



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Modernizing Continuum of Care (MCC) December 7, 2017

“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
- 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 17-33](#), [MSA 17-40](#) and [MSA 17-46](#)
- 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 17-48](#)).
 - Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

Admission & Enrollment Forms

- January 2, 2018, Hospice, SNF, Hospital, PACE and MI Choice providers will be required to enter admission or enrollment and discharge or disenrollment information directly 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 & Dis-enrollment

- Discharges & Dis-enrollment'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.
 - SNF → Hospital
 - SNF → Hospice
 - Hospice → SNF
- Dependent on the program type, the admission record may or may not be auto end-dated.
 - Hospice to Hospice is exempt from this auto end-date process

Program Enrollment Type (PET) Codes

PET Codes

- A crosswalk list of LOC to PET codes is in [MSA 17-40](#) as well as on the Medicaid Providers website which is listed on the resources slide.
- LOC 10 code will **NOT** be cross walked to a PET code
- Previously LOC 17:
 - SPF-INPT State Psych Facility
 - SPF-FULL State Psych, Full Medicaid benefits
- Previously LOC 32:
 - INC-JAIL Incarceration in Jail
 - INC-JDET Incarceration in Juvenile Detention
 - INC-PRSN Incarceration in prison

PET Codes (cont.)

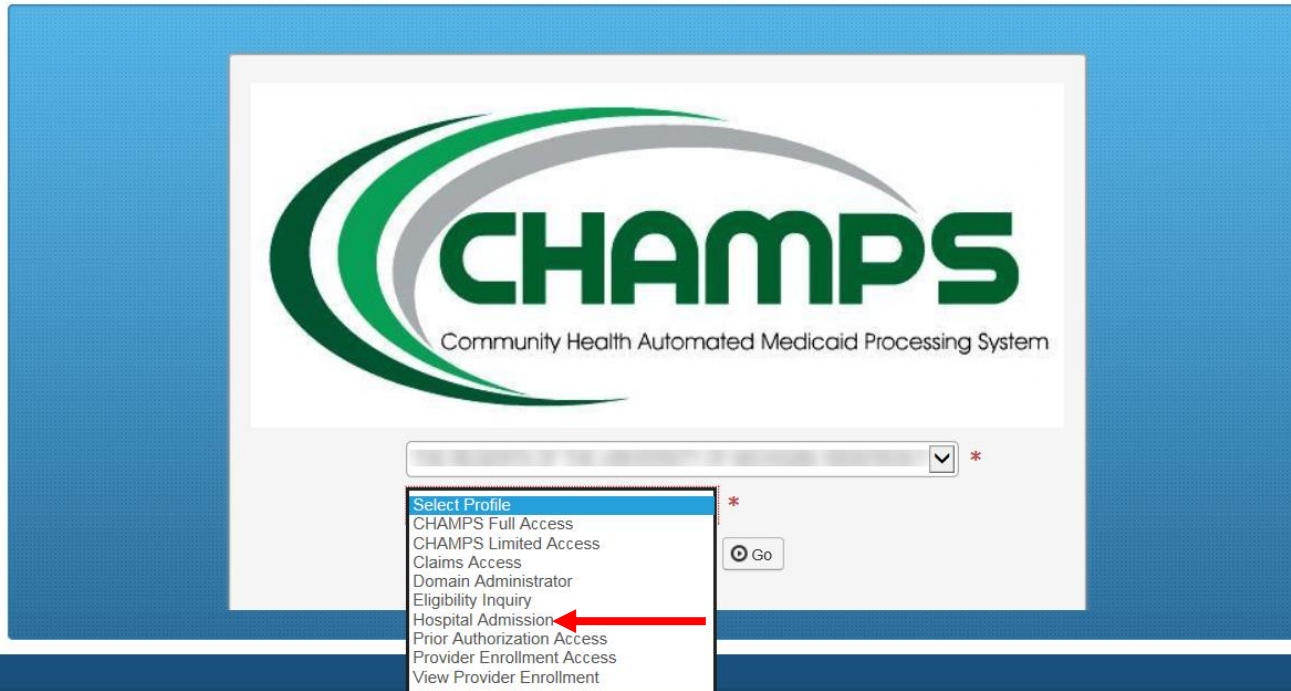
- LOC codes 07 and 11 now crosswalk to multiple PET codes:
 - MHP-COMM for beneficiaries residing in the community
 - MHP-NFAC for beneficiaries in nursing facilities
 - MHP-HOSH for beneficiaries receiving hospice at home
 - MHP-HOSR for beneficiaries receiving hospice in one of the state's 16 licensed 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-RESID Hospice at Residence Facility
 - MIC-HOSH Hospice at Community, along with MI Choice

