Predictive Modeling

August 16, 2022

"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

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Background

Predictive Modeling is a pre-payment claims process in CHAMPS that uses advanced screening technology to identify Medicaid claims in which there are billing irregularities.

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Michigan Department of Health & Human Services

Background

- Resources
  - Bulletin: MSA 12-65
  - Predictive Modeling FAQs
  - Medical Request Letter (Sample)
  - Predictive Modeling Process Tip
  - Documental Management Portal (DMP) Messaging Function for Predictive Modeling

Michigan Medicaid began using predictive modeling to identify Medicaid claims with billing irregularities prior to payment. Claims identified with billing irregularities are flagged by the predictive modeling process. Data submitted on the claim such as diagnosis code(s), procedure code(s), revenue codes, or beneficiary information, etc., can cause the claim to flag for review.

Claims flagged by the predictive modeling process undergo a detailed analysis to determine the next step(s). This may include a review of medical records and/or past claims as indicated in the documentation request letter.

Providers must submit the requested records within 45 days of the date on the request for documents letter to avoid denials for lack of documentation. Records should not be submitted prior to receiving a request for documentation letter.

Predictive Modeling

- Process
- Types of documentation
- How to submit documentation
- Document Management Portal Messaging

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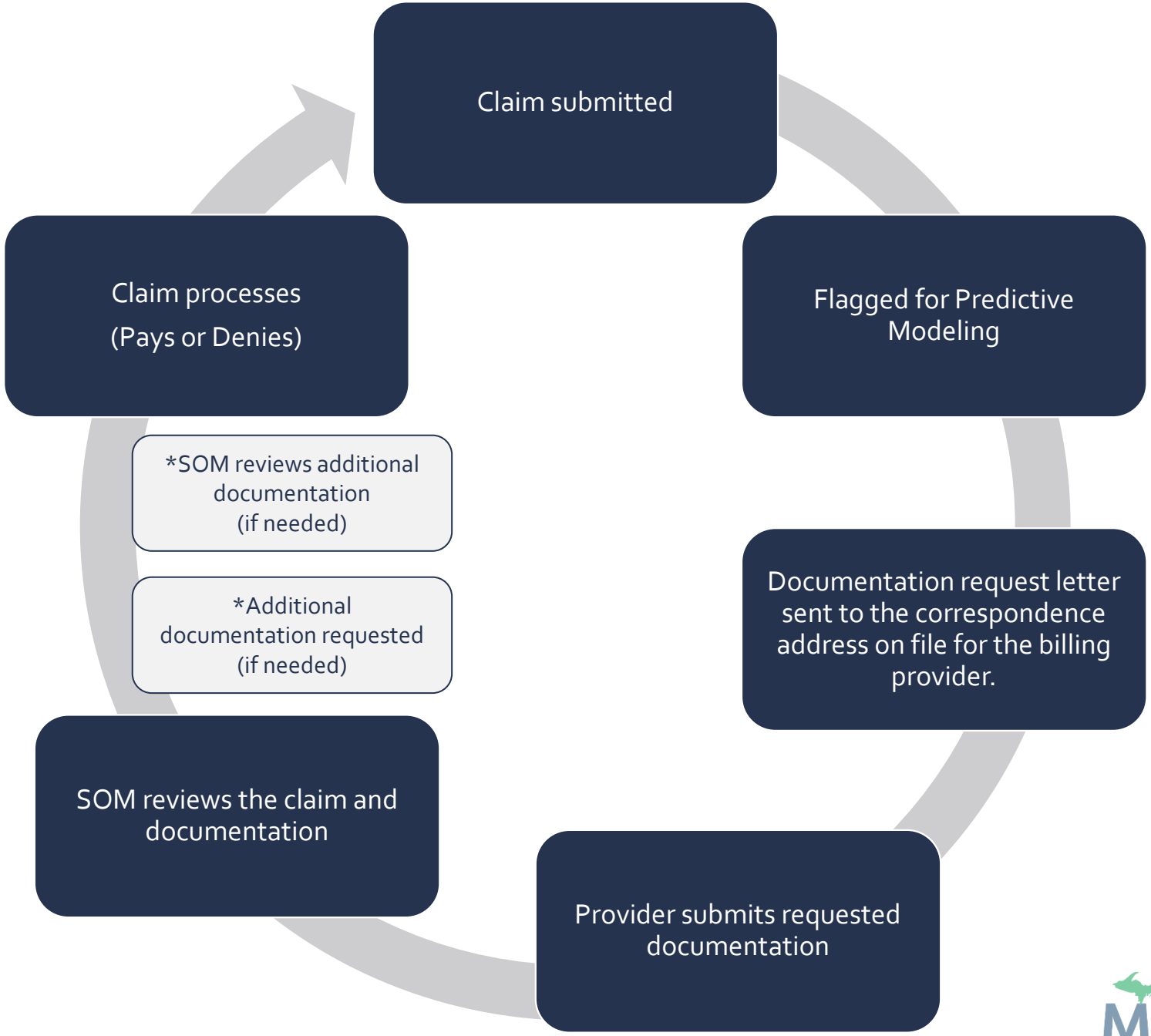
Process



