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.

MDHHS

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

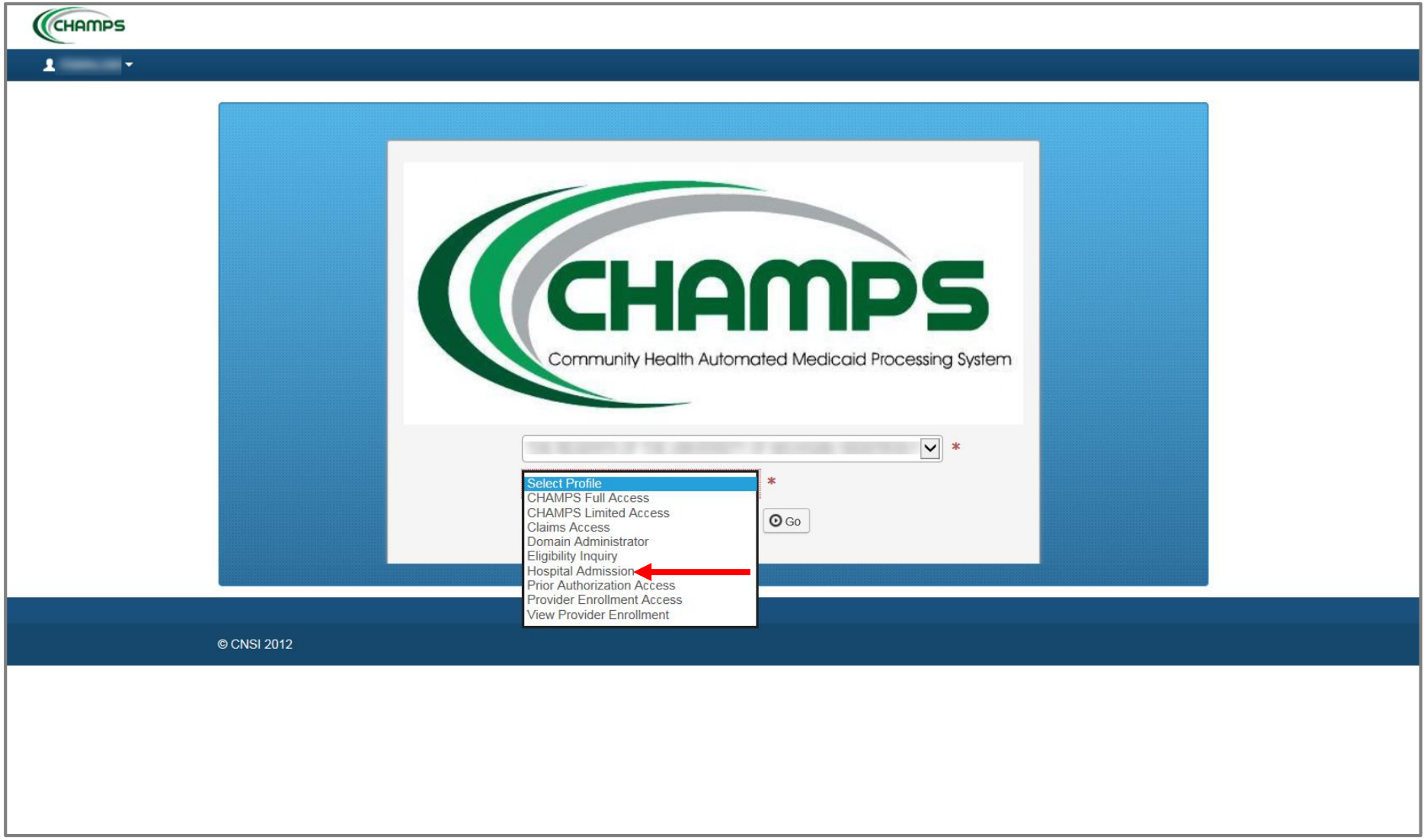
- Crosswalk list of LOC to new PET MSA 1717
- LOC codes 07 and 11 now crosswalk to multiple PET codes:
  - MHP-COMM for beneficiaries residing in the community
  - MHP-NFAC for beneficiaries in nursing facilities
  - MHP-HOSH for beneficiaries receiving hospice at home
  - MHP-HOSR for beneficiaries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

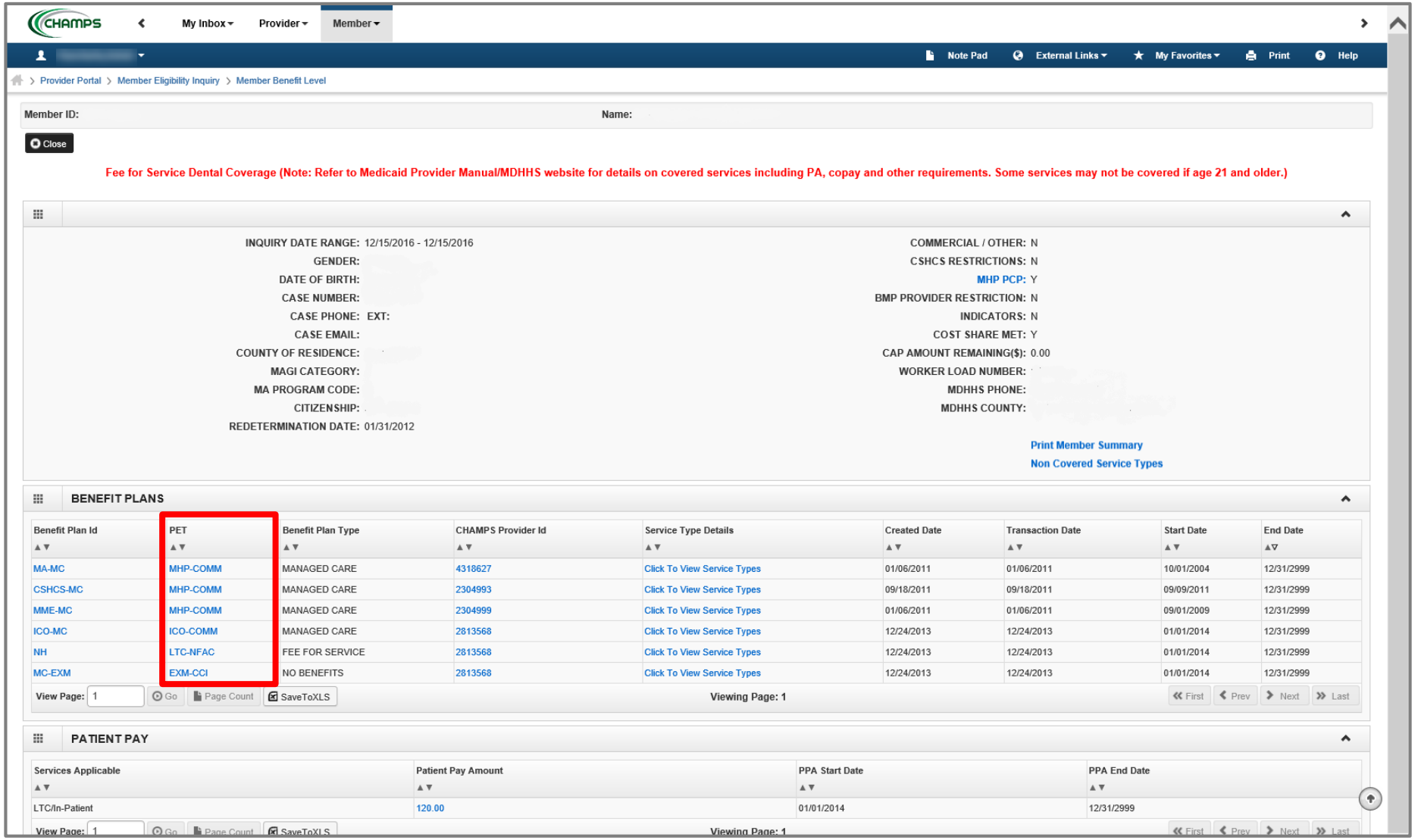
- Previously LOC 02:
  - LTC-NFAC Nursing Facility
  - LTC-CMCF Nursing Facility county medical care facility
- Previously LOC 16:
  - HOS-COMM Hospice at Community
  - HOS-NFAC Hospice as Nursing Facility
  - HOS-RESD Hospice at Residence Facility
  - MIC-HOSH Hospice at Community, along with MI Choice