CHAMPS Changes*

Screen changes within CHAMPS as of January 2, 2018



- As of January 2, 2018 when logging into CHAMPS to enter or view admission/enrollment information select the appropriate profile
 - Available profiles: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment and MI Choice Enrollment

Member ID: _____ Name: _____

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 12/15/2016 - 12/15/2016
GENDER: _____
DATE OF BIRTH: _____
CASE NUMBER: _____
CASE PHONE: EXT: _____
CASE EMAIL: _____
COUNTY OF RESIDENCE: _____
MAGI CATEGORY: _____
MA PROGRAM CODE: _____
CITIZENSHIP: _____
REDETERMINATION DATE: 01/31/2012

COMMERCIAL / OTHER: N
CSHCS RESTRICTIONS: N
MHP PCP: Y
BMP PROVIDER RESTRICTION: N
INDICATORS: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
WORKER LOAD NUMBER: _____
MDHHS PHONE: _____
MDHHS COUNTY: _____

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
MA-MC	MHP-COMM	MANAGED CARE	4318627	Click To View Service Types	01/06/2011	01/06/2011	10/01/2004	12/31/2999
CSHCS-MC	MHP-COMM	MANAGED CARE	2304993	Click To View Service Types	09/18/2011	09/18/2011	09/09/2011	12/31/2999
MME-MC	MHP-COMM	MANAGED CARE	2304999	Click To View Service Types	01/06/2011	01/06/2011	09/01/2009	12/31/2999
ICO-MC	ICO-COMM	MANAGED CARE	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999
NH	LTC-NFAC	FEE FOR SERVICE	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999
MC-EXM	EXM-CCI	NO BENEFITS	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999

View Page: 1 Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

PATIENT PAY

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTC/In-Patient	120.00	01/01/2014	12/31/2999

View Page: 1 Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- 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

Member ID: _____ Name: _____

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 12/15/2016 - 12/15/2016	COMMERCIAL / OTHER: N
GENDER:	CSHCS RESTRICTIONS: N
DATE OF BIRTH:	MHP PCP: Y
CASE NUMBER:	BMP PROVIDER RESTRICTION: N
CASE PHONE: EXT:	INDICATORS: N
CASE EMAIL:	COST SHARE MET: Y
COUNTY OF RESIDENCE:	CAP AMOUNT REMAINING(\$): 0.00
MAGI CATEGORY:	WORKER LOAD NUMBER: . . .
MA PROGRAM CODE:	MDHHS PHONE: _____
CITIZENSHIP:	MDHHS COUNTY: _____
REDETERMINATION DATE: 01/31/2012	

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS								
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CSHCS-MC	MHP-COMM	MANAGED CARE	2304993	Click To View Service Types	09/18/2011	09/18/2011	09/09/2011	12/31/2999
MME-MC	MHP-COMM	MANAGED CARE	2304999	Click To View Service Types	01/06/2011	01/06/2011	09/01/2009	12/31/2999
ICO-MC	ICO-COMM	MANAGED CARE	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999
NH	LTC-NFAC	FEE FOR SERVICE	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999
MC-EXM	EXM-CCI	NO BENEFITS	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2014	12/31/2999

View Page: 1 Page Count SaveToXLS Viewing Page: 1

PATIENT PAY			
Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTC/In-Patient	120.00	01/01/2014	12/31/2999

- The Patient Pay amount (PPA) is displayed within it's 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

