

Understanding Modernizing Continuum of Care (MCC)

Table of Contents

Overview	2
Key Features of MCC	2
CHAMPS changes.....	2
Nursing Facility and Hospice Specific Highlights	3
Hospital Specific Highlights	4
Frequently Asked Questions (FAQ)	5
CHAMPS Screens	8
Electronic admission notice	9
Roster list page	10
LOC to PET crosswalk table	11

Overview

[MSA Final Policy Bulletins: 17-33, 17-40 and 17-46](#)

The Michigan Department of Health and Human Services (MDHHS) recognizes that the current methods for processing nursing facility and hospice admissions and discharges, and managed care enrollments and disenrollments, can be improved to avoid delays in the provision of vital Long Term Care services, billing and reimbursement. MCC will improve the timeliness and accuracy of admission/discharge and enrollment/dis-enrollment information in CHAMPS.

Key Features of MCC

- Level of Care (LOC) codes will be replaced by Program Enrollment Type (PET) codes. The PET codes more precisely reflect program options and provide additional information on living arrangements and exemption reasons. Information regarding LOC to PET changes, including a list of the new PET codes, is provided in Bulletin MSA 17-40.
- Specific providers will directly enter admission and discharge information in CHAMPS. This will result in real-time changes to the National Provider Identifier (NPI) and the beneficiary's PET code.
- Providers will be able to view a roster page of all beneficiaries for whom they have submitted admission information in CHAMPS. This roster will allow the provider to see an individual's admission information, Medicaid status, and information on discharged beneficiaries.
- When a nursing facility enters admission information for an individual who does not have active or pending Medicaid eligibility, a Medicaid Application Patient of Nursing Facility ([DHS-4574](#)) will be automatically mailed to the individual.

CHAMPS changes

- All managed care entities that currently have more than one CHAMPS provider ID will move from to a single CHAMPS provider ID per contract. For example, managed care entities that are both a Medicaid Health Plan (MHP) and an Integrated Care Organization (ICO) will have one provider ID for the MHP and one provider ID for the ICO.
- The CHAMPS member eligibility inquiry screen will display a new column to indicate the PET associated to the benefit plan.
- Patient Pay Amounts (PPA) will be displayed separately in a new 'Patient Pay' section at the bottom of the CHAMPS eligibility inquiry screen (returned in the same segment in the 271 response).
- Roster list page will list all admissions entered under the NPI logged in.
- Five years of LOC data will be converted to PET prior to MCC go live date of January 2, 2018.

Providers should develop internal processes to review the “roster list page” daily to ensure all admissions are listed and all beneficiaries who have been discharged from the facility are showing “discharged” on the roster page.

Nursing Facility and Hospice Specific Highlights

- The paper MSA-2565-C will no longer be used for SNF admissions as the admission will be entered directly within CHAMPS.
- The paper DCH-1074 will no longer be used as the enrollment information will be entered within CHAMPS.
- Nursing facilities, other hospice organizations, and managed care entities will be unable to admit a beneficiary if the beneficiary is still enrolled in a hospice. Therefore, it is critical that hospice organizations enter discharge promptly in CHAMPS.
- Nursing facility providers should complete an admission notice if the beneficiary is discharged from the Hospice in the Nursing Facility. This will ensure the correct dates are on file for the PET and benefit plan associated.
- A Level of Care Determination (LOCD) tool will continue to be required in order to complete Nursing Facility admissions.
 - If there is a Nursing Facility Admission completed and there is no LOCD tool on file then a benefit plan and PET will not assign.
- When entering a Nursing Facility admission providers will receive a soft error message if the beneficiary is already enrolled in Hospice.
- LOCD tools for 'active waiting LOC' status will be converted to MCC as completed.
- Hospice providers will want to ensure that any converted records show correctly, previously on the admission there was no way to tell if the beneficiary was receiving Hospice services in the home, community or facility.
- SNF providers should complete the admission notice if the bene discharges from Hospice care in a Nursing Facility to ensure that their correct admission dates assign the correct date segments associated to the benefit plan.
- If the beneficiary is currently admitted in a Nursing Facility and goes to a Hospital, the nursing facility provider does not need to discharge the beneficiary unless they will be gone from the facility for over 30 days.
- Hospice providers will need to complete an admission for a beneficiary who will be receiving Hospice services within a SNF. The Hospice provider would indicate on their admission the SNF NPI.
- For SNF and Hospice providers the Medicaid Health Plan (MHP) disenrollment process will remain the same process in MCC.
 - For example:
 - Admitted into a SNF on 1/01/18 , the SNF completes their admission via the CHAMPS screens.
 - PET: LTC-NFAC 1/01/18 to 12/31/2999
 - The MHP identifies on 1/15/18 the beneficairy should have been enrolled in the MHP effective 1/01/18. MHP will complete an enrollment with a start date of 1/01/18
 - PET: MHP-NFAC 1/01/18 to 12/31/2999
 - 45 days later, the disenrollment process is completed and approved. The MHP edits their enrollment record and disenrolls the resident from the MHP effective 2/15/18.
 - PET: MHP-NFAC 1/01/18 to 2/14/18
 - LTC-NFAC 2/15/18 to 12/31/99
- Hospice admissions require a Medicaid beneficiary 10 digit ID number be entered in order to enter an admission.

