



Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin momentarily
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- Within the Chat Pod you are welcome to submit your questions during the presentation OR
- A Q&A will be held at the end of the presentation for questions

Please note: Audio is via your computer speakers.



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Modernizing Continuum of Care (MCC) September 18, 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)

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 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.
- 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

Claim

- The Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) for a beneficiary not having a PET on file will remain the same CARC and RARC for no LOC on file.
 - CARC: 251, 22, 96, 26, B7
 - RARC: N146, N598, N216
- If you are reviewing eligibility within CHAMPS for dates of service prior to MCC implementation the LOC record has been converted to a PET.

Program Enrollment Type (PET) Codes

PET Codes

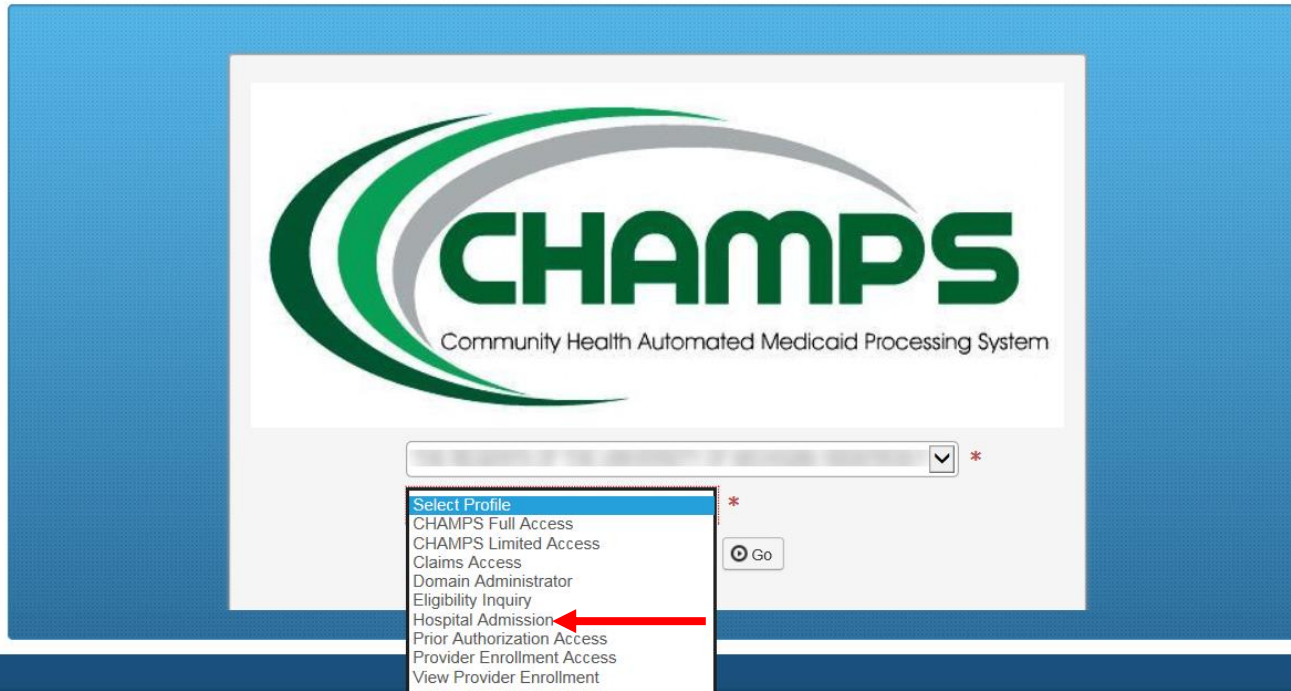
- Crosswalk list of LOC to new PET [MSA 1717](#)
- LOC codes 07 and 11 now crosswalk to multiple PET codes:
 - MHP-COMM for beneficiaries residing in the community
 - MHP-NFAC for beneficiaries in nursing facilities
 - MHP-HOSH for beneficiaries receiving hospice at home
 - MHP-HOSR for beneficiaries 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*

Screen changes within CHAMPS



- 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	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								
Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
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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