CHAMPS My Inbox Provider Claims Reference Member

Quick Find Note Pad External Links My Favorites Print Help

MyInbox Member Enrollment Admission List

Close Add Enrollment/Admission

Member Enrollment/Admission List

Filter By Filter By Filter By Active Go Save Filters My Filters

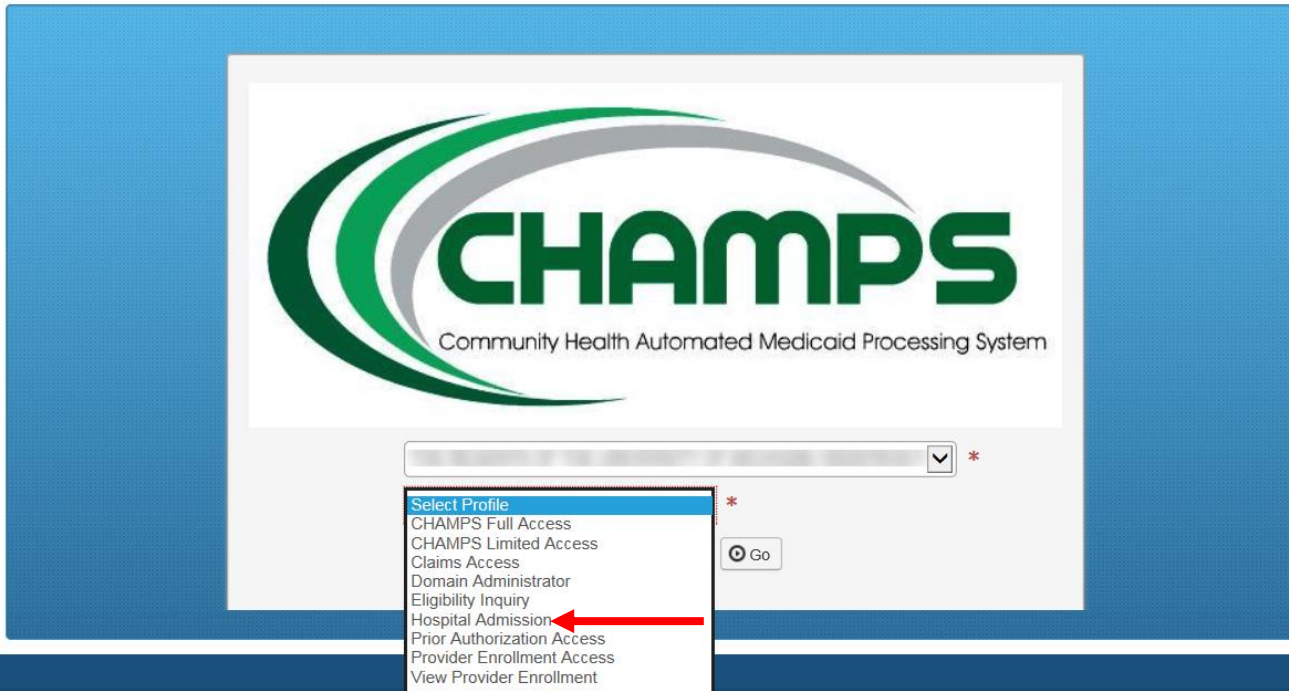
Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
Action					07/20/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
Delete											
Discharge/Disenroll					10/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
Edit Details											
Review					07/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
View Details											
View Eligibility					07/01/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					02/04/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					11/30/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					10/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
Action					01/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
Action					08/05/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	10/25/2017	10/25/2017
Action					01/05/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/25/2017	10/25/2017

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- 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

CHAMPS

My Inbox ▾ Provider ▾ Member ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: [redacted] Name: [redacted]

Latest update

System Notification

Due to R9-6.5 Release, the CHAMPS system will be down between 7:00 PM Friday, December 16th through 8:00 AM Saturday, December 17th, 2016. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [dropdown] [input] [Go] Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

13:01 8 September 2017 Friday

2017 September

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
←		Today		→		

- After logging into CHAMPS
- Click Member tab
- Select Program Enrollment/Admission

