



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# Modernizing Continuum of Care (MCC)

## November 16, 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
  - Claim
- 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)

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# Policy Information

- MSA 1717, MSA 1718 and MSA 1719
- 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 17-04](#)).
  - Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

# Admission & Enrollment Forms

- Specific providers will directly enter admission/discharge or enrollment/disenrollment information 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 & Disenrollment

- Discharges & Disenrollment'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.
- Dependent on the program type, the admission record may or may not be auto end-dated.
  - e.g., Nursing Facility to Hospice, Hospice to Nursing Facility
    - Hospice to Hospice is exempt from this auto end-date process

# Program Enrollment Type (PET) Codes

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# PET Codes

- Crosswalk list of LOC to new PET MSA 1717
- 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



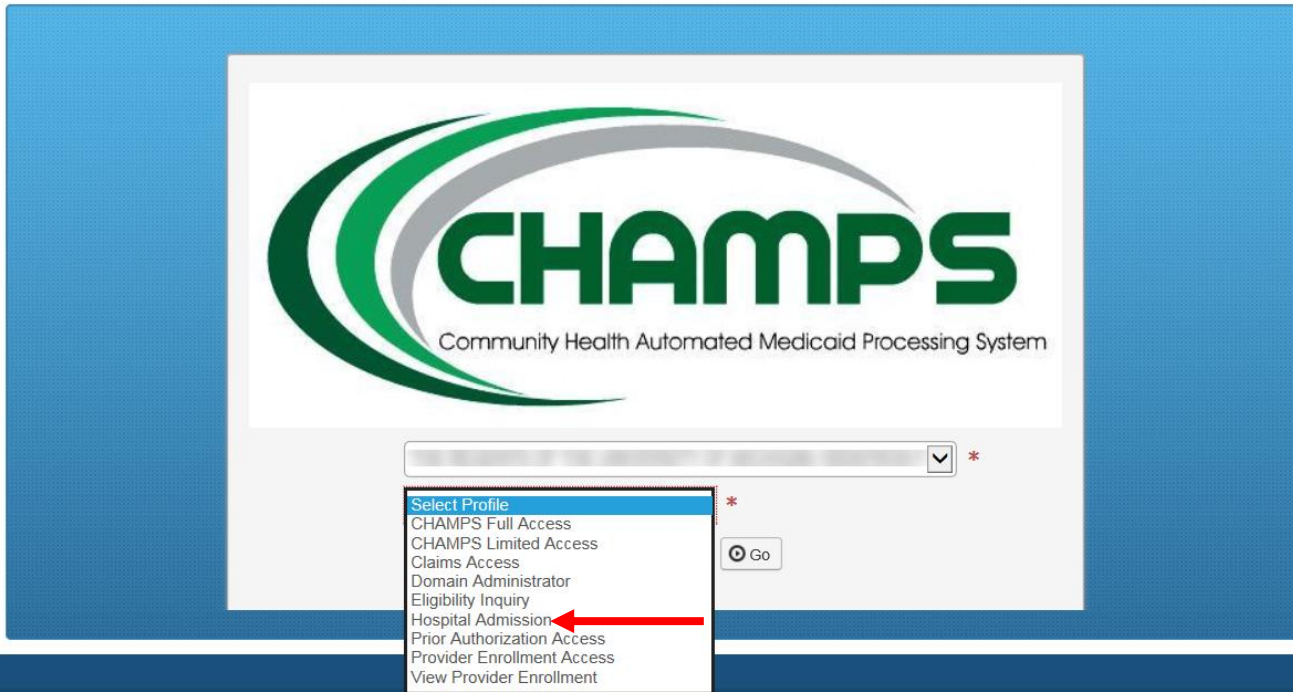
# PET Codes (cont.)

- 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\*

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Screen changes within CHAMPS as of January 2, 2018



- In order to enter or view admission 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	<a href="#">Click To View Service Types</a>	01/06/2011	01/06/2011	10/01/2004	12/31/2999
CSHCS-MC	MHP-COMM	MANAGED CARE	2304993	<a href="#">Click To View Service Types</a>	09/18/2011	09/18/2011	09/09/2011	12/31/2999
MME-MC	MHP-COMM	MANAGED CARE	2304999	<a href="#">Click To View Service Types</a>	01/06/2011	01/06/2011	09/01/2009	12/31/2999
ICO-MC	ICO-COMM	MANAGED CARE	2813568	<a href="#">Click To View Service Types</a>	12/24/2013	12/24/2013	01/01/2014	12/31/2999
NH	LTC-NFAC	FEE FOR SERVICE	2813568	<a href="#">Click To View Service Types</a>	12/24/2013	12/24/2013	01/01/2014	12/31/2999
MC-EXM	EXM-CCI	NO BENEFITS	2813568	<a href="#">Click To View Service Types</a>	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**