Hospital Specific Highlights

- The paper MSA-2565-C will be repurposed after MCC implementation for Hospital Providers to submit birth notifications not able to be sent electronically.
- The LOC 10 will no longer exist within MCC. Current LOC 10 records will not be converted to PET's as the LOC 10 does not set a benefit plan.
- Swing bed admissions will create the LTC-NFAC PET.
- General Inpatient Hospital admissions will not create a PET or benefit plan.
- General Inpatient Hospitals would use the new CHAMPS admission screens to enter an admission for the following circumstances, as outlined in [MSA 17-46](#):
 - Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater or
 - Medicaid deductible beneficiaries (regardless of the length of stay) otherwise known as spend-down or
 - Private pay admission (regardless of the length of stay), to generate the paper Medicaid Application be mailed (or the patient can [apply online](#)).
- When completing an admission via CHAMPS, the Hospital must print the admission form generated by CHAMPS and continue to obtain the potential beneficiary (or his/her authorized representative) signature on the form. The signature of the Hospital personnel completing the admission form must also be obtained. This signed form must be retained in the beneficiary's record.
- State Psychiatric hospital admissions require a Medicaid ID in order to enter the admission in CHAMPS.
- Hospitals and State Psych Facilities will also need to hold any admissions to their facility which take place on or after December 15, 2017 and enter these into CHAMPS as of January 2, 2018.

Frequently Asked Questions (FAQ)

Will MCC affect all providers? Yes. There are multiple changes that all providers will see within CHAMPS and multiple processes that will also change as part of MCC. The most affected provider types are Skilled Nursing Facility (SNF) and Hospice.

What will happen to the old LOC's on file? The Michigan Department of Health and Human Services (MDHHS) will be converting five years of LOC data to PET's. After conversion providers are encouraged to review the roster list page to ensure admission information is showing correctly for the converted records. With the exception of the current LOC 10-Inpatient Hospital will not be cross walked to a PET code.

How will the PET be returned on the 271 eligibility transaction? The PET assigned to the beneficiary will be returned in the EB05 segment along with the coordinating benefit plan.

The LOC 07 for Medicaid Managed Care used to display at the bottom of the screen where will that be now? The PET for managed care will be displayed within the Benefit Plans section of the CHAMPS member eligibility screen.

Currently I send my MSA-2565-C form to the Community Mental Health (CMH) office when we admit a beneficiary to a psychiatric floor in our hospital. What will I do after January 2, 2018? Currently the CMH workers do not process off the 2565. Once MCC is implemented the Hospital provider would complete the admission within CHAMPS, if the stay will be 30 days or more and indicate it was a psych stay or admission. The CMH would still need to be contacted upon the patient presenting, being admitted to the psychiatric floor or bed in order to authorize and reimburse the stay as outlined within current MSA policy.

