



Service Request (SR) Process Guide for Integrated Care Organizations (ICOs)

This Guidance was last updated 12/21/2022; Effective 01/01/2023.
The Guidance will be reviewed and updated accordingly as new issues are identified.

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INTRODUCTION

To track and monitor enrollment related issues and system discrepancies for the MI Health Link (MHL) Program, ICOs (Integrated Care Organizations) will be responsible for submitting Service Requests (SRs) to the Michigan Department of Health and Human Services (MDHHS) for all enrollment related issues as described in the following process guidance. Because this is an integrated program that utilizes two separate systems for enrollment, CHAMPS (Community Health Automated Medicaid Processing System) and MARx (Medicare Advantage Prescription Drug), there will be times that the systems do not match. These issues need to be submitted to MI Health Link as an SR for research, review, and resolution by the MHL Enrollment Staff. Please note, it is the ICO's responsibility to assure SRs are submitted timely and accurately to prevent workload backlogs and duplication. MDHHS will prioritize access to care issues and will process all other SRs based on the Reason Code used and overall impact.

Access to CHAMPS and MARx is required to properly research issues *prior* to submitting SRs to MDHHS. If you do not have access to SIEBEL CRM, CHAMPS or MARx, please contact your organization's liaison for assistance prior to submitting SRs per the instructions in the Introduction Section. ICO Medicaid Liaisons should work with Laura Hinman (MDHHS – SIEBEL Administrator; HinmanL2@Michigan.gov) to obtain SIEBEL CRM Application access for users responsible for submitting SRs on behalf of the organization.

MDHHS KEY CONTACTS

For technical assistance with the SIEBEL CRM System, obtaining access to CRM and/or receiving login or profile issues, please email The State of Michigan's Siebel Administrator, Laura Hinman:

HinmanL2@Michigan.gov

If you have general enrollment discrepancy questions or questions about the process guidance, please see our SR TIPS section prior to sending an email to: [MDHHS-MHL-SR-](mailto:MDHHS-MHL-SR-ASSISTANCE@Michigan.gov)

ASSISTANCE@Michigan.gov

If you have 834 File concerns or system related questions, please email:

MDHHS-MSA-MCSystemOps@Michigan.gov

For general MI Health Link inquiries unrelated to an ICO enrollment discrepancy, please email:

Integratedcare@Michigan.gov

*****Please ensure your MHL Contract Manager is included on any emailed inquiries and the MHL Enrollment Unit Leader is copied.**

NEW:

For general payment related, encounter processing, filing and/or quality control, please e-mail:

Rebecca Gillmore, Enrollment and Payment Integrity Unit Leader:

GillmoreR@Michigan.gov

For assistance with CHAMPS access, please refer to Provider Enrollment:
Contact Center: 1-800-292-2550 E-mail: ProviderEnrollment@Michigan.gov

For beneficiary contact information on general questions or enrollment assistance, please refer members to:

Beneficiary Hotline: 1-800-642-3195 MI Enrolls: 1-888-367-6557

MI Bridges ▪ www.Michigan.gov/mibridges

For Assistance with HCBS Admission Records, please email:

MDHHS-MHL-Waiver@Michigan.gov

MHL ENROLLMENT RESOURCES

Click on each item to access the hyperlinked resource

[Medicare-Medicaid Plan \(MMP\) Enrollment Guide:](#)

Provides the most up-to-date resources, guidance, and memos from CMS for states and ICOs participating in the demonstration.

[National Enrollment/Disenrollment Guidelines:](#)

Presents guidelines that participating states and ICOs are required to follow to ensure individuals have full access to seamless, high quality integrated health care. (Revised 08/02/2018; Effective 01/01/2019).

[MI Health Link Web Page:](#)

Provides the most up-to-date overview of MI Health Link, including program requirements, informational videos, beneficiary and enrollee resources, and other helpful links.

[DCH-1183 Form:](#)

Items #15, #16, and #17 of the form provide information on establishing an authorized representative to speak on a beneficiary's behalf.

[MSA 21-26 Covid 19 Response](#)

Provides an update to Bulletin MSA 20-19 and lists temporary guidelines during the PHE.

ENROLLMENT SYSTEMS AND FILES

CHAMPS – System should be used to confirm a beneficiary’s *Medicaid* enrollment status. Access to CHAMPS must be granted by MDHHS.

MARx – System should be used to confirm a beneficiary’s *Medicare* enrollment status. Access to MARx must be granted by CMS.

ICOs also receive daily and/or monthly files from both MDHHS and CMS with member-level enrollment data. ICOs should use the following files to verify eligibility *prior* to submitting SRs:

- 834 files: MDHHS sends daily (5721) and audit/monthly (5705) 834 files directly to ICOs containing member-level enrollment data. ICOs may use this information to update their systems. Refer to Companion Guide.
- DTRR files: CMS sends daily DTRR files to ICOs containing member-level enrollment data. This information should be used by the plan to reconcile enrollment information regularly and to update their systems.

Manual changes made by MDHHS and CMS when processing SRs will be reflected on the DTRR and/or 834 files on the next daily file. MHL will also continue to return duplicate SRs to the Plan for tracking purposes.

