Bulletin Number:	MSA 07-32
Distribution:	Nursing Facilities (Provider Type 60)
	County Medical Care Facilities (Provider Type 61)
	Hospital Long Term Care Units (Provider Type 62)
	Hospital Swing Beds (Provider Type 63)
	Ventilator Dependent Units (Provider Type 63)
	Nursing Facilities for the Mentally Ill (Provider Type 72)
Issued:	June 29, 2007
Subject:	Elimination of the Long Term Care Eligibility List - Report Number FM-160
Effective:	As Indicated
Programs Affected:	Medicaid

Each month the Michigan Department of Community Health (MDCH) mails a FM-160 report to each Medicaid enrolled nursing facility. This report lists Medicaid eligibility information about the residents living in their nursing facility. With the conversion to the National Provider Identifier the Department of Community Health along with the Department of Information Technology will no longer maintain the FM-160.

Effective September 1, 2007, Medicaid will cease production of the FM-160 Report.

The following Electronic Data Interchange (EDI) alternatives are available at no cost through the Michigan Public Health Institute (MPHI) for nursing facilities to verify Medicaid beneficiary eligibility:

- **X12 270/271 (Real time) Transaction:** Allows nursing facilities to submit individual eligibility requests at any time using a single Date of Service (DOS) or DOS span. This option provides an immediate real time response to each eligibility request. The following website provides additional information including testing and MPHI's companion guide: http://mihealth.org/ click on Trading Partners >> Medicaid Healthplan 270/271 Companion Guide v3.0 >> MPHI Companion Document v3.0 20070312.pdf.

- **X12 270/271 (Batch) Transaction:** This alternative is currently not available, but will be available prior to September 1, 2007. This alternative will allow nursing facilities to submit a file with their entire facility roster at any time and receive a response file within 24 hours. Note: Responses will usually be returned within an hour depending on the size of the file and if other files are being processed at that time. The following website provides additional information including testing and MPHI's companion guide: http://mihealth.org/ click on Trading Partners >> Medicaid Healthplan 270/271 Companion Guide v3.0 >> MPHI Companion Document v3.0 20070312.pdf.

- **MI Healthplan Benefits Website:** This is a web-based verification system to submit individual or multiple eligibility inquiries (up to 15 at a time) using a single DOS or DOS span. The following website contains an access enrollment form: https://healthplanbenefits.mihealth.org/ click on Enrollment Form.

MPHI receives daily eligibility updates and weekly other insurance (TPL) updates from MDCH. Nursing facilities will be able to submit eligibility inquiries at any time using these EDI options to receive/maintain accurate and up-to-date beneficiary eligibility information.

Eligibility Information available thru MPHI:

- Medicaid eligibility information including CSHCS, MOMS, ABW, and MI Child.

- Other eligibility information: Program code and scope/coverage codes.

- Level of Care (LOC) Authorization information: LOC code including Provider ID, Patient Pay Amount and Redetermination Date* for LOC 02 & 16 authorizations.

- Beneficiary information: Name, gender, date of birth, ID number, case number and residence county code.

- Department of Human Services (DHS) information: Office phone number and case worker load number.

- Other Insurance (TPL) information (if on file for DOS).

- Check any date of service that is within one year from the date of inquiry and future dates of service up to the end of the current month. Medifax and Web-DENIS also provide this feature.

Using MPHI's web-based services, facilities will be able to submit individual or multiple eligibility inquiries (up to 15 at a time) using a single DOS or DOS span at any time. Nursing facilities can store the monthly responses received from MPHI for historic purposes and quick reference. Facilities can also use MPHI's X12 270/271 transaction to submit eligibility inquiries at any time which can be stored for historic purposes and quick reference. Note: Nursing facilities can continue to use the other eligibility verification systems that are available thru BCBSM (Web-DENIS), Emdeon (formerly called Medifax; EDI products/services; there is a fee) and Healthcare Data Exchange (HDX; EDI services; there is a fee).

*Please note that the beneficiary's Medicaid redetermination date will not be available on MPHI until September 2007. However, nursing facilities should contact MPHI as soon as possible to begin testing the X12 270/271 and/or to obtain access into the MI Healthplan Benefits Website prior to the elimination of the FM-160 report in September. The redetermination date will only be available thru MPHI.

If you have any questions concerning this EDI alternative, please contact Jamy Hengesbach at (517) 335-6168 or e-mail hengesbachj@michigan.gov.

Manual Maintenance

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

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, 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

Paul Reinhart, Director
Medical Services Administration