Does a Level of Care Determination tool still need to be completed? Yes. A Level of Care Determination (LOCD) tool will remain required as outlined within MSA policy, it does not matter what order the LOCD tool and admission are completed in. If there is a SNF Admission completed and there is no LOCD tool on file then a PET and benefit plan will not set until the LOCD tool has been completed.

If the beneficiary is admitted to a facility not in the county where the beneficiary resides, which DHHS county worker receives notification of the admission? The notification, within Bridges, of the admission will be sent to the DHHS county worker of where the member's case resides, not necessarily within the county that the facility admitting the beneficiary resides.

If a patient is discharged from the hospital to a SNF, does the hospital have to go into CHAMPS and fill out the discharge before the SNF would be able to enter an admission? No, given there is a hospital admission over 30 days, once the SNF completes there admission it will automatically end date the hospital admission.

What is the time frame for entering the admission information when entering into a SNF facility? There is no set or specific time frame to enter an admission, we ask providers to complete the admission in a timely fashion. This allows living arrangement to be updated within Bridges to ensure that the most accurate information is on file for the beneficiary.

Will I be able to create an admission for a person who does not currently have Medicaid? Yes, with the exception of Hospice and State Psych admissions, providers can enter an admission for a person who does not have current and active Medicaid. Once the admission is submitted it will trigger the Medicaid paper application be mailed to the beneficiary.

What does the previous facility admission screen mean? Does this affect anything for the member? This was a field on the paper 2565 form therefore it was carried over into the CHAMPS admission screens. When the previous facility information is entered the NPI is validated within CHAMPS. The additional information entered will be sent to the eligibility determination system, Bridges, for review by the MDHHS caseworker. The previous facility information field is optional to complete but does help the MDHHS caseworker with asset assessment and can help identify if the beneficiary needs a retro application.

After printing the completed admission and having the beneficiary, or representative, and provider sign do we need to send or upload it to MDHHS? No, the signed admission do not need to be sent to MDHSS unless requested. Providers are required to retain the signed admission within the beneficiaries file, as outlined within current MSA policy.

What about any admissions from December 15, 2017 to January 2, 2018? Providers will need to hold any new admissions that take place after December 15, 2017 and enter these into CHAMPS as of January 2, 2018. SNF providers will still need to complete an LOCD tool within the timeframe as outlined within MSA policy.

If I enter an admission for a person who has no Medicaid ID, but they appear like they could qualify, what will happen? When the admission is completed it will show a status on the roster list page 'completed-waiting MA coverage'. As part of the nightly file the admission information will be sent from CHAMPS to the eligibility system, Bridges, which will trigger the Medicaid paper application be sent to the member. Once the MDHHS caseworker has reviewed the application the eligibility will be added and the admission status will update to 'complete'. CHAMPS will continue to nightly check Bridges for up to 180 days, for the Medicaid eligibility having been added.

If a member does not have Medicaid coverage but has Blue Cross Blue Shield coverage do I need to enter an admission within CHAMPS? No, the CHAMPS admission function is used for members who have current Medicaid eligibility, e.g. Fee for Services, Medicaid Health Plan, MI Choice, MI Health Link etc., have applied for Medicaid eligibility or could become Medicaid eligible and are being admitted to a facility or needing to be enrolled with Hospice.

What does the responsible party information mean? This is an individual, other than the beneficiary, who controls, manages or directs the beneficiary's assets, funds or medical care. There are various relationship options to choose from e.g. Authorized representative, Daughter, Legal Guardian etc.

Will admissions need to be entered for a person who is enrolled in a Medicaid Health Plan (MHP) or in the MI Health Link Program (ICO)? Yes an admission should be entered within CHAMPS for a beneficiary who is enrolled in an MHP or in the ICO plan. Providers are not responsible for entering an enrollment into the Health Plan or ICO or other applicable programs as enrollment into the plan is done by the applicable plan. Providers are only responsible for entering an admission into their facility via the screens in CHAMPS.