NEW: While the files may be a source of truth for enrollment status, please always check both CHAMPS and MARx enrollment systems prior to SR submission for correct enrollment segment start and end dates to ensure you are reading files correctly. This avoids unnecessary SRs caused by reading the file incorrectly. Please encourage providers to check both systems when verifying enrollment and eligibility.

ACRONYMS FOR MI HEALTH LINK

CHAMPS	Community Health Automated Medicaid Processing System (State of Michigan Enrollment System)
CMCF	County Medical Care Facility
CMS	Center for Medicare-Medicaid Services
CNSI	MDHHS Software Systems Vendor
DOD	Date of Death
DTRR	Daily Transaction Reply Response
eRPT	Electronic Retroactive Processing Transmission (SUB Ticket)
HCBS	Home and Community Based Services
HICN	Health Insurance Claim Number (generally Social Security number)
ICO	Integrated Care Organization
ICRC	Integrated Care Resource Center
JIRA	Software that MDHHS's Systems broker uses to file tickets for enrollment discrepancies within CHAMPS
MARx	Medicare Advantage Prescription Drug System (Center for Medicare Enrollment System)
MBI	Medicare Beneficiary Identification (A unique, auto-generated beneficiary ID used by Medicare)
MCO	Managed Care Organization
MDHHS	MDHHS-Michigan Department of Health and Human Services
MHL	MI Health Link
MHLO	MI Health Link Ombudsman
MHP	Medicaid Health Plan
MMP	Medicare-Medicaid Plan
NF	Nursing Facility
OOSA	Out of Service Area
PET	Program Enrollment Type
SR	Service Request
SOP	Standard of Promptness

TRR	Transaction Reply Report
VA	Veteran Affairs

MHL CHAMPS PET CODE DESCRIPTIONS

<u>PET CODE</u>	<u>PET Code Description</u>
ICO-COMM	MI Health Link Beneficiary living in the community; often referred to as “community well”
ICO-NFAC	MI Health Link beneficiary residing in a private Nursing Facility
ICO-CMCF	MI Health Link beneficiary residing in County Medical Care Facility (CMFC; Public Nursing Facility)
ICO-HCBS	MI Health Link beneficiary receiving C-Waiver (Home and Community Based) Services in the community
ICO-HOSH	MI Health Link beneficiary receiving Hospice service at home
ICO-HOSW	MI Health Link beneficiary receiving C-Waiver (Home and Community Based) Services in the community and Hospice services at home concurrently
ICO-HOSN	MI Health Link beneficiary receiving Hospice services in a Nursing Facility
ICO-HOSC	MI Health Link beneficiary receiving Hospice Services in a County Medical Care Facility (CMCF)
ICO-HOSR	MI Health Link beneficiary receiving Hospice services in a Hospice Residence Facility

ADMISSION NOTICES

- All Nursing facilities, hospitals, state-owned and operated facilities, CMHSP facilities, Hospice, MI Choice Waiver, and MI Health Link agencies must enter beneficiary (MSA2565-C) admissions, transfers, and discharges directly in CHAMPS. A completed admission will assign a PET code. Alternatively, when a discharge is completed in CHAMPS, the beneficiary's PET code will end date to reflect the discharge date. The admission or discharge should be submitted even if Medicare or other insurance covers the person's stay.
- Facilities entering the admission records (MSA-2565-C) in CHAMPS automatically triggers PET code changes, enrollment files, health plan capitation payments, and more systematically. The State's enrollment broker, Michigan ENROLLS, also uses the data when processing passive enrollments to determine eligibility for the MI Health Link program.
- It is critical that these records are submitted to CHAMPS as soon as possible upon election/admission and/or discharge for the next PET CODE to set correctly.
- Please do NOT submit an SR if you are aware that the facility has not yet updated the admission record. Please work with the facility to get the record entered. If the facility is reporting an error to your ICO plan when trying to enter the admission records, please advise the facility to contact: ProviderSupport@michigan.gov for assistance.
- **NEW:** HCBS admission notices are entered by either the plan or, in some cases, the MHL waiver team. Adding an HCBS enrollment will automatically update the PET code to ICOHCBS. If the admission notice is entered and the PET code does not match, please submit an SR. Any other issues with the HCBS enrollments need to be worked through with the MHL waiver team via e-mail: MDHHS-MHL-Waiver@michigan.gov for assistance.