CHAMPS Changes*

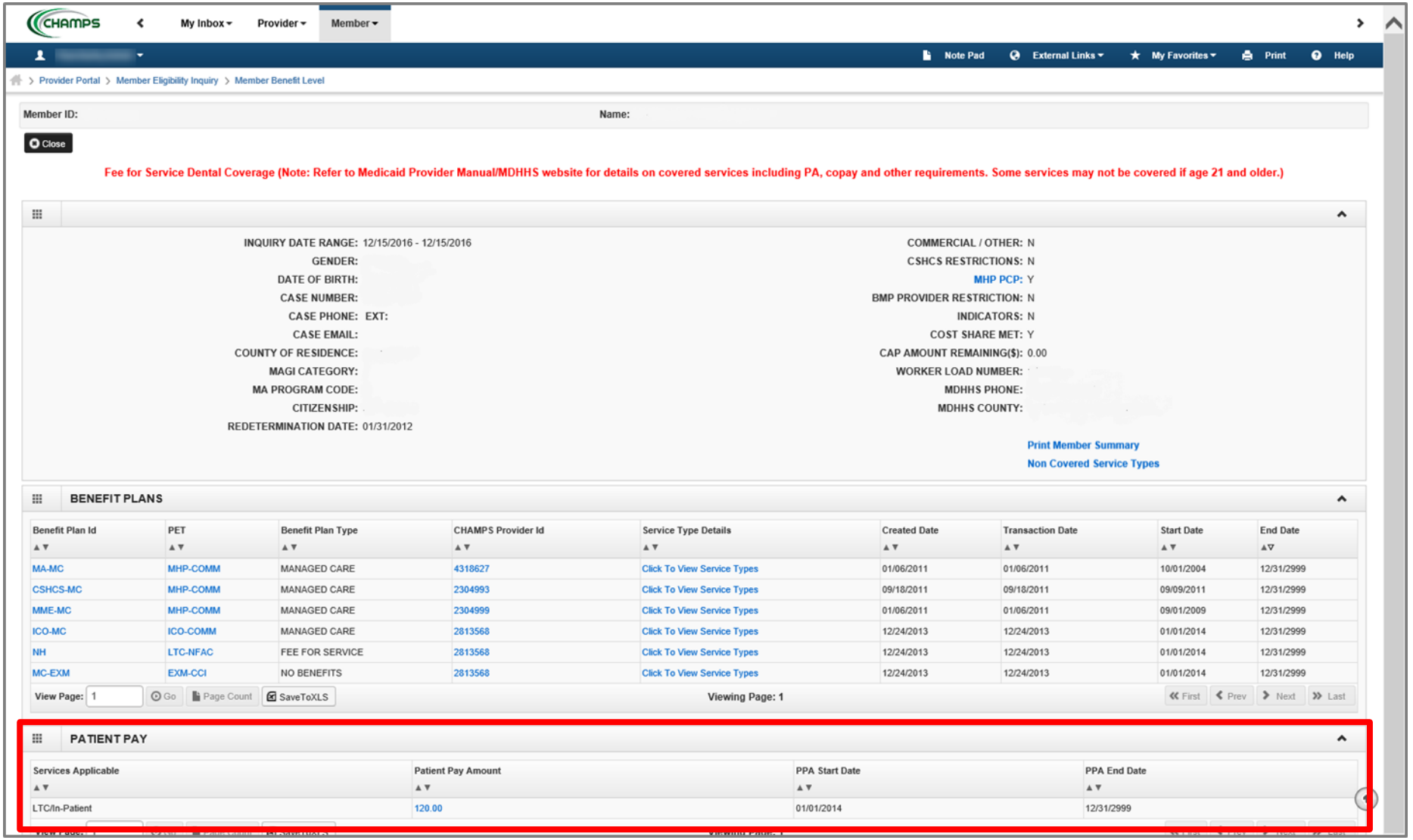
Screen changes within CHAMPS



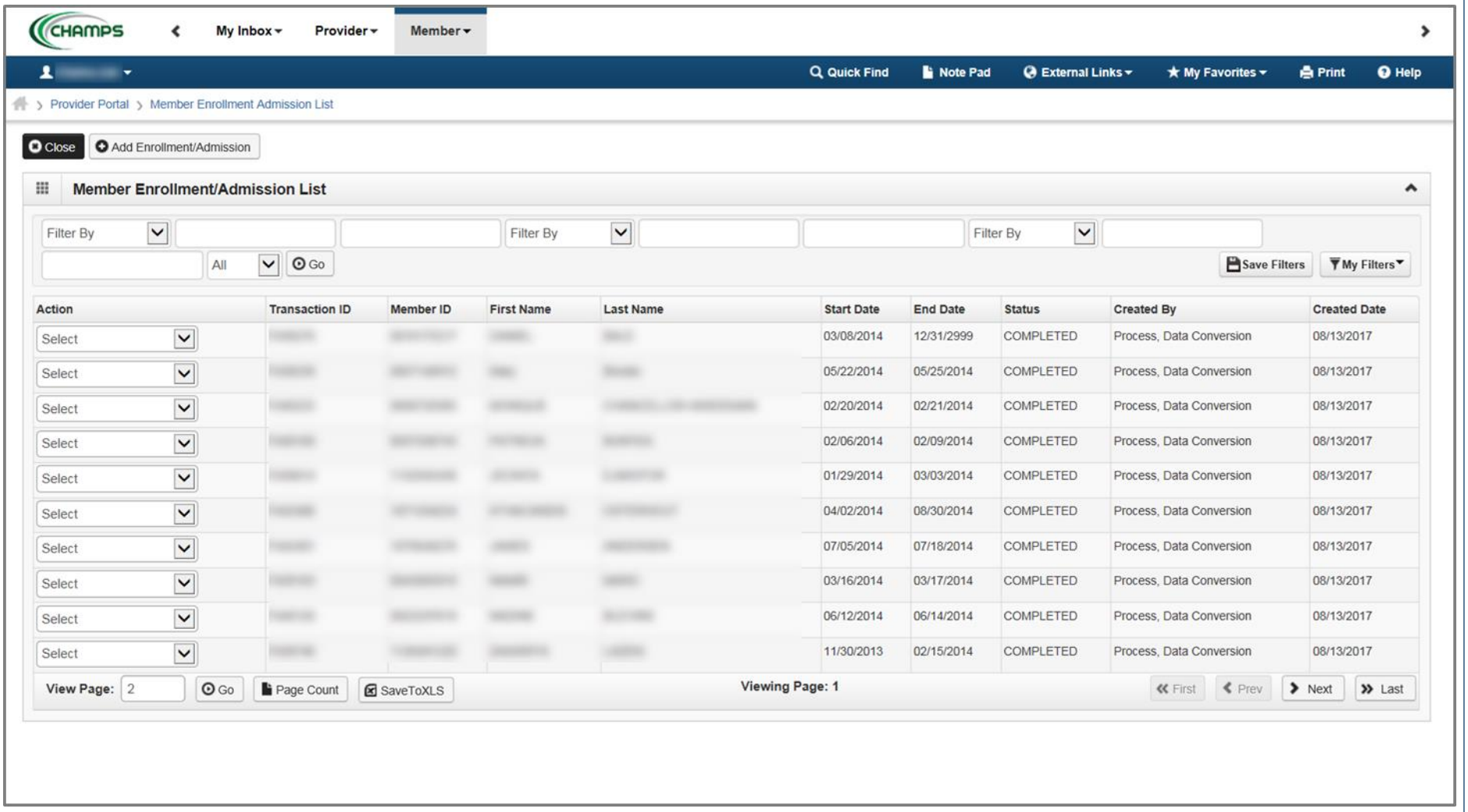
- In order to enter or view admission information select the appropriate profile Available profiles: Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment and MI Choice Enrollment



- 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*



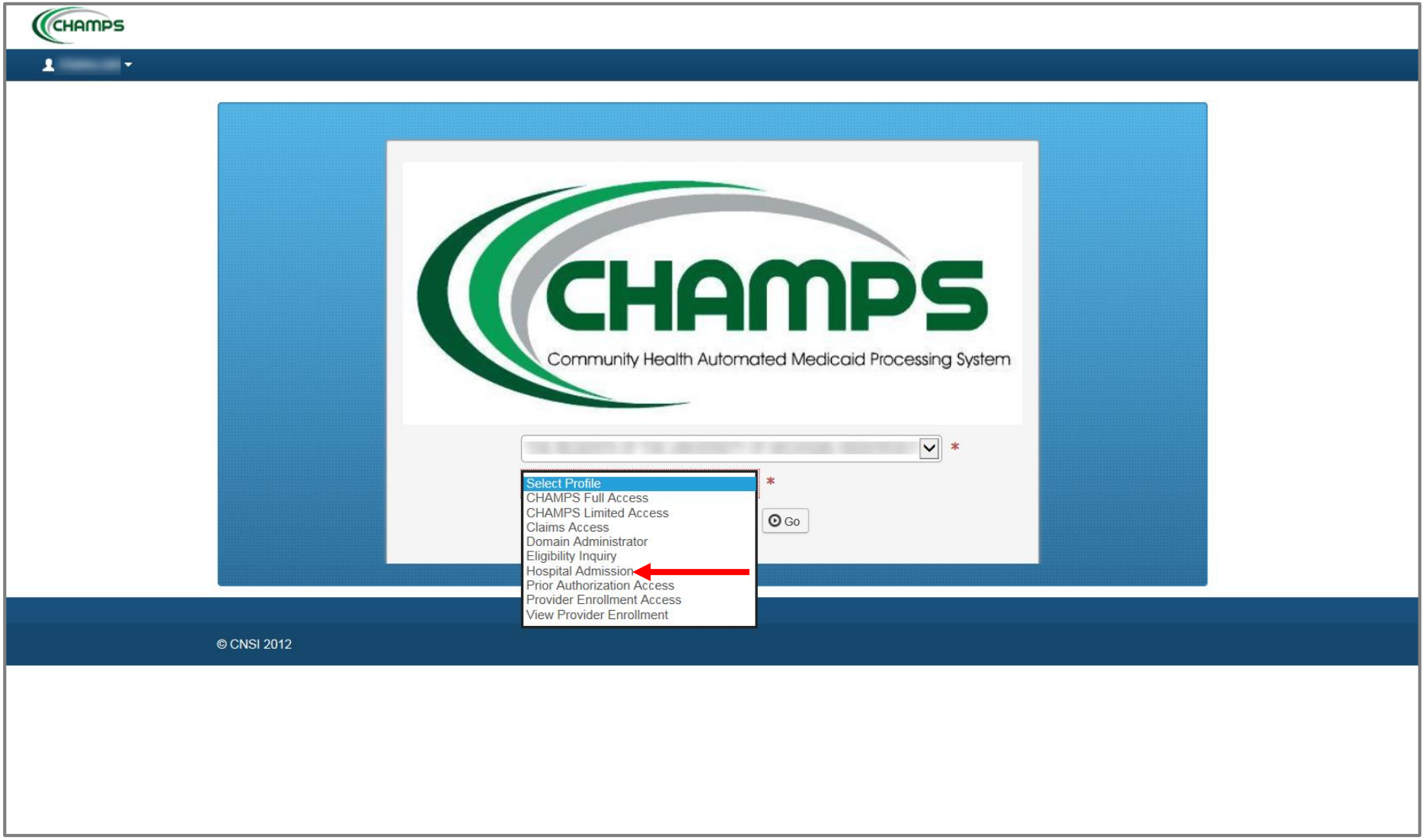
- The Patient Pay amount (PPA) is displayed within it's own section at the bottom of the member eligibility screen within CHAMPS
  - The PPA amount will be returned in the same loop/segment within the 271 response



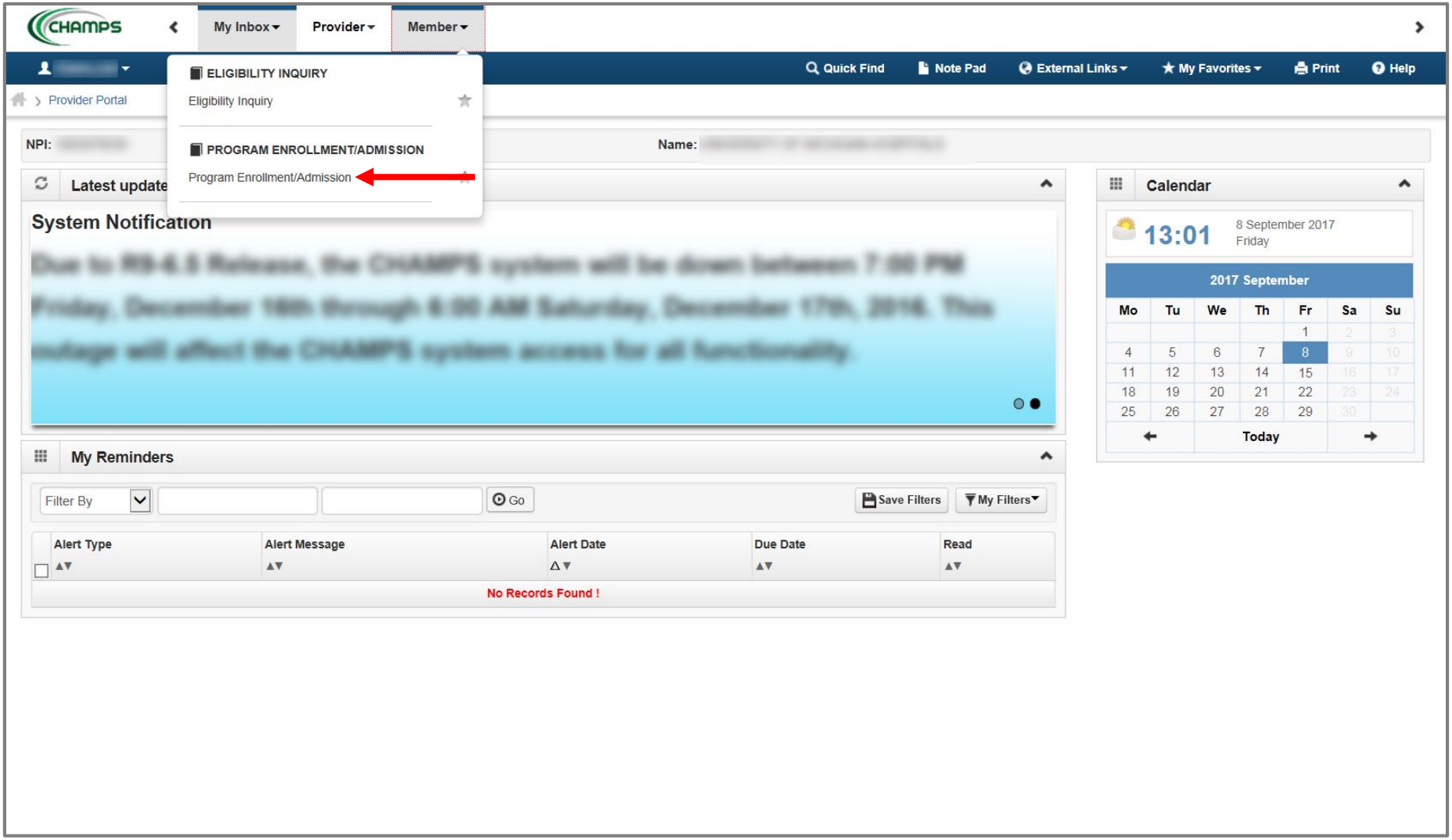
- This is the roster page which will list all admissions submitted under the NPI that is logged into CHAMPS

