

Bulletin Number: MSA 17-46

Distribution: Nursing Facilities, Hospice, Hospitals, Program of All-Inclusive Care for the Elderly (PACE), MI Choice Waiver Agencies, Integrated Care Organizations, Medicaid Health Plans, Durable Medical Equipment (DME) Providers

Issued: December 1, 2017

Subject: Modernizing Continuum of Care (MCC) Project

Effective: January 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), MIChild

I. General Information

This bulletin provides new policies and procedures related to the implementation of the Community Health Automated Medicaid Processing System (CHAMPS) MCC project. Both Fee-for-Service (FFS) and managed care programs will be affected by these changes, which will be effective in CHAMPS on January 2, 2018.

The Michigan Department of Health and Human Services (MDHHS) recognizes that the current methods for processing nursing facility (NF) and hospice admissions and discharges, and managed care enrollments and disenrollments, can be improved to avoid delays in the provision of vital Long Term Care (LTC) services, billing and reimbursement.

The MCC project addresses these issues through new features in CHAMPS. The key features include:

- Level of Care (LOC) codes will be replaced by Program Enrollment Type (PET) codes. The PET codes more precisely reflect program options and provide additional information on living arrangements and exemption reasons. Information regarding LOC to PET changes, including a list of the new PET codes, is provided in Bulletin MSA 17-40.
- Specific providers will directly enter admission/discharge or enrollment/dis-enrollment information in CHAMPS. This will result in real-time changes to the National Provider Identifier (NPI) and the beneficiary's PET code.

- Providers will be able to view a roster of all beneficiaries for whom they have submitted admission or enrollment information in CHAMPS. This roster will allow the provider to see an individual's admission or enrollment information, Medicaid status, and information on discharged beneficiaries.
- When a NF enters admission information for an individual who does not have active or pending Medicaid eligibility, a Medicaid Application for Health Care Coverage Patient of Nursing Facility (DHS-4574) will be automatically mailed to the individual.

These new MCC features will improve the communication between Bridges and CHAMPS that will reduce processing time for a variety of functions and reduce errors related to admission and enrollment, as well as discharge and dis-enrollment.

II. Process Changes and Transition Information

Hospice, NF, hospital, PACE and MI Choice providers will be required to enter admission/enrollment and discharge/disenrollment directly in CHAMPS effective January 2, 2018. The following forms will be affected by this process change:

- Facility Admission Notice (MSA-2565-C) – This form has been modified and renamed and will no longer be accepted for admissions. Hospitals may submit the form to local MDHHS offices to establish Medicaid eligibility and to obtain a Medicaid ID number for newborns only if the hospital is unable to submit notice of the birth through the State's Electronic Birth Certificate (EBC) system. The modified form is attached to this bulletin.
- Hospice Membership Notice (DCH-1074) - Obsolete
- MI Choice Waiver Enrollment Notification (MSA-0814) – Obsolete
- MI Choice Waiver Disenrollment Notification (MSA-0815) – Obsolete

With the exception of hospital submissions of the MSA-2565-C form for newborns, the above forms will no longer be accepted after December 15, 2017 and will no longer be processed by MDHHS after December 29, 2017.

Hospice, NF, hospital, PACE, and MI Choice providers will have the ability to track their current beneficiaries in CHAMPS via the Member Enrollment/Admission List screen. This roster screen will allow the provider to see individual admission/enrollment information, Medicaid status, and information on discharged beneficiaries. **It is vital that providers complete admission/enrollment and discharge/disenrollment information in a timely manner in CHAMPS in order to maintain an accurate roster, as well as to ensure that beneficiaries have the correct PET and benefit plans assigned for correct payments.**

Providers should check the Member Enrollment/Admission List screen for accuracy on or after January 2, 2018, and make any corrections by completing admissions/enrollments or discharges/dis-enrollments electronically using the new CHAMPS admissions screens.

The MCC training schedule can be found at www.michigan.gov/medicaidproviders >> Training. Providers who have additional questions or need assistance may contact Provider Support at 1-800-292-2550 or e-mail ProviderSupport@michigan.gov.

III. Provider-Specific Information

The following provides additional information by provider types affected by the CHAMPS MCC Project:

A. Hospice

Historically, providers have completed the paper form of the Hospice Membership Notice (DCH-1074) and faxed the form directly to the MDHHS Enrollment Services Section. After December 15, 2017, MDHHS will no longer accept the paper form of the DCH-1074 for enrollments, discharges, and disenrollments. Hospice provider documentation will become an electronic process as part of the new CHAMPS admission screens.

