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MCC Post Implementation Virtual Q&A

January 25, 2018

Q: Prior Medicaid Health Plan (MHP) disenrollment process was completed by the MHP by Mozell done before 1/1/2018 MCC implementation that were showing Nursing Home Level Of Care (LOCO)=02 did not cross walk to pet codes LTC-NFAC on the disenrollment date initially done/completed – actually, only shows MHP-COMM like the disenrollment never happened. What do we do? Nursing Facility Admissions have been added
A: Please contact Provider Support with specific details related to this issue.

Q: If the signature cannot be obtained at the admission for a Hospice patient what is the best way to handle this?
A: Please refer to the communication issued in December and the biller B Aware January 4, 2018 which indicated Hospice providers can use an alternate form.

Q: Since the transition, the NPI filter for searching for a LOCD is no longer an option, is this a filter we can bring back?
A: The filter within the LOCD tool screen was removed as part of MCC changes are preparing for additional LOCD updates. Communication was issued to providers in L Letter 17-61 .

Q: We would like to verify a NF does not have to discharge a resident when they go into the hospital.
A: Providers would follow current Hospital Leave day policy as outlined in the Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers Chapter, section 8.3 HOSPITAL LEAVE DAYS.

Q: If a resident is in Spenddown and we add the admission and the DHS case worker hasn't updated the case after 30 days can we still send those cases to Lansing?
A: Providers would no longer need to send any cases to Lansing or the DHHS county case worker. Once the admission is completed within CHAMPS, the admission information is sent to the eligibility system, Bridges. As part of the nightly file CHAMPS will continue to check Bridges for the added eligibility for up to 180 days. After which time the admission would become inactive if no eligibility had been added.

Q: VM_BVM.402244 errors while completing and admission are we to still let Provider Support know?
A: Yes providers should email ProviderSupport@Michigan.gov with any errors they are receiving that they aren't able to resolve.

Q: SNF readmission entered via CHAMPS - resident discharged from Hospice. Hospice discharged completed and SNF admission entered, CHAMPS is not showing the LTC-NFAC or the HOS-NFAC PET codes. Instead, it now shows plan LTC-EXEMPT with PET code EXM-DIVM. How did a divestment get added immediately that was not there before?
A: Please contact Provider Support with specific details related to this issue.

Q: How are incorrect NPI's corrected? Once we have active coverage, how long should it take for DHS to review and apply the correct PPA?
A: Incorrect NPI's on the PET or admission record can be corrected by contacting Provider Support. The DHHS county worker still adds the PPA as their normal business process.

Q: A patient loses coverage due to renewal not done and the admission roster list page is showing admission ended on the date coverage was lost. Do we create a new admission once the renewal app is completed?

Example, NH LTC coverage lost on 12/31/17 admission roster list page shows NF admission was ended on 12/31/17 by "Process/Interface – State" like the patient had discharged, even though resident is still in our facility.

A: Yes a new admission would need to be entered as the patient would be showing as discharged from your facility.

Q: I have several admissions that are showing "completed", but are not in champs. These are not listed as waiting on MA... they are Competed/Active. Are they considered the same?
A: There has been an issued identified with admissions that have been entered for a person with no eligibility and a Biller B Aware message was posted January 24, 2018.

Q: Can you let us know how to access the form you spoke about in the call?
A: The Hospice alternate signature form notification can be found on the Biller B Aware from January 4, 2018.

Q: When you get to the section to add additional insurance, do we need to be entering their Medicaid if it is not listed? Or by entering them as an admission does it add it then?
A: No, providers do not need to add other insurance on the admission unless it's a policy that Michigan Medicaid is not aware of, does not have on the beneficiaries TPL file. If the patient that you are admitting is private pay and they may qualify for Medicaid you can enter the admission to trigger the Medicaid application be mailed. Additional details are outlined in MSA 17-46.

Q: Should we be using the paper HMN form still and uploading it to the system as the patient's signature?
A: No, providers would print the certification page and obtain signatures on it, if that's not available due to circumstances then you may use the approved alternate signature form.

Q: After we enter an admission does it need to be printed and signed by the patient?
A: Yes providers are responsible for printing the admission or discharge record and having the patient or patient representative sign and retain in the providers records. The one exception to this is Hospice providers, please refer to the Biller B Aware notification from January 4, 2018.

Q: Do we need to be entering patients as an admission that have straight MCD that live at home and are not in a nursing home? If so then from December 15, 2017 to current don't we need to enter all of our patients as an admission?
A: Hospice providers would be responsible for entering the admission if the beneficiary is receiving hospice in the home and not the SNF. When entering the admission via CHAMPS screens the location would be home. If there are beneficiaries that are not displaying on your facilities roster list page and they are receiving your services then you would need to make sure the admission is completed.

Q: If we do not see our patient on our screen of admissions from December 12, 2017 forward can we add these patients? Can we discharge our live discharge patients and expired patients?
A: Yes if there is a beneficiary who is admitted to your facility, but they don't show on your facilities roster list page then providers should enter them with the date of admission to the facility. Providers can also discharge beneficiaries who are showing as active on their roster list page but have been discharged or expired.

Q: For hospice signature form you referenced December 15, 2017 and January 4, 2018. Are these bulletins? I'm not finding anything for these dates?
A: No they were not issued as MSA policy bulletins only Biller B Aware and List Serve notifications.

Q: If Provider Support does not understand our email will they call us?
A: Yes, we ask that providers include thorough information in their email to help eliminate confusion but if the issue is not clear from the email then a phone call will be made.

Q: When someone comes into our SNF on Hospice, do we need to enter the SNF admission as well?
A: Hospice providers are responsible for entering their Hospice admission when the beneficiary is receiving Hospice services in a SNF, the SNF provider no longer enters that admission in MCC.

Q: I have several that were under the fatal error 402244 - should I have emailed separately on those?
A: No that is not necessary one email can be sent listing all the beneficiaries. Provider Support asks that providers include all necessary information when emailing, beneficiary ID, NPI, date of admission or discharge, and what the issue is. This information is needed for us to research the issue to get providers the fastest answer and resolution.

Q: We are SNF we have a patient admitted 1/23 and was send to hospital the following day do we need to discharge him?
A: Please refer to the Hospital leave day policy within the Medicaid Provider manual.

Q: Are we at this time uploading documents or just keeping them on file?
A: Currently only Hospice providers are required to upload documentation through Document Management Portal (DMP) as outlined in the January 4, 2018 Biller B Aware notification.

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

Online Medicaid Application: https://www.mibridges.michigan.gov/access/

Provider Support
Email: ProviderSupport@Michigan.gov
Phone: 1-800-292-2550