Entering an Admission

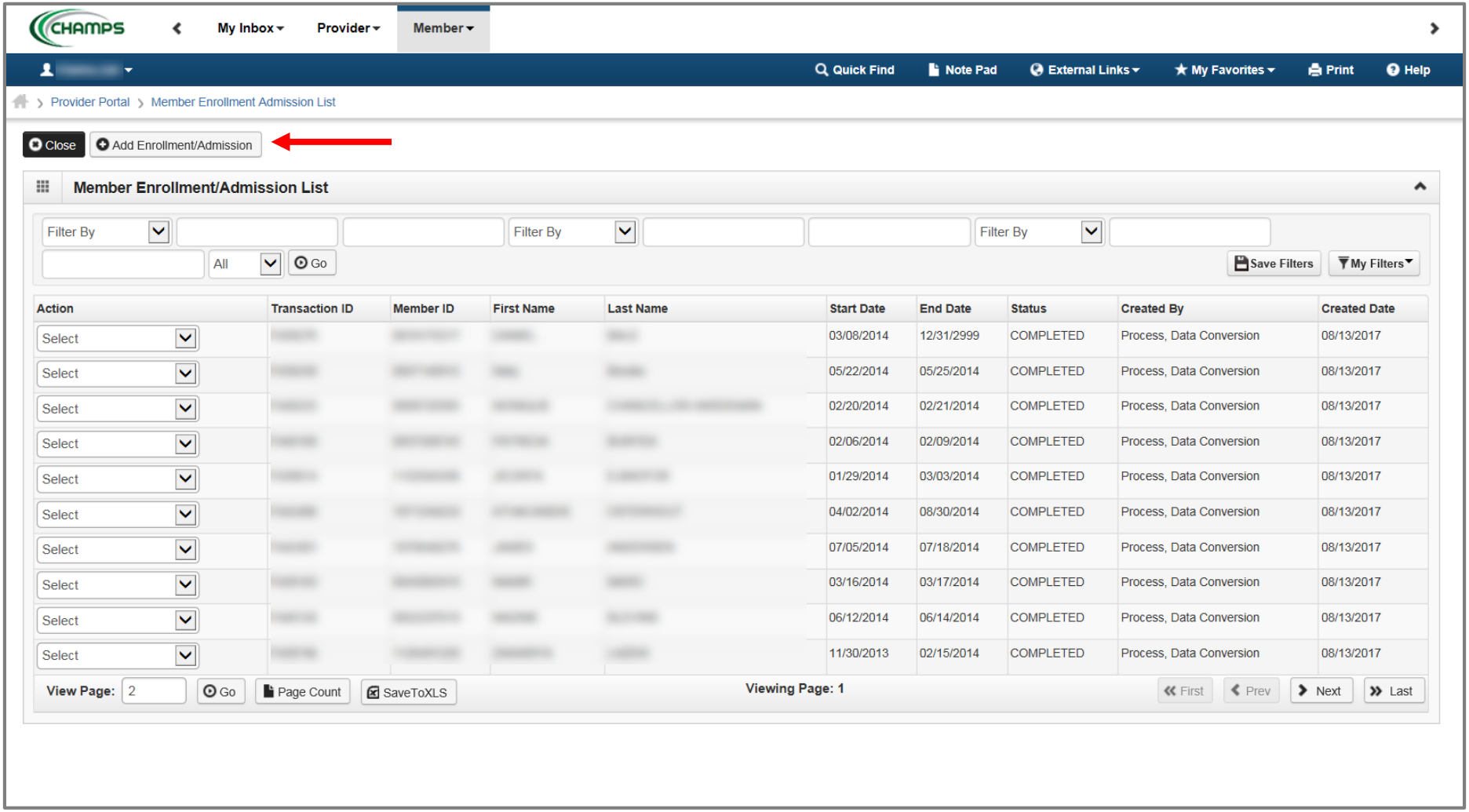
Steps on how to enter an admission within CHAMPS



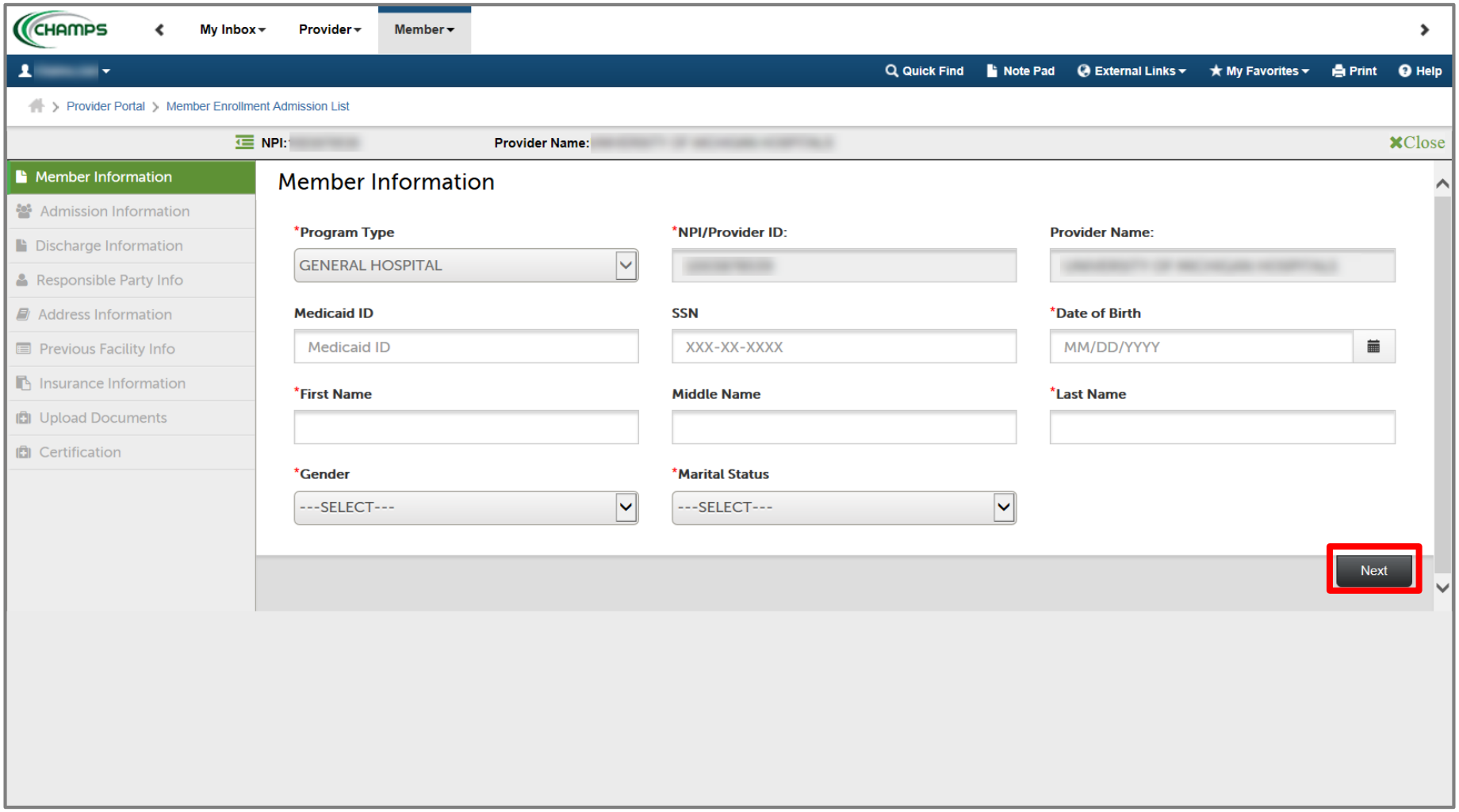
- Select the Billing NPI from the domain dropdown
- Select the appropriate profile (for example Hospital Admission, Hospice Admission, NF Admission, SPF Admin, PACE Enrollment or MI Choice Enrollment)
- Click Go



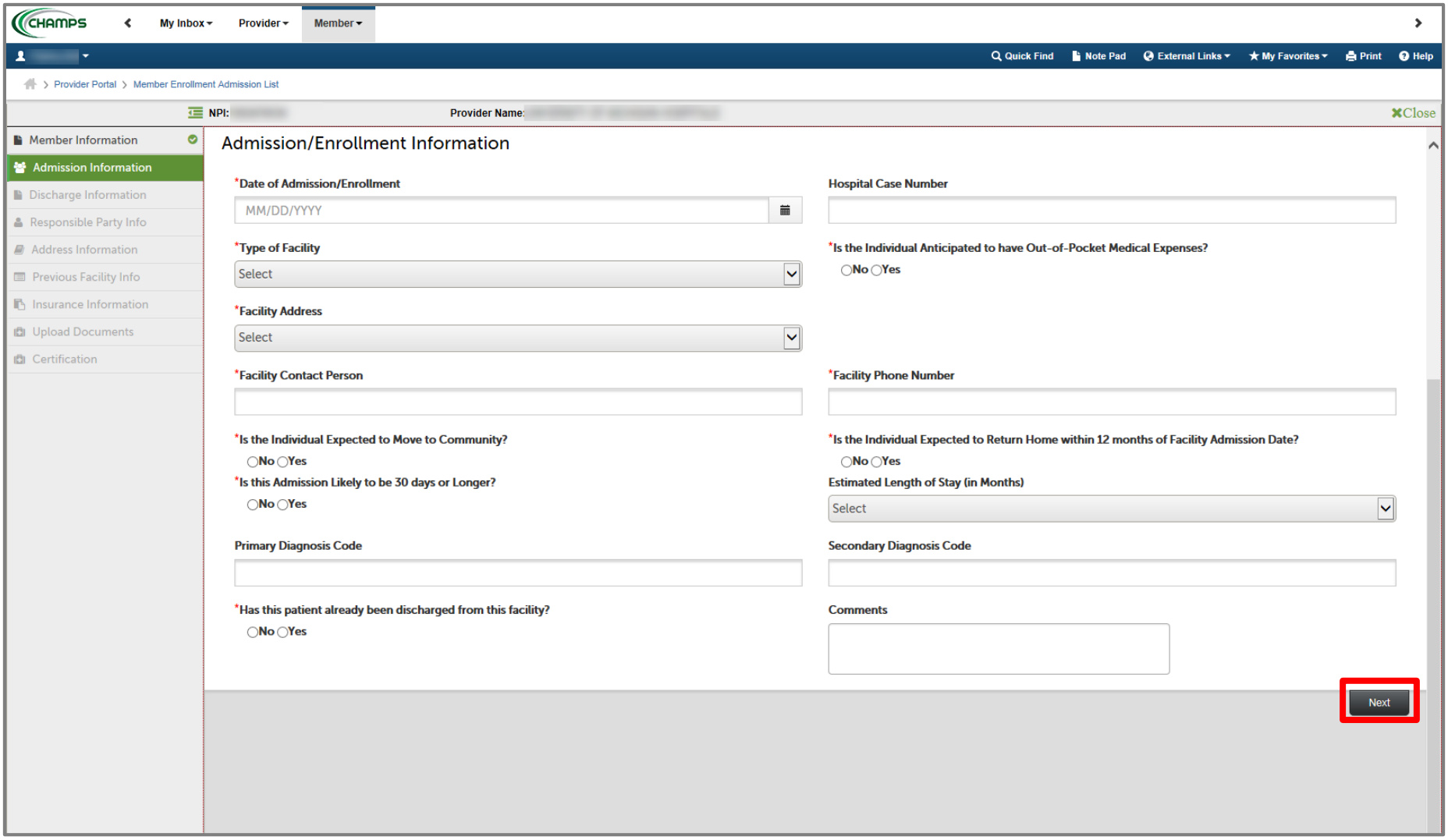
- After logging into CHAMPS
- Click Member tab
- Select Program Enrollment/Admission



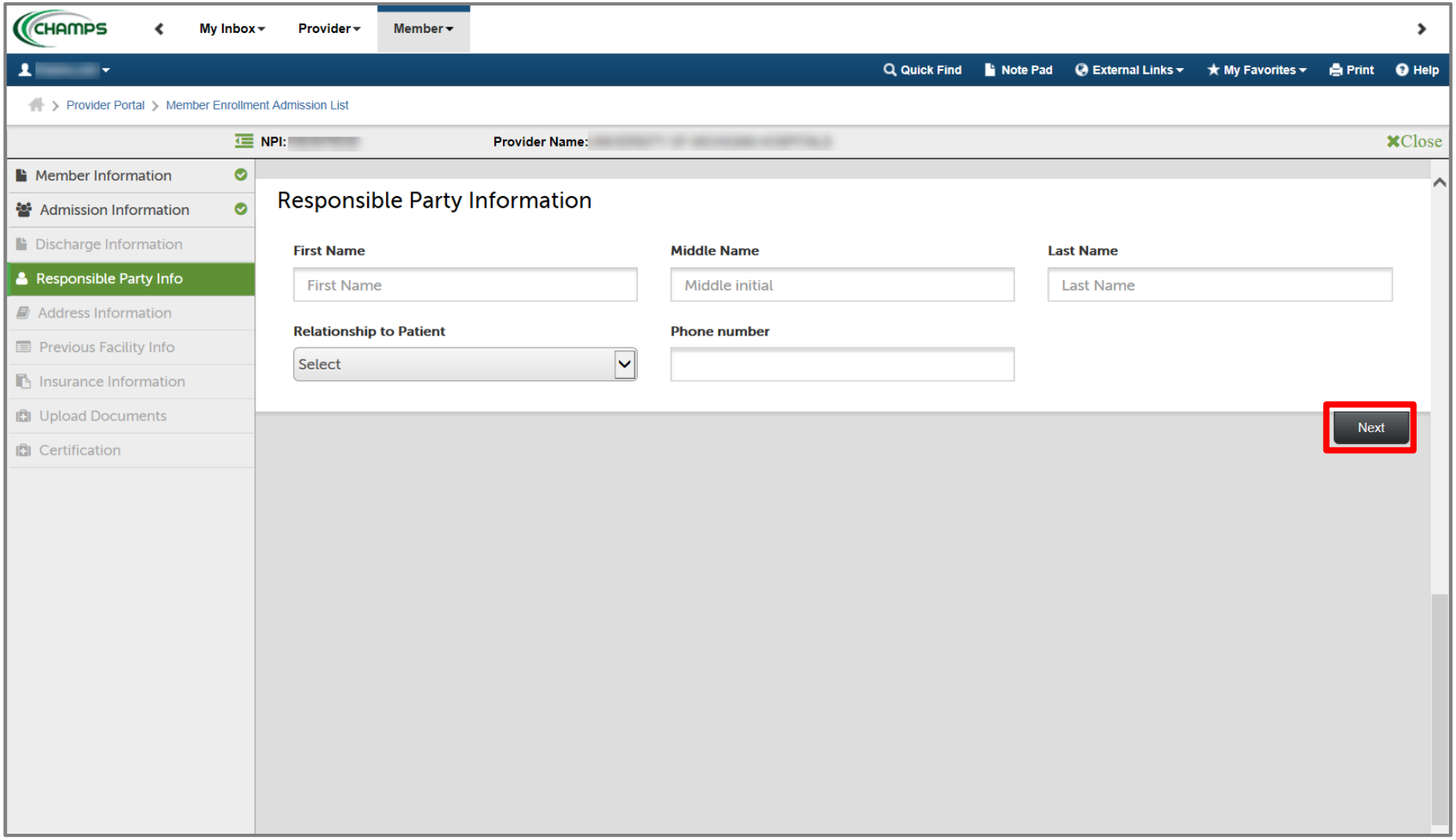
- Within the roster page click Add Enrolment/Admission
- Throughout the entire admission/enrollment process all fields marked with a red asterisk are required