ACCESS TO CARE

- ICOs are required to cover services in the event of a discrepancy between MARx and CHAMPS until the discrepancy has been resolved to avoid access to care issues. The Plan is required to remove all barriers in assisting the member to obtain needed services. See SR Tips for PHI.
- When an individual is enrolled in MI Health Link, the ICO is responsible for working with the MHLO, providers, and/or beneficiary/guardian to make sure services are delivered and the access to care issues are resolved for their members. This includes coordinating prior authorizations, following referral protocols, communicating with providers, and more.
- For Access to Care inquiries, please provide the MIHEALTHLINKQUEUE a new Service Request even if we currently have a previous open request still under review. This will allow for more efficient tracking. Emails are not necessary unless you are unable to provide all necessary documentation within the SR Description Field. Please see our SR Submission tips if emailing Screen Shots or PHI/PII.
- Examples of Access to Care issues and information to be included in SR documentation:
 - 1) Beneficiary is out of medication(s)- requires the ICO to provide the following information in the SR:
 - a) The name of the medication
 - b) The name of the Pharmacy
 - 2) Beneficiary is currently at pharmacy waiting for a prescription- requires the ICO to provide the following information in the SR: a) The name of the medication
b) The name of the Pharmacy
 - 3) Having a scheduled appointment- requires the ICO to provide the following information in the SR:
 - a) The name of the DR.
 - b) What the appointment is for
 - c) When the appointment is

- 4) Transportation being denied to an appointment- requires the ICO to provide the following information in the SR:
 - a) What the appointment is for
 - b) When the appointment is

- 5) Being refused to be seen at the doctor (that day and in office) requires the ICO to provide the following information in the SR:
 - a) The name of the DR.
 - b) What the appointment is for
 - c) When the appointment is

- 6) Inability to schedule an appointment for a needed surgery:
 - a) Immediate need? Y/N
 - b) The name of the DR.
 - c) What the appointment is for
 - d) When the appointment is

PERMANENT DISCREPANCY

CMS has given clarification regarding when it is appropriate to document a case as a permanent discrepancy. Such cases will be documented as “Per CMS National Enrollment and Disenrollment Guidance 40.2 <segment> will remain a permanent discrepancy to do least harm to the member.”

Instances that may be documented as a permanent discrepancy include but are not limited to:

- Incarcerations ○ Ends day prior to incarceration start date in CHAMPS and last day of the month in MARx.
- State Psych ○ Ends day prior to admission in CHAMPS and last day of the month in MARx.
- **NEW:** VA Home
 - Ends day prior to admission in CHAMPS and last day of the month in MARx.
 - If it is determined that a member has relocated to a VA Home, please submit an SR for disenrollment.
- Timely Medicaid loss ○ When there is a file delay between BRIDGES and CHAMPS.
- DOD during Deeming ○ When a member’s date of death occurs during a deeming segment, CHAMPS is currently set up to remove the full deeming segment. The ICO will end the last effective month MA eligibility was active and MARx will continue to end the month of death.
- Loss Of Medicare A/B/D Entitlement ○ ICO enrollment may end on the Medicare side the last day of the month prior to the beneficiary losing Medicare A/B/D Entitlement. If the loss is prior to the start of the ICO enrollment, the entire ICO segment may be removed. Beneficiaries with questions should contact Social Security Administration.

NOTE: When the deeming end date in CHAMPS matches the enrollment end date in MARx, the systems are considered aligned, and the case is not considered a discrepancy. In some cases, up to three months of deeming may be applied for the purpose of reducing the length of time marked as a permanent discrepancy between CHAMPS and MARx.

For any SRs where section 40.2 was referenced in the response, the case will be marked as a permanent discrepancy as CHAMPS and MARx are not aligned and continue to stay a permanent

discrepancy. If at any point the information in the systems has changed and can be aligned, please submit a new SR. While cases are documented as a permanent discrepancy, ICOs are expected to cover all MI Health Link services for individuals who are active in at least one of the two systems (i.e., CHAMPS or MARx) per current guidance during discrepant timeframes.

APPENDIX A

SERVICE REQUEST SUBMISSION TIPS

General Tips:

- **NEW:** Please ensure all newly hired CRM users, as well as seasoned enrollment staff, receive and review the SR Guidance prior to SR Submission. We are seeing a trend of non-discrepant SRs being submitted that can easily be answered within the guidance. This contributes to backlogged requests and greatly inhibits our ability return request timely.
- **NEW:** Please ensure SRs concerning the misalignment of end dates between systems are not created and sent to the MHLQUEUE until the 11th day of the month as multiple CMS and State files do not run until the 10th of every month. Waiting to send SRs until the 11th of each month may resolve current issues seen. Note: This does not apply to Access to Care cases. Beyond this time frame, please do not submit your reconciliations all at once in a monthly or quarterly fashion. Frequent submission of reconciliations lessens the backlog of the MHLQUEUE.
- **NEW:** Please encourage enrollment staff to call in to the monthly Operations Meetings and scheduled Payment Subgroup Sessions or advise the appropriate attendees to pass information along to enrollment staff. These meetings are where most SR guidance modification notices will be shared.
- **NEW:** Moving forward, SRs that are not following the standards outlined within the SR guidance may be returned to the creator requesting additional information for research or proper documentation. For Example: - Correct type and reason code for tracking - Correct plan provider Id for the ICO Health Plan - Correct information within description field outlined in SR Guidance - Correct status for Access to Care - Verified information of OOSA cases. Resubmission for a corrected SR will be worked in order received, not by the original created date. Sending the SR with proper documentation and correct Type and Reason Code is critical for our reporting metrics, CRM Audits, and the Enrollment Department's daily reporting metrics. In addition, Type and Reason codes are utilized to rank prioritization of SRs. Please ensure SRs that MHL return are reviewed by the original

creator. At times, the enrollment team will provide supportive feedback on the case that may be necessary to review before submitting similar cases.