Close + Add Enrollment/Admission ←

Actions	Transaction ID ▲▼	Member ID ▲▼	First Name ▲▼	Last Name ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Created By ▲▼	User Type ▲▼	Created Date ▲▼	Modified Date ▲▼
Action ▼					08/01/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	11/22/2017	11/22/2017
Action ▼					08/12/2017	12/31/2999	COMPLETED	Process, Interface	State	09/25/2017	10/04/2017
Action ▼					09/25/2017	12/31/2999	COMPLETED	Process, Interface	State	09/30/2017	10/01/2017
Action ▼					07/24/2017	12/31/2999	COMPLETED	Process, Interface	State	09/27/2017	09/27/2017
Action ▼					07/17/2015	12/31/2999	COMPLETED	Process, Interface	State	09/23/2017	09/24/2017
Action ▼					08/13/2013	12/31/2999	COMPLETED	Process, Interface	State	10/23/2013	09/22/2017
Action ▼					05/09/2016	12/31/2999	COMPLETED	Process, Interface	State	09/13/2017	09/19/2017
Action ▼					02/24/2017	12/31/2999	COMPLETED	Process, Interface	State	09/16/2017	09/16/2017
Action ▼					06/30/2017	12/31/2999	COMPLETED	Process, Interface	State	09/14/2017	09/15/2017
Action ▼					11/19/2015	12/31/2999	COMPLETED	Process, Interface	State	09/10/2017	09/10/2017

View Page: 2 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Within the roster list page click Add Enrollment/Admission
- Throughout the entire admission/enrollment process all fields marked with a red asterisk (*) are required.

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Reference ▾ Member ▾

MyInbox > Member Enrollment Admission List

NPI: Provider Name: Close

Member Information

- *Program Type**: GENERAL HOSPITAL
- *NPI/Provider ID:**
- Provider Name:**
- Medicaid ID**: Medicaid ID
- SSN**: XXX-XX-XXXX
- *Date of Birth**: MM/DD/YYYY
- *First Name**
- Middle Name**
- *Last Name**
- *Gender**: ---SELECT---
- Marital Status**: ---SELECT---

Next

- As of Jan 2, 2018 these will be the new CHAMPS admission and enrollment screens
- 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

CHAMPS

My Inbox Provider Claims Reference Member

Quick Find Note Pad External Links My Favorites Print Help

MyInbox Member Enrollment Admission List

NPI: Provider Name: Close

Member Information

Admission Information

Discharge Information

Responsible Party Info

Address Information

Previous Facility Info

Insurance Information

Upload Documents

Certification

Admission/Enrollment Information

*Date of Admission/Enrollment
MM/DD/YYYY

Hospital Case Number

*Type of Facility
Select

*Is the Individual Anticipated to have Out-of-Pocket Medical Expenses?
 Yes No

*Facility Contact Person

*Facility Phone Number

*Is the Individual Expected to Move to Community?
 Yes No

*Is the Individual Expected to Return Home within 12 months of Facility Admission Date?
 Yes No

*Is this Admission Likely to be 30 days or Longer?
 Yes No

Estimated Length of Stay (in Months)
Select

Primary Diagnosis Code

Secondary Diagnosis Code

*Has this patient already been discharged from this facility?
 Yes No

Comments

Next

- This is the Admission/Enrollment Information screen
 - As clarified in MSA 17-46 Inpatient Hospitals should only use the admission screen when:
 - Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater or
 - Medicaid deductible beneficiaries (regardless of the length of stay) aka *spend-down* or
 - Private pay admission (regardless of the length of stay), to generate the Medicaid Application (or have the person [apply online](#))
- Click Next

The screenshot shows the CHAMPS Member Enrollment Admission List interface. The top navigation bar includes the CHAMPS logo, a back arrow, and tabs for "My Inbox", "Provider", and "Member". A utility bar contains "Quick Find", "Note Pad", "External Links", "My Favorites", "Print", and "Help". The breadcrumb trail reads "Provider Portal > Member Enrollment Admission List". A header bar displays "NPI:" and "Provider Name:" with a "Close" button. A left sidebar lists menu items: "Member Information", "Admission Information", "Discharge Information", "Responsible Party Info" (highlighted), "Address Information", "Previous Facility Info", "Insurance Information", "Upload Documents", and "Certification". The main content area is titled "Responsible Party Information" and contains the following fields:

- First Name:** Text input field with placeholder "First Name".
- Middle Name:** Text input field with placeholder "Middle initial".
- Last Name:** Text input field with placeholder "Last Name".
- Relationship to Patient:** Dropdown menu with "Select" and a downward arrow.
- Phone number:** Text input field.

A "Next" button is located in the bottom right corner of the form area, highlighted with a red box.