Close Add Enrollment/Admission

Member Enrollment/Admission List

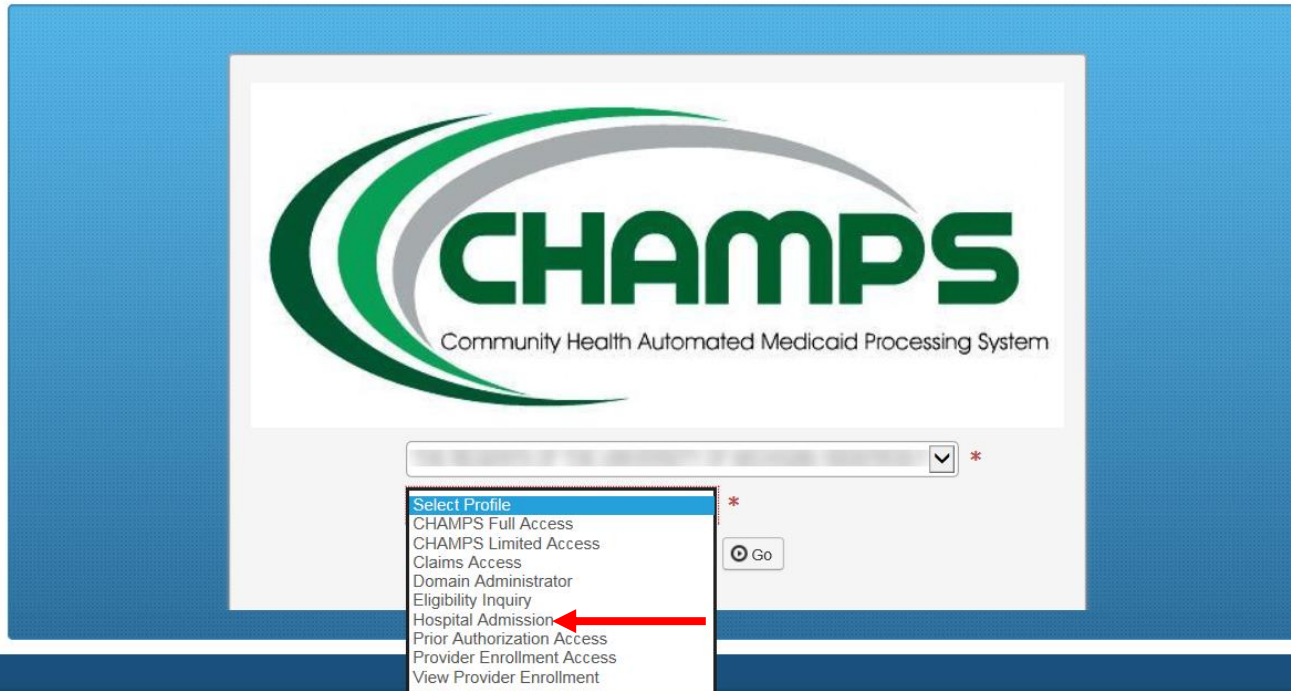
Filter By [dropdown] [input] Filter By [dropdown] [input] Filter By [dropdown] [input]
 All [dropdown] Go Save Filters My Filters [dropdown]

Action	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	Created Date
Select [dropdown]					03/08/2014	12/31/2999	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					05/22/2014	05/25/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					02/20/2014	02/21/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					02/06/2014	02/09/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					01/29/2014	03/03/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					04/02/2014	08/30/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					07/05/2014	07/18/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					03/16/2014	03/17/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					06/12/2014	06/14/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					11/30/2013	02/15/2014	COMPLETED	Process, Data Conversion	08/13/2017

- This is the roster page which will list all admissions submitted under the NPI that is logged into CHAMPS

Entering an Admission

Steps on how to enter an admission within CHAMPS



© CNSI 2012

- 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
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
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



Member Enrollment/Admission List

Filter By [dropdown] [input] Filter By [dropdown] [input] Filter By [dropdown] [input]
All [dropdown] Go [button] Save Filters [button] My Filters [dropdown]

Action	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	Created Date
Select [dropdown]					03/08/2014	12/31/2999	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					05/22/2014	05/25/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					02/20/2014	02/21/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					02/06/2014	02/09/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					01/29/2014	03/03/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					04/02/2014	08/30/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					07/05/2014	07/18/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					03/16/2014	03/17/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					06/12/2014	06/14/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select [dropdown]					11/30/2013	02/15/2014	COMPLETED	Process, Data Conversion	08/13/2017

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

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

***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

- New CHAMPS admission and enrollment screen
- Enter the Medicaid ID
- If no Medicaid ID enter all required information
- Click Next

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

Admission/Enrollment Information

***Date of Admission/Enrollment**

***Type of Facility**

***Facility Address**

***Facility Contact Person**

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

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

Primary Diagnosis Code

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

Hospital Case Number

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

***Facility Phone Number**

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

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 web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for "My Inbox", "Provider", and "Member". Below this is a utility bar with icons for "Quick Find", "Note Pad", "External Links", "My Favorites", "Print", and "Help". The breadcrumb trail indicates the user is in the "Provider Portal" and viewing the "Member Enrollment Admission List".

The main content area is titled "Responsible Party Information". It includes a header with "NPI:" and "Provider Name:" fields, and a "Close" button. On the left, a sidebar menu lists various information categories: "Member Information", "Admission Information", "Discharge Information", "Responsible Party Info" (highlighted), "Address Information", "Previous Facility Info", "Insurance Information", "Upload Documents", and "Certification".