- When a beneficiary is enrolled in MI Health Link, the ICO is responsible for working with the MHLO, providers, and/or beneficiary/guardian to make sure services are delivered and the access to care issues are resolved for their members. This includes coordinating prior authorizations, following referral protocols, communicating with providers, care coordinators, and more. The MHL Enrollment Team will work service requests in order received. Higher priority cases will be monitored regularly to help align the systems so the member can continue to receive services they need as quickly as possible. Please be sure you have properly researched CHAMPS, MARx, and your enrollment files PRIOR to creating an SR.
- Please ensure you are using the correct CRM Profile to login your ICO plan. This includes utilizing the correct Plan Provider ID upon submission to ensure we have accurate information for reporting metrics between Managed Care and ICO. Submitting with the incorrect profile or provider ID may result in negative compliance audit findings.
- Please ensure when creating a Service Request that you save your SR with (CTRL+S). This prevents the system from deleting the request prior to submission. If you believe your service request was sent to a different queue and did not make it to the MHLQUEUE, please reach out to MDHHS Siebel Administrator, Laura Hinman. You may be directed by the Siebel Administrator to create a new Service Request. If additional information is required following contact with Laura Hinman, MHL will only provide status to inquires that are 1) Emailed to the MDHHS SR Mailbox; and 2) Correspond to an SR that was submitted to the MHLQUEUE 3 months ago or longer. Note: This will not expedite research or resolution of the SR.
- Standard Of Promptness (SOP):
 - Please create and submit a NEW Service Request AFTER 45 days from the date of resolution if the noted action is not reflected in systems for any case returned to sender. MHL staff will escalate the action to the appropriate area. Please add to the top of the Description box- “Not resolved per SOP” with your initials and date

resubmitting to MHL Queue. If the segments have been corrected but a new issue arises, this should be considered as a new Service Request.

- **NEW:** If the segments have been corrected but a new issue arises, this should be considered a new Service Request and not SOP related.
 - **NEW:** If a current SOP SR is still open with MHL, a second SR as a reminder that it has remained unresolved for more than 45 days is not needed as this creates unnecessary duplicates. However, if an SR is not returned with resolution within 90 days, an email requesting confirmation whether the SR was received may be sent to MDHHS-MHL-SR-ASSISTANCE@Michigan.gov. MHL will confirm if the Service Request is currently open in our MHLQUEUE or if you may need to resubmit a new Service Request if it was not successfully transferred to our unit. Note, detailed Status on each Service Request will not be provided while the case is still being reviewed internally.
- SR Discrepancy over 1 Calendar Year Old:
 - Service Requests with enrollment discrepancies over one year old are accepted and will be reviewed. However, all plans should be completing their reconciliation processes regularly to avoid downstream impacts which can interrupt members' services, provider billing, payment reconciliation processes, and our ability to make the needed change in the systems. Please note, this may result in the case being marked as a Permanent Discrepancy as least harm to the beneficiary.
- One-Day Enrollment Gap in CHAMPS
 - **NEW:** We are continuing to receive Service Requests for old Dates of Service (prior to 24 months lookback) showing a 1-day gap in enrollment in CHAMPS. This is where for only one day of the month, the member is showing FFS rather than ICO. Unless it is the first day of the month, or there is a downstream billing concern, please do not submit these SRs. There is no impact to the ICO capitation payment. If enrollment is active the remaining days of the month in CHAMPS, and MARx shows enrollment for the month, the systems are considered aligned.
- Demographic Issues:
 - At times, demographic corrections are needed to a beneficiary's case. This may include but is not limited to: Name/DOB/Age/Gender/SSN/ DOD/Incarcerations Status errors and more. Beneficiaries or their guardians should first attempt to contact their local County DHS Case Worker and Social Security Administration for assistance. These corrections often need proof with certified documentation; therefore, MI Health Link cannot make these changes on the beneficiary's behalf

and may not be able to resolve the issue alone by alerting these departments if documentation is not already on file.

- Emailing MI Health Link Enrollment Team:
 - IMPORTANT: When emailing MI Health Link, please be advised that all Personally Identifiable Information (PII) and/or Protected Health Information (PHI) must now be presented in a password secured email or password protected attachment and or secured submission. Please do not include this information within the body of the email unless it has been sent in a protected manner. All PII/PHI should otherwise be sent in a password protected attachment. MDHHS must adhere to the Compliance Department as well as CMS Policy when accepting and returning emails with PII/PHI on our servers. This includes screenshots/images emailed to our department. DO NOT include the password in your original email. This is a security violation. Please follow up with a second email with the same subject line, referencing the new password.

