

Modernizing Continuum of Care (MCC)

Overview of entering an Admission and Discharge

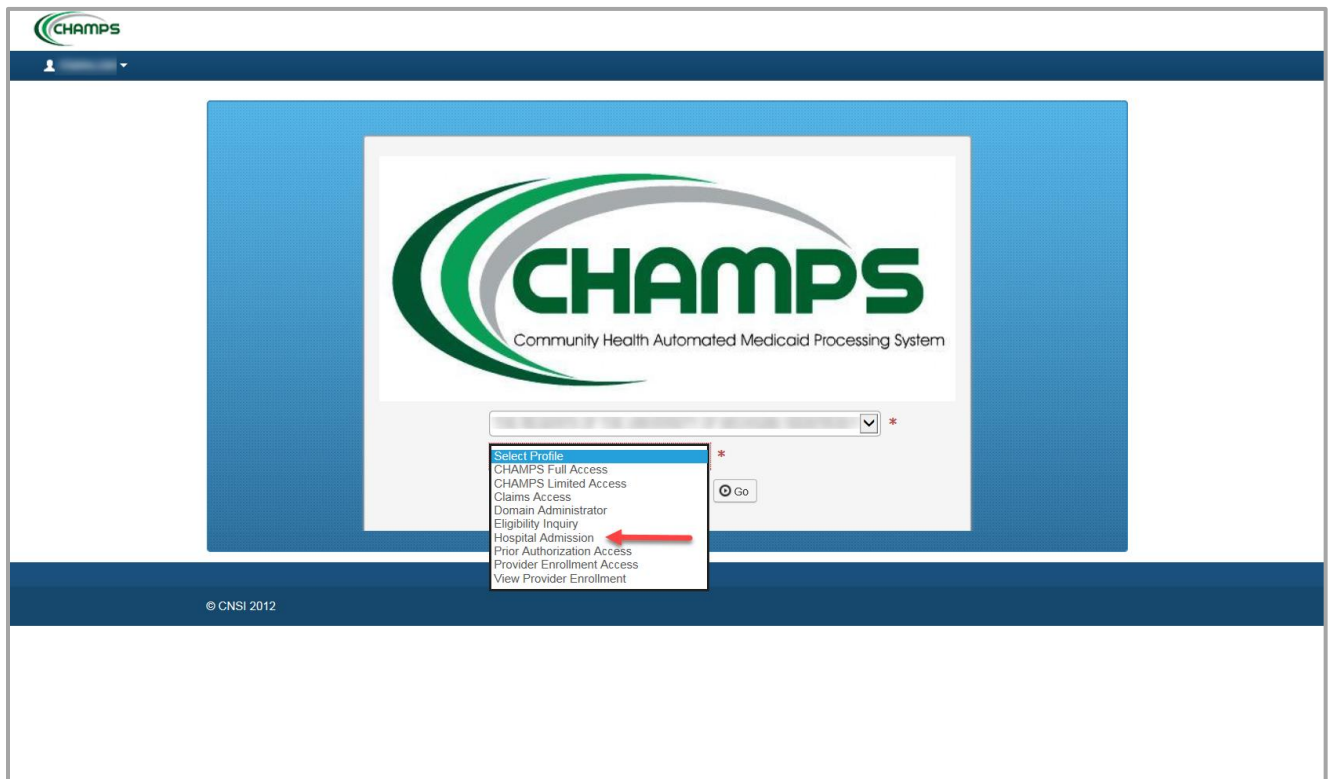
As of January 2, 2018, Hospice, Skilled Nursing Facility (SNF), Hospital, State Psychiatric Facilities (SPF) PACE and MI Choice providers are required to enter admission and discharge information directly in CHAMPS. The following are steps on the basics of entering an admission and discharge within CHAMPS.

Please note there are additional business rules based on Provider Specialty that could apply and are not covered in this document.

1. [Steps for entering an Admission](#)
2. [Steps for entering a Discharge](#)

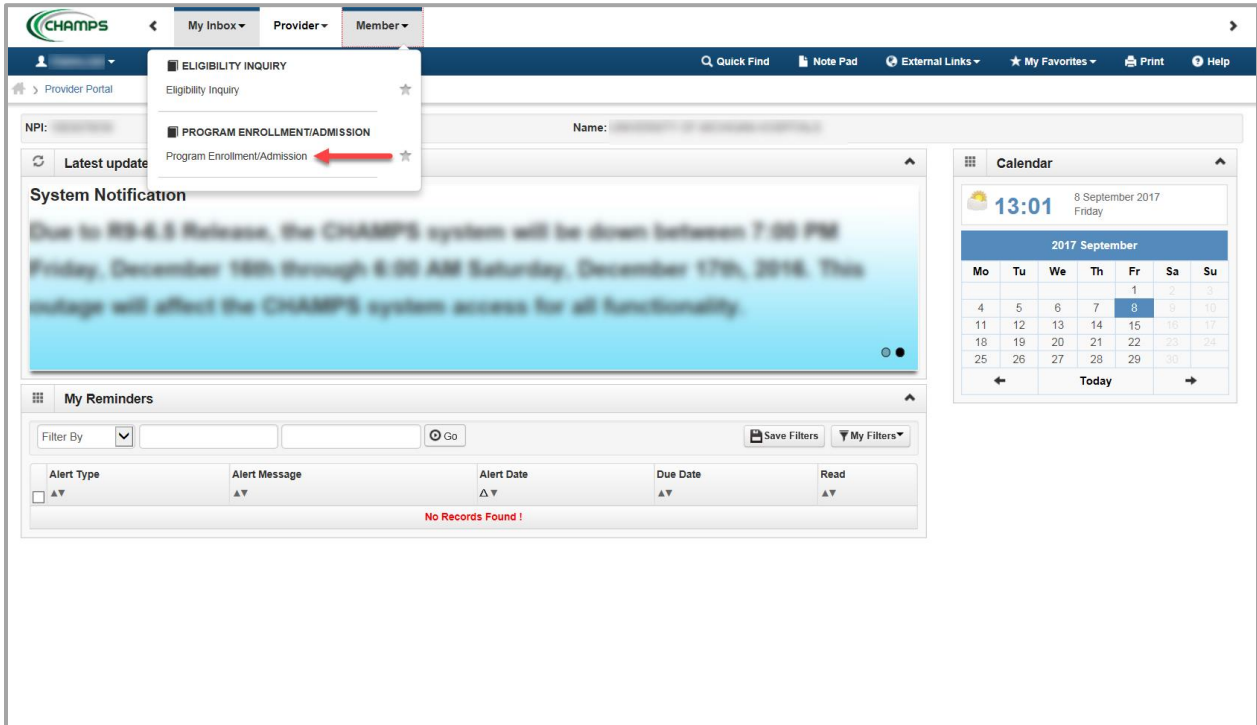
Entering an Admission:

1. Select the Billing NPI from the domain dropdown
2. Select the appropriate profile based on the provider specialty: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment or MI Choice Enrollment. In the examples we have used the Hospital Admission profile
3. Click Go



4. After logging into CHAMPS
5. Click Member tab

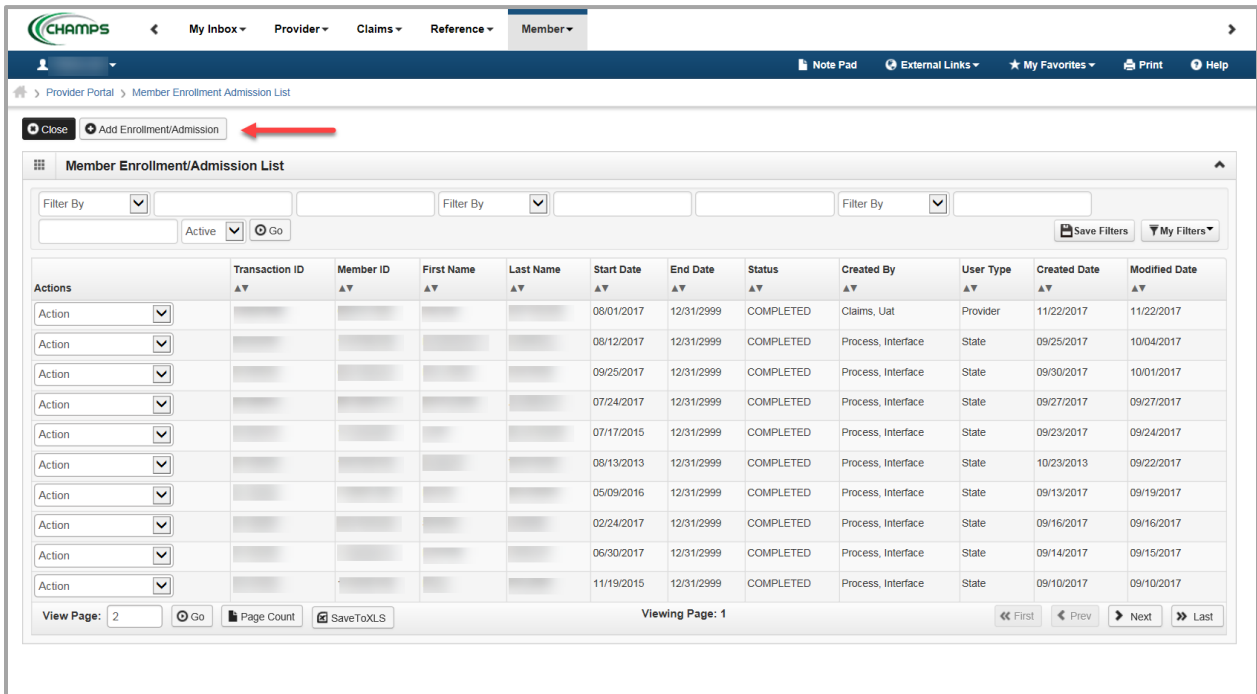
6. Select Program Enrollment/Admission



The screenshot shows the CHAMPS Provider Portal interface. The 'Member' tab is selected in the top navigation bar. A dropdown menu is open, showing 'ELIGIBILITY INQUIRY' and 'PROGRAM ENROLLMENT/ADMISSION'. The 'PROGRAM ENROLLMENT/ADMISSION' option is highlighted with a red arrow. Below the dropdown, there is a 'System Notification' box with a blue background and white text, stating: 'Due to RS-4.5 Release, the CHAMPS system will be down between 7:00 PM Friday, December 16th through 6:00 AM Saturday, December 17th, 2016. This outage will affect the CHAMPS system access for all functionality.' To the right of the notification is a 'Calendar' widget showing the date '8 September 2017 Friday' and a calendar grid for September 2017. Below the notification is a 'My Reminders' section with a table of reminders, but it shows 'No Records Found!'.