- Optionally enter Responsible Party Information if different than the beneficiary/patient.
- Click Next

CHAMPS

My Inbox Provider Claims Reference Member

Quick Find Note Pad External Links My Favorites Print Help

MyInbox > Member Enrollment Admission List

Provider ID Provider Name: Close

Member Information ✓

Admission Information ✓

Discharge Information

Responsible Party Info ✓

Address Information

Previous Facility Info

Insurance Information

Upload Documents

Certification

Address Information

Address Type	Address	Actions
Home	MI, MACKINAC, 49745	

[+ Add](#)

[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.*

CHAMPS My Inbox Provider Member

Quick Find Note Pad External Links My Favorites Print Help

Provider Portal Member Enrollment Admission List

NPI: Provider Name: Close

Member Information ✓
 Admission Information ✓
 Discharge Information
 Responsible Party Info ✓
Address Information
 Previous Facility Info
 Insurance Information
 Upload Documents
 Certification

Address Information

Address Type	Address	Actions
Add		

***Address Type:**
 Select Address Type

Address Line 1: *
 (Enter Street Address or PO Box Only)

Address Line 2: *

Address Line 3:

City/Town: * OTHER

State/Province: * OTHER

County: OTHER

Country: * UNITED STATES

Zip Code:

Validate Address

Save Cancel

Next

- Select the address type and enter the required asterisked information
- Click Validate Address
- Click Save
- Click Next

CHAMPS < My Inbox > Provider > Member >

Quick Find Note Pad External Links > My Favorites > Print Help

Provider Portal > Member Enrollment Admission List

NPI: [REDACTED] Provider Name: [REDACTED] Close

- Member Information ✓
- Admission Information ✓
- Discharge Information
- Responsible Party Info ✓
- Address Information ✓
- Previous Facility Info**
- Insurance Information
- Upload Documents
- Certification

Previous Provider/Facility Information

Previous Service Location
Select Facility [v]

Previous Provider/Facility Admission/Enrollment Date
MM/DD/YYYY [calendar icon]

Previous Provider/Facility Discharge/Disenrollment Date
MM/DD/YYYY [calendar icon]

Previous Provider/Facility NPI/Provider ID
[text input]

Previous Provider/Facility Name
[text input]

Previous Provider/Facility Contact Person
[text input]

Previous Provider/Facility Contact Phone Number
[text input]

Next

- Enter the prior facility information if applicable
- Click Next

CHAMPS

My Inbox Provider Claims Reference Member

Quick Find Note Pad External Links My Favorites Print Help

MyInbox > Member Enrollment Admission List

Provider ID: Provider Name: Close

Other Insurance Information

Other Insurance Available: [View TPL](#)

Type of Insurance	Insurance Company	Policy Number	Group Number	Beneficiary Identifier	Policy Holder Employer Name	Policy Holder Name
<input type="button" value="Add"/>						

Next

- Click View TPL if hyperlinked to review the other insurance information on file for the beneficiary
- Click Next

The screenshot displays the CHAMPS Member Enrollment Admission List interface. The top navigation bar includes 'My Inbox', 'Provider', and 'Member' tabs. The main content area is titled 'Other Insurance Information' and contains a table with columns for 'Type of Insurance', 'Insurance Company', 'Policy Number', 'Group Number', 'Beneficiary Identifier', 'Policy Holder Employer Name', and 'Policy Holder Name'. An 'Add' button is highlighted with a red box. The left sidebar shows a list of menu items, with 'Insurance Information' selected. The top right corner has a 'Close' button.

- 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

- Member Information ✓
- Admission Information ✓
- Discharge Information
- Responsible Party Info ✓
- Address Information ✓
- Previous Facility Info ✓
- Insurance Information
- Upload Documents
- Certification

Other Insurance Information

Other Insurance Available: [View TPL](#)

Type of Insurance	Insurance Company	Policy Number	Group Number	Beneficiary Identifier	Policy Holder Employer Name	Policy Holder Name
<input type="button" value="Add"/>						

***Type of Insurance:**

Policy Holder First Name:

Policy Holder Last Name:

Policy Holder SSN:

Policy Holder Date of Birth:

Next

- Select the type of insurance
- Enter policy holder information
- Click Save
- Click Next

The screenshot displays the CHAMPS Member Enrollment Admission List interface. The top navigation bar includes the CHAMPS logo, navigation tabs for 'My Inbox', 'Provider', and 'Member', and utility links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the path: 'Provider Portal > Member Enrollment Admission List'. The main content area is titled 'Upload Documents' and features a table with columns for 'Type of Document', 'ID', and 'Description'. An 'Add' button is located below the table header. A 'Next' button is highlighted with a red box in the bottom right corner of the main content area. The left sidebar contains a list of navigation options, with 'Upload Documents' currently selected.

