MCC Updates Virtual Q&A

February 28, 2018 & March 28, 2018

Q: Medicaid HMO disenrollment's that have been completed since the MCC Implementation are off by 1 day in CHAMPS for last day of MHP-NFAC coverage and first day of LTC-NFAC. Is this a known issue under the new MCC? Examples have been sent to Provider Support
A: MDHHS is looking into this issue and reviewing examples sent in by providers.

Q: The fatal error 402244 - I am getting them on all my HMO admission entries....any thoughts? I've sent in screen shots of my entries.
A: This was fixed in the March 11,2018 update in CHAMPS.

Q: Hospice provider - if a patient changes location, are we required to obtain new election paperwork for the second admission we enter, or will the original election paperwork be applicable?
A: Providers would continue to obtain signatures the way you always have prior to MCC.

Q: I have 54 residents with zero PPA since December. Do I have to call Provider Support for all of them or are these being looked at with the PET Code issues?
A: No, Provider Support is aware of the PPA issue and have posted a Biller B Aware message, February 8, 2018, asking that providers report the known PPA amount on their claim or contact the DHHS county caseworker to get the amount if unknown until this is resolved.

Q: Is there something that needs signed when processing a Live Discharge from Hospice? Nothing populates like admission
A: Providers would obtain signatures via the certification page.

Q: Is the error message for QMB & SPEND DOWN when entering admissions been resolved?
A: Yes this error was resolved over the weekend of February 10, 2018.

Q: I have a hospice patient that a discharge/disenrollment was entered by mistake. How do I fix this problem?
A: Providers are not able to modify/edit completed admissions discharges. If the discharge date needs to be changed or corrected then the provider could contact Provider Support with the information.

Q: I tried doing a discharge for a resident on 2/26/2018 that was admitted 4/20/2012, but I received an error notice saying that a discharge needs to be completed prior to 7/20/2012. What should I do regarding this error message?
A: Send an email to provider support with specifics as well as a screen shot for us to review.

Q: What is the time frame on getting response for these HMO's?
A: The HMO disenrollment process remains a manual process.

Q: I received a duplicate record error when entering an admission, and was unable to print a nursing home admission to be signed, but is showing in the system as completed admission. How can I get this printed for the resident to sign?
A: Within the CHAMPS roster list page you can choose from the dropdown next to the identified record, view details and this will allow you to print.

Q: Is there any plan for allowing the provider who enters the admissions and disenrollments to edit them?
A: At this time no, providers do not have the ability to edit admission/discharge records.

Q: I am a hospice. A patient is in a SNF at time of admission, the notice of election is submitted and accepted on champs to show patient is Hospice. If the patient is transferred from SNF X to SNF Y but is not discharged from Hospice the Hospice will still need to enter a discharge and then a new notice of election to indicate the change in SNF, Correct?   On the Member enrollment in Champs would the Previous Facility information need to be filled out when entering this new enrollment?
A: Correct, the Hospice provider is responsible for their records for beneficiaries receiving hospice in a SNF. If the beneficiary is transferred from one SNF to another then the hospice provider would discharge the beneficiary from the first admission and enter a new/second admission listing the second SNF facility.

Q: In regards to new admissions - how do we know when the caseworker updates the PPA? We used to get an email or the 2565 returned giving us the correct information. This is especially important for SNF's to collect the PPA while in facility.
A: The beneficiary still receives a letter indicating their liability, this is the same process prior to MCC implementation.

Q: When trying to register a patient with a spend down the system will not allow completion of the admission. The message states that providers do not need to register patient's whose estimated length of stay is less than 30 days. Do we need to register a spend down patient if their stay is estimated as less than 30 days?
A: We ask that in this case you provide the specific information to Provider Support for further review, as per MSA 17-46 for a beneficiary in a spend-down benefit plan an admission can be entered regardless of the length of stay.

Q: When an individual is already enrolled in the Healthy Michigan Plan then attempts to enroll in MI Choice, the system will not allow the enrollment because of the type of coverage. When we contact the local office about updating the coverage, we're told that we have to enter the enrollment first. How should these situations be addressed?
A: We would need specifics to review and discuss with MI Choice staff, please email specific details to Provider Support.

Q: I have got an error code two different times when entering a patient's admission to our LTC facility and when I get done and go to save it an error code VM BVM.402244 comes up that says the system has encountered and error while deriving the PET and/or Benefit Plan and to contact Provider support. Has anyone else received this error message?
A: Contact Provider Support with the information that was attempting to be entered, beneficiary ID, NPI, dates of admission and any other information.