For hospice providers, the previous language of “enrollment” has changed to “admission.” Also, “disenrollment/discharge” will only be referred to as a “discharge,” whether voluntary or involuntary. Hospice providers will have the ability to enter and submit admissions and discharges directly in CHAMPS. A completed admission will assign the Hospice PET code and benefit plan. Alternatively, when a discharge is completed in CHAMPS, the beneficiary’s Hospice PET code and benefit plan will end date to reflect the discharge date.

When completing an admission via CHAMPS, the hospice provider must print the admission/enrollment form generated by CHAMPS and continue to obtain the potential beneficiary (or his/her authorized representative) signature on the form. The signature of the hospice provider personnel completing the admission form must also be obtained. This signed form must be retained in the beneficiary’s record.

When completing a discharge, voluntary or involuntary, via CHAMPS, the hospice provider must print the discharge/disenrollment form generated by CHAMPS and obtain all necessary signatures on the form. The signature of the hospice provider personnel completing the discharge form must also be obtained. This signed form must be retained in the beneficiary’s record.

Hospice providers will be required to submit admissions for beneficiaries enrolled in a Medicaid Health Plan (MHP) for tracking purposes in order to maintain the admission data in CHAMPS. This is also a requirement when beneficiaries are disenrolled from a MHP.

Any time a hospice beneficiary has a change in hospice providers due to transfer from one hospice to another, due to discharge (involuntary or voluntary), or if the beneficiary moves outside the hospice service area, the first hospice must complete the discharge in CHAMPS before the subsequent hospice can start the admission.

When a beneficiary is discharged, it is imperative that the first hospice complete the discharge in CHAMPS to avoid any lapse in care for the beneficiary.

For a hospice resuming care for a hospice beneficiary, the resuming hospice must have previously completed the discharge in CHAMPS at the time hospice services originally ended. To resume care for the hospice beneficiary, the resuming hospice must complete the admission in CHAMPS. Refer to the Nursing Facilities section of this bulletin for further instruction regarding instances of admissions or discharges for a beneficiary receiving hospice services while residing in a NF.

The Hospice Chapter of the Medicaid Provider Manual further explains the service coordination responsibility of hospice providers for beneficiary admissions, discharges, incidences of hospice beneficiary transfers from one hospice to another, and resumption of care. The Medicaid Provider Manual can be found at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

B. Hospitals

1. Admissions

For admissions on and after January 2, 2018, hospitals will submit facility admissions via the new CHAMPS process instead of the MSA-2565-C form for the following beneficiaries:

- 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).

When completing an admission via CHAMPS, the facility must print the admission/enrollment form generated by CHAMPS and continue to obtain the potential beneficiary (or his/her authorized representative) signature on the form. The signature of the facility personnel completing the admission form must also be obtained. This signed form must be retained in the beneficiary's record.

The MSA-2565-C will be accepted for admissions through December 15, 2017. Admissions after that date should be held and processed in CHAMPS beginning January 2, 2018.

2. Newborn Birth Notification

The State's Electronic Birth Certificate (EBC) system (Genesis), used by hospitals to report newborn births, is the preferred method of adding Medicaid coverage and assigning a MHP to newborns with mothers who are Medicaid beneficiaries. This process is the most efficient way for hospitals to obtain a Medicaid ID for newborns. If the facility is unable to submit the newborn birth through the EBC, the hospital may submit an MSA-2565-C to the local MDHHS office for Medicaid eligibility to be established and to obtain a Medicaid ID number.

C. Nursing Facilities

After December 15, 2017, MDHHS will no longer accept the MSA-2565-C form. Effective January 2, 2018, NFs must enter beneficiary admissions, transfers, and discharges directly in CHAMPS. A completed admission will assign the NF PET code and benefit plan. Alternatively, when a discharge is completed in CHAMPS, the beneficiary's NF PET code and benefit plan will end date to reflect the discharge date.

When completing an admission via CHAMPS, the facility must print the admission/enrollment form generated by CHAMPS and continue to obtain the potential beneficiary (or his/her authorized representative) signature on the form. The signature of the facility personnel completing the admission form must also be obtained. This signed form must be retained in the beneficiary's record.