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	<a href="#">Click To View Service Types</a>	01/06/2011	01/06/2011	10/01/2004	12/31/2999
CSHCS-MC	MHP-COMM	MANAGED CARE	2304993	<a href="#">Click To View Service Types</a>	09/18/2011	09/18/2011	09/09/2011	12/31/2999
MME-MC	MHP-COMM	MANAGED CARE	2304999	<a href="#">Click To View Service Types</a>	01/06/2011	01/06/2011	09/01/2009	12/31/2999
ICO-MC	ICO-COMM	MANAGED CARE	2813568	<a href="#">Click To View Service Types</a>	12/24/2013	12/24/2013	01/01/2014	12/31/2999
NH	LTC-NFAC	FEE FOR SERVICE	2813568	<a href="#">Click To View Service Types</a>	12/24/2013	12/24/2013	01/01/2014	12/31/2999
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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

- 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

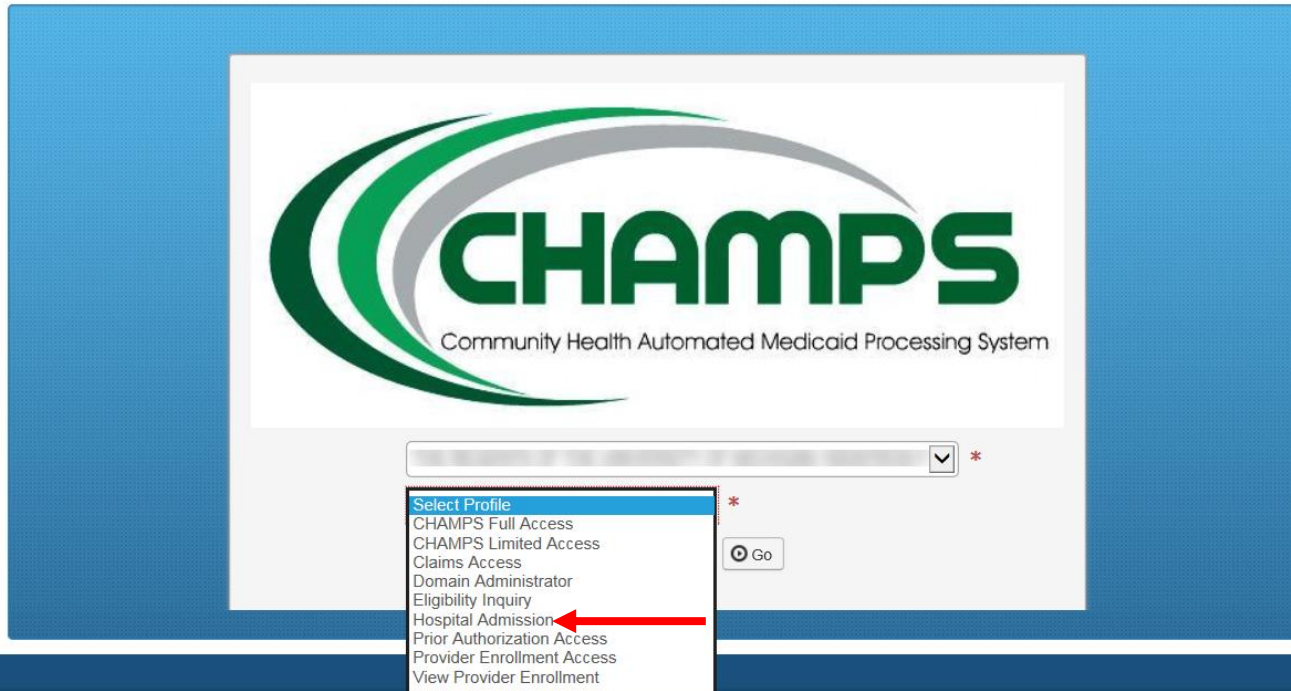
View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- 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

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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.

**Calendar**

8 September 2017  
Friday

13:01

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						

**My Reminders**

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

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

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

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

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

The screenshot shows the CHAMPS Member Enrollment Admission List form. The form is titled "Member Information" and contains several input fields. A "Next" button is highlighted with a red box in the bottom right corner.