What if I notice a beneficiary on my roster list page who was never admitted to my facility? Providers should enter a discharge date the same date as the admission date and be sure to include a comment. The comment should read "resident never in our facility" MDHHS will then work to delete these incorrect converted records.

CHAMPS Screens

- Member eligibility screen will now display the PET code associated for the enrollment type.
- The PPA amount has been moved to a separate section of the member eligibility screen within CHAMPS.

Member ID: [REDACTED] **Name:** [REDACTED]

Info: 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: 12/01/2016 - 01/31/2017

GENDER: MALE

DATE OF BIRTH: [REDACTED]

CASE NUMBER: [REDACTED]

CASE PHONE: [REDACTED] **EXT:** [REDACTED]

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: [REDACTED]

MAGI CATEGORY: [REDACTED]

MA PROGRAM CODE: [REDACTED]

CITIZENSHIP: [REDACTED]

REDETERMINATION DATE: 03/31/2017

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: [REDACTED]

MHP PCP: [REDACTED]

BMP PROVIDER RESTRICTION: [REDACTED]

INDICATORS: [REDACTED]

WORKER LOAD NUMBER: [REDACTED]

MDHHS PHONE: [REDACTED]

MDHHS COUNTY: [REDACTED]

[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
PIHP		MANAGED CARE	2813564	Click To View Service Types	01/05/2017	01/05/2017	01/01/2017	01/31/2017
NH	LTC-CMCF	FEE FOR SERVICE	1608841	Click To View Service Types	01/05/2017	10/12/2017	01/01/2017	01/31/2017
MA		FEE FOR SERVICE		Click To View Service Types	01/05/2017	01/05/2017	12/01/2016	01/31/2017
PIHP		MANAGED CARE	2813564	Click To View Service Types	01/05/2017	01/05/2017	12/01/2016	12/31/2016
NH	LTC-CMCF	FEE FOR SERVICE	1608841	Click To View Service Types	01/05/2017	10/12/2017	12/27/2016	12/31/2016

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | Navigation: First, Prev, Next, Last

PATIENT PAY

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTCInpatient	1641	01/01/2017	01/31/2017

Electronic admission notice

The admission notice should only be completed by Inpatient Hospital providers as outlined in MSA 17-46.

**For SNF and Hospice providers an active LOCD tool must be on file or completed.*

CHAMPS My Inbox Provider Claims Member

Quick Find Note Pad External Links My Favorites Print Help

MyInbox > Member Enrollment Admission List

NPI: Provider Name: Close

Member Information

<p>*Program Type</p> <input type="text"/>	<p>*NPI/Provider ID:</p> <input type="text"/>	<p>Provider Name:</p> <input type="text"/>
<p>Medicaid ID</p> <p>Medicaid ID</p> <input type="text"/>	<p>SSN</p> <p>XXX-XX-XXXX</p> <input type="text"/>	<p>*Date of Birth</p> <p>MM/DD/YYYY</p> <input type="text"/>
<p>*First Name</p> <input type="text"/>	<p>Middle Name</p> <input type="text"/>	<p>*Last Name</p> <input type="text"/>
<p>*Gender</p> <p>---SELECT---</p> <input type="text"/>	<p>Marital Status</p> <p>---SELECT---</p> <input type="text"/>	

Next

Roster list page

- 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.

< My Inbox ▾ Provider ▾ Claims ▾ Reference ▾ Member ▾ >

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > 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 ▾					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 Go Page Count SaveToXLS
Viewing Page: 1 First Prev Next Last

LOC to PET crosswalk table

- This table is designed to crosswalk Level of Care (LOC) codes to Program Enrollment Type (PET) codes. The PET code descriptions and codes are subject to change by Medicaid policy.
- The PET code is 7 digits and will identify a beneficiary's type of admission or Managed Care enrollment along with their living arrangements.
- LOC 10 will not be cross walked to a PET code
- Current LOC 88 will be cross walked to a PET code but will not be displayed to providers as these are used for administrative purposes

The table is organized by benefit plan.