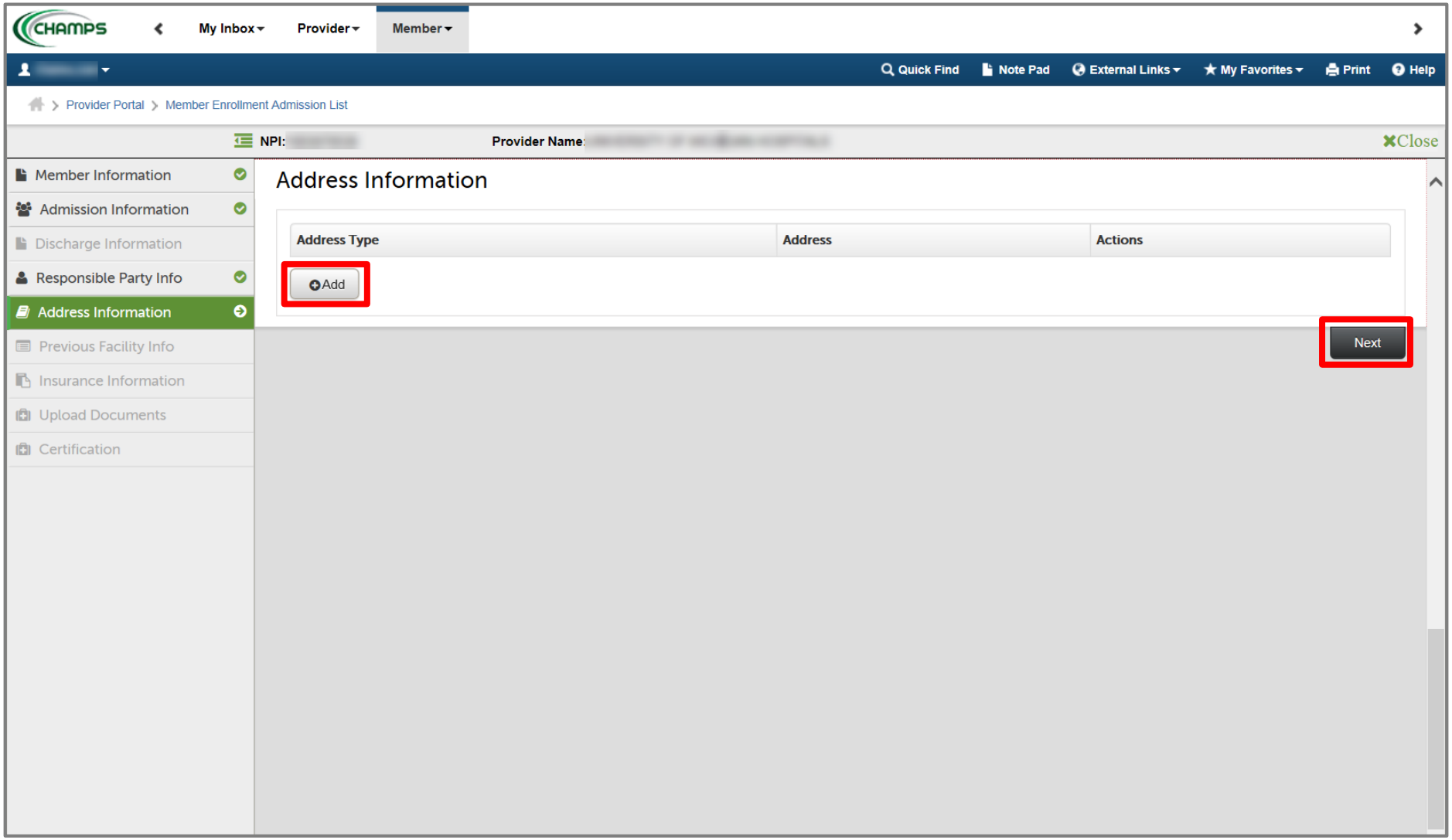
- New CHAMPS admission and enrollment screen
- Enter the Medicaid ID
- If no Medicaid ID enter all required information
- Click Next



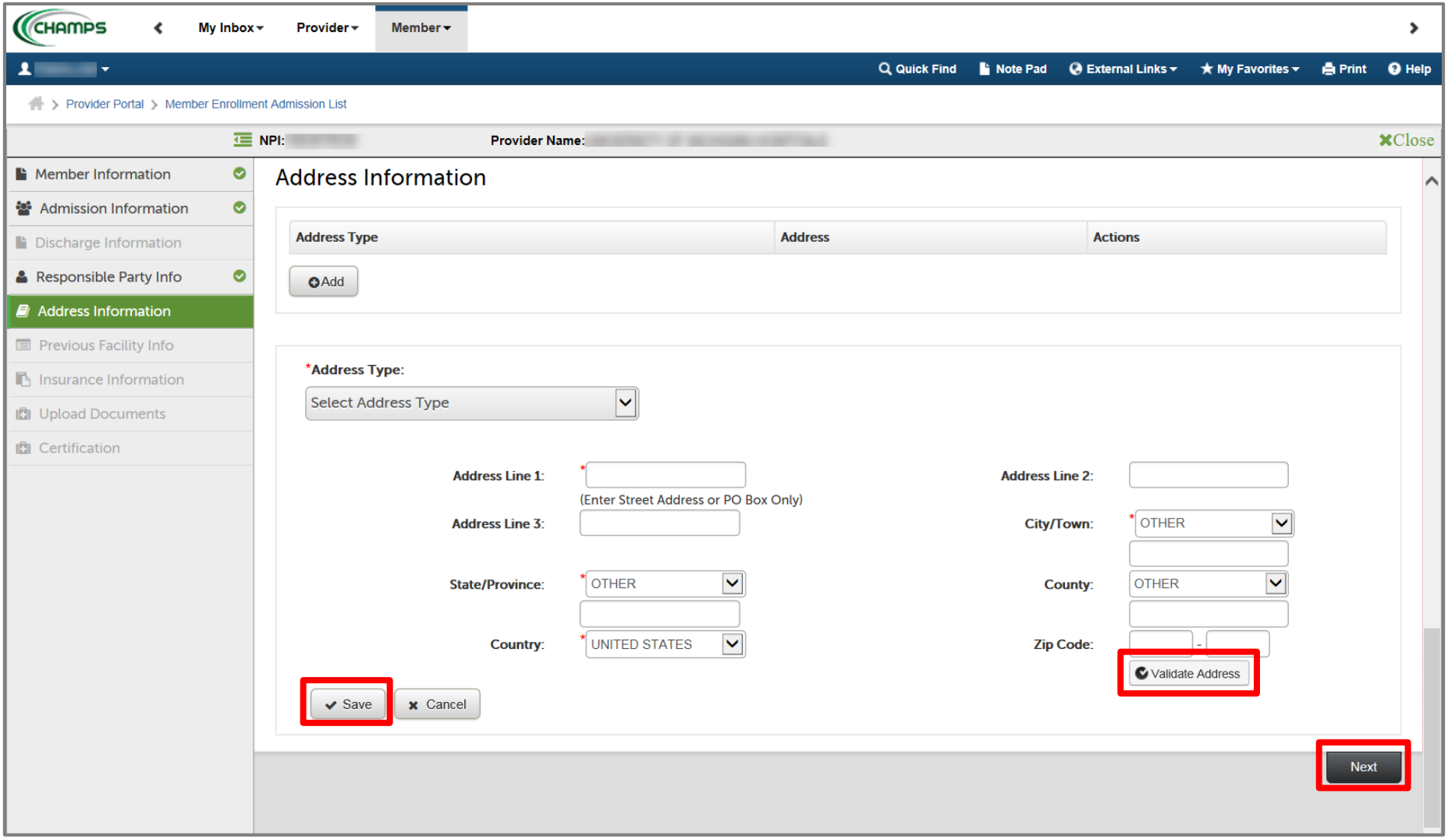
- The Admission/Enrollment Information screen will need all information related to the admission
- Click Next



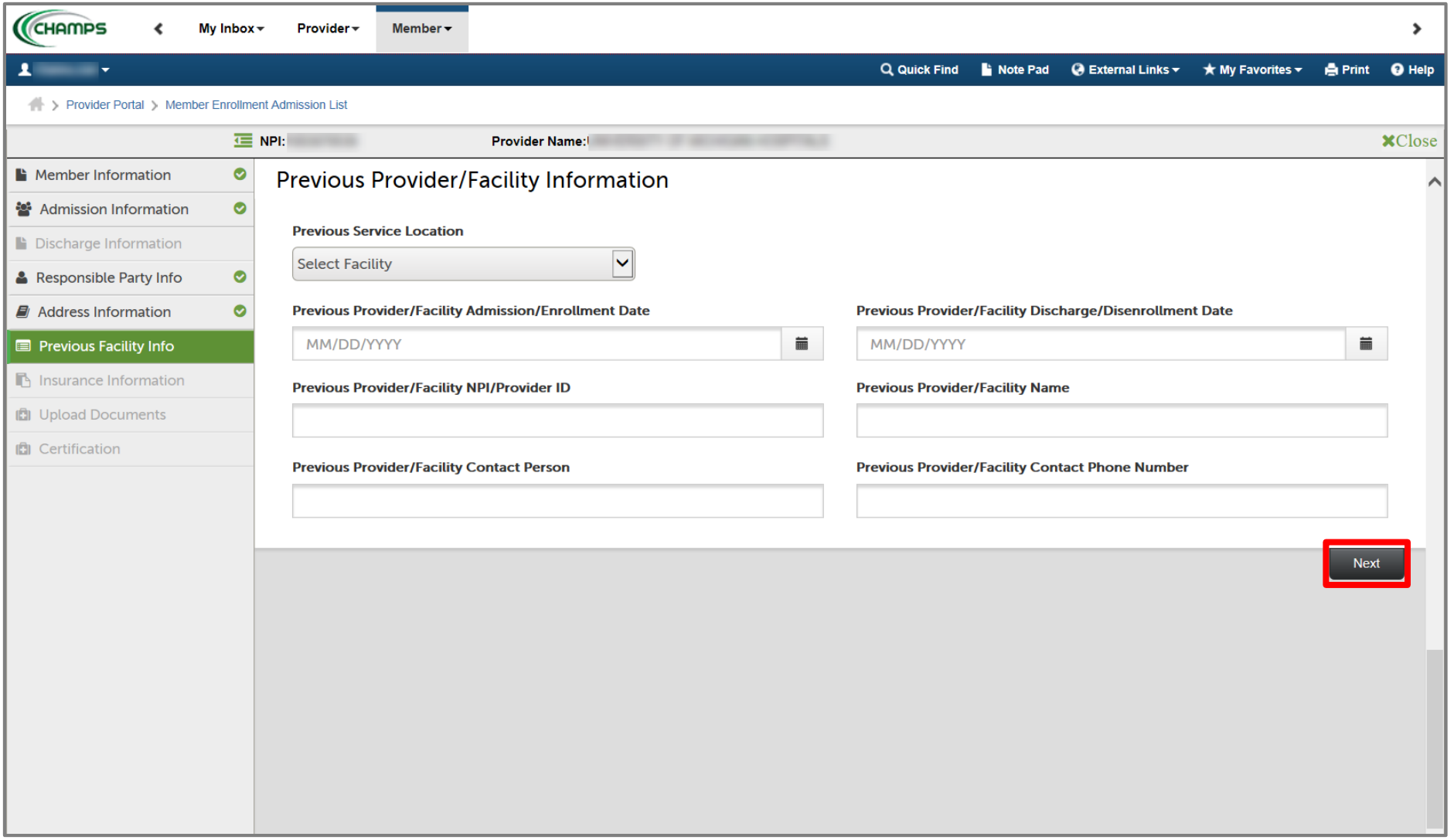
- Enter Responsible Party Information if different than the beneficiary/patient.
- Click Next



