

**December 23, 2014: System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down Wednesday, December 31, 2014 between 6:00 PM and 11:59 PM EST. Service will resume at 12:01 AM on Thursday, January 1, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**December 18, 2014: Attention ALL Providers:** As part of the December 12, 2014 CHAMPS update, there is an update to the Children's Special Health Care Services (CSHCS) editing on claims. For professional claims, if the rendering provider NPI is a physician provider type and has one of the following specialties within their enrollment information: Anesthesiology, Pathology, Radiology, MRI or CAT scan; the rendering provider NPI does not need to be authorized by CSHCS if the referring or ordering or supervising NPI is an authorized provider on the client file. These claims will no longer deny for the rendering NPI not being authorized.

**December 17, 2014: Attention Nursing Facility Providers: UPDATE:** In regards to the message posted December 12, 2014 related to Medicare Advantage Plan Coinsurance claims, Third Party Liability is in the process of identifying and adding the Medicare Advantage Plan Coinsurance rates. Until this process is complete, if a provider chooses to adjust an incorrectly paid claim, and it pays the same, please understand that the rate may not yet be verified and/or loaded.

**December 15, 2014: Attention Inpatient Hospital Providers:** Effective for discharge dates on or after January 1, 2015, claims that fail the newborn claim reporting edits for newborn priority (type of) admission or visit and newborn birth weight will be denied. Providers are encouraged to review current MSA policy bulletins [14-34](#) and [14-59](#) for reporting information. Claims denied for incorrect type of admission can be identified with claim adjustment reason code (CARC) 16 and remittance advice remark code (RARC) MA42 or MA41. Claims denied for incorrect, invalid or non-reporting of the newborn birth weight can be identified with CARC 16 and RARC N207.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**December 15, 2014: Attention Outpatient Hospital Providers:** MDCH has resurrected Outpatient Hospital claims billing the L1 modifier for dates of service 1/1/14 which adjudicated on or after July 2014 remittance advice date. These claims can be identified with the claim note "APC July 2014 quarterly updates. Modifier L1 resurrects" and will begin processing on pay cycle 52 (12/23/14 remittance advice).

[How to verify the adjustment source of your claim](#)

**December 15, 2014: Attention ALL Providers:** Health Savings Accounts (HSAs) are not considered to be commercial health insurance. Therefore, this type of asset does not need to be reported to Third Party Liability (TPL). Since these are counted as "assets," the beneficiary should report this to their DHS worker.

**December 12, 2014: Attention Nursing Facility Providers:** As part of the December 12, 2014 CHAMPS system update, Medicare Advantage Plans Coinsurance claims that do not mirror Medicare Fee-for-Service will correctly adjudicate. To ensure proper adjudication of these Medicare Advantage Plan Coinsurance claims, other insurance information must be reported as listed in the member's Third Part Liability (TPL) file under Medicare Part C.

**December 11, 2014: Attention ALL Providers:** This is a reminder that effective December 12, 2014, EZ Link portal and Fax numbers will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation, and Predictive Modeling. Please refer to [MSA Policy Bulletin 14-06](#) for more information and instructions on the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid for electronic claims.

**December 09, 2014: System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will

be down between 2:00 PM on Saturday, December 13th 2014 to 6:00 AM on Sunday, December 14th 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**December 03, 2014: Attention ALL Providers:** System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, December 13, 2014. The scheduled down time is between 9:00 A.M. and 5:00 P.M. Please do not submit any files during this period.

**November 21, 2014: Attention Dental and Professional Providers:** Beginning January 1, 2015 MDCH will begin enforcing claim processing edits on payments for provider services rendered in appropriate places of service. Claims denied for inappropriate place of service can be identified by claim adjustment reason code (CARC) 5 and remittance advice remark code (RARC) M77. Providers are encouraged to refer to appropriate provider-specific chapters of the [Medicaid Provider Manual](#) for further information.

**November 21, 2014: Attention ALL Providers:** System maintenance for the Data Exchange Gateway (DEG) is scheduled for Sunday, December 7, 2014. The scheduled down time is between 8:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

**November 21, 2014: Attention Hearing Providers:** MDCH is requesting input regarding your interest in the development of a virtual training specific to the needs of hearing providers. Please respond to this [survey link](#) by Friday December 19, 2014.

**November 18, 2014: System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be unavailable between 6:00 AM Friday, November 28th 2014 to 6:00PM on Saturday, November 29th 2014 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Friday November 28th. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**November 12, 2014: Attention ALL Providers:** A tutorial containing screenshots has been created to provide clarification in determining beneficiary participation with Michigan Medicaid Healthy Michigan Plan (MA-HMP), Michigan Medicaid Healthy Michigan Managed Care (MA-HMP-MC), or a Prepaid Inpatient Health Plan (PIHP). Once beneficiary participation is identified, providers must contact the appropriate plan for any additional assistance or questions. [View the tutorial here!](#)

**November 05, 2014: UPDATE:** In regards to the message posted on September 23, 2014 for ALL Providers: MDCH Third Party Liability (TPL) will no longer add, update, or term records to match web-DENIS. Providers are asked to please contact Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) for any questions related to loaded coverage. If CHAMPS and/or web-DENIS indicate active BCBSM or BCN coverage, please follow all Coordination of Benefits (COB) rules when submitting Medicaid claims.

**November 05, 2014: System Outage:** Due to system maintenance, CHAMPS will be down 6:00 PM Saturday, November 8, 2014 thru 6:00 AM Sunday, November 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**October 28, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 7:00 PM through 11:00 PM Friday, October 31st, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**October 09, 2014: Attention ALL Providers:** A CHAMPS defect has been identified within Archived Documents for providers working in Internet Explorer (IE) Version 9. Providers are encouraged to [click here for Adobe setting instructions](#) to allow the CHAMPS Archived Documents to function properly while working in IE9 as well as multiple web browser platforms.

Providers with further questions can contact Provider Support by phone at 1-800-292-2550 or email to

[ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**October 08, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11th, 2014 through 6:00 AM Sunday, October 12th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**October 02, 2014: Attention ALL Providers:** A defect has been identified within the new CHAMPS Eligibility Inquire screen. When users attempt to print eligibility information using the Print Member Summary hyperlink, the page does not print all displayed information. As a work around, users are encouraged to use the Print tool in the blue ribbon across the top of CHAMPS.



**October 01, 2014: Attention ALL Providers:** The new look of CHAMPS has encountered problems when users are working in Internet Explorer version 8 through 11. Providers using these versions of Internet Explorer are encouraged to clear the cache which should allow the screens to function properly. [Click here for instructions.](#)

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**October 01, 2014: Attention ALL Providers:** Due to a system issue with the CHAMPS interface file to MAIN during the current Pay Cycle 40, EFT's will be delayed by one day and issued on Friday October 3, 2014. Checks will be issued on schedule on Thursday October 2, 2014.

Providers with further questions can contact Provider Support at 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**October 01, 2014: Attention ALL Providers:** Due to a system issue, some Fee-for-Service Healthy Michigan Plan (HMP) beneficiaries were incorrectly enrolled retroactively (instead of prospectively) into Health Plans for the months of April, May and June 2014. Claim voids will be initiated by MDCH and should appear on pay cycle 42 (10/16/2014). Providers will need to verify eligibility for these dates of service to determine which HMP Health Plan these beneficiaries are enrolled and submit the claim to that Health Plan within 60 days from the MDCH take back Remittance Advice date. Please note MSA L-letter [14-28](#) was only mailed to affected providers.

Providers with further questions can contact Provider Support at 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**September 30, 2014: Attention ALL Providers:** Effective October 2, 2014, MDCH Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. While the look and feel of the form will be different, the information the requestor will submit on the form will remain the same. Some new added features include allowing the submission of information for multiple individuals and a drop-down menu of options for who is submitting the form. The form can be accessed at [www.michigan.gov/ReportTPL](http://www.michigan.gov/ReportTPL)

**September 26, 2014: Attention ALL Providers:** Effective Monday September 29th, 2014 the CHAMPS system will receive an update to screens which will change the look and feel. CHAMPS training is offered by MDCH and is posted on the MDCH [Provider Training website](#). Providers are encouraged to visit the website to register for upcoming trainings or schedule a one on one appointment.