**Member Information**

\*Program Type: GENERAL HOSPITAL

\*NPI/Provider ID: [Redacted]

Provider Name: [Redacted]

Medicaid ID: Medicaid ID

SSN: XXX-XX-XXXX

\*Date of Birth: MM/DD/YYYY

\*First Name: [Redacted]

Middle Name: [Redacted]

\*Last Name: [Redacted]

\*Gender: ---SELECT---

Marital Status: ---SELECT---

Next

- This will be the new CHAMPS admission and enrollment screen as of January 2, 2018.
- 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**

**\*Type of Facility**

**\*Facility Contact Person**

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

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

**Primary Diagnosis Code**

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

**Hospital Case Number**

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

**\*Facility Phone Number**

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

**Estimated Length of Stay (in Months)**

**Secondary Diagnosis Code**

**Comments**

**Next**

- The Admission/Enrollment Information screen will need all information related to the admission
- Click Next

The screenshot shows the CHAMPS Member Enrollment Admission List form. The top navigation bar includes the CHAMPS logo, navigation tabs for My Inbox, Provider, and Member, and utility icons for Quick Find, Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > Member Enrollment Admission List. The form header displays the NPI and Provider Name, with a Close button. The left sidebar contains a list of information categories: 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" as the current selection.
- Phone number:** Text input field.

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

- 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	

- 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.*

The screenshot shows the CHAMPS Member Enrollment Admission List interface. The top navigation bar includes 'My Inbox', 'Provider', and 'Member' tabs. The main header contains search and utility icons. The breadcrumb trail indicates the current location: 'Provider Portal > Member Enrollment Admission List'. The form title is 'Address Information', and it includes fields for 'NPI' and 'Provider Name'. A sidebar on the left lists various information categories, with 'Address Information' currently selected. The main form area contains a table with columns for 'Address Type', 'Address', and 'Actions'. Below this is an 'Add' button. The form fields include a dropdown for 'Address Type', text boxes for 'Address Line 1', 'Address Line 2', and 'Address Line 3', and dropdown menus for 'State/Province', 'Country', 'City/Town', 'County', and 'Zip Code'. Asterisks indicate required fields. At the bottom of the form, there are 'Save', 'Cancel', and 'Validate Address' buttons, and a 'Next' button in the bottom right corner. Red boxes highlight the 'Save', 'Validate Address', and 'Next' buttons.

- 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: Provider Name: Close

### Previous Provider/Facility Information

**Previous Service Location**  
Select Facility

**Previous Provider/Facility Admission/Enrollment Date**  
MM/DD/YYYY

**Previous Provider/Facility Discharge/Disenrollment Date**  
MM/DD/YYYY

**Previous Provider/Facility NPI/Provider ID**

**Previous Provider/Facility Name**

**Previous Provider/Facility Contact Person**

**Previous Provider/Facility Contact Phone Number**

Next

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

- 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

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

### 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

- 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:**

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

The screenshot shows the CHAMPS Member Enrollment Admission List page. The header includes the CHAMPS logo, navigation tabs for 'My Inbox', 'Provider', and 'Member', and a top navigation bar with 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail is '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. 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 menu items: Member Information, Admission Information, Discharge Information, Responsible Party Info, Address Information, Previous Facility Info, Insurance Information, Upload Documents (highlighted), and Certification.

- 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 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.

# Provider Certification (cont.)

- NF Provider:

In accordance with the Michigan Medicaid Provider Manual, Eligibility Chapter, Section 12.1, 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, Section 3.2, 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 form. A confirmation dialog box titled "Summary" is displayed in the center, containing 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]

Below the summary, it states: "If the Summary information is accurate, click OK to Submit, else click Cancel to return to the form to make corrections." The "OK" button is highlighted with a red box. The background form shows fields for Member/Authorized Representative First Name, Member/Authorized Representative Last Name, Provider Certification, Provider Signature, Date, Provider First Name, and Provider Last Name. A "Submit" button is visible at the bottom right of the form.

