



Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin momentarily
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- A Q&A will be held at the end of the presentation for questions

Please note: Audio is via your computer speakers.



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Modernizing Continuum of Care (MCC) Updates February 28, 2018

“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)
Reminders
- Topics of Concern
- Post Implementation Issues
- Q & A session

Modernizing Continuum of Care (MCC) Reminders

Policy Information

- [MSA 17-33](#), [MSA 17-40](#) and [MSA 17-46](#)
- MSA LOCD policy L-Letter [17-61](#)

- For step by step instructions on how to enter an admission and discharge please refer to:
 - [MCC Overview Training](#)
 - [MCC SNF and Hospice Training](#)

Profile Reminder

- Prior to MCC Go Live MDHHS identified Full Access profiles and added the specialty driven admission profile
- As of today if a user does not have access to the new admission screens the domain administrator will need to grant access to the appropriate profile for the user:
 - Hospice Admission
 - Hospital Admission
 - NF Admission
 - SPF Admin
 - MI Choice Enrollment
 - PACE Enrollment

Admission vs. Enrollment Reminder

- Providers are only responsible for entering an admission or discharge into their facility via the screens in CHAMPS for a beneficiary who is enrolled in a Medicaid Health Plan (MHP), MI Health Link (ICO) plan, PACE, MI CHOICE or Medicaid Fee For Service (FFS)
- Providers are **not** responsible for enrolling a beneficiary into the MHP, ICO or other programs.
- Enrollment into plans or other programs is completed by the applicable plan, program or by the MDHHS county case worker .

Health Plan Disenrollment process

- For SNF and Hospice providers the Medicaid Health Plan (MHP) disenrollment process currently remains the same process:
 - For example:
 - Admitted into a SNF on 1/01/18 , the SNF completes their admission via the CHAMPS screens.
 - PET: LTC-NFAC 1/01/18 to 12/31/2999
 - The MHP identifies on 1/15/18 the beneficiary should have been enrolled in the MHP effective 1/01/18. MHP will complete an enrollment with a start date of 1/01/18
 - PET: MHP-NFAC 1/01/18 to 12/31/2999
 - 45 days later, the disenrollment process is completed and approved. The MHP edits their enrollment record and disenrolls the resident from the MHP effective 2/15/18.
 - PET: MHP-NFAC 1/01/18 to 2/14/18
LTC-NFAC 2/15/18 to 12/31/2999

Adding other insurance to admissions

- When adding other insurance information in the Admission screens to enter the greatest demographic information available (e.g. policy name, policy number, policyholder etc.). Provide all known information so that Third Party Liability (TPL) can validate the policy information reported for possible addition to the beneficiaries TPL file.
- Providers should only report other insurance information **not found** on the CHAMPS TPL coverage file.
 - Information regarding coverage already on file can be found using the 'View TPL' hyperlink in the MCC Admission screens.

Living Arrangement reminder

- Hospice providers are responsible for updating their admission records when the beneficiary has a living arrangement change.
 - For example:
 - 1/01/18 Beneficiary is admitted to Hospice in the SNF
 - 1/15/18 Beneficiary moves to the community still receiving Hospice
 - The admission from 1/01/18 will need to be discharged, to indicate the beneficiary is no longer in the SNF and a second admission by the Hospice to indicate the beneficiary is now in the community setting.

General reminders

- When entering an admission for a person who has a Medicaid ID and eligibility, providers should enter the Medicaid ID number and allow for the patient demographic information to be pre-populated.
 - Providers should not enter data into the pre-populated fields as it could cause errors causing a record to be unnecessarily updated.
- If a beneficiary no longer has eligibility, even if there is an active and ongoing admission on file, there will not be a PET code assigned.

Topics of Concern

Issues that were identified prior to MCC Go Live

Topics of concern

- The Michigan Medicaid Provider Manual will not be updated with MCC related policy changes until the April 2018 updates.
- A Biller B Aware and List Serv notification were sent on January 4, 2018 as well as December 15, 2017 for Hospice signature clarification.
- Providers will only get alerts on the CHAMPS my inbox page when a date of death is added.
 - In the future providers will get alert notifications when a beneficiaries admission is auto-end dated by a second/other facility prior to the first facility completing the discharge.

Topics of concern (cont.)

- Hospice providers billing routine care (0651 revenue code), if a beneficiary is receiving hospice services and then needs to be admitted to a hospital for a diagnosis unrelated to their terminal/hospice diagnosis.
- A future L-letter or MSA policy bulletin will be issued to clarify.
 - Workaround:
 - The hospital will enter their admission which will end date the hospice benefit plan(BP) and PET
 - The Hospital will then discharge the beneficiary which will end date the hospital admission
 - Hospice will then complete another admission, entering the admission date back to the original date of Hospice admission which will allow the 0651 to be billed while the beneficiary was admitted in the hospital

Topics of concern (cont.)

- Inpatient hospital providers who also have a swing bed unit and share one NPI for both specialties:
 - When creating and admission it will only create an admission as a Nursing Facility, even if the GH Admission profile is selected.
 - Providers can get a separate enrollment for their Swing bed unit
 - At a later date MDHHS will correct this issue so that when logging into CHAMPS and selecting a GH admission profile will allow the user to create an inpatient hospital admission.
 - This currently impacts approximately 20 providers

Post Implementation Issues

Issues that have been identified or resolved in MCC

Resolved issues

- MDHHS resolved issues:
 - PPA should display correctly now and return correctly in the 271
 - No longer get the error message when entering an admission for a beneficiary who has only had QMB or Spend-Down benefit plan
 - No longer see exempt alerts on their My Inbox page for beneficiaries who are not enrolled at their facility
 - Inpatient Hospital providers who are enrolled with a Long Term Care subspecialty should now be able to enter admissions for both their Nursing Facility and General hospital admissions
 - The roster list page will display admissions created under both profiles as the admission page is not separated or stored by profiles, but instead stored by NPI.
 - At a later date MDHHS will enhance the roster list page to display the program type of the admission entered.

Resolved issues (cont.)

- We have identified several issues with PET codes and benefit plans updating, being added correctly or not assigning in real time.
- Until these are resolved MDHHS will be performing a daily correction file to:
 - Identify the impacted beneficiaries
 - Assign the appropriate PET code and benefit plan when there is an active or ongoing admission record
 - Add missing PET code or benefit plan segments
- It is not necessary for providers to contact Provider Support to have these records corrected as MDHHS will be internally correcting these records.

Post Implementation Issues

- MDHHS is working to resolve the error message providers are receiving when entering an admission or discharge for a beneficiary who is prospectively enrolled in the MI Health Link program (ICO).
- Providers will continue to contact Provider Support for:
 - Overlapping admission dates
 - Admission or discharge date needing to be changed
 - Error messages received
 - PPA corrections

Provider Resources

- **MCC website:** www.michigan.gov/medicaidproviders
- **MCC FAQ document:**
http://www.michigan.gov/documents/mdhhs/MCC_Providers_FAQ_605779_7.pdf
- **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