**September 23, 2014: Attention ALL Providers:** Effective September 21, 2014, coverage that is received from Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) will be loaded directly into the CHAMPS TPL Coverage File. MDCH Third Party Liability (TPL) will no longer update these records unless changes are available in web-DENIS after the last load date of eligibility from the National Roster File. Providers are asked to please contact BCBSM/BCN for any questions related to loaded

coverage.

**September 23, 2014: System Outage:** Due to CHAMPS major release, the CHAMPS system will be down between 7:00 PM on Friday, September 26th through 2:00 AM Saturday September 27th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**September 15, 2014: Attention ALL Providers:** Michigan Medicaid would like to remind providers of the opportunity to register your email-address or update your listserv subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include: training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty specific alerts. [Click here to subscribe or update your listserv subscription](#) and receive updates and announcements delivered to you registered email address. You may unsubscribe at any time.

**UPDATE: Attention FQHC Providers:** In regards to the message posted on August 27, 2014 related to dental claims where the beneficiary does not have commercial dental insurance coverage on the claims date of service that were voided in error - MDCH will be unable to resurrect these claims on a future pay cycle. Provider must resubmit claims voided in error and enter the comment "TPL take back done in error."

**September 09, 2014: Attention ALL Providers:** Due to a Champs system issue, there is a delay in the posting of the acknowledgements (999). Any files that were submitted after 1:00 p.m. on September 9, 2014 were affected. MDCH is working to resolve this issue as soon as possible. Please email [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any questions.

**September 09, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, September 13, 2014 thru 6:00 AM Sunday, September 14, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**September 09, 2014: Attention ALL Providers:** Effective December 12, 2014, the EZ Link portal will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation and Predictive Modeling. Please refer to MSA policy bulletin [14-06](#) for more information and instructions about the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid electronic claims.

**August 27, 2014: Attention FQHC Providers:** MDCH has identified dental claims reported on the Michigan Department of Community Health Pending TPL Void Reports where the beneficiary does not have commercial dental insurance coverage on the claim date of service. MDCH has canceled the dental claims on the pending TPL void reports affected by this error with report date of August 6, 2014. In addition, dental claims that were previously voided in error will be resurrected on a future pay cycle.

**Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)**

**August 14, 2014: System Outage:** Due to system maintenance the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 15, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**August 04, 2014: System Outage:** Due to system maintenance the CHAMPS system will be down between 6:00 PM Saturday, August 9, 2014 through 6:00 AM Sunday, August 10, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**July 24, 2014: System Outage:** Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, July 25th 2014. This outage will affect the CHAMPS system access for

all functionality. We apologize for any inconvenience this may cause.

**July 21, 2014: Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 16, 2014: Attention Hospital Providers:** In compliance with MSA policy bulletin [10-60](#) and L-Letter [14-25](#), MDCH has initiated void claims for 2013 and 2014 dates of service for Outpatient Hospital claims which were billed within 3 days of the Inpatient claim. These void claims will begin to process on pay cycle 31 (07/31/14) and can be identified by claim note "OPH within 3 days of IPH".

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**July 09, 2014: Attention ALL Providers:** Effective August 1, 2014, the prior informational edits for providers who do not have their billing agent associated to their NPI within CHAMPS will be set to deny and denial of claims may occur. The claim adjustment reason code used to communicate this issue was non-covered charges (CARC 96) and remittance advice remark code procedure for billing with group/referring/performing providers were not followed (RARC N55). Providers that receive this denial will need to update their Associated Billing Agent step within their Champs Enrollment.

**July 09, 2014: Attention ALL Providers:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, July 12, 2014 thru 6:00 AM Sunday, July 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**July 08, 2014: Attention ALL Providers:** The 2012 PERM error results have been updated and posted on the MDCH website. Please visit the Medicaid Provider Support website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) and select the PERM PROVIDER EDUCATION hyperlink.

**July 01, 2014: System Outage:** Due to system maintenance, the CHAMPS system will be down between 5:00 PM and 9:00 PM Sunday, July 6th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**June 20, 2014: Attention ALL Providers:** Due to a system issue the Medicaid Health Plan Primary Care Physician (MHP PCP) information is not being returned on the 271 eligibility response file for individuals enrolled with MME-MC, MA-HMP-MC and CSHCS-MC benefit plans. Until this is resolved please verify eligibility via CHAMPS when verifying MHP PCP information for a beneficiary in one of the above-mentioned plans. If there is no PCP currently listed for the beneficiary then the hyperlink for the MHP PCP will be N and not display any PCP information.

