

MCC Overview Virtual Q and A

December 7, 2017

Q: When doing the admission notice for the estimated days in the facility, would it be better to estimate high or low?

A: The length of stay would be decided or determined by the attending provider.

Q: Who completes the date of death when the beneficiary is receiving Hospice services in a SNF?

A: The hospice is in charge of entering the admission and entering the SNF NPI on that admission to indicate the beneficiary is receiving Hospice in a SNF. The Hospice discharge when the patient expires.

Q: When will the providers be given hospital admission profiles to grant to users in CHAMPS?

A: Profiles will be available for the domain admin as of January 2, 2018. MDHHS is still in internal discussions for how the profiles will roll out for production and will notify providers when a final decision has been made.

Q: If a patient is uninsured does the admission process start the application? Can a paper application still be submitted or does this also have to be done online?

A: For self-pay patient admitting into an Inpatient Hospital (IPH) an admission record into MCC will generate the Medicaid application be mailed, however a patient is still able to apply on line as well.

Q: For the MSA-2565-C that is utilized for newborns, are we still mailing these forms to the local DHS?

A: The MSA-2565-C should only be utilized for newborn if providers are not able to submit through the Electronic Birth Certificate (EBC) as outlined in MSA 17-46.

Q: Once printed and signed by member/authorized person, do we just scan to patients chart?

A: Providers would retain the signed admission within the patient's chart via their current internal process.

Q: If the MSA-2565-C's are not to be completed after December 15, 2017 and the nursing home doesn't start entering until January 2, 2018, what are we to do with the patients that enter the nursing home between these dates?

A: Providers would need to hold those admissions and enter the admissions into CHAMPS on/after January 2, 2018.

Q: How are spenddowns to process without the paper MSA-2565-C? Usually we submit the paper MSA-2565-C and an itemized bill directly to Lansing.

A: As of January 2, 2018 providers will enter an admission within CHAMPS via the admission screens for a beneficiary with a spenddown. Continue submitting the itemized bill if that's the process you and the caseworker have already established

Q: Are we to discharge every time a patient leaves the nursing home to the hospital even for one day?

A: Please refer to hospital leave day policy as outlined in the Michigan Medicaid provider manual.

Q: Currently we do the admission and discharge on the same day for the MSA-2565-C. Will we be able to do this under MCC or is this now going to be a 2 step process for us?

A: Within MCC providers can continue to enter the admission and discharge in one step.

Q: Are we to enroll every patient that enters the nursing home even if they do not have Medicaid?

A: The admission via CHAMPS is for Medicaid resident or those who admit with the intent of applying for Medicaid coverage.

Q: Is there going to be training on entering newborns through the States' EBC system?

A: No that process already takes place, please follow up with Vital Records.

Q: Would we use this process if we are looking for retro coverage for a patient?

A: if you're requesting retro-coverage providers still need to request that through the MDHHS county caseworker, MCC is for admissions and discharges.

Q: Medical Records uses EBS for newborns if they indicate Medicaid as the insurance will this add baby to mom's open/active case or will an admission need to also be entered?

A: Newborn admission information should be submitted through the EBC system as outlined in MSA 17-46, newborn admissions will not be entered in CHAMPS as of January 2, 2018.

Q: Are you still accepting paper applications?

A: The Medicaid paper application for benefits process has not changed, only the method in which entering admissions and discharges.

Q: If coverage is Emergency Services Only (ESO) and we are an elective hospital do we need fill out an admission?

A: Refer to the clarification in MSA 17-46: if the admission is expected to be over 30 days, a spenddown beneficiary or a self-pay admission to trigger the application these are the 3 instances an IPH would submit an admission.

Q: If a patient admits to our Psych facility and does not have Medicaid, do we still need to complete an admission in CHAMPS upon admission?

A: In order to enter a State Psych Admission the Medicaid ID number is required.

Q: Is private pay considered ESO if it is an elective admission not covered by Medicaid?

A: No private pay is not considered ESO, ESO is emergency services only coverage please refer to the Michigan Medicaid Provider manual.

Q: Some patients that admit to our facility will not agree to complete an application and don't have a guardian who can sign the application on their behalf. How would that be handled? Also, there are some patients that admit with no Bridges ID?

A: Providers would continue their current process as of today, MCC is simply a change of admission notification. It's now conducted via CHAMPS rather than submitting the paper MSA-2565-C.

Q: Were an acute care hospital so if the admission is going to be less than 30 days do we have to report the admission?