In the event a beneficiary is admitted to a subsequent facility and the previous facility did not discharge the beneficiary, the new admission created in CHAMPS by the second facility will automatically discharge the beneficiary from the previous facility one day before the new facility admission date. The previous facility will receive an alert in CHAMPS that the beneficiary was discharged so they can modify the discharge date if needed (for example, if the beneficiary was discharged a week earlier before going to the second facility).

When a beneficiary is discharged, facilities must discharge the beneficiary via CHAMPS to avoid any access to care problems for the beneficiary in the community (e.g., durable medical equipment, medical supplies).

For Medicaid beneficiaries residing in a NF and receiving hospice services, when the beneficiary is discharged from hospice (involuntary or voluntary), the NF must complete an admission in CHAMPS to assign the NF PET code and benefit plan. The NF will receive a manual gross adjustment for the date of the admission. Alternatively, if the NF completes the admission in CHAMPS prior to the hospice discharging the beneficiary, the new admission created in CHAMPS will automatically discharge the beneficiary from hospice and the associated PET code one day before the NF admission date.

Change of Ownership

NFs will no longer need to notify the local MDHHS office to update the facility's NPI or Medicaid provider ID number due to a change of ownership. The change of ownership submission completed by the NFs in the CHAMPS Provider Enrollment subsystem will automatically update the admission or discharge data for these beneficiaries in CHAMPS by moving them to the new NPI once the change of ownership is approved by MDHHS staff. NFs will not have to update the admission or discharge data in CHAMPS for these beneficiaries when a change in ownership occurs.

D. MI Choice Waiver

The paper versions of the MI Choice Waiver Enrollment Notification (MSA-0814) and the MI Choice Waiver Disenrollment Notification (MSA-0815) will no longer be accepted by MDHHS after December 15, 2017.

Effective January 2, 2018, MI Choice waiver agencies are required to enter enrollment and disenrollment notifications electronically in CHAMPS. When an electronic enrollment is completed in CHAMPS, the MI Choice participant will be assigned an associated MI Choice PET code. Alternatively, when an electronic disenrollment is completed in CHAMPS, the MI Choice participant's PET code will end date to reflect a disenrollment date. MI Choice waiver agencies will continue to follow established recordkeeping requirements.

E. MI Health Link

The four LOC codes will become the MI Health Link/Integrated Care Organization (ICO) PET codes. Refer to the list of PET codes identified in the "LOC to PET Crosswalk Table" located in Bulletin MSA 17-40.

For individuals enrolled with an ICO and who are residing in a NF or County Medical Care Facility (CMCF), the ICO- Nursing Facility Advisory Council (NFAC) or ICO-CMCF PET codes will be updated in CHAMPS when the NF or CMCF completes the Nursing Facility Admission in CHAMPS. The ICO-NFAC or ICO-CMCF PET code will be removed upon the facility completing the NF discharge information in CHAMPS when the individual is discharged from the facility.

Similarly, when a MI Health Link enrollee elects hospice services, the ICO-HOSC, ICO-HOSW, ICO-HOSN, ICO-HOSR or ICO-HOSH PET codes will be updated in CHAMPS when the hospice provider completes the Hospice Admission in CHAMPS. When the individual expires or otherwise is discharged from hospice services, the hospice provider must complete the Hospice Discharge in CHAMPS, which then removes the hospice-related PET codes.

Hospice providers are no longer required to provide ICOs with the DCH-1074 for MI Health Link enrollees receiving hospice services in a NF or CMCF. However, when the MI Health Link enrollee receives hospice services while residing in a NF or CMCF, the hospice provider must indicate the facility of residence on the

Hospice Admission in CHAMPS so the ICO can receive the appropriate capitation rate.

F. Program of All-Inclusive Care for the Elderly (PACE)

MDHHS PACE staff will no longer process PACE enrollments and disenrollments after December 26, 2017. PACE provider staff will now submit PACE enrollment and disenrollment forms electronically.

1. Enrollments

PACE providers should continue to use existing enrollment materials. The signed PACE/Centers for Medicare & Medicaid Services (CMS) enrollment materials are required to be uploaded with the electronic enrollment in CHAMPS. A completed enrollment will assign the PACE PET code.