Q: When does the 30 day period begin for hospital providers? Does it begin with each new hospital stay or it is with the first hospital stay. We are usually the 2nd hospital admission for patient's that required inpatient rehab.
A: The admission would be entered for your facility, the second facility, if the beneficiary was expected to be admitted to your facility for 30 days or greater, as outlined in MSA 17-46.

Q: If a patient is changing Hospice location are we required to get a discharge form signed by beneficiary?
A: This process did not change with MCC and would be the same process that was done prior to MCC.

Q: Is there an estimated time when the PPA's will be corrected that were changed to 0 during the MCC transition? I also don't quite understand if DHHS enters information to update PPA's with the State for CHAMPS. Yes, we can figure out an anticipated patient pay per DHHS reviews all verifications and makes the decision from there. The letter that goes to the family regarding PPA does to come to the SNF and they are not providing that to us.
A: The facilities getting a copy of the letter has always been an issue, even prior to MCC implementation. MDHHS received notification at the beginning of March that the PPA issue should be resolved over the weekend of March 24, 2018.

Q: will we be notified once the 402244 errors are reviewed and corrected. Or should we just continue to try to enter the admission?
A: Provider Support will post notification once the errors have been resolved but providers do not need to wait for that notification they can attempt to enter the admissions until communication has been posted.

Q: Is there an implication if hospice admission/disenrollment form generated in CHAMPS (vs. 1074) is post-dated from admission/disenrollment date? What form is used for admission to hospice enrollment?
A: Hospice providers would enter their admission within the CHAMPS admission screens. Postdated, future, admissions or discharges cannot be completed.

Q: Are Hospice Providers required to submit hospice admission for MI Choice patients? We used to have hospice admissions returned for LOC22 when we tried to submit these prior to MCC.
A: Yes providers are responsible for entering admissions for beneficiaries.

Q: When entering an admission for someone who had been in my SNF under private pay for many years (going back to 2012). Now her assets are depleted and applying for Medicaid. I entered her original admit date from 2012, but I received an error stating to only go back 2 years. In this situation, what date do I use for her admission?
A: Provider support asks that in these situations providers enter the admission with the admission date back to the 2 years, for example if entering in the admission on January 2, 2018 you would enter back to January 2, 2016. Once that has been completed providers would need to contact Provider Support to have the admission date updated to reflect the date of admission to the facility. When contacting provider support please make sure to include the transaction ID of the admission, your NPI and the original admission date that needs to be changed.

Q: Does community mean in home SNF services when electing the discharge reason? Pace program
A: Community would be for a beneficiary who is not residing in a facility and is in their home or residence.

Q: Hospice Provider-where do you find the alternate signature form again?
A: Biller B Aware dated January 4, 2018. MLN Matters Number SE1631

Q: In order to still register the spend down admissions should we put in their estimated length of stay as 30 days or more just so those types of Medicaid are registered since the system does not allow for anything else currently? As a work around we should just put in spend down patients as having a 30 day stay even if that is not the case because the system is not working?
A: No providers should be able to enter a spend down admission for less than 30 days.

Q: Hospice Provider - Many Primary ICD10 Diagnosis codes are not recognized by CHAMPS when submitting a hospice enrollment. Is this an issue for the provider?
A: Make sure you are not entering the decimal point and make sure you are entering enough digits for the diagnosis code.

Q: The ICD10 info is usually handled by the MDS nurse here at my SNF, but the 2565 is done by billing, I have not been entering DX on the admission. Should I be?
A: No the diagnosis is not required for a Nursing Facility admission and is just an available field if the provider wants to enter the beneficiaries' diagnosis code of why they are being admitted.

March 28, 2018

Q: PPA's were updated over the past weekend however, there were a just a very few that did not. Do I send those to Provider Support?
A: The eligibility system, Bridges, has been corrected as part of the March 24th update. However a PPA will continue to not display in CHAMPS if the DHHS caseworker has not established one in Bridges. If providers have worked with the caseworker and the PPA is showing in Bridges but still not showing in CHAMPS then the provider can contact provider support.

Q: Once a patient has been discharged from a SNF how do we update a missing TPL?
A: TPL information would be updated using the same process prior to MCC, by using the electronic DCH-0078 form on the TPL webpage https://minotifytpl.state.mi.us/tedpublic/coveragerequests/index

Q: Our agency does MI choice enrollment, if a client loses eligibility on the first of the month are we supposed to go into MCC and disenrollment the client?
A: If eligibility removes the beneficiary from entitled to MI Choice services then yes.

