HCAM
June 12, 2024

"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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Billing & Reimbursement

Top Claim Rejections

Claim Adjustment reason Code (CARC)	Remittance Advice Remark Code (RARC)	What does this mean?	Resolution/ Resource
22 - care may be covered by another payor	N598 - Health care policy coverage is primary	Beneficiary has other insurance	Other Insurance
96 - Non-covered	N216 - We do not offer coverage for this type of service	LOCD Record not active/complete	Level of Care Determination
B7 - This provider was not certified/eligible		Submitted Billing NPI and DOS doesn't match NH Benefit Plan	Modernizing Continuum of Care (MCC)
16 - Claim lacks information	N307- Missing/incomplete/invalid	Claim does not meet timely filing – no notes	Timely Filing Alert
16 - Claim lacks information	MA04 - secondary payment cannot be considered	OSC 70 not valid for coinsurance pricing	Billing and Reimbursement for Institutional Providers Section 8.17
16 - Claim lacks information	MA04- secondary payment cannot be considered	NF Primary Insurance exhaust not reported	Billing and Reimbursement for Institutional Providers Section 8.17

Policy Updates

Policy Updates

Policy Number	Policy Title	Intent
MMP 23-67	Skilled Maintenance Therapy	Effective for dates of services on and after January 1, 2024, Medicaid will no longer require outpatient and nursing facility skilled maintenance therapy to be reported under a therapy re-evaluation procedure code. Therapists should report maintenance services under select therapeutic procedure codes. When reporting services under a time-based procedure code, the four sessions should not exceed a total of 16 units per 60- or 90-day applicable period. If more than 16 units or four sessions are required with the applicable period, the therapist must request PA.
MMP 23-36	Plan First	30 days of completion of CHOW to enter the paper LOCD into CHAMPS.
MMP 23-45	Change in Non-Routine Therapy Prior Authorization Requirements	MDHHS will remove the PA requirement for non-routine therapy services provided to Medicaid beneficiaries residing in a skilled nursing facility within 60 days of their admission to the facility.

Level of Care Determination Reminders

- Training
- LOCD Passive
  - Door 87 *Update*
- Door Zero
- Community Transition Services

Level of Care Determination (LOCD) Training

- **LOCD 101:** An introduction to the LOCD. It provides a high-level overview and a step-by-step walkthrough of entering an assessment into CHAMPS.
  - February 15, 2023, Level of Care Determination (LOCD) 101- PDF, Recording
- **LOCD 201:** provides detail related to LOCD Door criteria, scoring, key points, and supporting documentation.
  - May 11 & 25, 2023: Level of Care Determination (LOCD) 201- PDF, Recording LOCD 201

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LOCD Passive Redetermination MDS 3.0 Door 87

December 27, 2023: Attention Nursing Facility Providers: At this time, MDHHS is unable to run the LOCD passive redetermination process with the updates made to the Minimum Data Set (MDS) on 10/01/23. We are working to update our systems to align with the changes to the MDS. An additional update will be sent and posted when the LOCD passive redetermination process resumes. As a reminder providers are responsible for monitoring all LOCD end dates and conducting a new LOCD as the current record nears the end date, with a significant change in condition, or when a provider possesses information that a beneficiary may no longer meet eligibility.

Impacted Door 87 records have been reviewed and inactivated. The previous qualifying door was re-activated.

LOCD: Door Zero

- MI Medicaid Provider Manual

- If an individual does not meet LOCD criteria for Doors 1 through 7, the provider must provide notice to the individual.
- Individuals and/or their representatives have the right to ask for a Secondary Review and a Hearing.
- Action Notices to Individuals and Requirements:
  - Adverse: When an individual is determined ineligible for services and an appeal is requested. DCH-0092, Michigan Office of Administrative Hearings and Rules
  - Adequate: For an individual who has not received prior LTSS services and the LOCD determined they do not meet LOCD criteria. Nursing Facility, MI Choice Program
  - Advance: For an individual who is receiving LTSS services under an approved LOCD and a redetermination of the LOCD found the individual ineligible. Nursing Facility, MI Choice Program

Door Zero

- The beneficiary does NOT request an appeal

- The individual has 90 days from the adverse action notice to request an appeal through MAHS. On day 91, if the individual has not appealed the adverse action notice, the provider may request payment for the allowable appeal timeframe
  - Up to 90 days or the date the resident discharges from the facility, whichever is sooner.
  - Payment requests should not be submitted to MDHHS until this timeframe has passed.
- Claims must be submitted for the dates covered only under the LOCD Door 0 record, for up to a 90-day period.
  - The claim should not include dates of service where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
- To request payment, the provider must email provider support with the following information:
  - Beneficiary Name and Medicaid ID number
  - Billing NPI number
  - Door zero Conducted Date
  - TCN's provider is requesting payment on
  - Dated copy of the Adverse Action Notice that was provided to the resident (provider to upload to DMP).
- Once the above information is sent to Provider Support, MDHHS will review the request and authorize appropriate payment.
  - The denied claims will be reprocessed for payment;
  - If there are any issues with the submitted claims in the request, provider support will request the claims to be rebilled by the provider.

Door Zero

- The beneficiary requests an appeal

- If the individual appeals an adverse action, Medicaid will reimburse for services until a final determination is reached or the effective date of the adverse action, whichever is later.
  - If the individual appeals the adverse action, but withdraws prior to the hearing with the ALJ, Medicaid will reimburse the provider until the withdrawal date or the date reported on the Adverse Action (Day 90), whichever is later
- The provider must submit claims for the dates covered only under the Door Zero LOCD. Do not include dates of service where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
- Once a determination is made from the ALJ, the provider must email provider support with the same information as above. In addition, a copy of the decision order must be included in the payment request.

Note: if the Decision and Order are unfavorable to the resident, the beneficiary is allowed 30 days to request an appeal in Circuit Court or request a rehearing/reconsideration from MAHS. Therefore, the provider should wait an additional 30 days following the Decision and Order to request payment, as this time can also be reimbursed by Michigan Medicaid.

Community Transition Services

- Transition Services are non-reoccurring expenses necessary to enable an individual that is transitioning from a nursing facility or other institutional setting to the community to establish a basic household and do not constitute room and board. Services are available to beneficiaries residing in a nursing facility and are offered to assist in securing housing and in facilitating a successful discharge into the community.
- In general, consider making a referral to Community Transition Services (CTS) if the Medicaid resident has any barrier to a successful transition back to the community. Please make the referral as soon as possible as overcoming barriers can be complex and time-consuming work.

- MDHHS CTS webpage Community Transition Services
  - Transition Services are offered by the agency including Area Agencies on Aging, Centers for Independent Living, and other qualified community-based organizations.
    - Transition Agencies
    - Search Waiver Agencies
    - Michigan Center for Independent Living Directory
    - Comparison of Home and Community Based Long Term Care Programs

MI Health Link Resources

Website: MI Health Link

MI Health Link Resources

Website: www.Michigan.gov/dsnp

Email: D-SNP@Michigan.gov

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Eligibility

Bridget Heffron:

- Medicare Savings Program
- Plan First
- Home Maintenance Disregard

Provider Resources

Nursing Facility Touchpoint Meetings: Click here to register

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

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