2. Disenrollments

PACE providers should continue to use the disenrollment form approved by CMS. For voluntary dis-enrollments, the signed dis-enrollment form must be uploaded with the electronic disenrollment. For involuntary disenrollment, the electronic form must be completed. The PACE provider will still submit appropriate supporting documentation to MDHHS by fax at (517) 241-8117 or by e-mail to the PACE provider's contract manager. MDHHS PACE Staff will approve or deny the electronic involuntary disenrollment in CHAMPS and determine the date of disenrollment. A completed disenrollment will end date the corresponding PET code.

IV. Michigan Medicaid Nursing Facility Level of Care Determination (LOCD)

Providers must be aware that all current policies regarding when to conduct the LOCD remain in effect. Under the new MCC project key features and changes in CHAMPS, providers will be able to see existing LOCDs conducted by another provider. All providers must continue to conduct a new LOCD for beneficiary enrollments and admissions, per policy, to establish LOCD eligibility. Providers will find current LOCD policy in the Medicaid Provider Manual, in the chapters for Nursing Facility Coverages, MI Choice, PACE and MI Health Link. The Medicaid Provider Manual can be found at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kathy Stiffler, Acting Director
Medical Services Administration

HOSPITAL NEWBORN NOTICE

INSTRUCTIONS

The MSA-2565-C serves as notice of birth of a newborn for the purposes of obtaining a Medicaid ID number. It must be completed only if the hospital is unable to submit notice of the birth through the Michigan Electronic Birth Certificate system.

- The hospital must retain **THE ORIGINAL** of the Hospital Newborn Notice in the beneficiary's file. A copy **MUST** be sent to the local MDHHS office.
- A copy of the MSA-2565-C will be returned to the hospital, noting the eligibility status of the newborn.
- Item 6 must state the name of the mother.
- A copy of the CHAMPS Eligibility Inquiry or HIPAA 271 transaction response with the mother's Benefit Plan ID information should be attached to the form; or the form must contain the county, district, unit, worker, and case number data from the eligibility response separated by slashes (e.g., 33/01/01/08/1234567890).

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.	
AUTHORITY: P.A. 280 of 1939 and Federal 42 CFR of 435 Title XIX of the Social Security Act	COMPLETION: Is voluntary

HOSPITAL NEWBORN NOTICE

1. Newborn Name (Last, First, Middle)		2. Newborn Gender <input type="checkbox"/> M <input type="checkbox"/> F	3. Newborn Birth Date / /	4. Newborn Social Security No. (If Available) - -	
5. Home Address (No. & Street, including apartment number)		City		State	Zip Code
6. Name of Newborn's Mother (Last, First, Middle)		7. Phone No. () -			
8. Mother Social Security No. (If Available) - -		9. Mother Birth Date / /			
10. Home Address (No. & Street, including apartment number)		City		State	Zip Code
11. Name of Provider		12. National Provider ID Number			
13. Provider Address (No. & Street)		City		State	Zip Code
14. Attending Physician Name		15. Hospital Case No. (If Applicable)			
16. Present Status of Patient (Check ONE) <input type="checkbox"/> Still a Patient <input type="checkbox"/> Discharged (Date): / / <input type="checkbox"/> Deceased (Date): / /					
17. Indicate Medicare or Private Health Insurance coverage available to patient and complete the following as applicable <input type="checkbox"/> Medicare <input type="checkbox"/> No Other Insurance Coverage Available <input type="checkbox"/> Private Health Insurance (Complete items 18 thru 23 below)					
18. Name of Policyholder (Private Health Ins.)			19. Policyholder's SS No. - -		
20. Name of Insurance Company					
21. Location (City)		State		Zip Code	
22. Group / Policy Number			23 Cert. / Contract No.		
PATIENT CERTIFICATION					
I certify that the information furnished by me in applying for 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 section 9 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.					
24. Signature of Patient's Representative		Date Signed / /		25. Signature of Person Completing This Form	
				Date Signed / /	

STATEMENT OF ELIGIBILITY (To be completed by MDHHS for MA eligibility)

Eligibility is: <input type="checkbox"/> DENIED (Contact Patient Representative for Explanation) <input type="checkbox"/> APPROVED (see the Billing Information below)					
Eligible Person's Name		Program	Grantee Name		
Recipient ID No.	MA Eligibility Effective Date		Grantee Client ID No.		MDHHS Case No.
Patient Pay Amount \$	Patient Pay Amt. Effective Date		County	District	Section
			Unit	Worker Name	
Insurance, Medicare, Third Party Name			Signature of Worker		