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Types of Documentation

- Michigan Medicaid Provider Manual- General Information for Providers section 14.7 Clinical Records

Clinical records other than those listed in the Medicaid Provider Manual, General Information for Providers section 14.7 Clinical Records, may also be needed to clearly document all information pertinent to services that are rendered to beneficiaries.

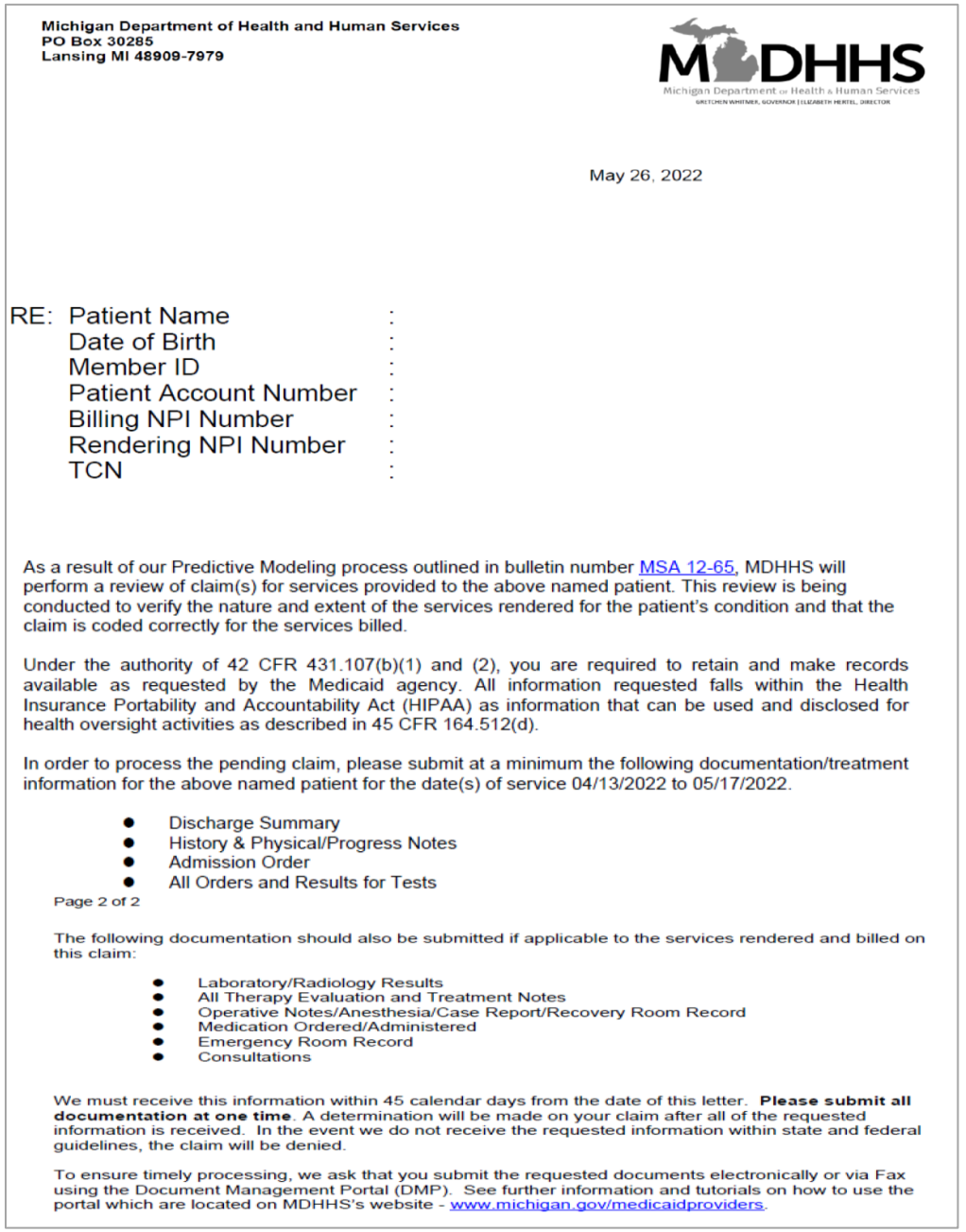
The clinical record must be sufficiently detailed to allow reconstruction of what transpired for each service billed. All documentation for services provided must be signed and dated by the rendering health care professional.

