

MRCA

January 24, 2020

## MSA Policy Bulletins

### Final

#### [MSA 19-36](#) Medicaid Lockout

Effective January 1, 2020 MDHHS will pursue restrictions on Medicaid eligibility for beneficiaries convicted of certain crimes related to the Medicaid program. If false statements or representations are made MDHHS will limit, restrict or suspend Medicaid eligibility for up to a year.

#### [MSA 19-35](#) Healthy Michigan Plan Updates

Effective January 1, 2020 MDHHS implemented new work requirements for Medicaid Beneficiaries that are enrolled in the Healthy Michigan Plan.

- Must report 80 hours of work or other qualifying activities per month
- Applies to beneficiaries ages 19-62
- Three ways to report work
- There are exemptions
- Noncompliance results in being removed from Healthy Michigan Plan

### Updates

- Newborn Reporting- December 13, 2019
  - If a newborn is transferred on the DOB will be able to report appropriate admit type (IE: Urgent, Emergency, or Elective)
  - PACERS may now be required for newborn transfers
  - [L 19-46](#)
- Trauma- December 13, 2019
  - Allow Trauma admit type 5 for ESO beneficiaries
- Quarterly APC Updates- October was updated 12/13/2019
- APR DRG Version 37- loaded into CHAMPS 12/13/2019
- \*Cash Reports- went away January 1 2020
- \*FD622- no longer mailed online in FS system only in CVS files effective January 1, 2020
- January 2020 quarterly APC updates are scheduled for March 27, 2020
- Outpatient Reduction factor beginning 01/01/2020 is now 49.9%
  - Claims will overpay until system update 03/27/2020
- Effective 01/01/2020 modifiers CQ and CO are required when therapy is done by an assistant

- CQ is for physical therapy
- Co is for occupational therapy
- CAH's are exempt from this reporting requirement
- Claims with these modifiers will deny until system update 03/27/2020

## Questions:

What is the timeframe for requesting a PA when beneficiary is granted retro eligibility?

- One year from the DOS

Why doesn't Medicaid follow Medicare's billing for CAH's?

- The CHAMPS system would pay the physicians bill twice

Reporting for Medicare Advantage plans- do you use the advantage id or the id listed in CHAMPS?

- Depends on how the claim is billed. If the claim is entered DDE in CHAMPS then you have to use the CHAMPS id, if you are billing electronically then the payer id doesn't matter but the claim filing indicator does.

## Reminders:

### [PACER Required](#) -CARC 197

- Emergency Transfer requires a PACER
  - The initial admission does not require PACER if it is an emergency

### 15 Day Readmit- CARC 133 RARC N47

- You can use the [claim limit list](#) to identify the previously paid/suspended claim

### [Three Day Window](#)- CARC 96 RARC M2

- Outpatient services within 72 hours of an inpatient hospital stay billed by providers under the same EIN must be combined into the IPH claim.
  - The admit date should be the actual/true admit date
  - The from date should be the first day of the outpatient services
- If the claims are not related the appropriate condition code must be appended to the claim
- Critical access hospitals are only exempt if Medicare is primary