Level of Care (LOC)	Program Enrollment Type (PET)	Program/Reason	Benefit Plan
02	LTC-CMCF	Nursing Facility residing at County Medical Care Facility (CMCF)	NH
02	LTC-NFAC	Nursing Facility (not CMCF)	NH
02	LTC-NFAC	Hospital LTC Unit	NH
02	LTC-NFAC	Hospital Swing Bed	NH
02	LTC-NFAC	Ventilator Dependent Care Unit (VDCU)	NH
03	ICO-HCBS	MI Health Link and receiving Home and Community Based Services	ICO-MC
05	ICO-NFAC	MI Health Link residing in Nursing Facility (not CMCF)	ICO-MC
07	ICO-COMM	MI Health Link at Community	ICO-MC
15	ICO-HOSC	MI Health Link with Hospice in CMCF	ICO-MC
07	ICO-HOSH	MI Health Link with Hospice at Home	ICO-MC
05	ICO-HOSN	MI Health Link with Hospice in a Nursing Facility	ICO-MC
07	ICO-HOSR	MI Health Link with Hospice in a Hospice Residence Facility	ICO-MC
03	ICO-HOSW	MI Health Link receiving Home and Community Based Services and receiving Hospice services at home	ICO-MC
15	ICO-CMCF	MI Health Link residing in County Medical Care Facility (CMCF)	ICO-MC
07 and 11	MHP-COMM	Medicaid Health Plan	CSHCS-MC MME-MC
07 and 11	MHP-HOSH	Medicaid Health Plan with Hospice at Home	CSHCS-MC MME-MC

Level of Care (LOC)	Program Enrollment Type (PET)	Program/Reason	Benefit Plan
07 and 11	MHP-HOSN	Medicaid Health Plan with Hospice in a Nursing Facility	CSHCS-MC MME-MC
07 and 11	MHP-HOSR	Medicaid Health Plan with Hospice in a Hospice Residence Facility	CSHCS-MC MME-MC
07 and 11	MHP-NFAC	Medicaid Health Plan and residing in a Nursing Facility	CSHCS-MC MME-MC
07 and 11	PCE-CMCF	PACE and residing in County Medical Care Facility (CMCF)	PACE
07 and 11	PCE-COMM	PACE living in the Community	PACE
07 and 11	PCE-HOSC	PACE receiving Hospice in County Medical Care Facility (CMCF)	PACE
07 and 11	PCE-HOSH	PACE with Hospice at Home	PACE
07 and 11	PCE-HOSN	PACE receiving Hospice in a Nursing Facility (not CMCF)	PACE
07 and 11	PCE-HOSR	PACE receiving Hospice at Hospice Residence Facility	PACE
07 and 11	PCE-NFAC	PACE residing in Nursing Facility (not CMCF)	PACE
16	HOS-COMM	Hospice in the Community	HOSPICE
16	HOS-NFAC	Hospice in Nursing Facility	HOSPICE
16	HOS-RESD	Hospice in Residence Facility	HOSPICE
17	SPF-INPT	State Psych Facility	SPF
22	MIC-COMM	MI Choice in the Community	MICHOICEMC
22	MIC-CSSP	MI Choice in the Community with Significant Support Participant Indicator	MICHOICEMC
22	MIC-HOSH	MI Choice receiving Hospice at home	MICHOICEMC
22	MIC-HSSP	MI Choice Significant Support Participant (SSP) receiving Hospice at home	MICHOICEMC
32	INC-JAIL	Incarceration Jail	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC

Level of Care (LOC)	Program Enrollment Type (PET)	Program/Reason	Benefit Plan
32	INC-JDET	Incarceration Juvenile Detention	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC
32	INC-PRSN	Incarceration Prison	INCAR-ESO INCAR-MA INCAR-MA-E MA-HMP-INC
55	EXM-ALJD	Long Term Care Exempt ALJD	LTC-EXEMPT
55	EXM-MPRR	Long Term Care Exempt MPRO	LTC-EXEMPT
55	EXM-PASR	Long Term Care Exempt PASR	LTC-EXEMPT
56	EXM-DIVM	Long Term Care Exempt for Divestment	LTC-EXEMPT