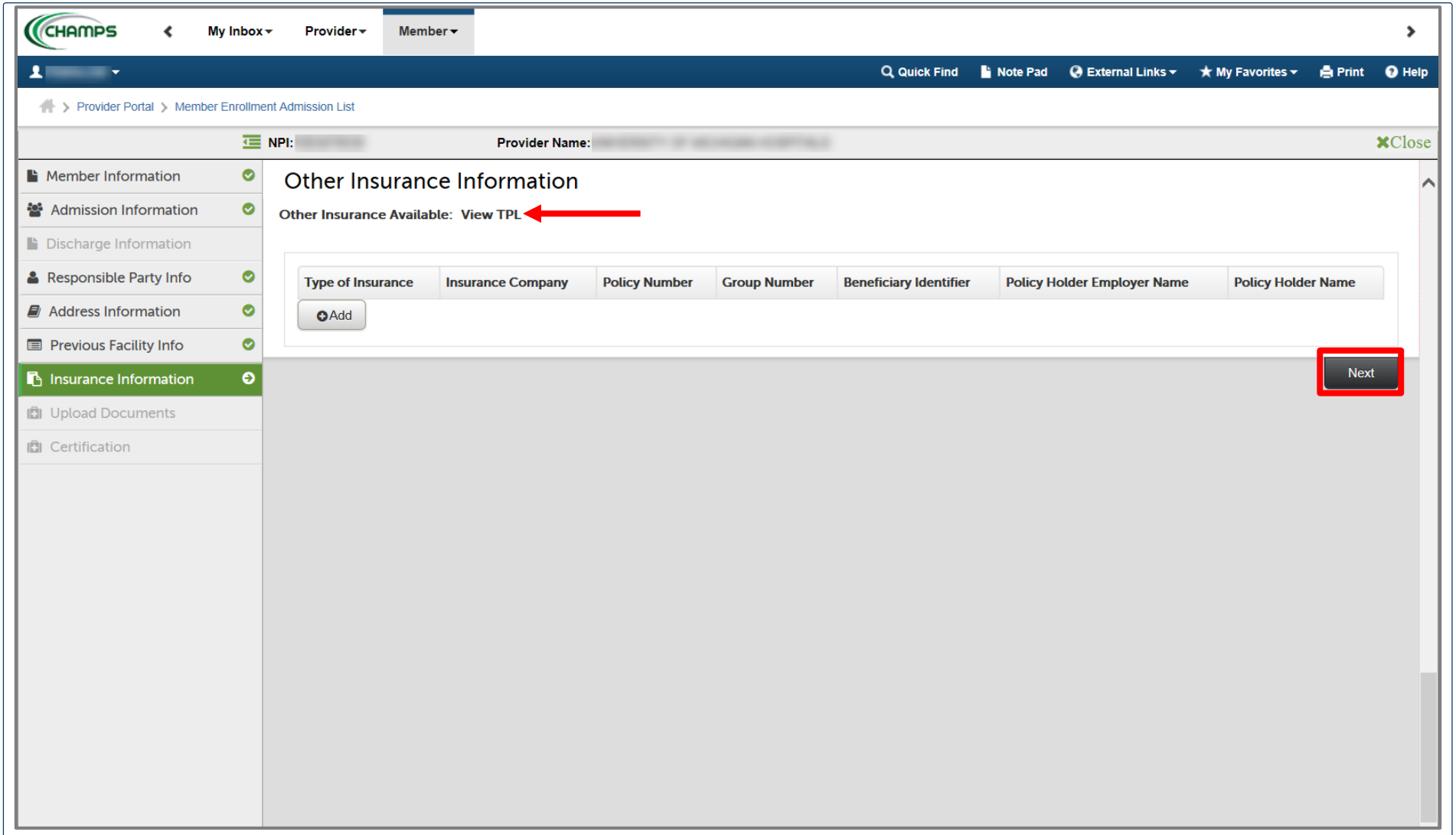
- If Address Information pre-populates click Next
- Click Add to enter address information
  - *Note: Address information must be entered for submitting an admission for a patient who has no Medicaid ID number.*



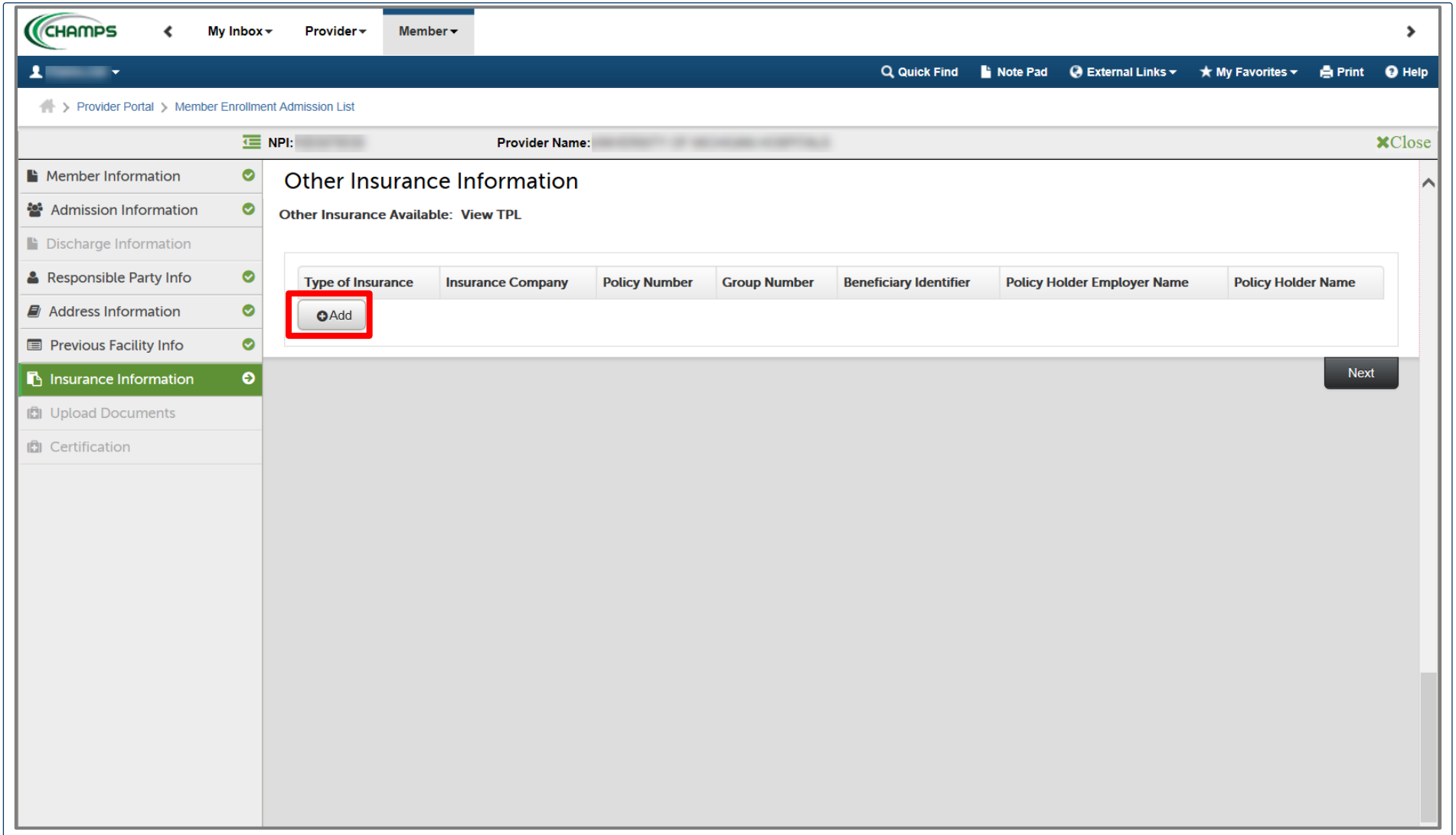
- Select the address type and enter the required asterisked information
- Click Validate Address
- Click Save
- Click Next



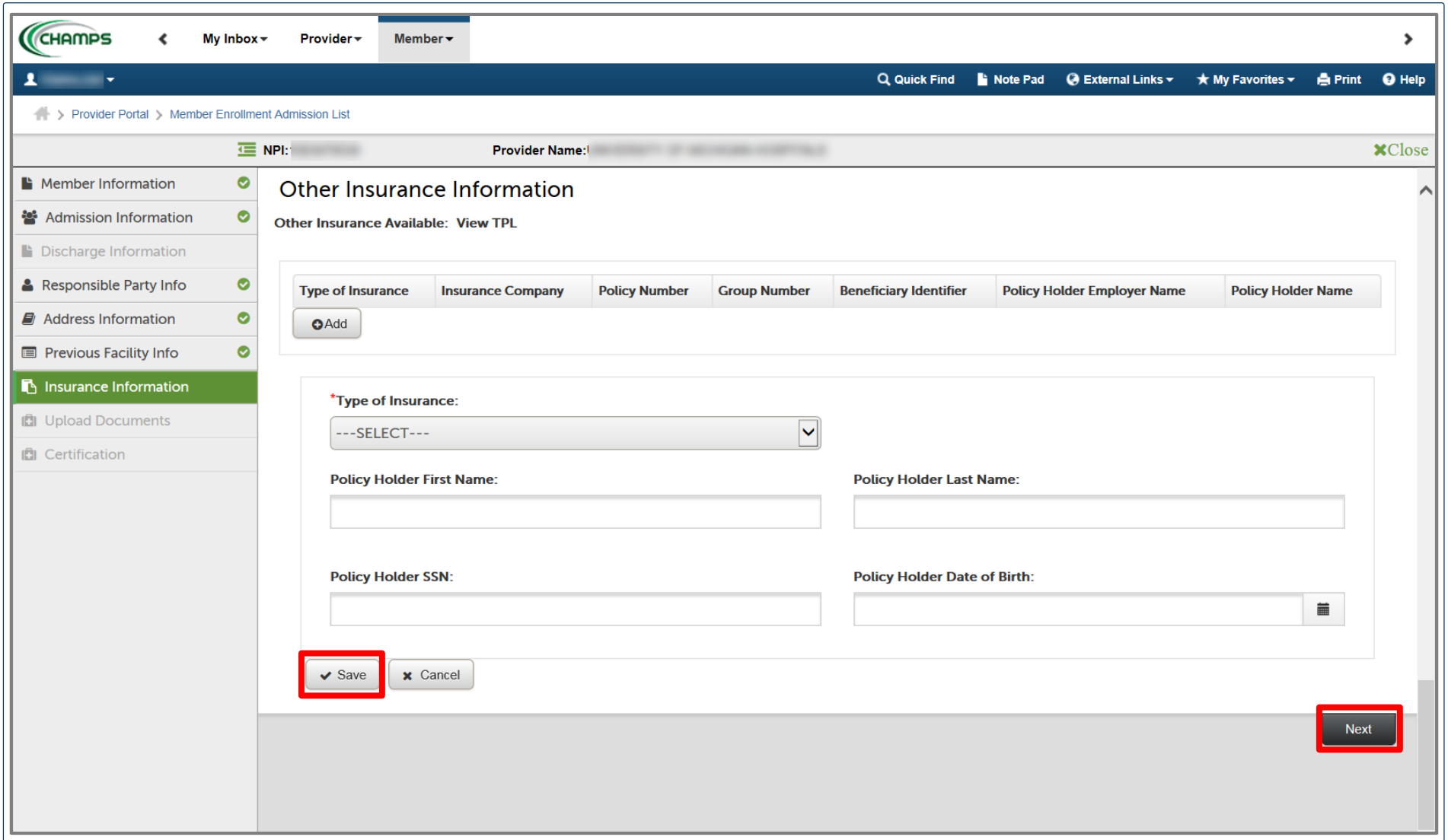
- Enter the prior facility information if applicable
- Click Next