Type of Document	ID	Description
------------------	----	-------------

Next

- At this time the Upload Documents page is not being used
- Click Next

CHAMPS < My Inbox ▾ Provider ▾ Member ▾

Provider Portal > Member Enrollment Admission List

NPI: [REDACTED] Provider Name: [REDACTED] XClose

Member Information ✓
 Admission Information ✓
 Discharge Information
 Responsible Party Info ✓
 Address Information ✓
 Previous Facility Info ✓
 Insurance Information ✓
 Upload Documents ✓
Certification ▾

Certification

Member Certification

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.

Signature of Member/Authorized Representative **Date**

Signature _____ Date _____

***Member/Authorized Representative First Name** ***Member/Authorized Representative Last Name**

First Name _____ Last Name _____

Provider Certification

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 Signature **Date**

Signature _____ Date _____

***Provider First Name** ***Provider Last Name**

First Name _____ Last Name _____

Submit

- 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

Member Certification Message

- 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 and SNF 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.

- Hospice Provider:

In accordance with the Michigan Medicaid Provider Manual, Hospice 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.)

- 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.

The screenshot shows the CHAMPS Member Enrollment Admission List interface. The main content area is titled "Certification" and contains a "Member Certification" form. A "Summary" dialog box is overlaid on the form, displaying the following information:

- Program Type:** General Hospital
- Medicaid ID:** [Redacted]
- Member Name:** [Redacted]
- Date Of Admission/Enrollment:** 01/01/2017
- Date Of Discharge/Disenrollment:** [Redacted]

The dialog box also includes the text: "If the Summary information is accurate, click OK to Submit, else click Cancel to return to the form to make corrections." and two buttons: "Cancel" and "Ok". The "Ok" button is highlighted with a red box.

The background form includes sections for "Member Information", "Admission Information", "Discharge Information", "Responsible Party Info", "Address Information", "Previous Facility Info", "Insurance Information", "Upload Documents", and "Certification". It also has fields for "Member/Authorized Representative First Name", "Member/Authorized Representative Last Name", "Provider Signature", "Date", "Provider First Name", and "Provider Last Name".

- 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.

CHAMPS < My Inbox > Provider > Member >

Provider Portal > Member Enrollment Admission List

NPI: [REDACTED] Provider Name: [REDACTED] Close

Member Information

Admission Information

Discharge Information

Responsible Party Info

Address Information

Previous Facility Info

Insurance Information

Upload Documents

Certification

Certification

Member Certification

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.

Signature of Member/Authorized Representative **Date**

Signature: [REDACTED] Date: [REDACTED]

***Member/Authorized Representative First Name** ***Member/Authorized Representative Last Name**

Donald Duck

Provider Certification

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 Signature **Date**

Signature: [REDACTED] Date: [REDACTED]

***Provider First Name** ***Provider Last Name**

Amanda MDHHS

Print

- Print the admission so the beneficiary or authorized representative and provider representative can sign the admission notice
- It is the providers responsibility to retain the admission notice in the beneficiaries record



MICHIGAN MEDICAID MEMBER ENROLLMENT ADMISSION

Applicant Information

NPI: 1234567890
PROVIDER NAME: Hospital Provider

Member Information

Program Type: GENERAL HOSPITAL
SSN (Last 4 Digits):
First Name: Mickey
Middle Name:
Marital Status: Never Married
Medicaid ID:
Date Of Birth: 01/01/1950
Last Name: Mouse
Gender: Male