The "Responsible Party Information" form contains the following fields:

- First Name:** A text input field with the placeholder "First Name".
- Middle Name:** A text input field with the placeholder "Middle initial".
- Last Name:** A text input field with the placeholder "Last Name".
- Relationship to Patient:** A dropdown menu with "Select" as the current option.
- Phone number:** A 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 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		

Next

- If Address Information pre-populates click Next
- Click Add to enter 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
<input type="button" value="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: -

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: 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 ▾ 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

- 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

The screenshot shows the CHAMPS Member Enrollment Admission List page. The left sidebar contains navigation options: 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 table with columns: Type of Insurance, Insurance Company, Policy Number, Group Number, Beneficiary Identifier, Policy Holder Employer Name, and Policy Holder Name. Below the table is an 'Add' button. A form below the table contains fields for: *Type of Insurance (dropdown menu), Policy Holder First Name, Policy Holder Last Name, Policy Holder SSN, and Policy Holder Date of Birth (calendar icon). At the bottom of the form are 'Save' and 'Cancel' buttons. A 'Next' button is located at the bottom right of the page. The 'Save' and 'Next' buttons are highlighted with red boxes.

- Select the type of insurance
- Enter policy holder information
- Click Save
- 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 features a table with columns for 'Type of Document', 'ID', and 'Description'. Below the table is an 'Add' button. A 'Next' button is located in the bottom right corner of the main content area, highlighted with a red box. The top navigation bar includes 'My Inbox', 'Provider', and 'Member' tabs, along with utility icons for Quick Find, Note Pad, External Links, My Favorites, Print, and Help.

- 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.

The screenshot shows the CHAMPS Member Enrollment Admission List interface. A 'Certification' dialog box is open, displaying a summary of the admission information. The summary includes:

- 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 contains the following text:

If the Summary information is accurate, click OK to Submit, else click Cancel to return to the form to make corrections.

Buttons for 'Cancel' and 'Ok' are visible at the bottom right of the dialog box, with the 'Ok' button highlighted by a red box.

The background interface shows a sidebar with navigation options: Member Information, Admission Information, Discharge Information, Responsible Party Info, Address Information, Previous Facility Info, Insurance Information, Upload Documents, and Certification. The main content area displays the 'Certification' form with fields for Member/Authorized Representative First Name, Member/Authorized Representative Last Name, Provider Signature, Date, Provider First Name, and Provider Last Name. A 'Submit' button is located at the bottom right of the form.

- After clicking submit you will receive a confirmation summary page
- Click Ok
 - Note: Click Cancel if any of the information displayed is incorrect in order to update the information prior to submitting the admission

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



Applicant Information

NPI: 1003878539
PROVIDER NAME: UNIVERSITY OF MICHIGAN HOSPITALS

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

- 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

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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 Cancel 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 [] []
All [] Go [] Save Filters [] My Filters []

Action	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	Created Date
Select Delete Discharge/Disenroll Edit Details Review View Details View Eligibility					03/08/2014	12/31/2999	COMPLETED	Process, Data Conversion	08/13/2017
Select					05/22/2014	05/25/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					02/20/2014	02/21/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					02/06/2014	02/09/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					01/29/2014	03/03/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					04/02/2014	08/30/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					07/05/2014	07/18/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					03/16/2014	03/17/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					06/12/2014	06/14/2014	COMPLETED	Process, Data Conversion	08/13/2017
Select					11/30/2013	02/15/2014	COMPLETED	Process, Data Conversion	08/13/2017

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

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
Review

Discharge/Disenrollment Information

***Type of Discharge/Disenrollment**

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

***Date of Discharge/Disenrollment**

MM/DD/YYYY

Remarks

Discharge to

Select

Name of facility (If Applicable)

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

- 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:

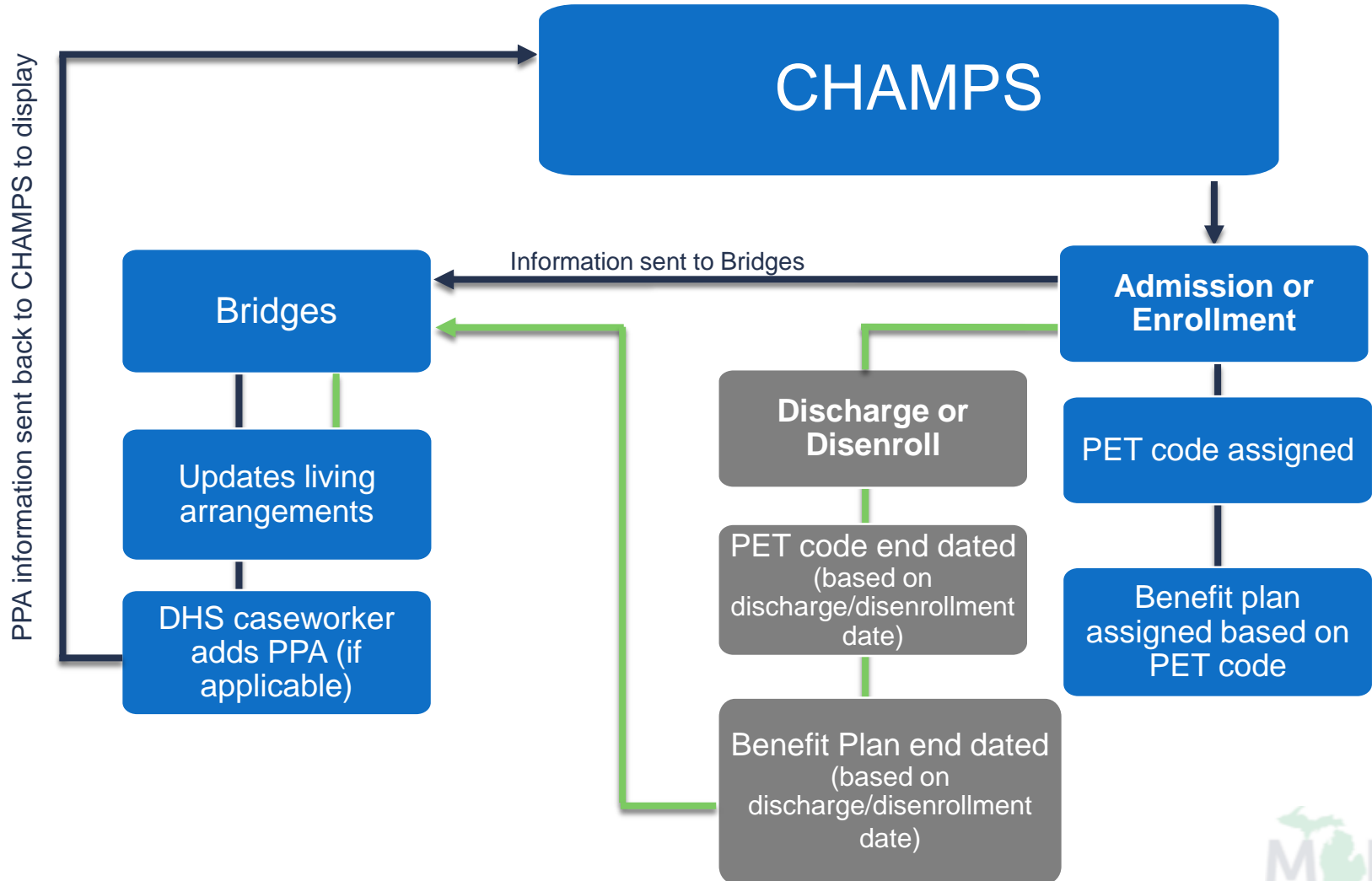
- Program Type:** General Hospital
- Medicaid ID:** [REDACTED]
- Medicaid Name:** [REDACTED]
- Date Of Admission/Enrollment:** 08/16/2015
- Date Of Discharge/disenrollment:** 01/01/2017

Below the summary information, a message 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 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)", "Address Line 1", "Address Line 2", "Address Line 3", "State/Province" (set to "OTHER"), "City/Town" (set to "OTHER"), "County" (set to "OTHER"), "Country" (set to "UNITED STATES"), and "Zip Code". There is also a "Validate Address" button and a "Submit" button at the bottom right.

- After clicking submit you will receive the confirmation summary page
- Click Ok
 - *Note: Click Cancel if any of the information displayed is incorrect in order to update the information prior to submitting the discharge*

Visual Aid



Upcoming Training Dates

- MCC project overview:
 - October 12, 2017
 - November 16, 2017
- MCC specific to SNF and Hospice providers:
 - **October 17, 2017**
 - **October 18, 2017**
 - **November 14, 2017**
 - November 21, 2017
 - **November 28, 2017**
 - December 5, 2017
 - **December 12, 2017**
 - December 19, 2017

SIGMA



- As of October 2017 payments will be issued from SIGMA.
- SIGMA Key Dates:
 - July 31, 2017: Providers Converted to SIGMA VSS
 - September 22, 2017: C&PE no longer available for update
 - **October 5, 2017: No Payments and RA's**
 - October 12, 2017: Combined 40 & 41 pay cycles
- Please visit our SIGMA webpage for additional details and information:
<http://www.michigan.gov//mdhhs/0,5885,7-339-71545-424564--,00.html>

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
- **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