- Encounters and Payments:
 - **NEW:** Please do not submit SRs to MHLQUEUE inquiring on encounters status or receiving/not receiving payment.
 - For general Encounter and Payment related questions, please email:
 - Rebecca Gillmore: GillmoreR@Michigan.gov

- Adding or Removing Opt-Out Flags:
 - **NEW:** Please note the MHL Team cannot manually add the ICO opt-out flag in CHAMPS or MARx. Providers cannot request this to be added on behalf of a beneficiary. All ICO eligible and/or enrolled beneficiaries and/or Authorized Representatives may request this flag to be set or removed by contacting MI Enrolls.

- Discrepant Cases over 1 Calendar Year Old:
 - **NEW:** Please note, CMS does not typically permit cases to be reworked for correction over a year old. Please ensure you are submitting discrepancies timely to avoid a permanent discrepancy and downstream billing and payment discrepancies. All ICO Health Plans should be working reconciliations on a regular basis.

- OOH and HHBH Benefits:
 - **NEW:** Individuals using Opioid Home Health Benefits (OOH) and individuals using Home Health Behavioral Health benefits (HHBH) cannot use these services while enrolled in ICO Program. These individuals cannot voluntarily or be passively enrolled while OOH or HHBH are in effect. The ICO will end the last day of the month in CHAMPS and MARX, the new OOH or HHBH benefit will take effect the following first day of the month when these services are needed.

APPENDIX A

FILLING OUT A SERVICE REQUEST WITH ICO TYPE AND REASON CODES

Each ICO beneficiary case is unique, and all details of the case require review to inform the appropriate course of action. Choosing the correct “TYPE AND REASON” Code aids in MHL reporting metrics and audit reports. It is imperative to select the most appropriate “TYPE” and “REASON” for the enrollment division to pull Service Requests in a timely manner. Reason Codes will be prioritized in order received and level of importance.

Choosing the correct “PRIORITY” is also imperative when filling out your service request. Often, our enrollment staff must reach out to external vendors for assistance correcting a case which may lengthen the research time. Informing staff of critical information may help other parties involved resolve the discrepancy in a timely manner. All Immediate Service Requests received will be pulled to the enrollment staff’s queue based on an internal rotation schedule. Enrollment Staff look every hour for Immediate cases received and pull “after business hours and weekend” cases submitted.

NEW: Please always check both systems (CHAMPS and MARx) prior to SR submission for correct end dates.

NEW: All date ranges must be documented with the correct number of digits (mm/dd/yyyy-mm/dd/yyyy) for the MHL to accurately pull discrepancy dates per month.

NEW: End Users should be selecting the Type Code as Administrative Change followed by the most appropriate Reason code to identify the issue. This aids in categorizing the queue for quicker reference and helps us determine trends and identify potential issues. The team has been correcting the Type and Reason Codes on resolved cases for accurate tracking. Moving forward, the case will be reassigned back to the creator without a resolution to correct the Type and Reason code for resubmission. These will not be escalated based on the original created date for any SOP scenario. Below please see the most common TYPE and REASON Codes that may be applicable to your beneficiary’s scenario.

ICO-DISCREPANCY

ICO Discrepancy should be utilized as a reason code for any member's enrollment segment that is misaligned between CHAMPS and MARx. This could include where one system has ended, the other is ongoing, missing enrollment segments, or any other situation in which there is active enrollment in one system for any length of time, but not the other.

Scenarios of ICO Discrepancy:

- MARx (DTRR) and CHAMPS (834) show enrollment in different programs.
- Cases where the ICO has received more than one beneficiary ID for a single member. These cases are referred to as 'duplicate ID.' Please add DUPLICATE ID in Description box using CAPITAL LETTERS.
- The enrollment is misaligned due to the case ending in one system but not the other after an OOSA update.
- All other enrollment issues that are not specified under type and reason codes noted below.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-DISCREPANCY
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- OTHER: <Insert other important information about this case>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/----

ICO-DEEMING

ICO-Deeming should be utilized as a Reason Code for any member's enrollment segment that is misaligned between CHAMPS and MARx where one to three months of deeming may need to be added, shortened, or removed to align the systems. **NEW:** In situations where the deeming end date matches the MARx enrollment end date, the case is aligned. No SR is needed. For example: CHAMPS: ICO 06/01/2021 - 12/31/2021. Deeming 01/01/2022 - 03/31/2022. Marx: ICO 06/01/2021 - 03/31/2022.

NEW: OOSA with Deeming:

- If the beneficiary relocated out of state or country during any of the three months of deeming, these months should be removed.
- If the beneficiary relocates prior to deeming effective dates, deeming should be removed.

NEW: If the member elected a non-ICO plan in MARx, deeming would end the last day of the month prior to the new enrollment elected in MARx/TPL records. For example: CHAMPS ICO enrollment 09/01/21-09/30/2021. Deeming 10/01/2021-12/31/2021. MARx: ICO enrollment 09/01/2021-11/30/2021. Non-ICO enrollment elected 12/01/2021. New deeming segment 10/01/2021-11/30/2021.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-DEEMING
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- DEEMING SEGMENT: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/---

ICO-DOD

ICO-DOD (Date of Death) should be utilized as a Reason Code for any member's enrollment segment that is interrupted due to a member's date of death.

