

Bulletin Number: MSA 20-54

Distribution: Medicaid Home Health Agencies, Medicaid Health Plans, Integrated Care Organizations

Issued: October 2, 2020

Subject: Plan of Care Requirement Update

Effective: November 1, 2020

Programs Affected: Medicaid

The purpose of this bulletin is to provide information regarding changes to current Medicaid home health documentation effective November 1, 2020.

Plan of Care (POC) Element

The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual will be updated to reflect the mandatory elements required by Medicaid. In accordance with current Medicaid policy, home health providers must include the following in the POC:

- **Name, Address, and National Provider Identifier (NPI)** of the home health agency (HHA), as well as the Home Health beneficiary's name, date of birth, and Medicaid identification (ID) number.

Effective November 1, 2020, the Medicaid policy POC requirement will be updated to no longer require the NPI:

- **Name and Address** of the HHA, as well as the Home Health beneficiary's name, date of birth, and Medicaid ID number.

All other current Medicaid POC elements and Home Health Medicare Conditions of Participation as outlined under Title 42 CFR §484 remain unchanged.

Receipt of Medicaid Policy Updates

HHA providers are responsible for being informed of all Medicaid policy updates and maintaining current contact information in the Community Health Automated Medicaid Processing System (CHAMPS). MDHHS notifies providers of Medicaid policy changes and updates based on contact information entered by providers into CHAMPS.

MDHHS encourages home health providers to subscribe to the Medicaid ListServ to receive e-mail announcements regarding the Michigan Medicaid program. Subscription instructions are available on the MDHHS website at www.michigan.gov/medicaidproviders >> click "Listserv Instructions" under "Resources".

Providers may also access policy updates on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration