

Submit Institutional Claims Online DDE

Business Rules

- Mode of Claim Submission “Direct Data Entry (DDE)” must be selected within the Provider Enrollment file to access.
- Fields marked with an asterisk (*) are required and must be completed for the claim to be submitted successfully.
- DDE is available only for original claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed).
- A Transaction Control Number (TCN) will be assigned once the claim is submitted.
- There are no hyperlinks to any other screens within CHAMPS from the DDE screens, except Billing Instructions.
- There are multiple categories marked with a red plus sign (+) that are expandable. Data should be entered into these fields as they pertain to the claim being entered. Only leave expandable boxes open if data has been entered in these fields. If no data is entered, keep expandable boxes closed.
- Contact the **Provider Support Helpline** at **1-800-292-2550** or ProviderSupport@michigan.gov to receive expert assistance.

Action	Manage Provider Login	Notes
Login to CHAMPS	<ol style="list-style-type: none"> 1. Access CHAMPS using MILogin 2. Follow CHAMPS login screen prompts 	<ul style="list-style-type: none"> • Must apply for access to CHAMPS system
Action	Submit Institutional Claims Online – Submit Claims	Notes
Submit Claims	<ol style="list-style-type: none"> 1. After you have logged into CHAMPS with your MILogin user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access 2. Click on the Claims tab. 3. Click the Submit Institutional claim type hyperlink 	<ul style="list-style-type: none"> • The Submit Institutional Claim page appears. Selecting tabs under Basic Claim Info will take you to the corresponding area on the page. For example, clicking the Beneficiary hyperlink will bring you to Beneficiary section of the page

Action	Submit Institutional Claims Online – Provider Information	Notes
Subscriber Information	<ol style="list-style-type: none"> 1. The Billing Provider ID number under the Provider Information Section at the header level of the claim will be pre-populated with the NPI of the Domain you have entered 2. The Type from the drop-down menu will pre-populate with type NPI 3. Enter the Attending Physician Information 4. Select NPI from the Type drop-down menu 5. Optionally, enter the Taxonomy Code 	<ul style="list-style-type: none"> • The Domain of the Billing Provider NPI must be selected. If the incorrect Domain was selected and you wish to change the Provider ID, click My Inbox and select Change Profile • Attending Physician Information is required for all institutional claim types • Free-standing rehab facilities and outpatient ambulance services supply the appropriate Taxonomy codes
Action	Submit Institutional Claims Online – Beneficiary Information	Notes
Beneficiary Information	<ol style="list-style-type: none"> 1. Enter the Beneficiary ID 2. Enter the Beneficiary's Last Name 3. Enter the Beneficiary's First Name 4. Optionally, enter the Beneficiary's Middle Initial (MI) 5. Optionally, enter the Beneficiary's Suffix 6. Enter the Beneficiary's Date of Birth 7. Select an option from the Gender drop-down menu 	<ul style="list-style-type: none"> • Beneficiary ID numbers are 10 digits • Examples of a Suffix are: Jr. or Sr. • Use the two-digit month (mm), two-digit date (dd), four-digit year (yyyy) format

Action	Submit Institutional Claims Online – Claim Information	Notes
<p style="text-align: center;">Service Review Information</p>	<ol style="list-style-type: none"> 1. Enter the Patient Control Number 2. Optionally, enter the Medical Record Number 3. Enter the Type of Bill 4. Enter a date in the Statement Dates From and To 5. Optionally, enter the Admission Date/Hour 6. Optionally, enter the Admission Type 7. Enter the Admission Source 8. Optionally, enter the Discharge Hour 9. Enter the Patient Status 10. Enter the Principle Diagnosis Code 11. Optionally, select the POA from the drop-down menu 12. Optionally, select the Auto Accident State/Province 13. Select the State/Province from the drop-down menu 14. Select the Diagnosis Code Category from the drop-down menu 	<ul style="list-style-type: none"> • Patient Control Number is assigned by your office or facility e.g. Chart number • Type of Bill must be 4 digits with a leading zero • Admission Type is required for Inpatient • Diagnosis Code cannot contain decimals • Principle Diagnosis Code cannot begin with E for ICD-9 diagnosis codes • POA is required for Inpatient type of bills only • Select State/Province that Auto Accident occurred

Action	Submit PA Request Online – Request Navigator Information	Notes
<p>Request Navigator Information</p>	<ol style="list-style-type: none"> 1. Optionally, make a checkbox selection. If no selection is made, skip to Step 10 2. Select Next 	<ul style="list-style-type: none"> • The Request Navigator questions are all conditional based on the information required and entered within the PA request. No questions are mandatory except the “Are you sending additional service information?” option. This option is permanently selected for all PAs as all PAs require supporting documentation • If one is selected, fill in all required (*) fields • The PA Tracking Number cannot be used for billing until the PA request has been approved. Once the PA request has been approved, the PA Tracking Number becomes a valid Prior Authorization number for billing

Action	Submit PA Request Online – Additional Service Information	Notes
Request Navigator Information	<ol style="list-style-type: none"> 1. For documentation stored electronically: <ol style="list-style-type: none"> a. Select Click Here: To Upload Documentation b. Select the Browse button to navigate to where the documentation is stored on user’s computer. Select the correct file and select Open. The documentation will appear in the Filename: field c. Click Upload Document d. Select Submit 2. For submission of paper documents: <ol style="list-style-type: none"> a. Select Click here: To Print Fax Cover Page <ul style="list-style-type: none"> • Click Print Fax Page • Click the printer icon • Click Close • Fax the attachment and fax cover sheet to the facsimile number listed on the cover sheet 3. To continue with the PA request, select Next 4. If no checkbox selection is made, click Next to finalize the PA request. The Next button will change the status of the PA from Entering to Requested at which point the PA request can no longer be modified by the requestor 5. PA submission receipt will open with PA tracking number 6. Select Finish to complete the PA request 	<ul style="list-style-type: none"> • Print fax cover page and fax documents • Please note: User <u>MUST</u> fax the documents to the fax number indicated on the cover sheet • CHAMPS electronic PA fax # for documents: 517-346-9800 • If the user does not fax to this number, the documents will NOT be uploaded into CHAMPS and cannot be accessed when the PA is reviewed. The PA will be returned to the provider for missing documentation