Scenarios for DOD:

- CHAMPS has DOD on file and ICO enrollment has termed; MARx is missing the DOD and possibly has enrollment still ongoing.
- MARx has DOD on file and ICO enrollment has termed; CHAMPS is missing the DOD and possibly has enrollment still ongoing.

Note: The MHL Enrollment Team is not able to manually add a beneficiary's Date of Death as this requires certified documentation. Please always encourage the correct source to report the correct Date of Death and Death Certificate Number to Local DHS Office Case Worker and Social Security Administration.

- **NEW:** MARx will always end the last day of the month during which the DOD occurs. CHAMPS will only end the last day of the month with COMM and HCBS PET Codes. You will see a split segment with all other PET CODES (NFAC, HOSC, HOSH, HOSN, HOSR, HOSW, CMCF) ending ON the DOD, followed by COMM setting the day AFTER DOD through the end of the month. Please ensure you review CHAMPS Pet Codes to see this split segment change before creating a Service Request. Example: DOD: 12/07/2022. ICO-NFAC 06/01/2022 - 12/07/2022. ICO-COMM 12/08/2022 - 12/31/2022. This is correct. Please do not submit an SR.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-DOD
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION)
- Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- DOD CHAMPS:
- DOD MARX:
- OTHER: <Insert other important information about this case such as Death Certificate Number>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/---

ICO-PET CODE ISSUES

PET CODE ISSUE should be utilized as a Reason Code for any member where CHAMPS and MARx show aligned, but the PET Code itself is not set correctly. The PET Code may need to be adjusted to align with the CHAMPS Admission Records.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-PET CODE ISSUE
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- Current PET Code: <PET>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/----

ICO-HCBS

HCBS should be utilized as a Reason Code for any member who is currently receiving Home and Community Based Services (HCBS) and the PET Code needs to be set or edited in CHAMPS to align with the CHAMPS Admission Record.

HCBS to NFAC: For members who were receiving HCBS services and were admitted to a nursing facility for any length of time, the PET Code will be switched immediately. Upon discharge from the nursing facility, if the member continues to receive waiver services, a new waiver enrollment will have to be entered into CHAMPS, which will trigger the PET Code to change to HCBS.

NEW: Please ensure the admission records are reviewed in CHAMPS prior to submitting the Service Request. If there are issues updating the admission record, please note any error messages to the Waiver Team. Please only submit SRs when the PET Code is incorrect. All other inquiries should be sent to the MHL Waiver Team (email address listed in Key Contacts).

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-HCBS
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/----

ICO-HOSPICE

HOSPICE should be utilized as a Reason Code for any member who is currently receiving Hospice Services and the PET Code needs to be set or disenrolled in CHAMPS in order to align with the Admission Record.

Please ensure admission record is up to date prior to submitting the SR. CHAMPS permits different Hospice PET Code based on the location/Level of Care of the beneficiary. For example:

- ICO-HOSH
- ICO-HOSW
- ICO-HOSN
- ICO-HOSC
- ICO-HOSR

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-HOSPICE
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- PET CODE: <Please identify which Pet code is missing or incorrect based on admission record>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/----

ICO-INCARCERATION

INCARCERATION should be utilized as a Reason Code for any case where a source other than the DTRR reports the member is incarcerated and the PET Code and/or the enrollment segments may need adjustment. CHAMPS sets the PET Code based on Prison or Jail.

- ICO-PRSN
- ICO-JAIL

NOTE: DO NOT submit SRs for incarceration based on your DTRR files. DTRR data regarding incarceration is informational only and should be verified through another source, such as a Care Coordinator, Legal Guardian/Authorized Representative, etc., before sending an SR to the State of Michigan. If you first identify an incarceration issue via the DTRR and later verify the information through another source, you SHOULD submit an SR following this guidance. Please encourage the source to report this information to the beneficiary's Local DHS Office and the Social Security Administration.

The CHAMPS enrollment segments will show the ICO enrollment ending the day prior to the intake day of incarceration. The MARx enrollment segment will end the last day of the month the member became incarcerated.

NEW: MHL cannot directly add or remove Incarceration Status. Documented proof is encouraged to be reported to both MDHHS Local Office and Social Security Administration by the Beneficiary or Legal Representative.

NEW: Announcement of June 26, 2022, Software Release - Disenrollment for Individuals Who Are Incarcerated in the United States [HPMS Announcement memo November 2021 90 NLP FINAL.pdf](#). For cases impacted by MARX showing an invalid incarceration segment and or an invalid unlawfully present segment that removed ICO enrollment in MARX, please advise the beneficiary that they must contact the Social Security Administration to resolve the issue. Please do not submit Service Requests to the MHL Team, as we cannot correct incarceration records in MARx.

- Once SSA has corrected the Incarceration/Unlawfully Present Status and the beneficiary is eligible again for enrollment in Marx, a new SR may be submitted to align segments that were previously marked permanent discrepancies.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-INCARCERATION
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- INCARCERATION INTAKE/RELEASE DATE: < mm/dd/yyyy- mm/dd/yyyy>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/--

ICO-NURSING HOME

ICO-NURSING HOME should be utilized as a Reason Code for any case when an enrollee is currently receiving nursing home care and the PET code needs to be set or disenrolled in CHAMPS to align with the Admission Record.