For services that are time-specific according to the procedure code billed, providers must indicate in the medical record the actual begin time and end time of the service.

Documentation Request Letter Example : Inpatient Hospital

Providers will receive a documentation request letter.

- The letter is mailed to the billing providers correspondence address on file within their CHAMPS provider enrollment information.
- Providers wanting another copy of the letter can retrieve a copy at anytime by accessing the CHAMPS My Inbox tab and using the Archived Documents function.
  - CHAMPS My Inbox Function
  - Provider Enrollment Webpage



Michigan Department of Health and Human Services
PO Box 30285
Lansing MI 48909-7979

MDHHS
Michigan Department of Health & Human Services

May 26, 2022

RE: Patient Name :
Date of Birth :
Member ID :
Patient Account Number :
Billing NPI Number :
Rendering NPI Number :
TCN :

As a result of our Predictive Modeling process outlined in bulletin number MSA 12-65, MDHHS will perform a review of claim(s) for services provided to the above named patient. This review is being conducted to verify the nature and extent of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

Under the authority of 42 CFR 431.107(b)(1) and (2), you are required to retain and make records available as requested by the Medicaid agency. All information requested falls within the Health Insurance Portability and Accountability Act (HIPAA) as information that can be used and disclosed for health oversight activities as described in 45 CFR 164.512(d).

In order to process the pending claim, please submit at a minimum the following documentation/treatment information for the above named patient for the date(s) of service 04/13/2022 to 05/17/2022.

- Discharge Summary
- History & Physical/Progress Notes
- Admission Order
- All Orders and Results for Tests

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The following documentation should also be submitted if applicable to the services rendered and billed on this claim:

- Laboratory/Radiology Results
- All Therapy Evaluation and Treatment Notes
- Operative Notes/Anesthesia/Case Report/Recovery Room Record
- Medication Ordered/Administered
- Emergency Room Record
- Consultations

We must receive this information within 45 calendar days from the date of this letter. **Please submit all documentation at one time**. A determination will be made on your claim after all of the requested information is received. In the event we do not receive the requested information within state and federal guidelines, the claim will be denied.

To ensure timely processing, we ask that you submit the requested documents electronically or via Fax using the Document Management Portal (DMP). See further information and tutorials on how to use the portal which are located on MDHHS's website - www.michigan.gov/medicaidproviders.

This image is an example, documentation requested may vary depending on services being reported on the claim. Providers should always refer to their documentation request letter for specific documents that need to be uploaded.

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Types of Documentation: Inpatient Hospital

Admission to Inpatient Summary. ICU should have a note.	Consultation reports. If they charge a "clinic" revenue code 0510 – some type of clinic note or consult note.
History and Physical.	All practitioners' orders, nursing notes, reports of treatment, medication administration records, radiology and laboratory reports, vital signs, and any other information necessary to monitor the patient's condition, Provider signatures should include credentials.
Order to admit to inpatient status and the status must be clear. This record must be dated, time stamped, signed by the attending practitioner, credentials and match the account as billed.	Physical, Occupational and/or Speech therapy orders and reports including any evaluation.
If any MRI or CAT scans are performed, there must be proper supporting documentation of the order/results. Any tests performed: rad, lab, pulmonary, cardiac or neurology study.	Records, Plan of care and Initial Certification
If the patient was admitted through the emergency department, the emergency report is required.	Discharge Summary which includes a complete description of the course of treatment for this stay, patient care, reactions/outcome dispositions of the case, the medical decision making during the admission and provisions for follow-up care. • Reason for hospitalization • Significant findings. • Procedures and treatment provided. • Patient's discharge condition. • Patient and family instructions (as appropriate). • Attending physician's signature, credentials. • The patient's discharge instructions.
For any surgical procedures, the documentation should include a copy of the operative report and any anesthesia records. Need Case Summary, vitals, date, time, and signature of the provider. If PACU (0710 is charged for either must have PACU or recovery notes	

These are examples, documentation requested may vary depending on services being reported on the claim. Providers should always refer to their documentation request letter for specific documents that need to be uploaded.

Documentation Request Letter Example : Outpatient Hospital and Professional

Providers will receive a documentation request letter.

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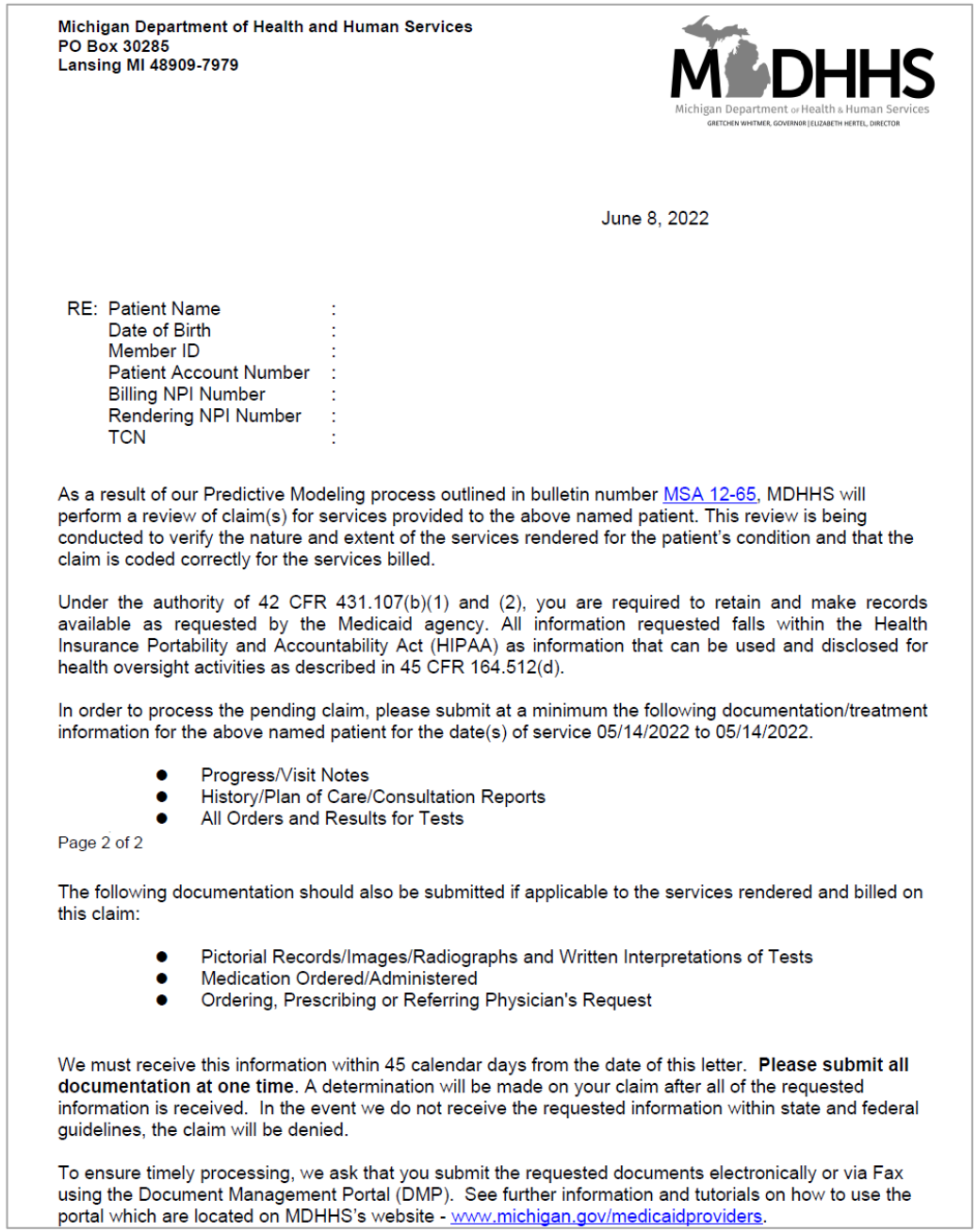
  - CHAMPS My Inbox Function
  - Provider Enrollment Webpage



Michigan Department of Health and Human Services
PO Box 30285
Lansing MI 48909-7979

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

June 8, 2022

RE: Patient Name :
Date of Birth :
Member ID :
Patient Account Number :
Billing NPI Number :
Rendering NPI Number :
TCN :

As a result of our Predictive Modeling process outlined in bulletin number MSA 12-65, MDHHS will perform a review of claim(s) for services provided to the above named patient. This review is being conducted to verify the nature and extent of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

Under the authority of 42 CFR 431.107(b)(1) and (2), you are required to retain and make records available as requested by the Medicaid agency. All information requested falls within the Health Insurance Portability and Accountability Act (HIPAA) as information that can be used and disclosed for health oversight activities as described in 45 CFR 164.512(d).

In order to process the pending claim, please submit at a minimum the following documentation/treatment information for the above named patient for the date(s) of service 05/14/2022 to 05/14/2022.

- Progress/Visit Notes
- History/Plan of Care/Consultation Reports
- All Orders and Results for Tests

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The following documentation should also be submitted if applicable to the services rendered and billed on this claim:

- Pictorial Records/Images/Radiographs and Written Interpretations of Tests
- Medication Ordered/Administered
- Ordering, Prescribing or Referring Physician's Request

We must receive this information within 45 calendar days from the date of this letter. **Please submit all documentation at one time**. A determination will be made on your claim after all of the requested information is received. In the event we do not receive the requested information within state and federal guidelines, the claim will be denied.

To ensure timely processing, we ask that you submit the requested documents electronically or via Fax using the Document Management Portal (DMP). See further information and tutorials on how to use the portal which are located on MDHHS's website - www.michigan.gov/medicaidproviders.

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Types of Documentation: Outpatient Hospital and Professional			
If a test is rendered, submit the order and the results. Results must be specific not just an indication of "normal" or "abnormal".	Anesthesia record.	Procedure room notes.	Medication orders plus the medication administration record (MAR).
Operative report. For same day outpatient surgery, and a history and physical.	History and physical.	IV orders and flow charts.	Dialysis orders and reports that document plan of care and administration of dialysis treatment rendered/results. Before and after weight of patient
Recovery room records, vitals, date, time, and signature of the provider, as well.	Cast room notes.	Emergency room notes/report, ED notes require an HPI.	Education, training, order, and report of treatment rendered and results and/or notes.
Rehab orders and reports of treatment rendered and results and/or notes.	Labor and delivery records.	Infusion flow sheets.	Chemotherapy/Radiation Therapy must properly document orders, plan of care, and administration of such services as well as any significant patient outcomes, DC Summary
Observation admission records that include date/time of admission through discharge.	Clinic notes.	Consultation reports.	
Orders to admit to observation status and the status must be clear, time stamped, dated and signed by the ordering practitioner, credentials.	Office visit notes.	Therapy orders and reports of treatment rendered/results.	

These are examples, documentation requested may vary depending on services being reported on the claim.
Providers should always refer to their documentation request letter for specific documents that need to be uploaded.

How to submit documentation

- Document Management Portal (DMP) Resources
- DMP Refresher

Provider receives predictive modeling documentation request letter.

Provider uploads documentation within 45 days using the CHAMPS Document Management Portal (DMP).

Documents must be uploaded to the suspended claim TCN number in DMP with the "Document Type" = Claim and "Document Title" = Predictive Modeling.

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Messaging

- Documental Management Portal (DMP) Messaging Function for Predictive Modeling

Message Notification

- When a new message is created an e-mail notification is sent to the e-mail address associated to the MILogin account.

Viewing Messages

- Log into CHAMPS and select Document Management Portal from the external links dropdown to read the message.
- Messages can only be viewed through the DMP messages screen.

Messages

- It is most common to see a message from a State of Michigan claims processor after required PM documentation has been submitted and something is missing.

CARC & RARC Information

Reason
and Remark code definitions

https://x12.org/reference

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CARC & RARC Information

Additional Resources:

- CHAMPS External Links
- Suspended Claim Tip
- CHAMPS Claim Inquiry Quick Reference Guide
- Predictive Modeling Process Tip

Any claim that has been flagged for review will suspend

CARC 272: Coverage/program guidelines were not met.

RARC N10: Adjustment based on the findings of a review organization/ professional consult/ manual adjudication/ medical advisor/ dental advisor/peer review.

Initial and additional documentation request.

CARC 252: An attachment or other documentation is required to adjudicate this claim/service.

RARC N706: Missing documentation.

A claim flagged for PM can suspend up to 120 days, sometimes longer depending on the scenario.

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COVID-19 Public Health Emergency Ending Resources

The Michigan Department of Health and Human Services is preparing for the end of the federal Public Health Emergency (PHE).

www.michigan.gov/mdhhs/end-phe

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Michigan Department of Health & Human Services

MDHHS COVID-19 Public Health Emergency (PHE) Ending Resources

Michigan will restart Medicaid eligibility renewals and certain waived policies that were in place during the pandemic when the federal PHE ends.

Learn more about the PHE ending and how you could be impacted by visiting www.michigan.gov/mdhhs/end-phe.

Additional Information:

- COVID-19 Response Database
- Telemedicine Database
- Stakeholder Toolkit

Contact us with questions or feedback:

- Policy questions email MSAPolicy@Michigan.gov
- Provider assistance by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

MDHHS
Michigan Department of Health & Human Services

Provider Resources

MDHHS website: www.michigan.gov/medicaidproviders

We continue to update our Provider Resources:

- CHAMPS Resources
- Listserv Instructions
- Provider Alerts
- Medicaid Provider Training Sessions

Provider Support:

ProviderSupport@Michigan.gov

1-800-292-2550

Thank you for participating in the Michigan Medicaid Program