- 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**

- 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



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

# Entering a Discharge

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Steps for completing a discharge within CHAMPS

Close Add Enrollment/Admission

Member Enrollment/Admission List

Filter By [dropdown] [input] [input] Filter By [dropdown] [input] [input] Filter By [dropdown] [input] [input] Active [dropdown] 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 displayed in the center, containing the following information:

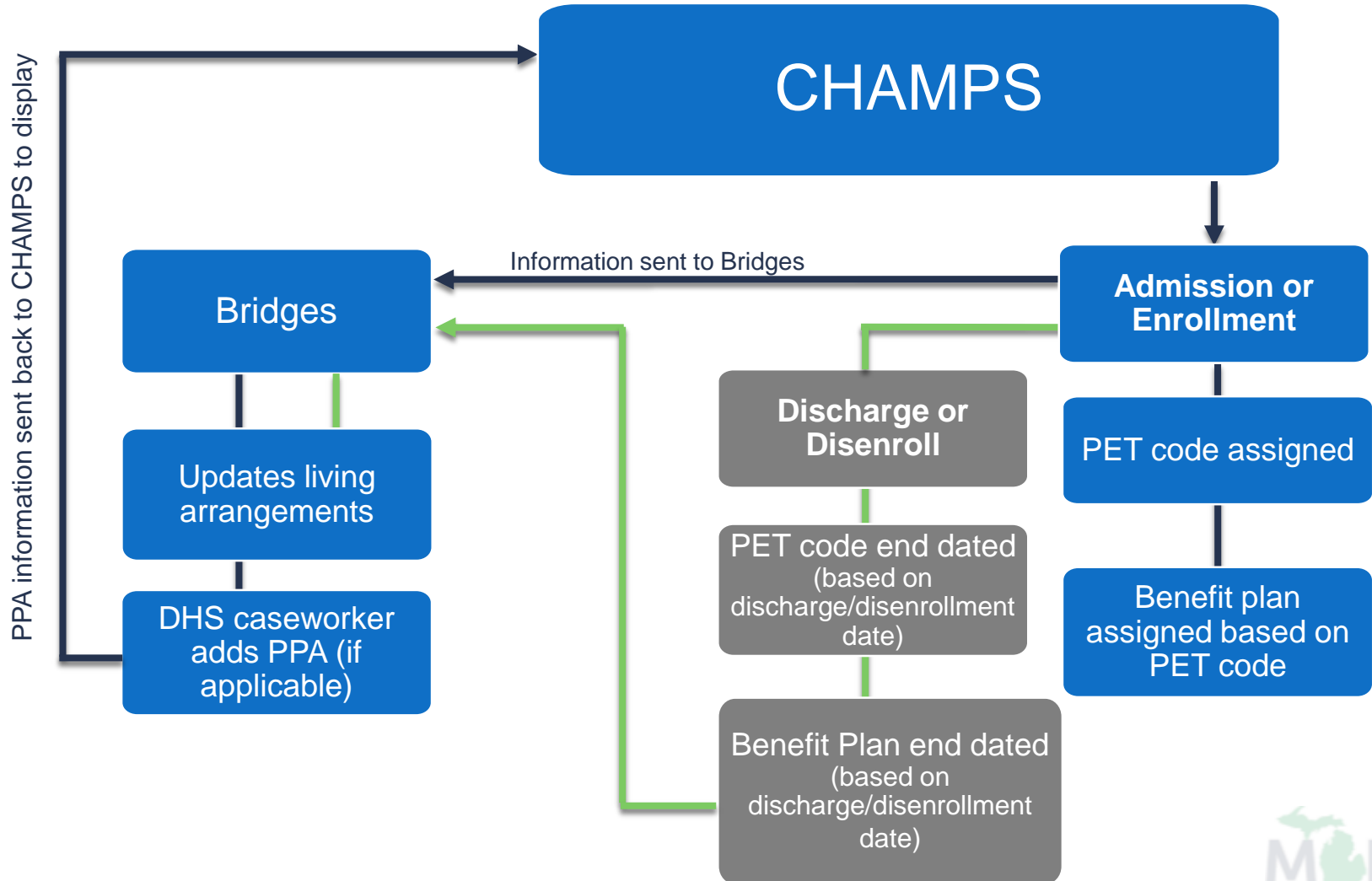
- Program Type:** General Hospital
- Medicaid ID:** [REDACTED]
- Medicaid Name:** [REDACTED]
- Date Of Admission/Enrollment:** 08/16/2015
- Date Of Discharge/disenrollment:** 01/01/2017

Below the summary information, a message reads: "If the Summary information is accurate, click OK to Submit, else click Cancel to return to the form to make corrections." At the bottom right 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:
  - November 21, 2017
  - December 5, 2017
  - December 19, 2017

## In-person Training Dates

- SNF and Hospice provider specific:
  - November 28, 2017- Double Tree Detroit-Dearborn
  - 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.*
- **MDHHS website:** [www.Michigan.gov/medicaidproviders](http://www.Michigan.gov/medicaidproviders)
- **MCC website:** [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)
  
- **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](mailto:ProviderSupport@Michigan.gov) or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program