“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 an Admission
  - Entering a Discharge
- Upcoming Training Dates
- Visual Aid
- Provider Resources
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.
Admission & Enrollment Forms

- Specific providers will directly enter admission/discharge or enrollment/disenrollment information in CHAMPS.
- All paper MSA 2565-C and DCH-1074 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.
  - After MCC implementation the 2565-C will be renamed and repurposed, no longer used for admissions.
- 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
Program Enrollment Type (PET) Codes
PET Codes

- Crosswalk list of LOC to new PET MSA 1717
- 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
CHAMPS Changes*

Screen changes within CHAMPS as of January 2, 2018
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 its 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.
The roster page which will list all current active admissions as of the CHAMPS system date submitted under the NPI that is logged into CHAMPS.

The action column displays multiple functions, review the admission information on completed admissions, view eligibility and discharge the beneficiary.

For SNF providers converted records may show as active admissions with a 12/31/2999 end date. As prior to MCC SNF providers were not required to discharge the patient if they transferred or left the facility.
Entering an Admission

Steps on how to enter an admission within CHAMPS
• Select the Billing NPI from the domain dropdown
• Select the appropriate profile (for example Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment or MI Choice Enrollment)
• Click Go
After logging into CHAMPS
Click Member tab
Select Program Enrollment/Admission
Within the roster list page click Add Enrollment/Admission.

Throughout the entire admission/enrollment process all fields marked with a red asterisk are required.
This will be the new CHAMPS admission and enrollment screen as of January 2, 2018.

Enter the 10 digit Medicaid ID number, all remaining information will pre-populate
  • If entering an admission for a member who has no Medicaid ID number all information will be required

Click Next
The Admission/Enrollment Information screen will need all information related to the admission.
Click Next.
- Enter Responsible Party Information if different than the beneficiary/patient.
- Click Next
Address Information will pre-populate when a Medicaid ID number is entered in the member information screen click Next.

Click Add to enter any additional address information.

Note: 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
• Enter the prior facility information if applicable
• Click Next
• Click View TPL if hyperlinked 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. This will create a lead for our TPL department to review the policy information to possibly be added to the beneficiary's TPL file.
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
- 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
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

- Hospital Provider:
  In accordance with the Michigan Medicaid Provider Manual, Eligibility Chapter, 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.
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.

- **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.
Provider Certification (cont.)

- **PACE Provider:**
  In accordance with the Michigan Medicaid Provider Manual, PACE Chapter, 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.

- **MI Choice Provider:**
  In accordance with the Michigan Medicaid Provider Manual, MI Choice Waiver Chapter, 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

Providers will not be able to modify an admission or enrollment record once submitted. MDHHS would need to be contacted if any corrections need to be made.
Print the admission so the beneficiary or authorized representative and provider representative can sign the admission notice.

It is the provider's responsibility to retain the admission notice in the beneficiaries record.
After clicking print the admission notice will pop-up as a PDF
Click print from the PDF version to complete
- Click Member Enrollment Admission List hyperlink or Close to return to the roster list page.
Entering a Discharge

Steps for completing a discharge within CHAMPS
- Roster page:
- Next to the Member ID needing to be discharged, from the action column select **Discharge/Disenroll**
- Select the type of discharge from the dropdown
- Enter the required asterisked information
- Click Submit
After clicking submit you will receive the confirmation summary page

Click Ok

Note: Click Cancel if the discharge date is incorrect and needs to be changed to update it prior to submitting the notification
Visual Aid

CHAMPS

Admission or Enrollment

PET code assigned

Benefit plan assigned based on PET code

Discharge or Disenroll

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

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

Updates living arrangements

DHS caseworker adds PPA (if applicable)

Information sent to Bridges

Bridges

Information sent back to CHAMPS to display

PPA information sent to Bridges

PPA information sent back to CHAMPS to display
## Upcoming Training Dates

<table>
<thead>
<tr>
<th>Virtual Training Dates</th>
<th>In-person Training Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SNF and Hospice provider specific:</td>
<td>• SNF and Hospice provider specific:</td>
</tr>
<tr>
<td>• November 21, 2017</td>
<td>• November 28, 2017- Double Tree Detroit-Dearborn</td>
</tr>
<tr>
<td>• December 5, 2017</td>
<td>• December 12, 2017-Lansing Community College (LCC) West Campus</td>
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<tr>
<td>• December 19, 2017</td>
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*Source:* [Michigan Department of Health and Human Services](https://www.michigan.gov)
* Currently the State of Michigan is in the testing phase of MCC, screens are subject to minor changes prior to implementation.

- MCC website: [www.michigan.gov/medicaidproviders](http://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](mailto:ProviderSupport@Michigan.gov) or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program