Q: Would it be possible to give us an "edit" feature for entering admissions/discharges? This would lessen the corrections needed by provider support.
A: At this time providers do not have that feature, in the future it could be a possibility but has not yet been determined by MDHHS management.

Q: We had a patient that admitted to our SNF under PET code MHP-COMM Priority Health Medicaid HMO with 45 day benefit. We entered an admission and it changed it to LTC-NFAC in error as it wasn't time for disenrollment. How can that be fixed? The Medicaid HMO is asking us.
A: Providers needing to disenroll a beneficiary should continue to work with Mozelle as that process remained unchanged with MCC implementation.

Q: If the Benefit Plan and Pet Code are missing do we need to send or call provider services to let them know?
A: We are working daily to correct PET and Benefit Plan segments that are missing. We are asking providers to allow that process to work, if providers have noticed other segments being added and notice one particular segment is missing, and the beneficiary has eligibility, an LOCD and an active admission for that date, then please contact provider support.

Q: If we notice that the PET code was not updated for Jan 2018 or other months through the nightly updates, how long do we wait before emailing Provider Support?
A: Continue to watch CHAMPS for what you feel to be a reasonable timeframe, we don't have a specific time frame we're setting.

Q: When should a LTC facility complete a discharge to HPL? If a patient is out of the building at the hospital and returns within a few days do I need to add this to Champs?
A: SNF providers should continue to refer to the Hospital Leave Day Policy in the Medicaid Provider manual.

Q: If we look in MCC we can see a client is enrolled ongoing with our agency but in a few cases DHHS has an end date of years ago showing in their system. Is this something our agency would need to fix with provider support or would this be a DHHS bridges issue that they need to correct?
A: If you know they're no longer enrolled in your agency but the enrollment shows open end dated we ask that providers complete the disenrollment.

Q: Where are we at with discharge date issue? Between SNF and Hospice providers. Currently they are 1-day off except for a resident that expires (we are paid for that day). Currently we are NOT doing discharges for that reason.
A: MDHHS is aware of this issue, providers should continue to enter their discharges. Once the discharge is entered Provider support can be contacted to correct the PET and benefit plan records to adjust for the one day so the claims will correctly process.

Q: How long is it taking to correct the overlapping admission dates once we email Provider Support? I have MI Choice Providers contacting me.
A: Currently Provider Support is working on emails from a week ago. If an admission record has to be corrected we send a request to have that updated and reply to the provider with the SR number for further follow up.

Q: Who fixes a discharge done in error for LTC/SNF – DHHS or Provider Support? I have one where it shows discharged but I didn't enter it.
A: The record may have converted over with that information based on what was in Bridges. If this happens providers can contact provider support to have the record corrected.

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

- PPA issue Biller B Aware message:
  February 8, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified an issue with Patient Pay Amount (PPA) not displaying within the CHAMPS member eligibility screen. Until this is resolved providers should report the known monthly PPA on their claim or if unknown contact the MDHHS county worker.

- Hospice Alternate Form Biller B Aware message:
  January 4, 2018: Attention Hospice Providers: MSA policy bulletin MSA 17-46, issued December 1, 2017, requires that hospice providers print the admission form in CHAMPS and obtain the beneficiary (or authorized representative) signature and hospice provider personnel signature on the form. For hospice providers unable to print the admission form generated by CHAMPS (due to admissions during home visits, after hours etc.), hospice providers may instead utilize an alternative form the "Hospice Election Statement" that meets the Medicare requirements outlined in MLN Matters Number SE1631, issued December 13, 2016.

  As of January 2, 2018, the hospice beneficiary's or authorized representative's signature and hospice provider personnel completing the admission must be present on the Hospice Election Statement form. It is the hospice provider's responsibility to upload a copy of the signed Hospice Election Statement form to the Document Management Portal (DMP) in conjunction with the completion of the hospice admission or discharge in CHAMPS. The printed admission generated by CHAMPS and the signed Hospice Election Statement form must be retained in the beneficiary's record. This clarification will also be issued in the April 2018 Michigan Medicaid Provider update bulletin.

  When uploading the Hospice Election Statement form to DMP, follow the guidelines as listed below:
  - *Document Type*: Claim
  - *Document Title:* Forms
  - *Date of Service From:* Enter the hospice election date
  - *Date of Service to TCN:* Enter the hospice election date
  - *Message:* Hospice Election Statement

  After the alternative form is uploaded, providers may verify receipt by searching the beneficiary ID number in DMP.
  First-time users of Document Management Portal please review the DMP users guide.

- Provider Support
  Email: ProviderSupport@Michigan.gov