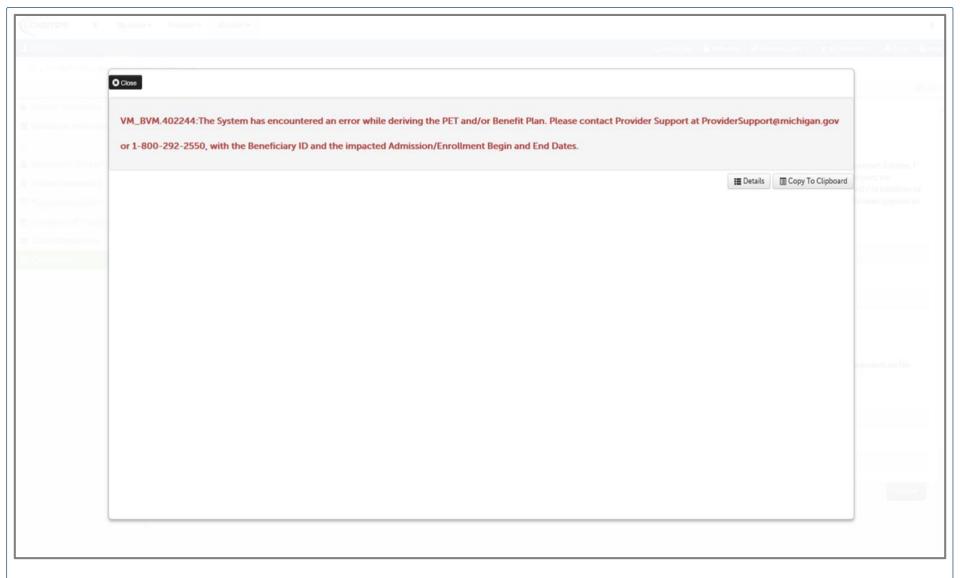
- Entering a Hospice enrollment for a beneficiary who is enrolled in Hospice on the same date.
- Click Close
- The first Hospice must disenroll the beneficiary prior to the second Hospice completing their enrollment.

- Entering a Hospice enrollment for a beneficiary currently admitted to a SNF for the same date.

- Click Ok to continue the enrollment
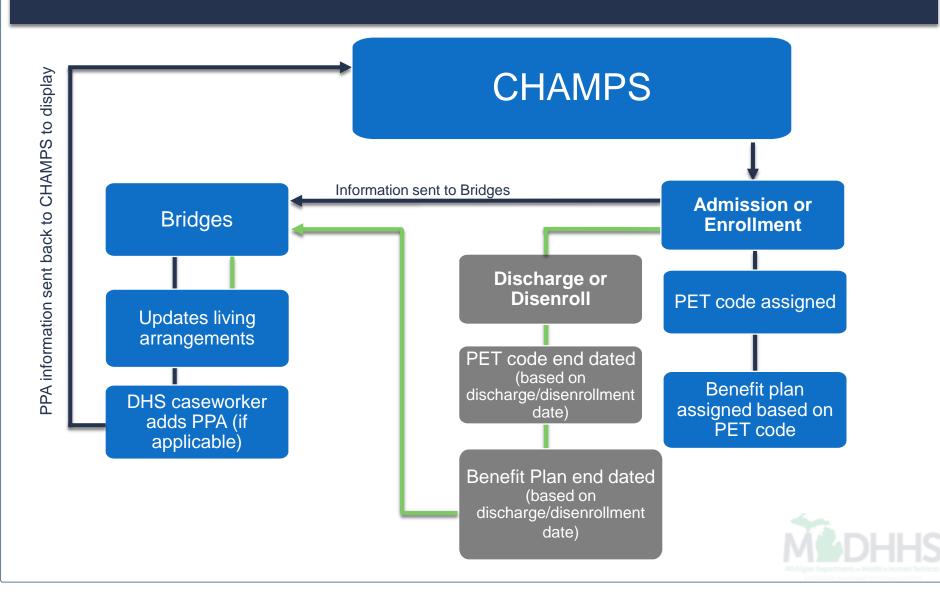 - *Note: The Nursing Facility admission will be end dated one day prior to Hospice enrollment date*

- If Hospice is being provided in the Nursing Facility, it's the responsibility of the Hospice Provider to enter the enrollment and select type of facility "Nursing Facility" and enter that Nursing Home NPI number.

Close

VM_BVM.402244:The System has encountered an error while deriving the PET and/or Benefit Plan. Please contact Provider Support at ProviderSupport@michigan.gov

or 1-800-292-2550, with the Beneficiary ID and the impacted Admission/Enrollment Begin and End Dates.

Details | **Copy To Clipboard**

- There may be instances when there is an issue with the beneficiary ID attempting to be enrolled, in those instances providers will receive this error message.
- Contact Provider Support be sure to include the beneficiary number, dates of enrollment and NPI

Visual Aid

CHAMPS

PPA information sent back to CHAMPS to display

Admission or Enrollment

Information sent to Bridges

Bridges

Discharge or Disenroll

PET code assigned

Updates living arrangements

PET code end dated (based on discharge/disenrollment date)

Benefit plan assigned based on PET code

DHS caseworker adds PPA (if applicable)

Benefit Plan end dated (based on discharge/disenrollment date)

Upcoming Training Dates

Virtual Training Dates

- MCC project overview:
  - November 16, 2017
- SNF and Hospice provider specific:
  - November 21, 2017
  - December 5, 2017
  - December 19, 2017

In-person Training Dates

- SNF and Hospice provider specific:
  - November 28, 2017- Double Tree Detroit-Dearborn
  - December 12, 2017-Lansing Community College (LCC) West Campus

M DHHS

Provider Resources

- * Currently the State of Michigan is in the testing phase of MCC, screens are subject to minor changes prior to implementation.
- **MDHHS website:** www.Michigan.gov/medicaidproviders

- **We continue to update our Provider Resources, just click on the links below:**
  - SIGMA
  - Listserv Instructions
  - Medicaid Alerts and Biller "B" Aware
  - Medicaid Provider Training Sessions

- **Provider Support:**
  - ProviderSupport@Michigan.gov or 1-800-292-2550

  Thank you for participating in the Michigan Medicaid Program