7. Within the roster list page click the Add Enrollment/Admission button

Note: Throughout the entire admission/enrollment process all fields marked with a red asterisk () are required.*

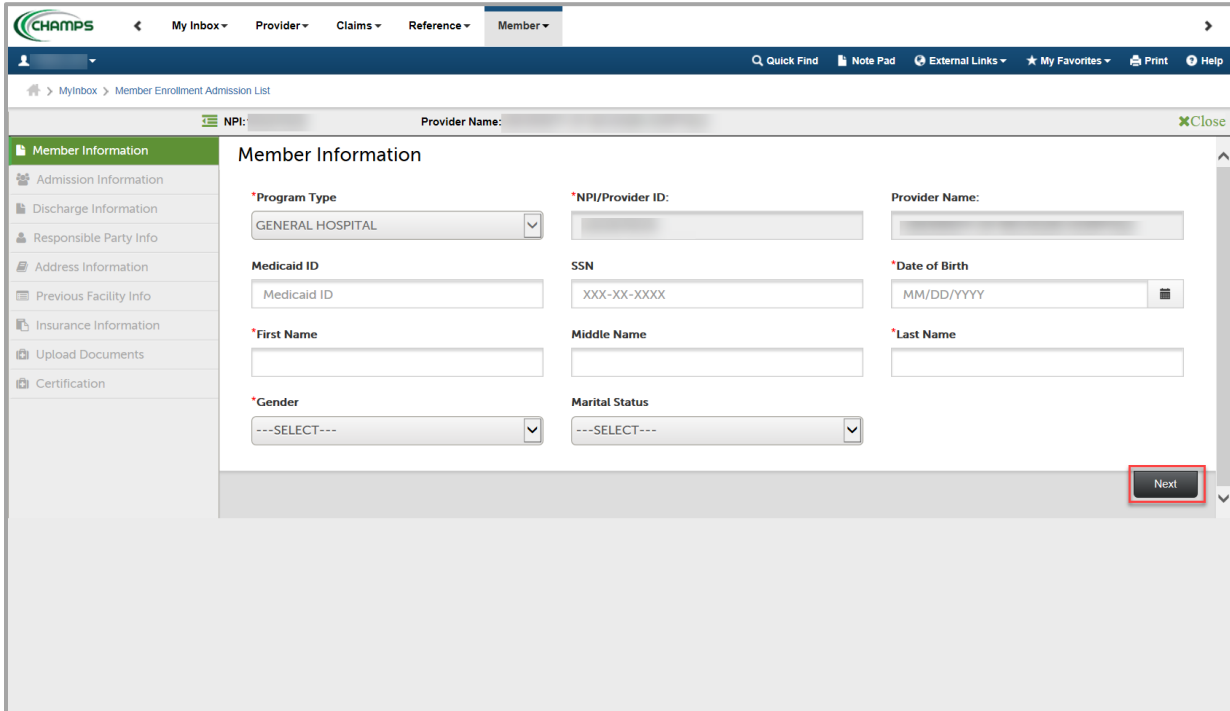


The screenshot shows the 'Member Enrollment/Admission List' page in the CHAMPS Provider Portal. The 'Add Enrollment/Admission' button is highlighted with a red arrow. Below the button is a table with columns: Transaction ID, Member ID, First Name, Last Name, Start Date, End Date, Status, Created By, User Type, Created Date, and Modified Date. The table contains 10 rows of data. At the bottom of the table, there is a 'View Page: 2' button and a 'Page Count' button. The 'Viewing Page: 1' text is displayed. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

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

8. Enter the 10 digit Medicaid ID number, all the member demographic information will pre-populate
 - a. If entering an admission for a member who has no Medicaid ID number all information will be required
9. Click Next

Note: The navigation bar on the left will indicate where the user is in completing the admission or discharge.



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

Program Type: GENERAL HOSPITAL

Medicaid ID: Medicaid ID

SSN: XXX-XX-XXXX

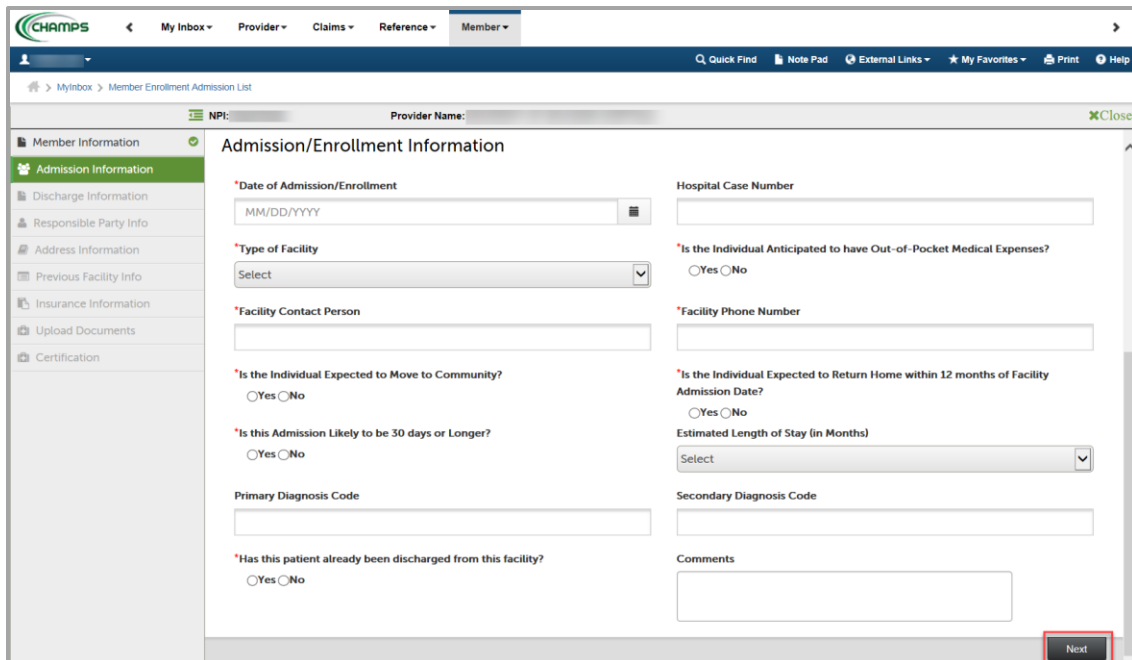
Date of Birth: MM/DD/YYYY

First Name: Middle Name: Last Name:

Gender: ---SELECT--- Marital Status: ---SELECT---

Next

10. This is the Admission/Enrollment Information screen which needs all information as it relates to the admission being completed.
11. 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

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

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

Estimated Length of Stay (in Months): Select

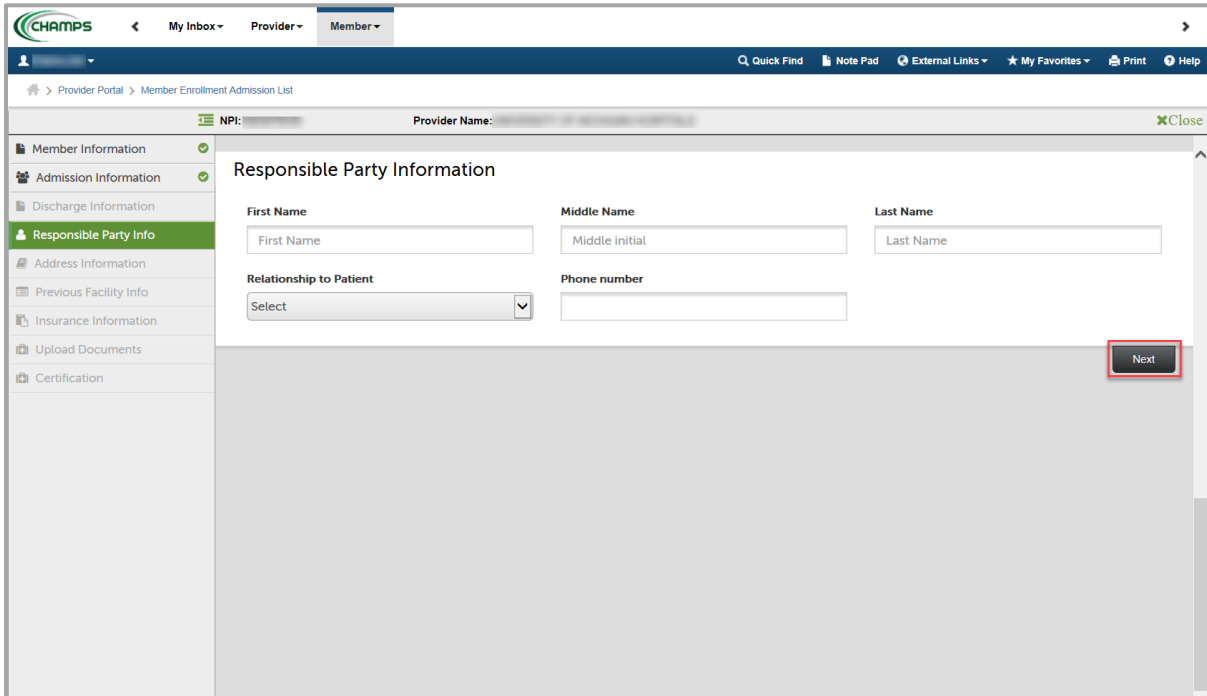
Primary Diagnosis Code: Secondary Diagnosis Code:

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

Comments:

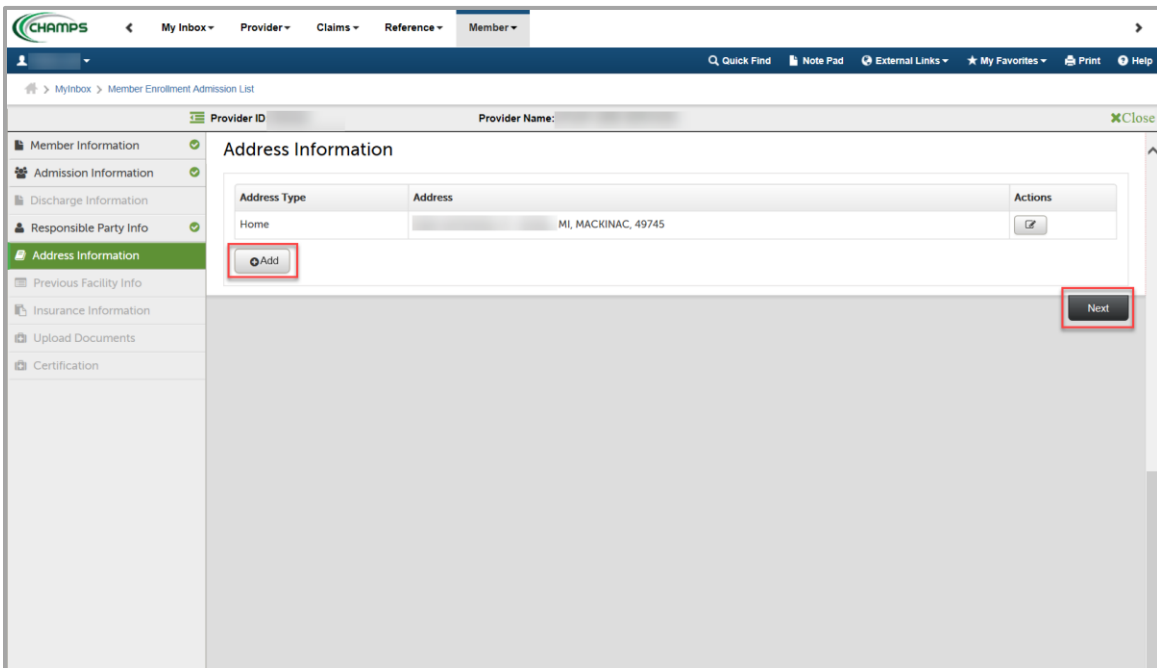
Next

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



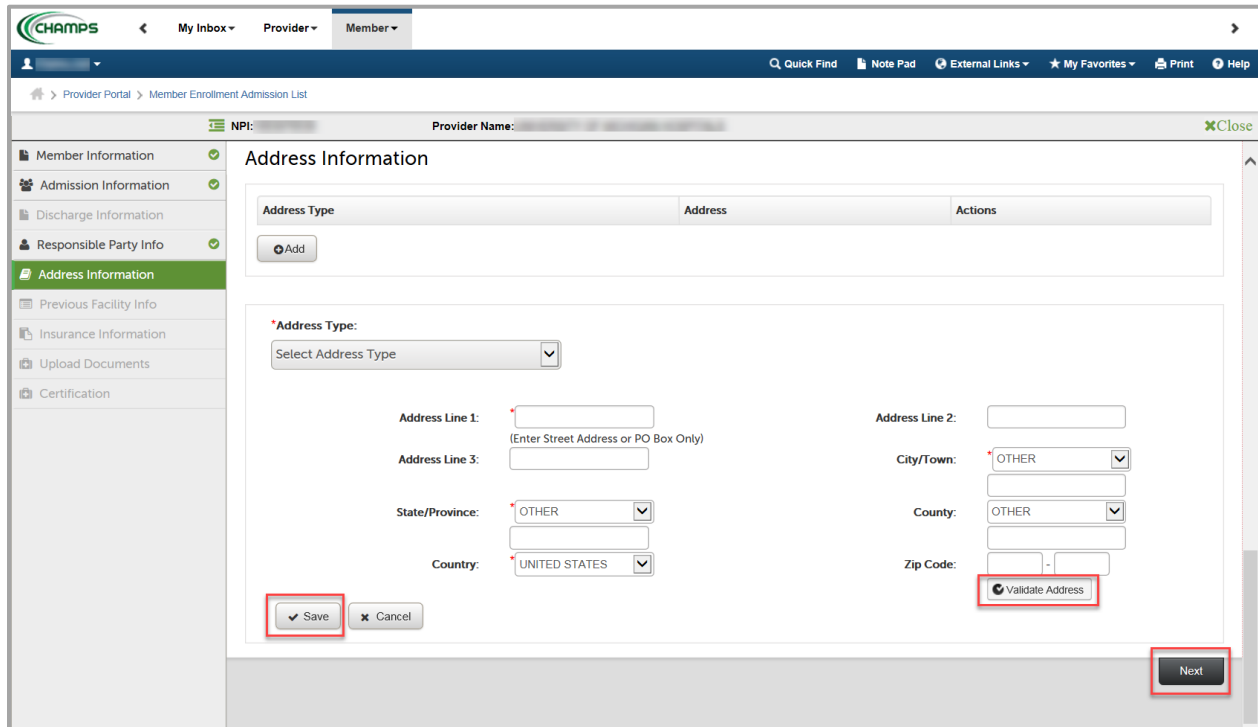
The screenshot shows the CHAMPS Member Enrollment Admission List screen. The left sidebar contains a list of tabs: Member Information, Admission Information, Discharge Information, Responsible Party Info (highlighted), Address Information, Previous Facility Info, Insurance Information, Upload Documents, and Certification. The main content area is titled 'Responsible Party Information'. It contains fields for First Name, Middle Name, Last Name, Relationship to Patient (a dropdown menu), and Phone number. A 'Next' button is located in the bottom right corner of the form area.

14. Address Information will pre-populate when a Medicaid ID number is entered in the member information screen
 15. Click Next
 16. 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.*



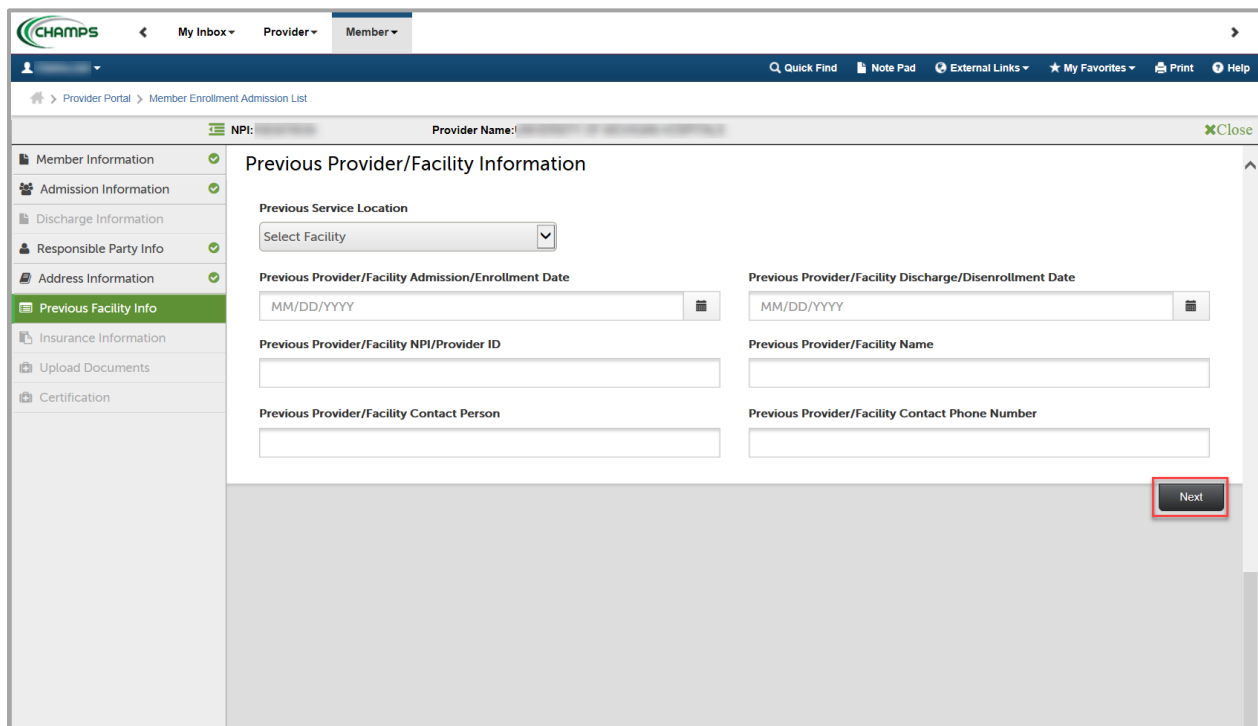
The screenshot shows the CHAMPS Member Enrollment Admission List screen. The left sidebar contains a list of tabs: Member Information, Admission Information, Discharge Information, Responsible Party Info, Address Information (highlighted), Previous Facility Info, Insurance Information, Upload Documents, and Certification. The main content area is titled 'Address Information'. It contains a table with columns for Address Type, Address, and Actions. The first row shows 'Home' as the address type and 'MI, MACKINAC, 49745' as the address. Below the table is an 'Add' button. A 'Next' button is located in the bottom right corner of the form area.

17. Select the address type and enter the required asterisked information
18. Click Validate Address
19. Click Save
20. Click Next



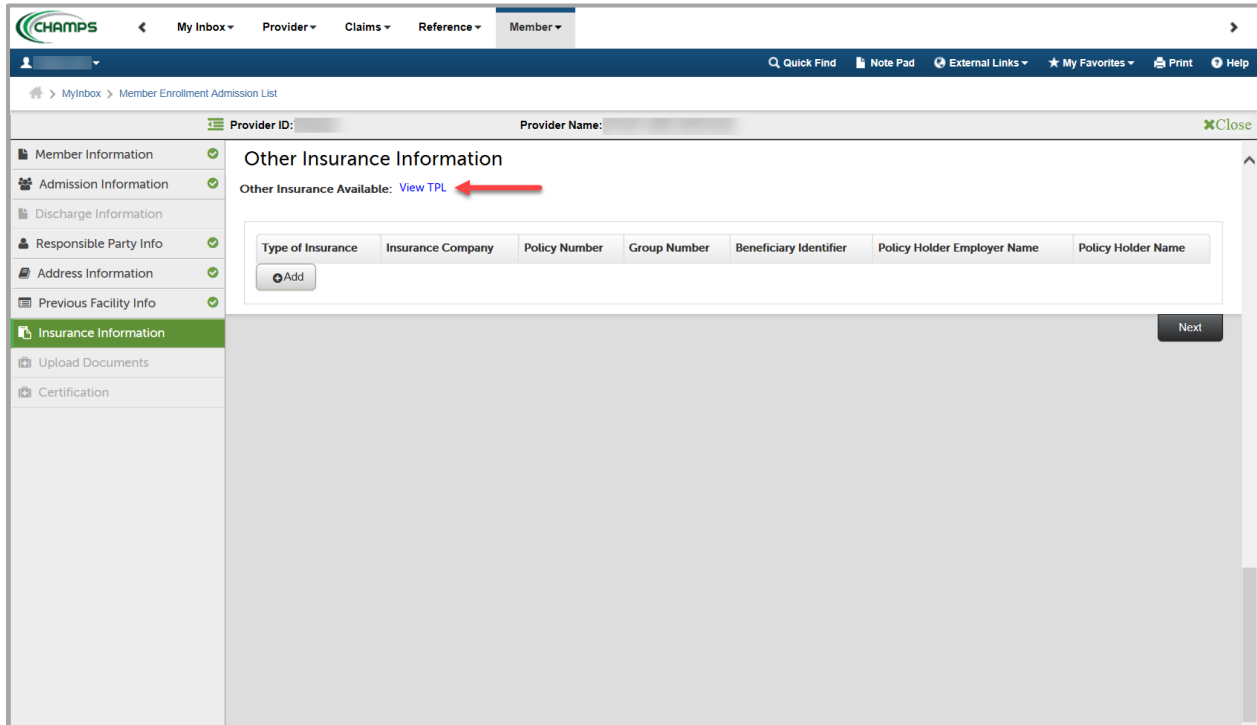
The screenshot shows the 'Address Information' section of the CHAMPS Member Enrollment Admission List form. The form is titled 'Address Information' and includes a table with columns 'Address Type', 'Address', and 'Actions'. Below the table, there is a section for entering address information. The 'Address Type' dropdown is set to 'Select Address Type'. The 'Address Line 1' field is required (marked with an asterisk) and has a hint '(Enter Street Address or PO Box Only)'. The 'Address Line 2' field is optional. The 'City/Town' dropdown is set to 'OTHER'. The 'State/Province' dropdown is set to 'OTHER'. The 'Country' dropdown is set to 'UNITED STATES'. The 'Zip Code' field is optional. At the bottom left, there are 'Save' and 'Cancel' buttons. At the bottom right, there is a 'Next' button. A 'Validate Address' button is also present, highlighted with a red box.

21. Enter the prior facility information if applicable
22. Click Next



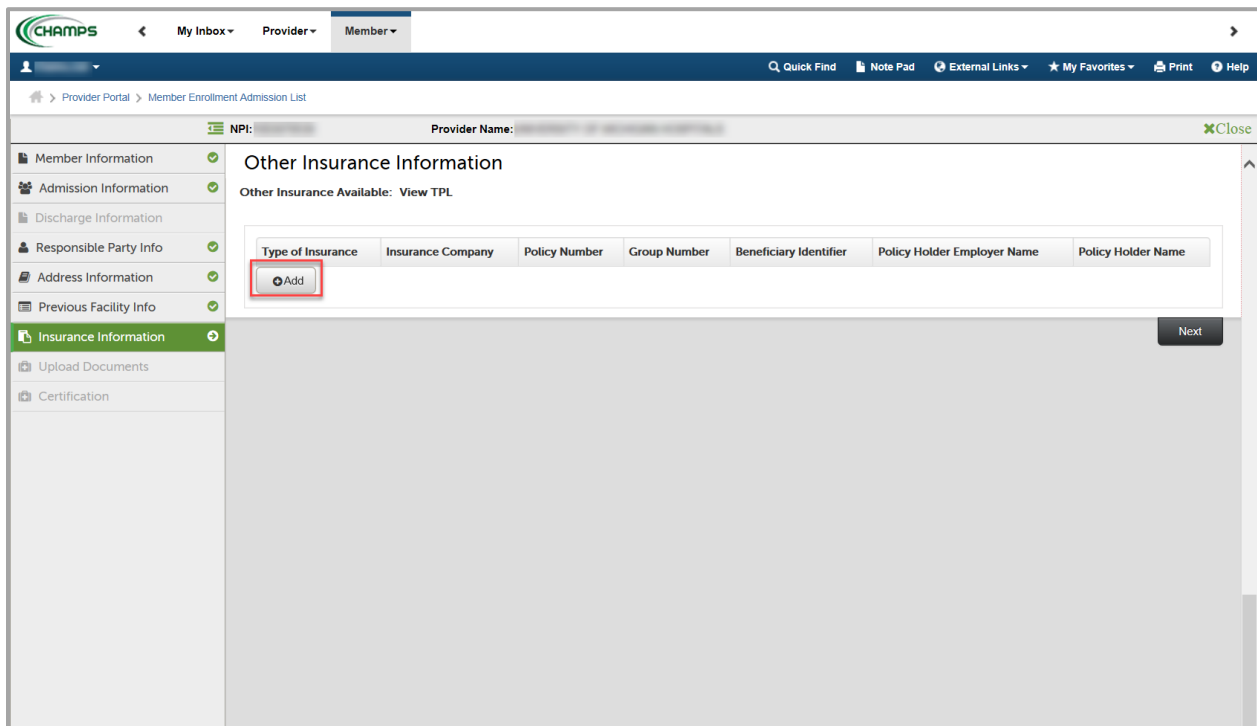
The screenshot shows the 'Previous Provider/Facility Information' section of the CHAMPS Member Enrollment Admission List form. The form is titled 'Previous Provider/Facility Information' and includes a section for entering prior facility information. The 'Previous Service Location' dropdown is set to 'Select Facility'. The 'Previous Provider/Facility Admission/Enrollment Date' field is required (marked with an asterisk) and has a hint 'MM/DD/YYYY'. The 'Previous Provider/Facility Discharge/Disenrollment Date' field is optional and has a hint 'MM/DD/YYYY'. The 'Previous Provider/Facility NPI/Provider ID' field is optional. The 'Previous Provider/Facility Name' field is optional. The 'Previous Provider/Facility Contact Person' field is optional. The 'Previous Provider/Facility Contact Phone Number' field is optional. At the bottom right, there is a 'Next' button, highlighted with a red box.

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



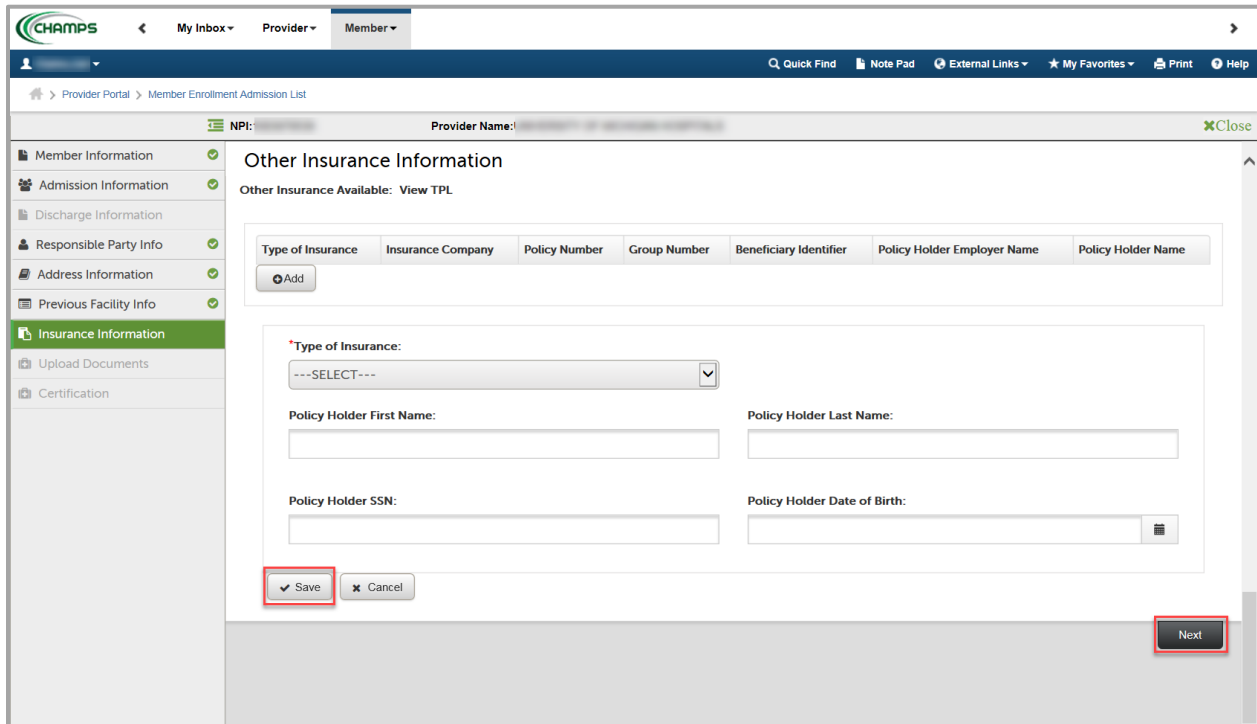
The screenshot shows the CHAMPS web application interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', and 'Member'. The left sidebar lists various information categories, with 'Insurance Information' currently selected. The main content area is titled 'Other Insurance Information' and displays 'Other Insurance Available: View TPL'. A red arrow points to the 'View TPL' link. Below this, there is a table with columns: 'Type of Insurance', 'Insurance Company', 'Policy Number', 'Group Number', 'Beneficiary Identifier', 'Policy Holder Employer Name', and 'Policy Holder Name'. An 'Add' button is located below the table. A 'Next' button is visible in the bottom right corner of the main content area.