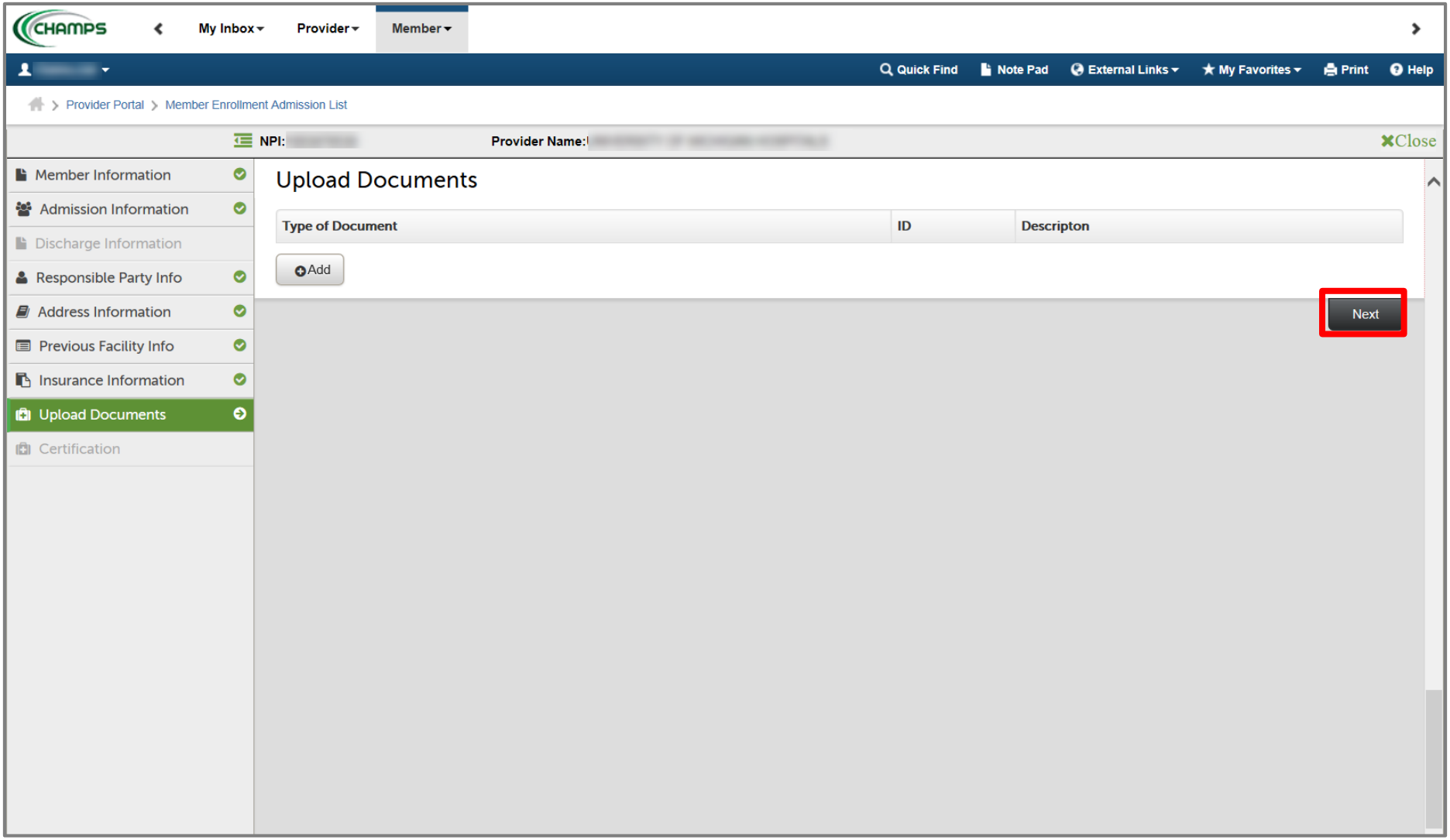
- Click View TPL if hyperlinked to review the other insurance information on file for the beneficiary
- Click Next



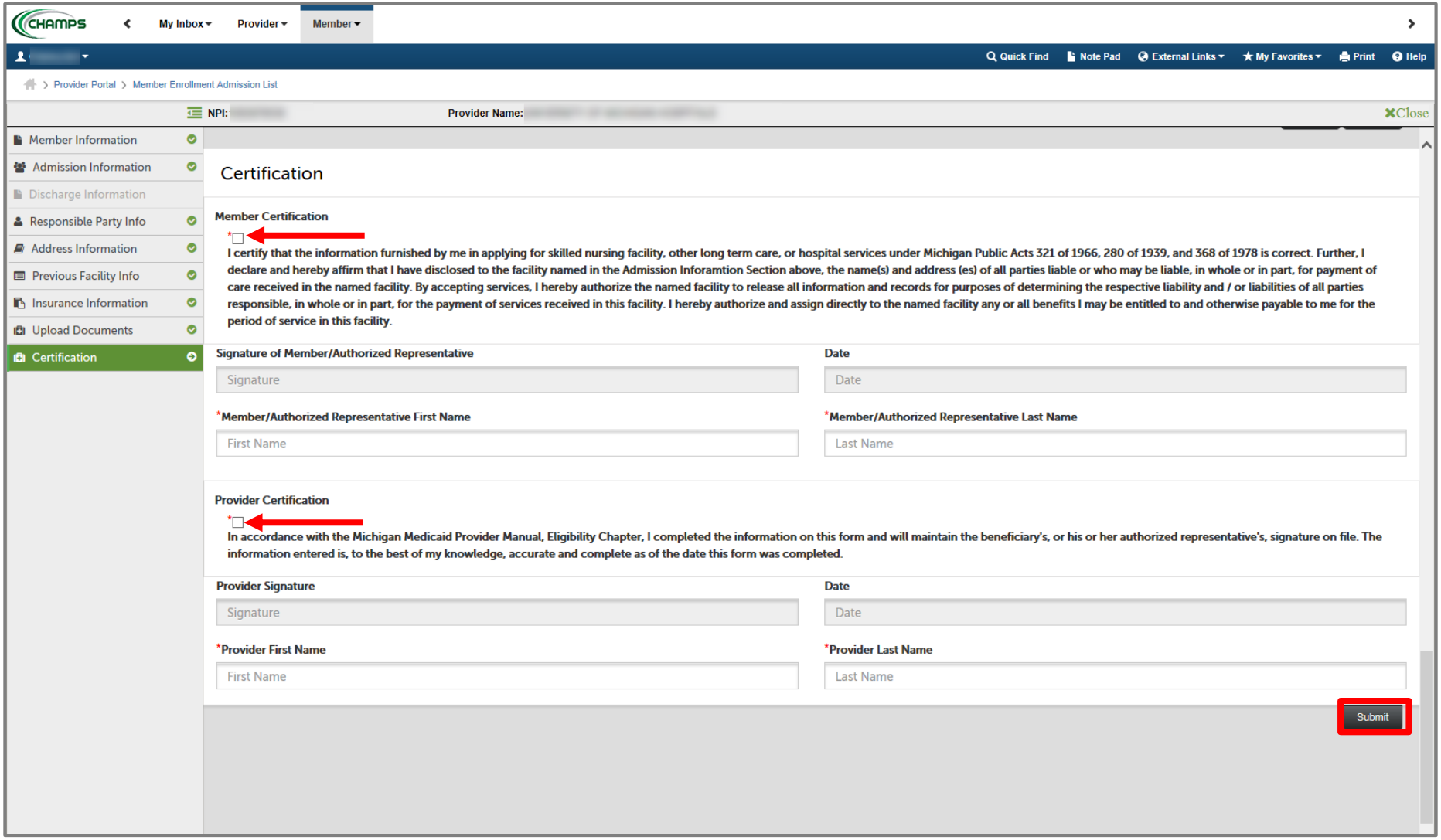
- If the beneficiary has other insurance not listed on their TPL information screen click Add to enter the insurance information



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



- At this time the Upload Documents page is not being used
- Click Next



- 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.

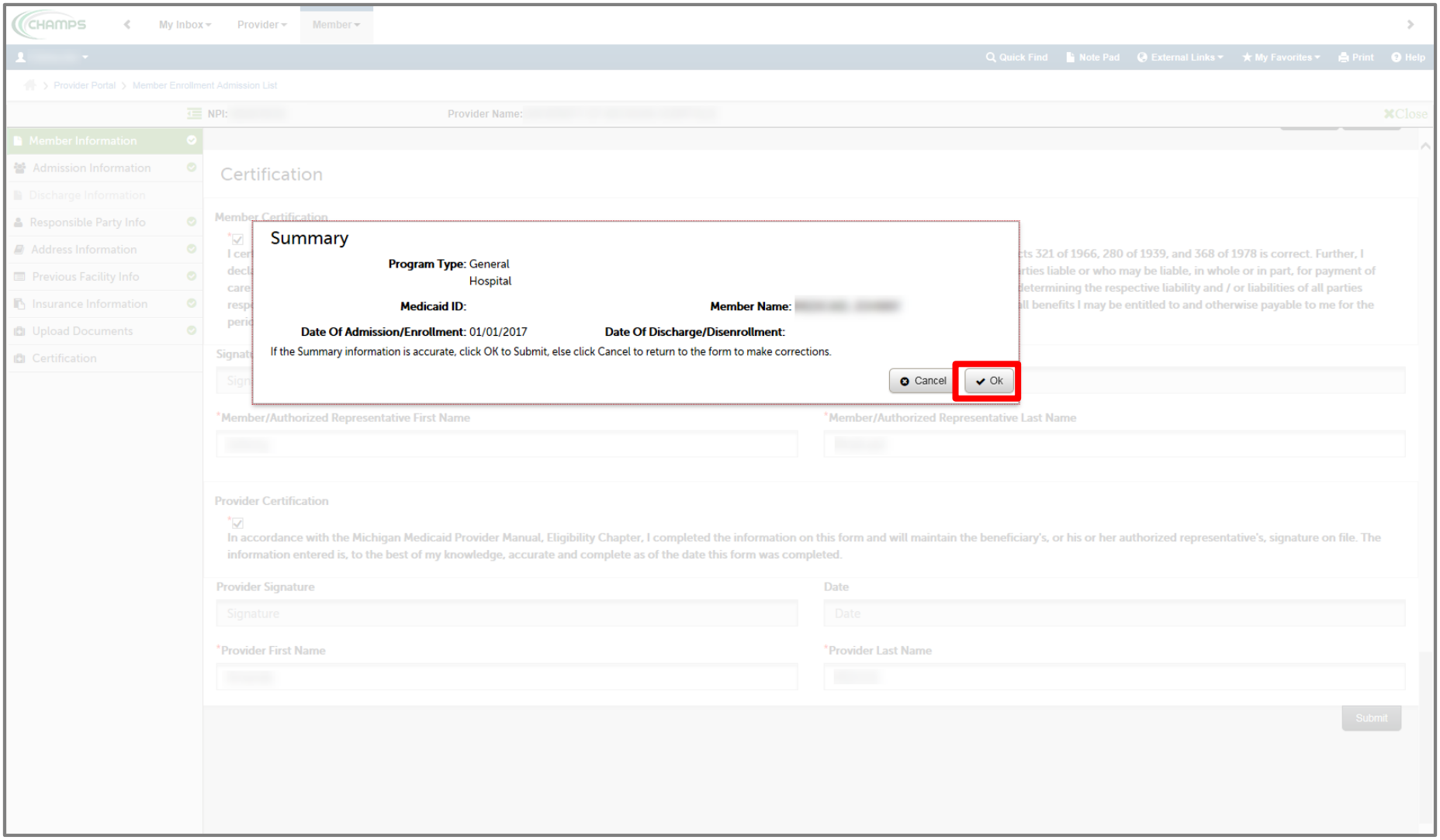
Provider Certification (cont.)