A: Inpatient Hospital admissions should be entered as outlined in MSA 17-46: Medicaid deductible beneficiaries (regardless of the length of stay). Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater. Private Pay admission if applying for Medicaid (regardless of length of stay).

Q: When sending in DCH-1074 before December 15, 2017 will it still take a while for them to show up?

A: The DHHS county caseworker will continue inputting enrollments up until January 2, 2018 at which point if there are any hospice enrollments not completed, we ask that the providers review their roster list page as of January 2, 2018 and if a beneficiary is not showing enrolled that providers enter the enrollment.

Q: Will admissions need to be entered for Observation visits where the patient is technically not admitted to the hospital but could be there for several days?

A: No you would only enter an admission if the patient is admitted as outlined in MSA 17-46 for Inpatient Hospitals: Medicaid deductible beneficiaries (regardless of the length of stay). Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater. Private Pay admission if applying for Medicaid (regardless of length of stay).

Q: At the beginning of the presentation it mentioned no longer having our own log on, but will have a facility log on. Is this correct we will not have our own log on to Champs?

A: No that is not correct your MILogin credentials would remain and the additional profiles will be available for the domain administrator to add to your login.

Q: Does that mean reenter them as of January 2, 2018?

A: If the admissions haven't been entered by the MDHHS caseworker staff by January 2, 2018 then providers are encouraged to enter the admission on their own within CHAMPS via the new screens.

Q: I am still confused, as to, how an admission is handled when the patient admits with no Medicaid. Currently, we ask the patient if they will agree to apply for Medicaid, then complete the application and send it in. Will that change with the new system?

A: The admission records for self-pay beneficiary will be sent to the eligibility system, BRIDGES, to trigger sending out a paper Medicaid application.

Q: For the current LOC code 88, is there a replacement code?

A: The LOC 88 are only used to exclude beneficiaries from enrollment into other programs. It was decided by MSA policy that these do not need to be displayed in CHAMPS as they are used mostly for administration use. The LOC 88 will be cross walked to PET codes but will not be displayed to providers.

Q: If an online application is submitted at the time the CHAMPS entry is made will that block an application from being mailed to the client by BRIDGES?

A: No, this will not block the online application.

Q: If the patient admits with no Medicaid ID, has never had Medicaid, would we complete an application and send it in?

A: The 3 instances for an IPH to complete and admission are outlined in MSA 17-46: Medicaid deductible beneficiaries (regardless of the length of stay). Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater. Private Pay admission if applying for Medicaid (regardless of length of stay).

Q: Can facilities continue to assist uninsured patients with completing online applications in lieu of triggering an application being sent?

A: Yes they can have the person apply online which is faster than having the paper application mailed.

Q: Will the caseworkers have the capability to enter the MSA-2565's after December 15, 2017 or is it going to be shut off? Our caseworker is asking this question.

A: The caseworkers will hopefully complete their back log during the December 15, 2017 to January 2, 2018 downtime.

Q: How do we add a provider to a group NPI if you get rid of the single ID's?

A: The provider ID for health plans is just the display in CHAMPS, health plans currently have multiple provider ID's for multiple Medicaid programs.

Q: What if someone admits to a nursing facility and the plan is for them to go home and at the last minute they decide to stay and now we have to apply for Medicaid is that when we would do the admission into CHAMPS?

A: Providers submit the admission record upon admission, if they discharge and come right back, enter a new admission. If the patient is never discharged then the original admission will remain active.

Q: Is this required for OBS patients and or ER patients?

A: If you currently submit the MSA- 2565 for those patients then you will continue to submit an admission within CHAMPS, with the exception of newborns.

A: If OBS means observation then no, an admission would not be completed as the patient was not admitted to the facility.

Q: To clarify, I have a new hire after January 1, 2018 and currently all enrollment is in their individual NPI and we add our billing NPI to their profile. Will this change with the single ID contract?

A: The unique provider ID pertains to Medicaid Health Plans not to a providers enrollment information.

Q: What does disenrollment's mean?

A: Enrollments or Disenrollment's and Admissions or Discharges are the terminology used depending on the type of facility, the functions within the CHAMPS screens remain the same.

Resources

Medicaid Provider Training Webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html

MCC webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458---,00.html#MCC

MSA 17-46: http://www.michigan.gov/documents/mdhhs/MSA_17-46_607343_7.pdf

Provider Support

Email: ProviderSupport@Michigan.gov

Phone: 1-800-292-2550