Please ensure the admission record is up to date prior to submitting the SR. CHAMPS permits different Nursing Facility PET Codes based on the type of facility to which the member is admitted. For example:

- ICO-NFAC
- ICO-CMCF

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-NURSING HOME
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- PET CODE: <Please identify which Pet code is missing or incorrect based on admission record>
- OTHER: <Insert other important information about this case.>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/---

ICO-OOSA

Any case where a Beneficiary; Legal Guardian or Authorized Representative reports the beneficiary is no longer permanently residing in the MI HEALTH LINK service area. CHAMPS and MARx may still be ongoing if the member have not yet reported relocation to their Local DHS Case Worker and Social Security Administration.

Please do not submit Service Requests for address validation requests. It is the responsibility of the ICO to confirm the address with the member/member's guardian.

NEW: Please note, MHL WILL accept a Service Request for Out of Service Area if you have verified the following:

- “Original Source was the beneficiary /Legal Guardian/ Authorized Representative reporting the relocation, this should be noted who reported (Full Name and Role) the change”
- “If an enrollee’s county code has changed in CHAMPS and MARx has not received the disenrollment”
- “If the county code on your 834 Enrollment file has updated to outside of the service area and CHAMPS and or Marx has not acted”
- "If an Enrollee’s Street address on the Enrollment file is outside of the ICO’s service area but the county code does not reflect the new address”
 - i. MDHHS will expedite prospective disenrollment’s of Enrollees and process all such disenrollment’s effective the next available month after notification from MDHHS that the Enrollee has left the ICO’s Service Area.
 - ii. If the county code on the Enrollment file is outside of the ICO’s Service Area, the ICO is responsible for requesting a disenrollment. MDHHS will automatically disenroll the Enrollee for the next available month.

NEW: Facilities cannot request MHL to add their primary practice location on as the primary residency of a beneficiary. Beneficiaries/Legal Guardian must report this just like any other address correction to DHS Case worker if this is the new Physical and or mailing address they want on file. The admission record is reviewed with DHS to determine short/long term stay for appropriate address updates.

Primary practice location as the Resident's Permanent Address must be confirmed by the beneficiary and corrected with local DHHS office.

IMPORTANT: CHAMPS has several types of addresses that could potentially be listed on any given member's case such as: Physical, Mailing, Guardian, Payee, Authorized Representative, etc. The ICO Enrollment is based on the County of Residence Coded for the member, this may or may not be the same as the member's County of Assistance, or their mailing address. It is a beneficiary's responsibility to report all associated addresses to their DHS Case Worker timely in order to appropriately determine whether the member is eligible for ICO enrollment. Please encourage your members to report address changes to the correct departments for faster updates: ○ Members must inform their MDHHS County Case Worker of a change of address and/or update their address via the member's MI Bridges account

□ Link to MI Bridges: www.michigan.gov/mibridges ○ Members must inform Social Security about any address change.

□ Call toll-free number 1-800- 772-1213 (Monday to Friday 7am – 7pm).

□ TTY users should call 1-800-325-0778. The call is free.

□ Members can also change an address and phone number by going to their

Social Security account at: <https://www.ssa.gov/myaccount>

Possible OOSA Scenarios:

- When the local MDHHS Case Worker has adjusted the Address and County Codes in Bridges, CHAMPS will receive an end date to the address line within the Member Display Base. This will trigger the ICO Enrollment segment in CHAMPS to term for the end of the current month. Please provide MHL a Service Request for ICO-DISCREPANCY if MARx is not reflecting the disenrollment and the cases are now misaligned.
- When both CHAMPS and MARx are showing ongoing and the ICO plan received written or verbal notification verified with the member; legal guardian; authorized representative that the member has recently relocated. MHL is unable to use alternative resources such as DTRR, MARx, ICO plans demographic files/reports as confirmation of relocation alone. If you first identify an OOSA issue via the DTRR and later verify the information through another source, you may submit an SR for ICO-OOSA following this guidance.
- ICO Call Centers, Case Managers, Care Coordinators, or other alternative parties must validate they have verified the address changes with the beneficiary and assisted the beneficiary in ensuring they reported the change to the correct departments for updates before reporting to the plan to submit a Service Request.

- Temporary out of service area for up to 6 months is permitted. If it is determined through sources identified above that the member will not be returning to the service area prior to the end of 6 months, the case can be termed at that point.