Admission/Enrollment Information

Date of Admission/Enrollment: 09/01/2017
Type of Facility: Hospital
Facility Address:
Facility Contact Person: Amanda
Primary Diagnosis Code:
Hospital Case Number:
Estimated Length of Stay (in Months): 9
Facility Contact Phone Number: (517) 999-9999
Secondary Diagnosis Code:
Is the Individual Expected to Move to Community ? : NO
Is the Individual Anticipated to have Out-of-Pocket Medical Expenses? : NO
Is this Admission likely to be 30 days or longer? : YES
Is the Individual Expected to Return Home within 12 months of Facility Admission Date ? : NO
Has this patient already been discharged from this facility ? : NO

Discharge/Disenrollment Information

Type of Discharge/Disenrollment:
Reason:
Remarks:
Discharge to:
Address:
City:
State:
Postal Code:
Date of Discharge/Disenrollment:
Name of facility (If Applicable):
County:
Country:

Responsible Party Information

First Name:
Last Name:
Phone Number:
Middle Name:
Relationship to Patient:

Address Information

ADDRESS TYPE :Home
ADDRESS :320 S Walnut St, 48933

Beneficiary Name

Mickey

Medicaid ID

XXXXXXXXXX

- After clicking print the admission notice will pop-up as a PDF
- Click print from the PDF version to complete



CHAMPS < My Inbox ▾ Provider ▾ Member ▾

Provider Portal > Member Enrollment Admission List

NPI: Provider Name: ✖Close

Member Certification

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.

Signature of Member/Authorized Representative	Date
<input type="text" value="Signature"/>	<input type="text" value="Date"/>
*Member/Authorized Representative First Name	*Member/Authorized Representative Last Name
<input type="text" value="Donald"/>	<input type="text" value="Duck"/>

Provider Certification

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 Signature	Date
<input type="text" value="Signature"/>	<input type="text" value="Date"/>
*Provider First Name	*Provider Last Name
<input type="text" value="Amanda"/>	<input type="text" value="MDHHS"/>

- 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

Close Add Enrollment/Admission

Member Enrollment/Admission List

Filter By [] [] [] Filter By [] [] Filter By [] [] Active [] Go Save Filters My Filters

Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
Action Delete Discharge/Disenroll Edit Details Review View Details View Eligibility					07/20/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
Action					10/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
Action					07/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
Action					07/01/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					02/04/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					11/30/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
Action					10/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
Action					01/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
Action					08/05/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	10/25/2017	10/25/2017
Action					01/05/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/25/2017	10/25/2017

- Roster page:
- Next to the Member ID needing to be discharged, from the action column select Discharge/Disenroll

- Member Information
- Admission Information
- Discharge Information**
- Responsible Party Info
- Address Information
- Previous Facility Info
- Insurance Information
- Upload Documents
- Certification
- Review

Discharge/Disenrollment Information

***Type of Discharge/Disenrollment**

---SELECT---
VLN-Voluntary
DTH-Death
IVLN-Involuntary
--SELECT--

***Date of Discharge/Disenrollment**

MM/DD/YYYY

Remarks

Discharge to

Select

Name of facility (If Applicable)

The Address Information is conditionally required. Please complete if known.

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: * OTHER ▾

State/Province: * OTHER ▾

County: OTHER ▾

Country: * UNITED STATES ▾

Zip Code: -

Validate Address

Submit

- Select the type of discharge from the dropdown
- Enter the required asterisked information
- Click Submit

The screenshot shows the CHAMPS Member Enrollment Admission List form. A modal dialog box titled "Summary" is open, displaying the following information:

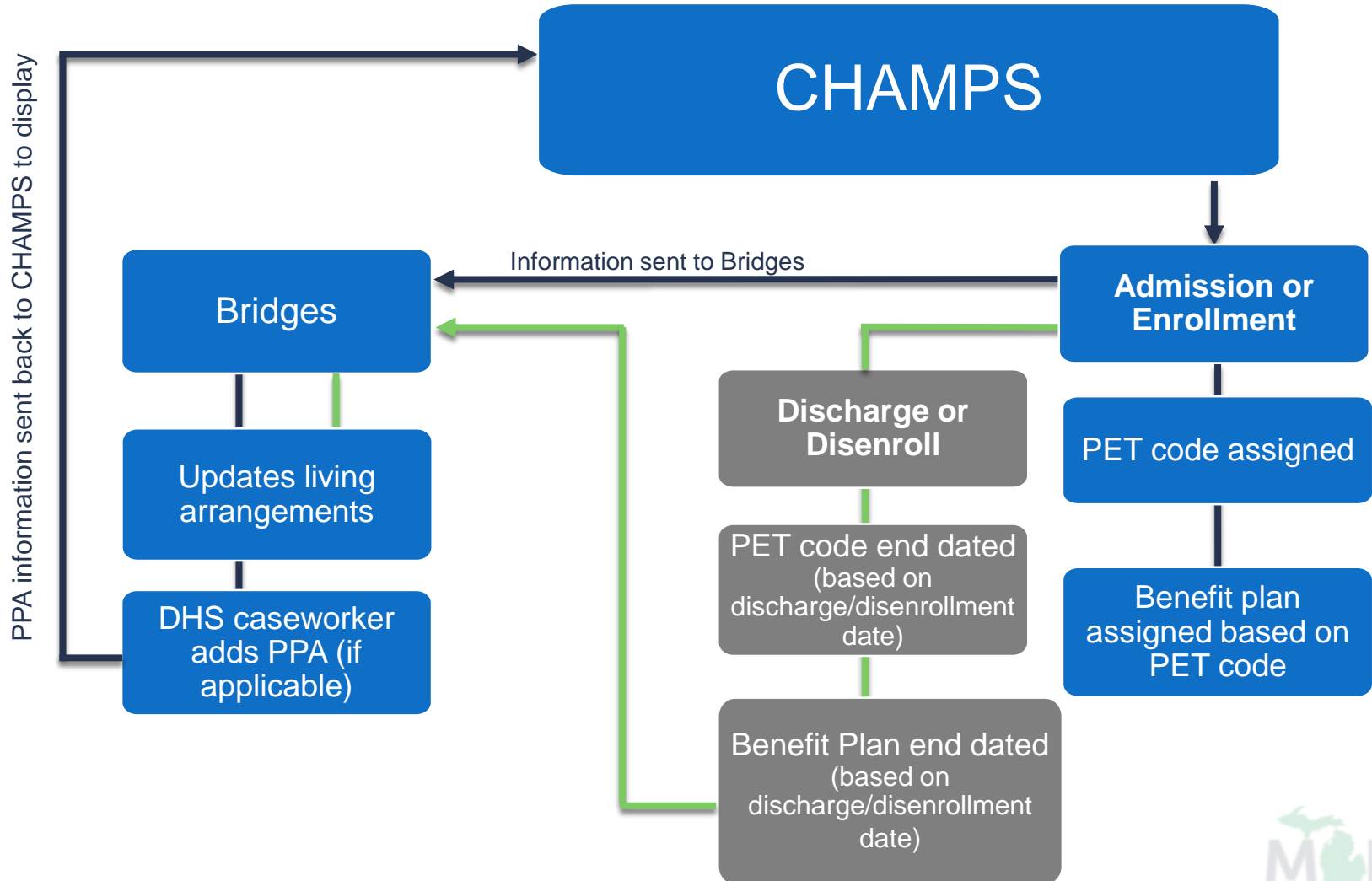
- Program Type:** General Hospital
- Medicaid ID:** [REDACTED]
- Medicaid Name:** [REDACTED]
- Date Of Admission/Enrollment:** 08/16/2015
- Date Of Discharge/disenrollment:** 01/01/2017

Below the summary information, a message states: "If the Summary information is accurate, click OK to Submit, else click Cancel to return to the form to make corrections." At the bottom of the dialog, there are two buttons: "Cancel" and "Ok". The "Ok" button is highlighted with a red rectangle.

The background form includes fields for "Discharge to" (set to "Unknown"), "Name of facility (If Applicable)", and address information (Address Line 1, 2, 3, State/Province, Country, Address Line 2, City/Town, County, Zip Code). A "Validate Address" button is located below the address fields. A "Submit" button is at the bottom right of the form.

- 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



Upcoming Training Dates

Virtual Training Dates

- SNF and Hospice provider specific:
 - December 19, 2017

In-person Training Dates

- SNF and Hospice provider specific:
 - December 12, 2017-Lansing Community College (LCC) West Campus

Provider Resources

- ** 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
- **MCC FAQ document:**
http://www.michigan.gov/documents/mdhhs/MCC_Providers_FAQ_605779_7.pdf
- **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 or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program