25. To create a lead for the MDHHS TPL Department to review a policy and payer:
26. Click Add



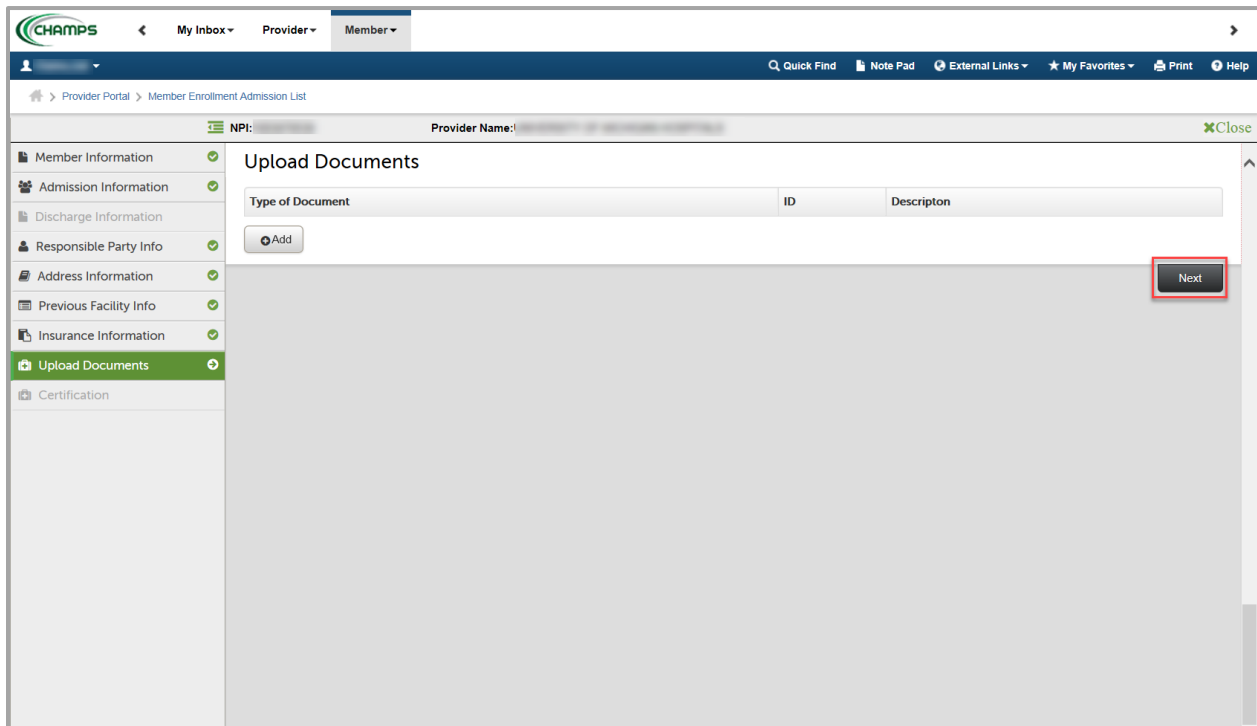
This screenshot is similar to the previous one, showing the 'Other Insurance Information' section. However, in this view, the 'Add' button located below the table is highlighted with a red rectangular box. The 'View TPL' link is still present, but the focus is on the 'Add' button. The rest of the interface, including the navigation bar and sidebar, remains the same.

27. Select the type of insurance
28. Enter policy holder information
29. Click Save
30. Click Next



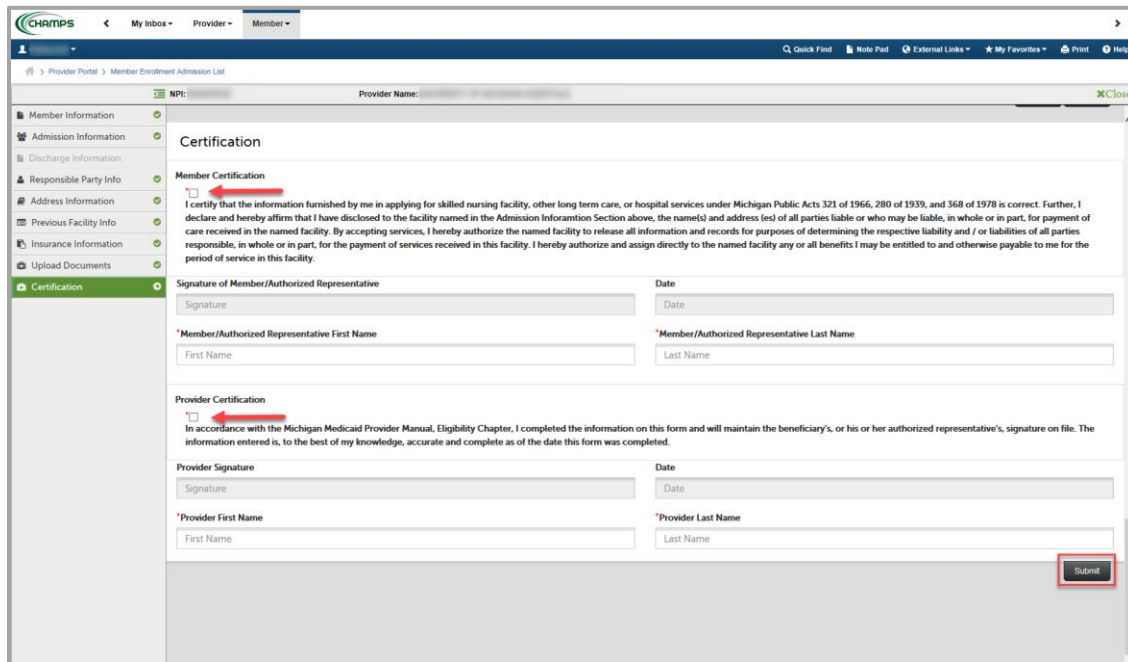
The screenshot shows the CHAMPS Member Enrollment Admission List page. The left sidebar contains a list of menu items: Member Information, Admission Information, Discharge Information, Responsible Party Info, Address Information, Previous Facility Info, Insurance Information (highlighted), Upload Documents, and Certification. The main content area is titled 'Other Insurance Information' and includes a section for 'Other Insurance Available: View TPL'. Below this is a table with columns: Type of Insurance, Insurance Company, Policy Number, Group Number, Beneficiary Identifier, Policy Holder Employer Name, and Policy Holder Name. An 'Add' button is located below the table. The form contains several input fields: 'Type of Insurance' (a dropdown menu with '---SELECT---'), 'Policy Holder First Name', 'Policy Holder Last Name', 'Policy Holder SSN', and 'Policy Holder Date of Birth'. At the bottom of the form are 'Save' and 'Cancel' buttons. A 'Next' button is located at the bottom right of the page.

31. At this time the Upload Documents page is not being used
32. Click Next



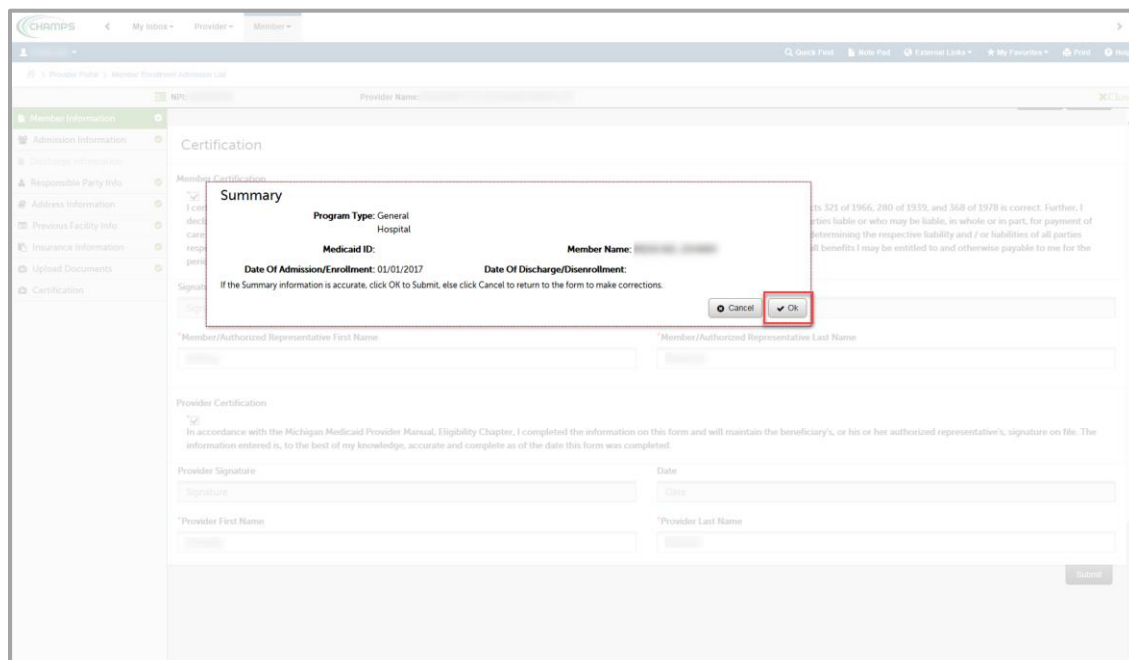
The screenshot shows the CHAMPS Member Enrollment Admission List page. The left sidebar contains a list of menu items: Member Information, Admission Information, Discharge Information, Responsible Party Info, Address Information, Previous Facility Info, Insurance Information, Upload Documents (highlighted), and Certification. The main content area is titled 'Upload Documents' and includes a table with columns: Type of Document, ID, and Description. An 'Add' button is located below the table. The form is mostly empty, with a large grey area for document uploads. A 'Next' button is located at the bottom right of the page.