- NF Provider:

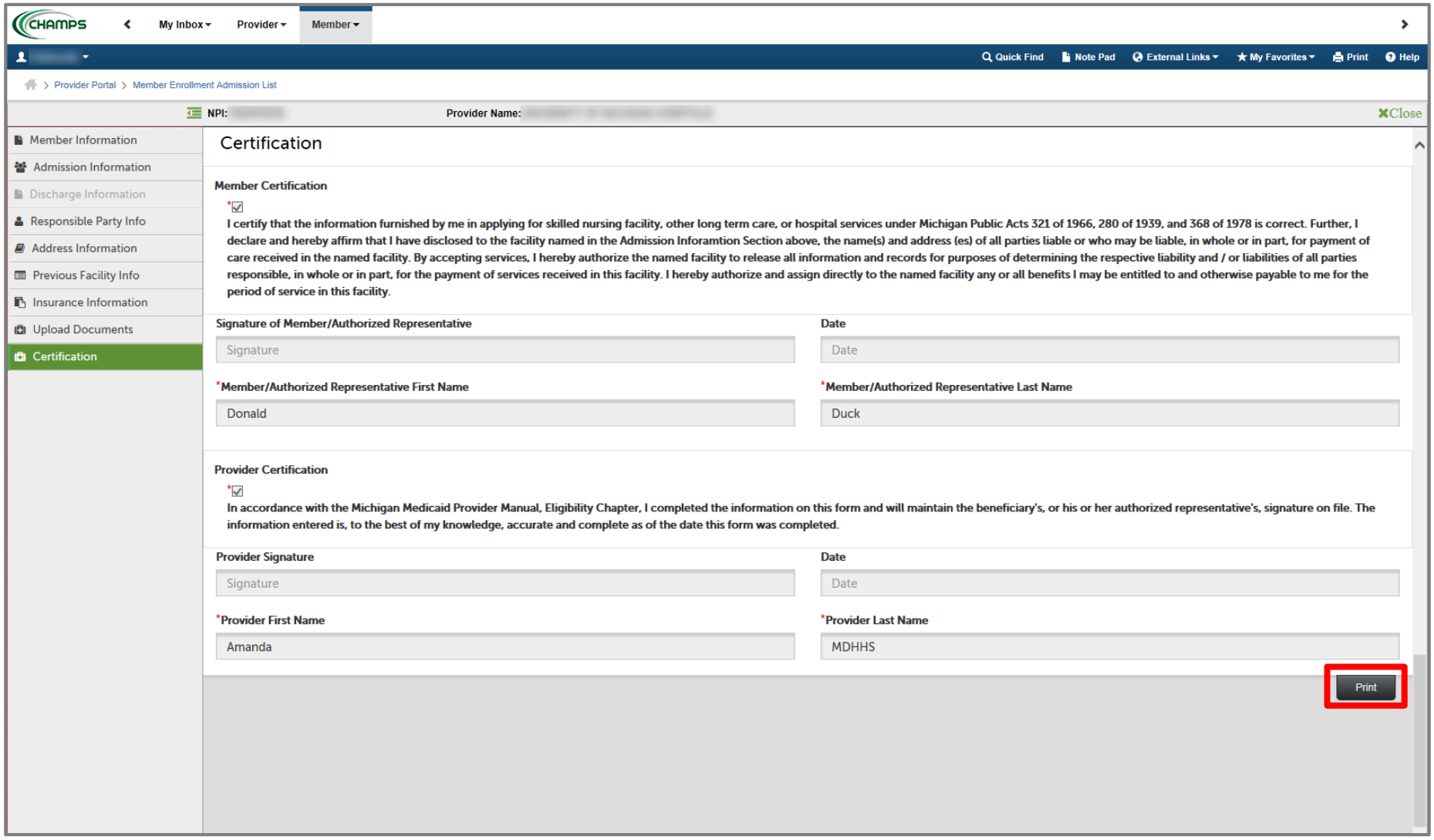
  In accordance with the Michigan Medicaid Provider Manual, Eligibility Chapter, Section 12.1, I completed the information on this form and will maintain the beneficiary's, or his or her authorized representative's, signature on file. The information entered is, to the best of my knowledge, accurate and complete as of the date this form was completed.

- Hospice Provider:

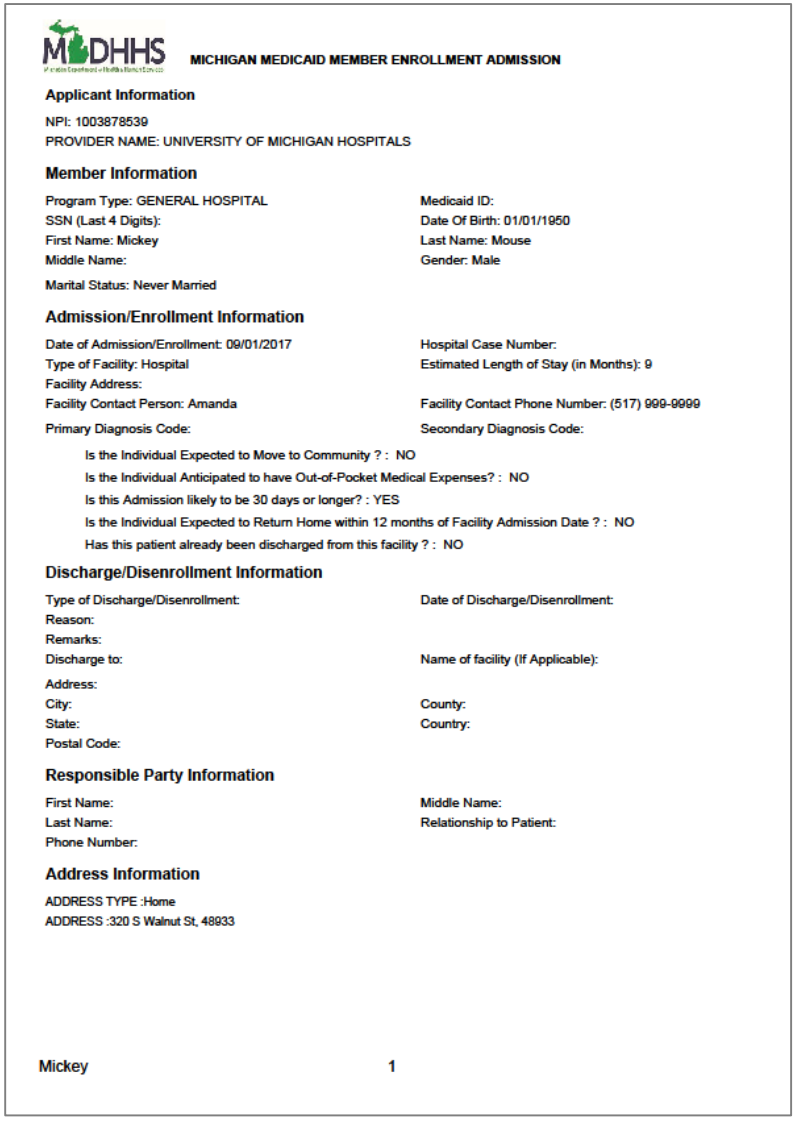
  In accordance with the Michigan Medicaid Provider Manual, Hospice Chapter, Section 3.2, I completed the information on this form and will maintain the beneficiary's, or his or her authorized representative's, signature on file. The information entered is, to the best of my knowledge, accurate and complete as of the date this form was completed.



- 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*



- 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



MDHHS

MICHIGAN MEDICAID MEMBER ENROLLMENT ADMISSION

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

Mickey 1

- After clicking print the admission notice will pop-up as a PDF
- Click print from the PDF version to complete

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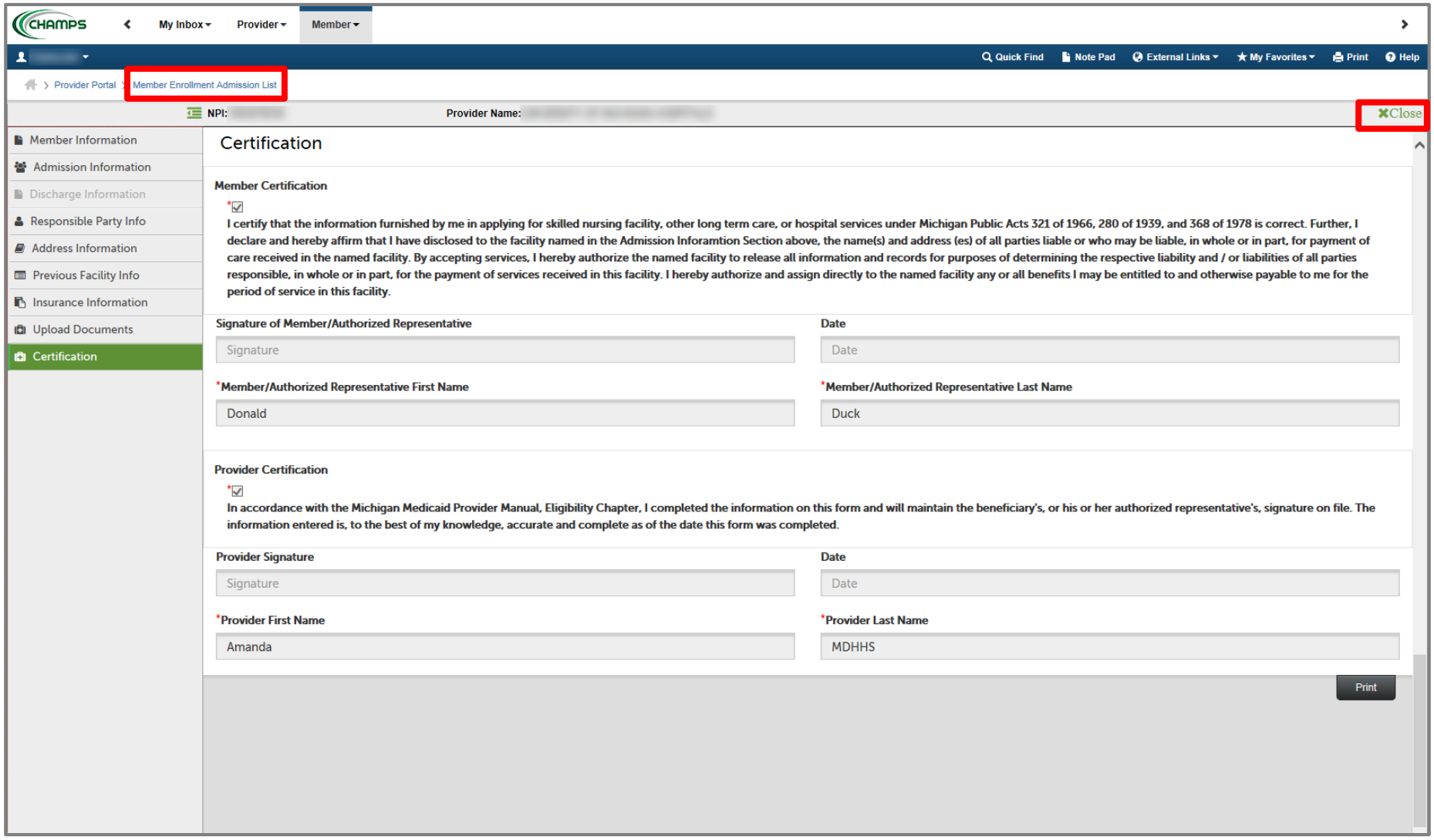
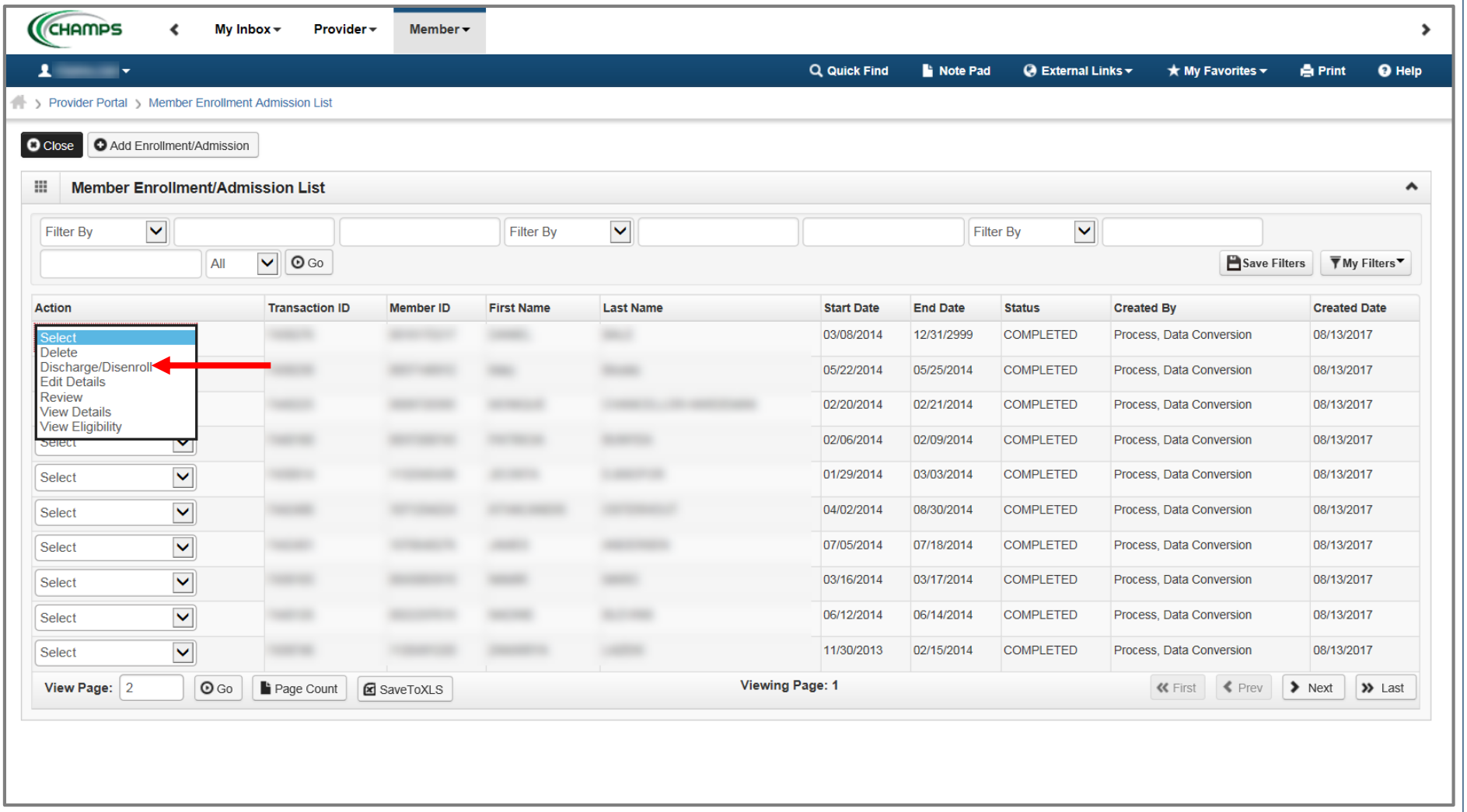
Michigan Department of Health & Human Services



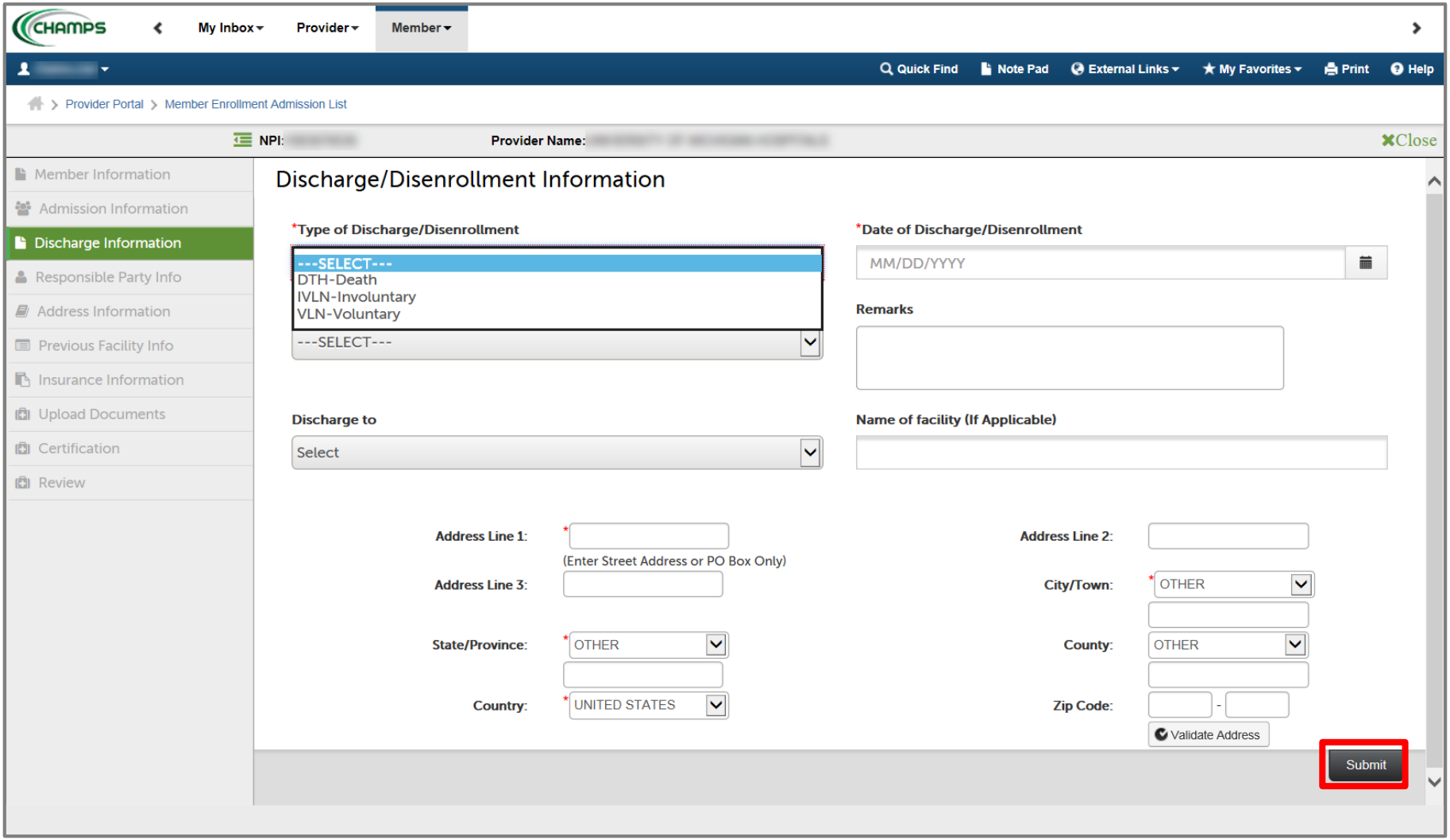
- Click Member Enrollment Admission List hyperlink or Cancel to return to the roster list page

Entering a Discharge

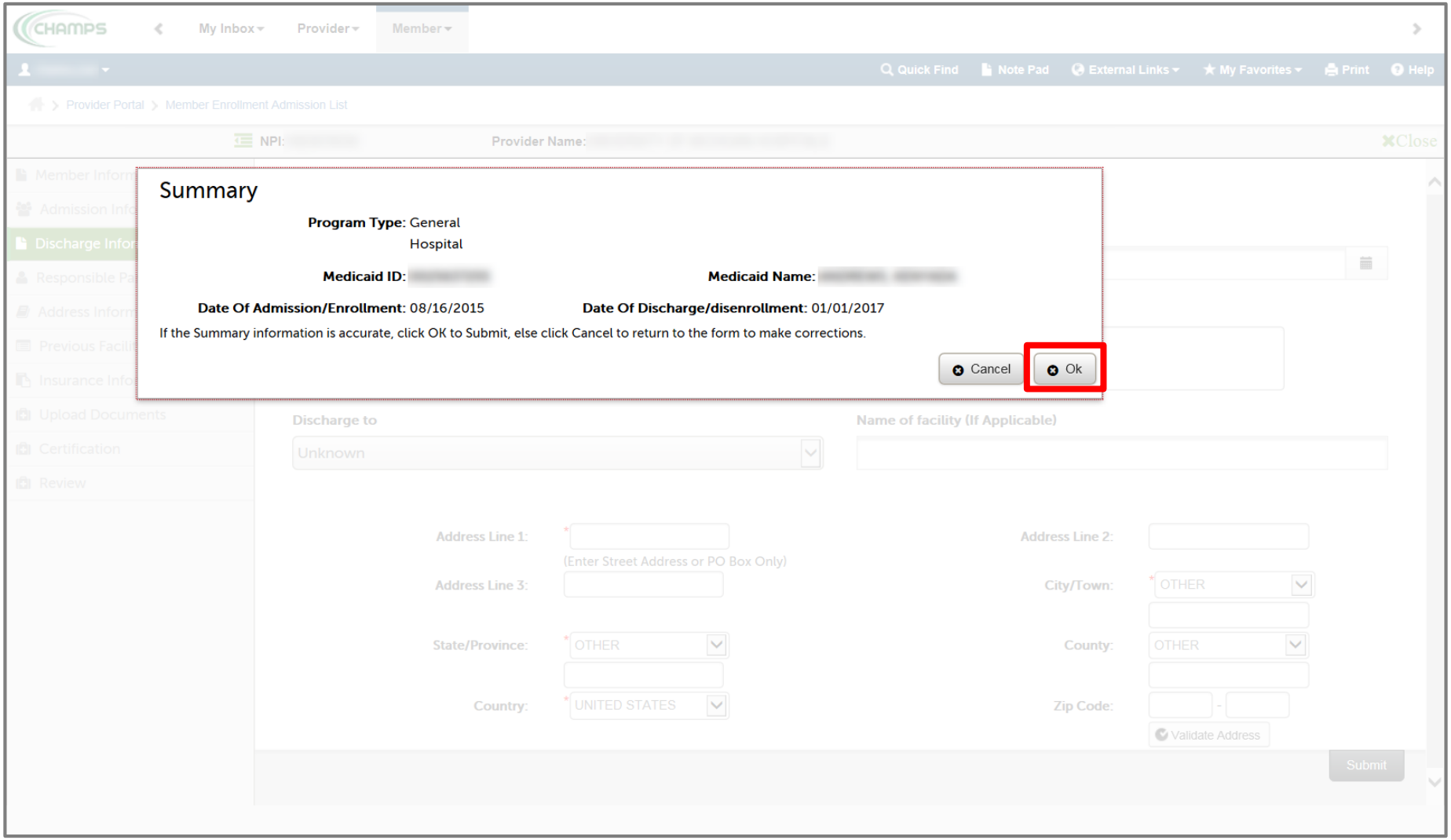
Steps for completing a discharge within CHAMPS



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

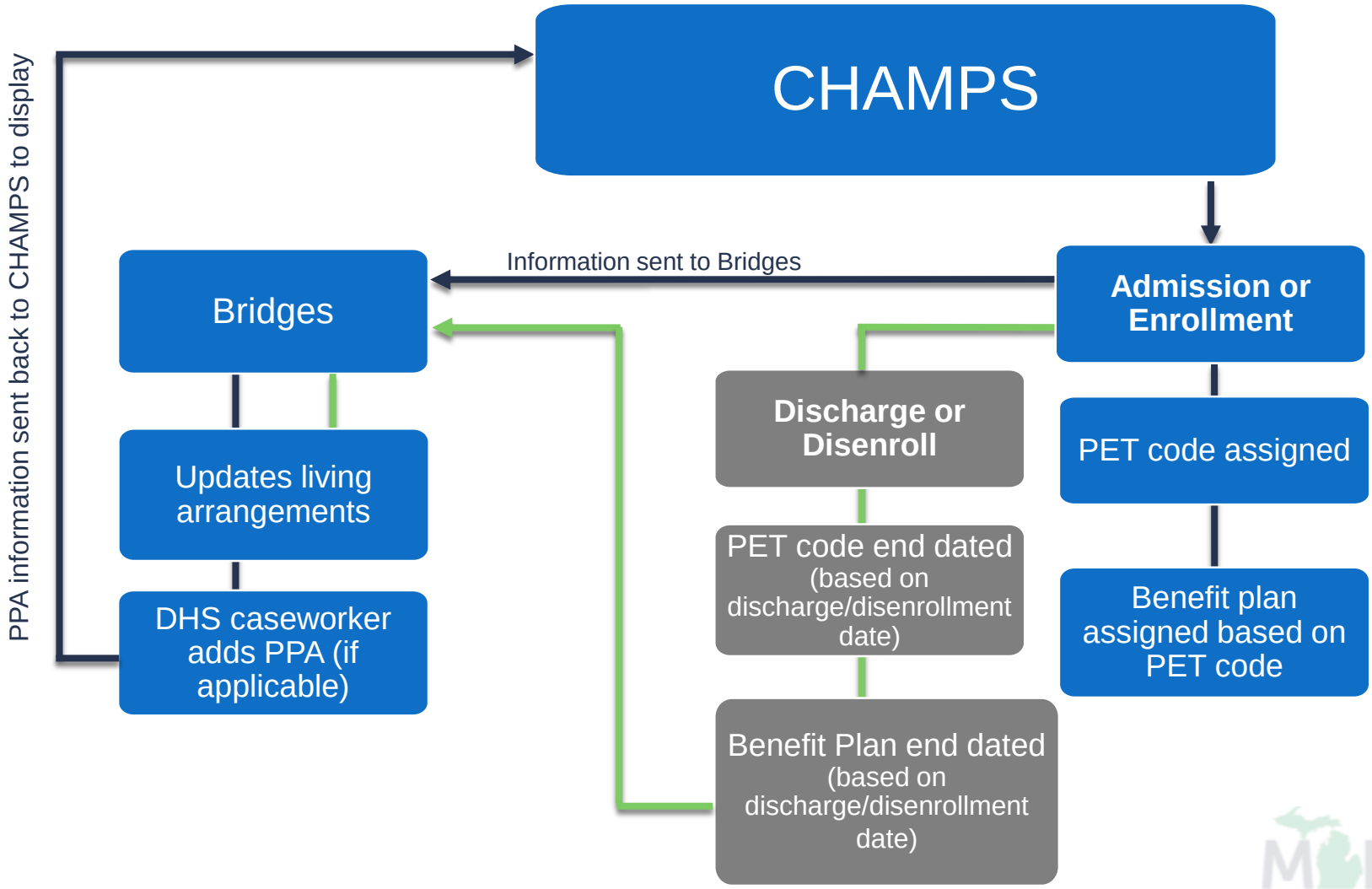


- Select the type of discharge from the dropdown
- Enter the required asterisked information
- Click Submit



- 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


CHAMPS
Admission or Enrollment
Information sent to Bridges
Bridges
PPA information sent back to CHAMPS to display
Updates living arrangements
DHS caseworker adds PPA (if applicable)
Discharge or Disenroll
PET code assigned
PET code end dated (based on discharge/disenrollment date)
Benefit plan assigned based on PET code
Benefit Plan end dated (based on discharge/disenrollment date)

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