Once the DHS Case Worker is notified of an address change and makes the correction in Bridges, the CHAMPS ICO enrollment segment will end prospectively on the last day of the month the beneficiary reported his/her relocation. CHAMPS will receive the updated address from Bridges. Accordingly, once the updated address is on file in CHAMPS, the MARx ICO enrollment segment will end prospectively on the last day of the month of relocation resulting in aligned systems.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-OOSA
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS ENROLLMENT: mm/dd/yyyy- mm/dd/yyyy
- MARx ENROLLMENT: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- REQUIRED INFORMATION:
- NOTIFICATION REPORTED BY: <Full Name and Role of Who notified ICO of the address change> Example: Care Coordinator collected address change directly from Beneficiary/Legal Guardian/ Authorized Representative (Name)
- DATE OF NOTIFICATION RECEIPT: < mm/dd/yyyy>
- WAS THIS VERIFIED VERBALLY OR IN WRITING WITH MEMBER/GUARDIAN: <Must validate YES and Date mm/dd/yyyy>
- DATE OF VERIFICATION: < mm/dd/yyyy>
- DATE OF ADDRESS CHANGE: < mm/dd/yyyy> Please note, the MARX and CHAMPS enrollment will end prospectively in most situations
- OLD ADDRESS:
- NEW ADDRESS:

- DID ICO CARE COORDINATOR EDUCATE MEMBER ON AVENUES TO UPDATE ADDRESS:
<Yes/No>
- ICO EXHIBIT LETTERS: <What Exhibit letters have been sent to the member? Please include Exhibit Number, date submitted and # of attempts to reach the member>
- OTHER: <Insert other important information about this case.>
<Insert initials and current date of request>

ICO-PERSONAL CARE

ICO-PERSONAL CARE should be utilized as a reason code for any member's enrollment segment where any non-HCBS member is being provided personal care services and there is a discrepancy between CHAMPS and MARx dates.

Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type: ADMINISTRATIVE CHANGE
- Reason: ICO-PERSONAL CARE
- Origin: HEALTH PLAN
- Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION) • Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Service Request Description – Insert the following criteria, as well as any other important information about the case:

- CHAMPS: mm/dd/yyyy- mm/dd/yyyy
- MARx: mm/dd/yyyy- mm/dd/yyyy
- MBI: <MBI>
- OTHER: <Insert other important information about this case>
- <Insert initials and current date of request>
- INITIALS: xx DATE: --/--/----

APPENDIX B

HOW TO FILL OUT YOUR SERVICE REQUEST

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. Note, please only enter one Member ID per Service Request. (The Last name, first name, SSN and DOB of the member should auto-populate based on the Member ID.)
Example:

Individual	
Member Id:	1234567890 
Last Name:	DOE 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields MUST be filled out completely in ALL SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR. *Example:*

Caller

Last Name:

First Name:

Call Back#:

Language:

Email Address:

Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button): Example:

Facility

NPI#:

Business Name:

Facility Provider Id:

Fac Provider Type:

Fac Specialty:

Fac Sub-Specialty:

Plan **Click here** 

Business Name:

Plan Provider Id:

Action 2 (Enter Plan Provider ID): Example:

Pick Plan

Business Name

Enter Query.

Business Name	Plan Prov	Business	Start Date	End Date
	1112233			

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2): Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE

Reason: ICO-DISCREPANCY (CHOOSE THE MOST APPLICATIVE FOR YOUR SITUATION)

Origin: HEALTH PLAN

Origin Format: REPORT (CHOOSE MOST APPLICATIVE FOR YOUR SITUATION)

Priority: NORMAL (CHANGE TO IMMEDIATE ONLY FOR ACCESS TO CARE)

Example:

Description Information	
Type:★	ADMINISTRATIVE CHANGE ▼
Reason:★	ICO DISCREPANCY ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists:	<input type="checkbox"/>

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: mm/dd/yyyy- mm/dd/yyyy

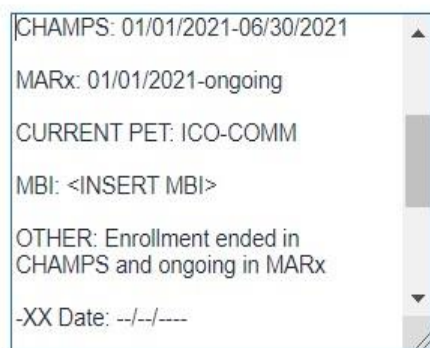
MARx: mm/dd/yyyy- mm/dd/yyyy

MBI: <MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request> *Example:*

Description:



CHAMPS: 01/01/2021-06/30/2021
MARx: 01/01/2021-ongoing
CURRENT PET: ICO-COMM
MBI: <INSERT MBI>
OTHER: Enrollment ended in CHAMPS and ongoing in MARx
-XX Date: --/--/----

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last name = QUEUE; First name = MIHEALTHLINK.) Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button): Example:



Current Owner:*

Area:

Click here

Group:

Externally Transferred From:

Created By: DOJ

Bene Eligibility:

Action 2 (Click on the magnifying glass to query for a user): Example:

Pick Current Owner X

Click here 

Last Name 1 - 10 of 12+



Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUEE		

< >> >>>

OK **Cancel**

Action 3 (Type in the user ID): Example:

Pick Current Owner X

  Last Name Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< >> >>>

Cancel

Action 4 (Select the correct user and click 'OK'): Example:

Pick Current Owner X

 Last Name 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUEE		

< >> >>>

OK **Cancel**

Thank you,

For any outstanding questions, please e-mail: MDHHS-MHL-SR-ASSISTANCE@Michigan.gov
MI Health Link Enrollment Team