33. 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
34. Type the provider representative completing the admission
35. Click Submit

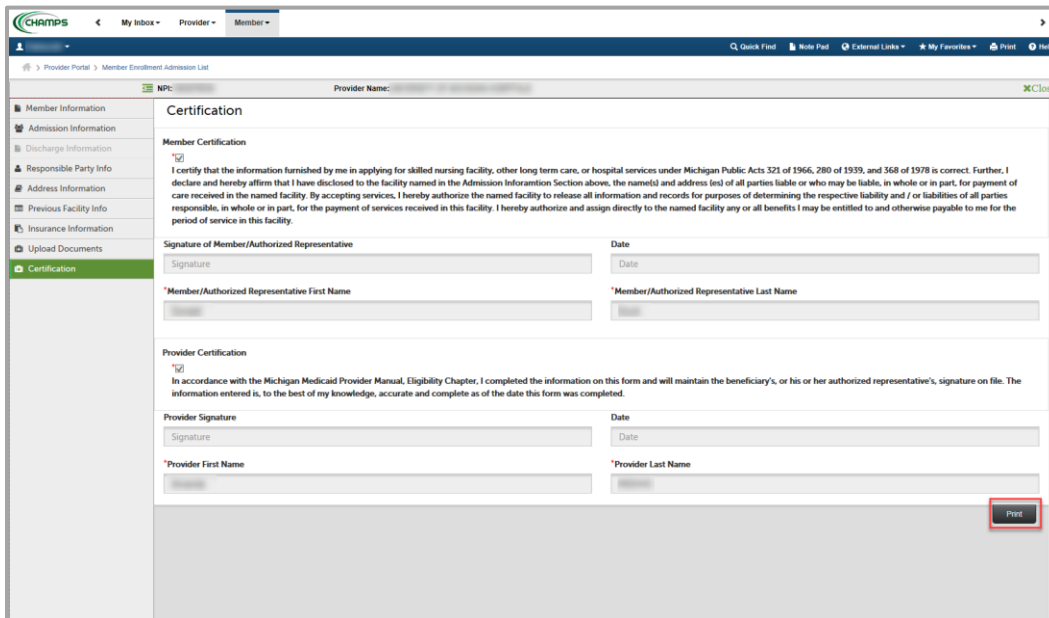


36. After clicking submit you will receive a confirmation summary page
 - a. If all the information is correct click OK
 - b. If not click cancel and correct the information

Note: Providers are not be able to modify an admission or discharge record once submitted. Provider Support would need to be contacted if any corrections need to be made.

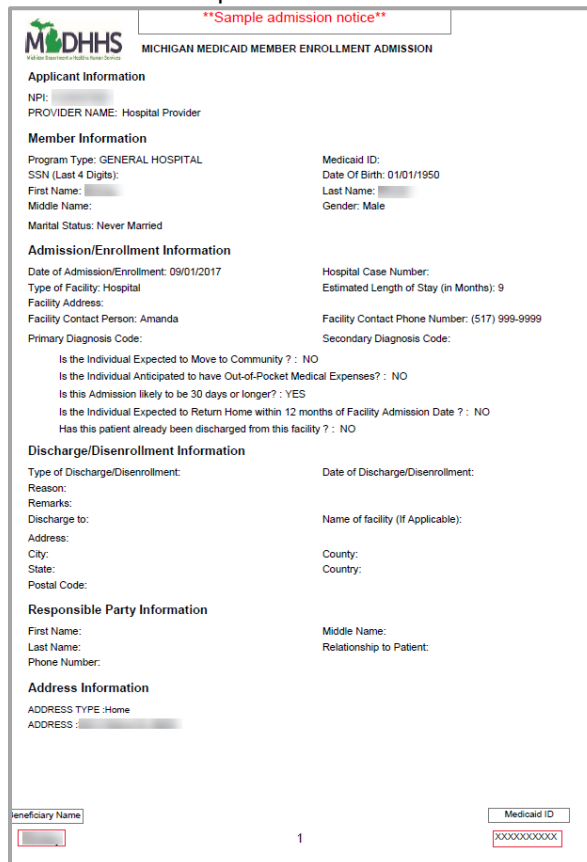


37. Click Print so the beneficiary or authorized representative and provider representative can sign the admission notice.
 - a. It is the providers responsibility to retain the admission notice in the beneficiaries record



38. After clicking print the admission notice will pop-up as a PDF. (see below)
39. Click print from the PDF version to complete

****Sample admission notice****



Applicant Information
NPI: [REDACTED]
PROVIDER NAME: Hospital Provider

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

Admission/Enrollment Information
Date of Admission/Enrollment: 09/01/2017
Type of Facility: Hospital
Facility Address: [REDACTED]
Facility Contact Person: Amanda
Primary Diagnosis Code: [REDACTED]
Hospital Case Number: [REDACTED]
Estimated Length of Stay (in Months): 9
Facility Contact Phone Number: (517) 999-9999
Secondary Diagnosis Code: [REDACTED]

Discharge/Disenrollment Information
Type of Discharge/Disenrollment: [REDACTED]
Reason: [REDACTED]
Remarks: [REDACTED]
Discharge to: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Postal Code: [REDACTED]
Date of Discharge/Disenrollment: [REDACTED]
Name of facility (if Applicable): [REDACTED]
County: [REDACTED]
Country: [REDACTED]

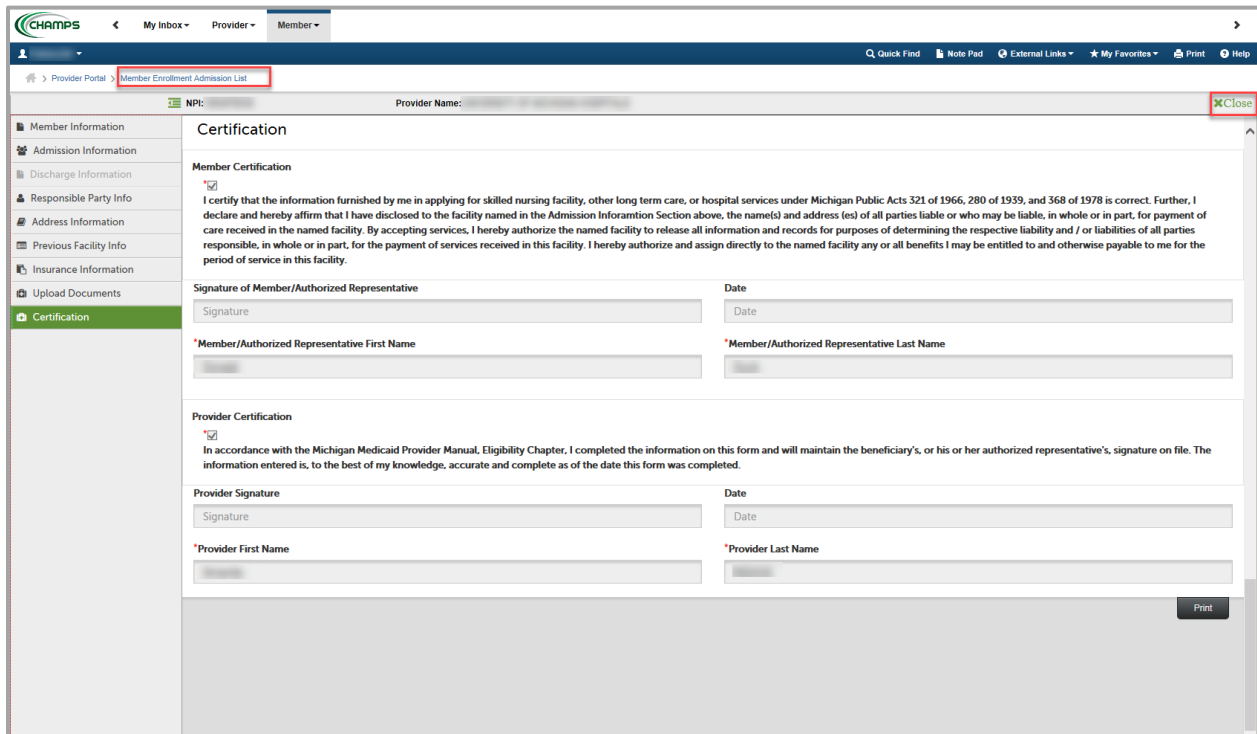
Responsible Party Information
First Name: [REDACTED]
Last Name: [REDACTED]
Phone Number: [REDACTED]
Middle Name: [REDACTED]
Relationship to Patient: [REDACTED]

Address Information
ADDRESS TYPE: Home
ADDRESS: [REDACTED]

Beneficiary Name: [REDACTED]
Medicaid ID: [REDACTED]

1

40. Click Member Enrollment Admission List hyperlink or Close to return to the roster list page



CHAMPS < My Inbox > Provider > Member >

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

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

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

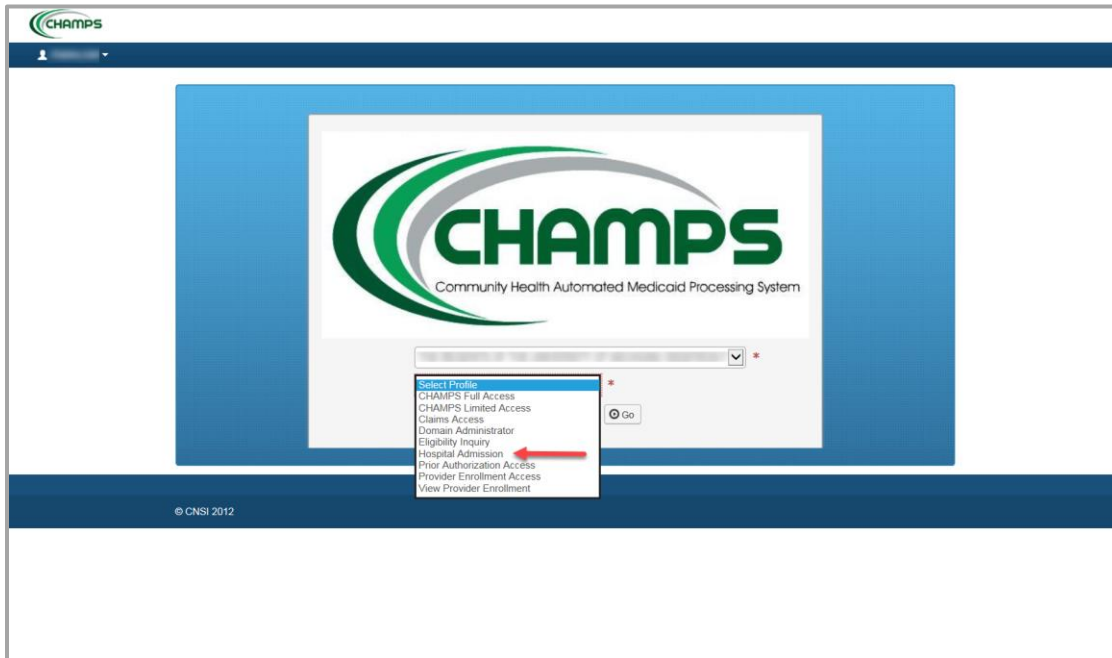
Signature Date

*Provider First Name *Provider Last Name

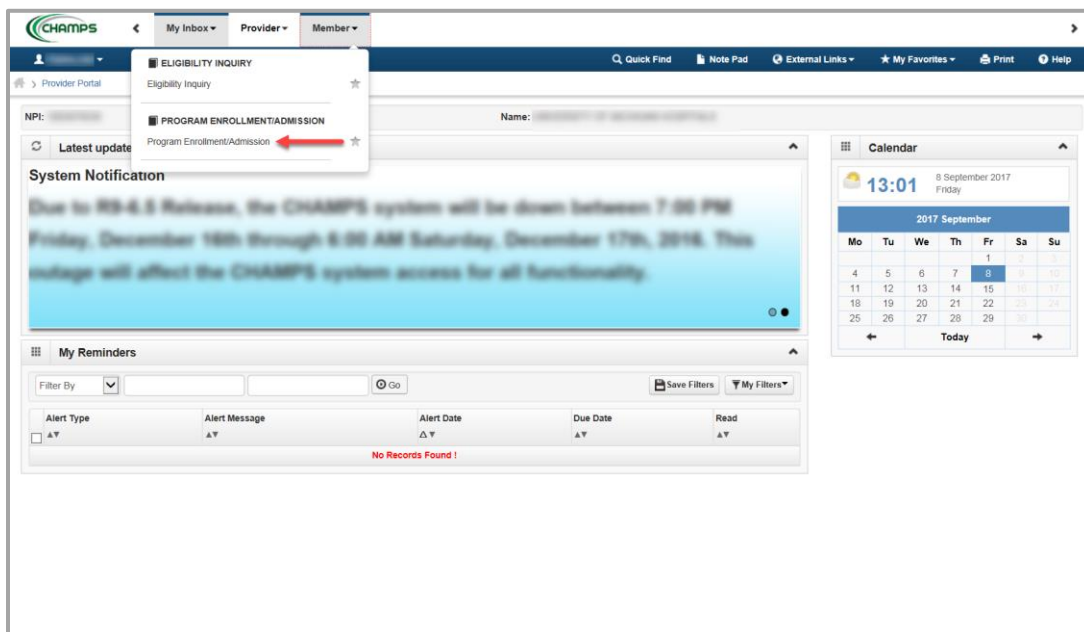
Print

Entering a Discharge:

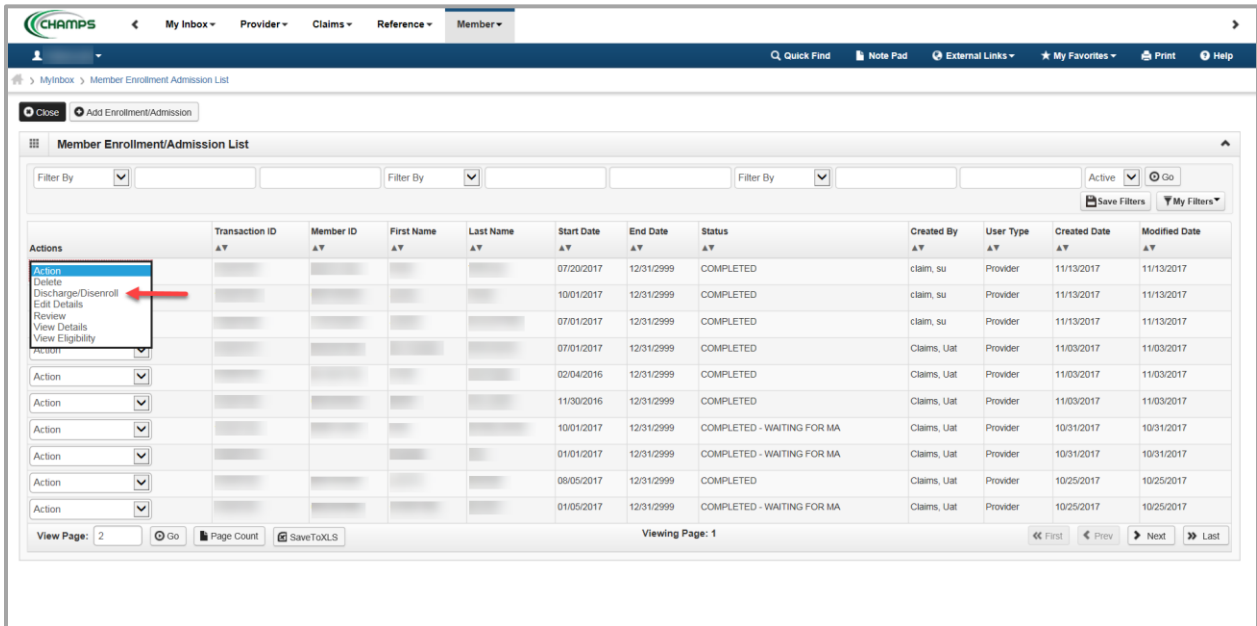
1. Select the Billing NPI from the domain dropdown
2. Select the appropriate profile based on the provider specialty: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment or MI Choice Enrollment. In the examples we have used the Hospital Admission profile
3. Click Go



4. After logging into CHAMPS
5. Click Member tab
6. Select Program Enrollment/Admission



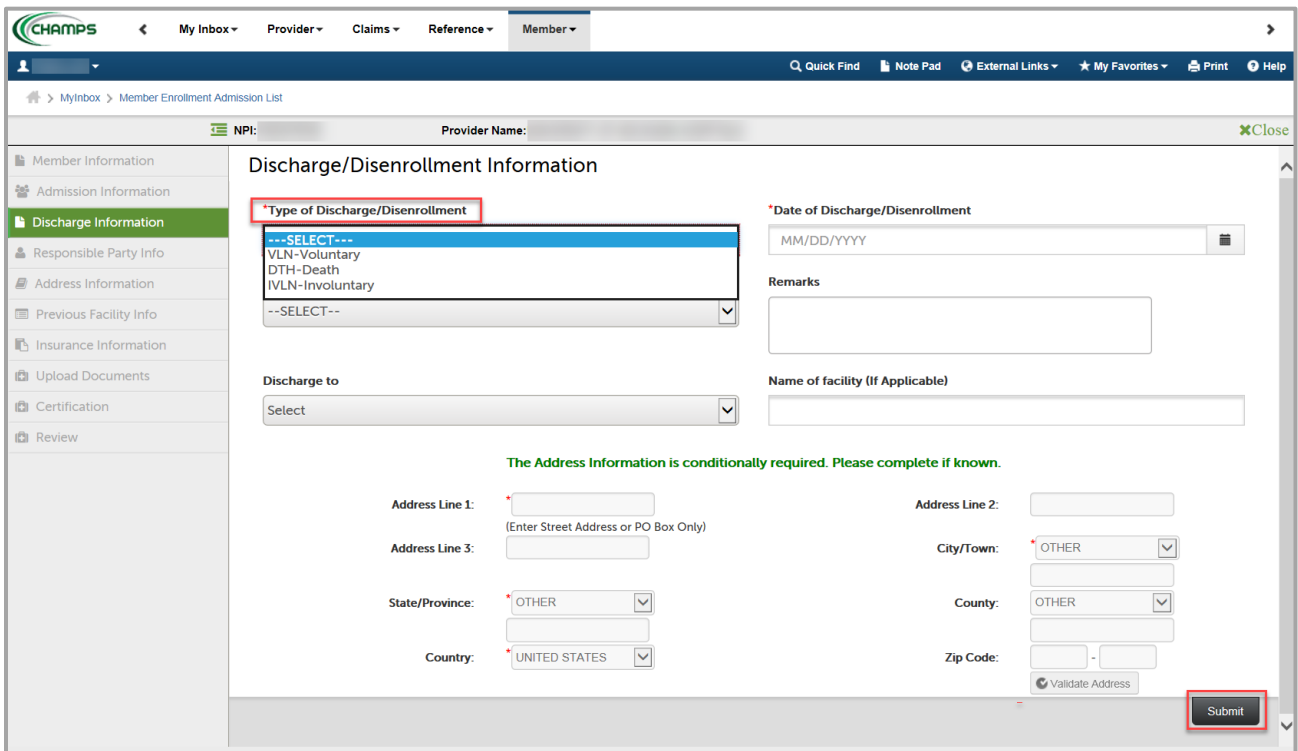
- Within the Roster list page, next to the Member ID needing to be discharged, from the action column select Discharge/Disenroll.



The screenshot shows the CHAMPS Member Enrollment/Admission List page. The 'Actions' column for the second row (Member ID: [redacted]) has a dropdown menu open, with 'Discharge/Disenroll' highlighted by a red arrow. The table lists various members with their transaction IDs, member IDs, names, dates, and statuses.

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	[redacted]	[redacted]	[redacted]	[redacted]	07/20/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	10/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	07/01/2017	12/31/2999	COMPLETED	claim, su	Provider	11/13/2017	11/13/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	07/01/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	02/04/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	11/30/2016	12/31/2999	COMPLETED	Claims, Uat	Provider	11/03/2017	11/03/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	10/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	01/01/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/31/2017	10/31/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	08/05/2017	12/31/2999	COMPLETED	Claims, Uat	Provider	10/25/2017	10/25/2017
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	01/05/2017	12/31/2999	COMPLETED - WAITING FOR MA	Claims, Uat	Provider	10/25/2017	10/25/2017

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



The screenshot shows the CHAMPS Discharge/Disenrollment Information form. The 'Type of Discharge/Disenrollment' dropdown is open, showing options: VLN-Voluntary, DTH-Death, IVLN-Involuntary. The form includes fields for Date of Discharge/Disenrollment, Remarks, Discharge to, Name of facility (if Applicable), Address Information, and a Submit button.

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.

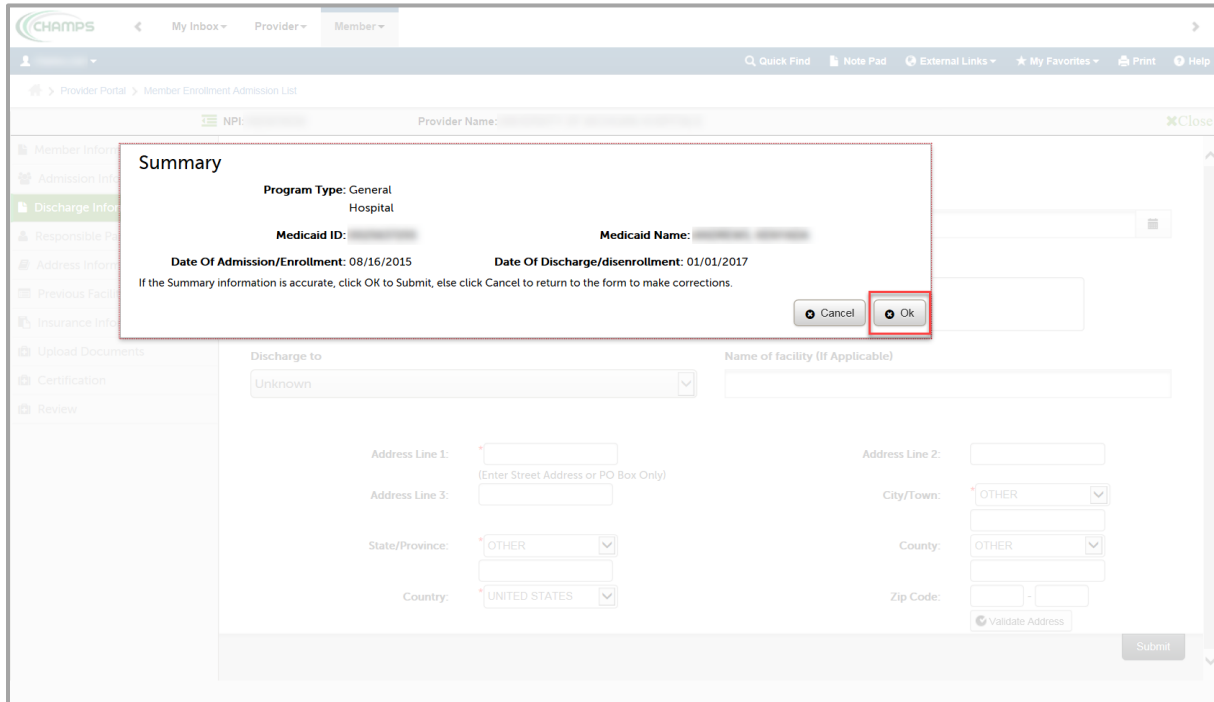
Address Line 1: (Enter Street Address or PO Box Only)
 Address Line 3:
 State/Province: OTHER
 Country: UNITED STATES

Address Line 2:
 City/Town: OTHER
 County: OTHER
 Zip Code:

Validate Address

Submit

11. After clicking submit you will receive the confirmation summary page
12. Click Ok
 - a. If all the information is correct click OK
 - b. If not click cancel and correct the discharge information

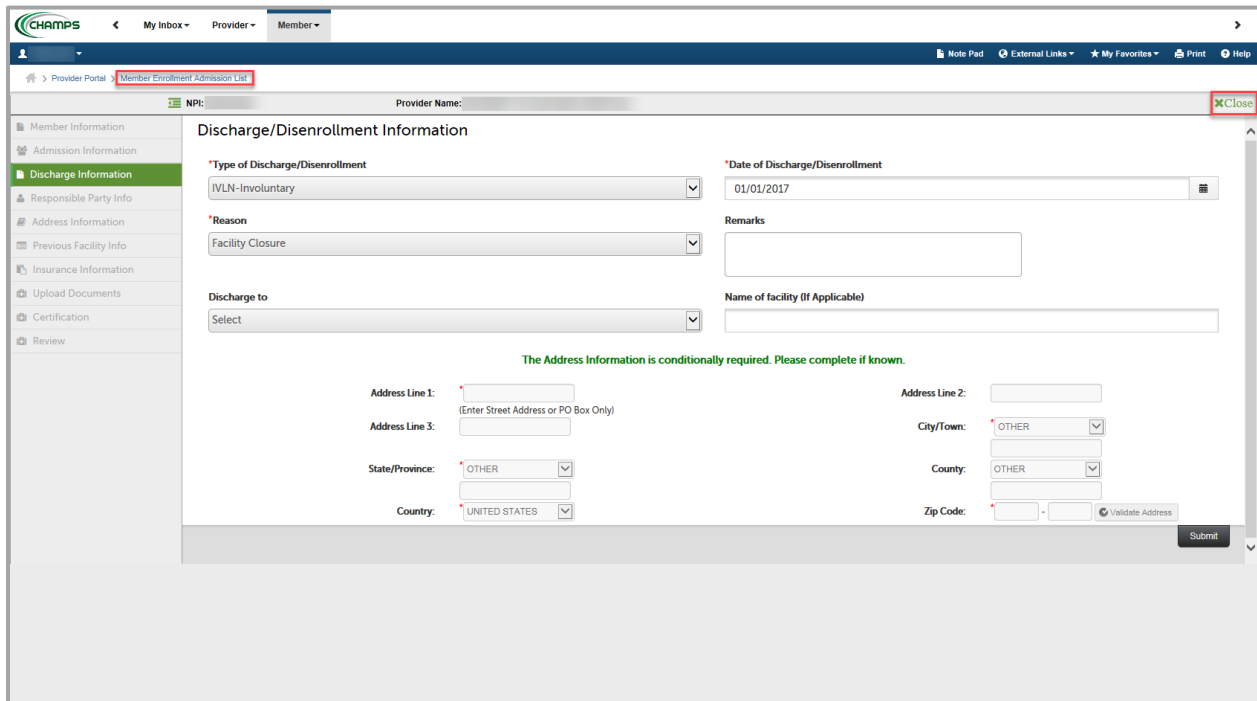


The screenshot shows the CHAMPS Member Enrollment Admission List page. A modal window titled "Summary" is displayed, containing the following information:

- 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 modal are two buttons: "Cancel" and "Ok". The "Ok" button is highlighted with a red box.

13. Click Member Enrollment Admission List hyperlink or Close to return to the roster list page



The screenshot shows the CHAMPS Member Enrollment Admission List page. The "Member Enrollment Admission List" hyperlink is highlighted with a red box. The "Close" button in the top right corner is also highlighted with a red box. The main form area is titled "Discharge/Disenrollment Information" and contains the following fields:

- *Type of Discharge/Disenrollment:** IVLN-Involuntary
- *Date of Discharge/Disenrollment:** 01/01/2017
- *Reason:** Facility Closure
- Remarks:** [Text area]
- Discharge to:** Select
- Name of facility (If Applicable):** [Text area]

Below these fields, a message states: "The Address Information is conditionally required. Please complete if known." The address fields are:

- Address Line 1:** [Text area]
- Address Line 2:** [Text area]
- Address Line 3:** [Text area]
- City/Town:** OTHER
- State/Province:** OTHER
- County:** OTHER
- Country:** UNITED STATES
- Zip Code:** [Text area]

At the bottom right of the form is a "Submit" button.