The MHP PCP information for individuals with MA-MC benefit plan is returning on the 271 correctly. We apologize for any inconvenience that this may cause and we are working to get this corrected.

Please email [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any questions.

**June 17, 2014: System Outage:** Attention ALL Providers: Due to MDCH Single Sign-On (SSO) maintenance, the CHAMPS application will not be accessible Wednesday June 18th, 2014, Thursday June 19th, 2014 and Friday June 20th, 2014 between the times of 2:00am and 5:00am. This Outage will affect CHAMPS front end systems access via the MDCH Single Sign-On. We apologize for any inconvenience this may cause.

**June 11, 2014: Attention Outpatient Hospital Providers:** All paid claims with dates of service on or after 4/01/2014 will be adjusted with the newly loaded April APC software updates and will appear on pay cycle 26 (6/26/14). Adjusted claims can be identified by the claim note "APC April 2014 quarterly updates."

For further information, please review [how to verify the Adjustment Source of your claim](#)

**June 11, 2014: Attention Inpatient & Outpatient Hospital Providers:** As part of the most recent CHAMPS update, claims are now processing in alignment with current MSA policy bulletin [10-60](#). Effective for DOS on and after January 1, 2011, MDCH will follow Medicare's policy for all preadmission diagnostic services and other preadmission services. All non-diagnostic services rendered in the three day window prior to the inpatient hospital admission may not be billed separately and must be bundled into the inpatient stay, unless the hospital can document they are unrelated services.

Claims can be identified with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) M2.

**June 10, 2014: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 14th through 6:00 AM Sunday, June 15th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**June 06, 2014: Attention ALL Providers:** Due to a system update and the MDCH Other Insurance Claims Unit (formerly Third Party Liability Claims Processing Unit) claims review process, some providers may experience a delay in payment.

**June 03, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 5:00 PM Saturday, June 7, 2014 thru 1:00 AM Sunday, June 8, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**May 21, 2014: ATTENTION TRADING PARTNERS AND BILLING AGENTS:** Automated Billing for Michigan Medicaid announces an opportunity to register your email address for immediate updates. This is a great way to receive direct, immediate communication. Common updates will include: training opportunities, CHAMPS system updates and outages, and other important automated billing specific alerts. [Click here to subscribe](#) and receive updates for Automated Billing announcements delivered to your registered email address. You can unsubscribe at any time.

**May 20, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 7:00 PM Friday, May 30, 2014 thru 2:00 AM Saturday, May 31, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**May 09, 2014: Attention Nursing Facility Providers:** When billing for days that include coinsurance, all Medicare insurance payments and CARC information must be reported as listed on the Explanation of Benefits (EOB) received by Medicare. Refer to the Medicaid Provider Manual – 8.16 MEDICARE - MEDICAID NURSING FACILITY CROSSOVER CLAIMS WITH GROUP HEALTH INCORPORATED (GHI) (COORDINATION OF BENEFITS). Claims reported with missing or incomplete Medicare payment information will be denied.

**May 06, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday May 10th, 2014 thru 6:00 AM Sunday, May 11th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**May 06, 2014: Attention ALL Providers:** Due to a CHAMPS system issue, The Fee for Service (FFS) Remittance Advice (RA) and Electronic Funds Transfer (EFT) payments will be delayed by one day. Warrants are unaffected by this issue and will remain on schedule.

**April 16, 2014: Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively

enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**April 15, 2014: Attention ALL Providers:** MDCH Third Party Liability (TPL claims processing) has identified and will adjust claims which were incorrectly over paid in CHAMPS by not reducing payment correctly when there was more than one service line of other insurance information reported. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter, "MDCH payment liability for beneficiaries with other insurance is the lesser of the beneficiary's liability (including coinsurance, copayments, or deductibles), the provider's charge minus contractual adjustments, or the maximum Medicaid fee screen minus the insurance payments." These claims may be identified by the following note: "**adjustments – Lesser of Logic correction.**"

**April 15, 2014: Attention ALL Providers:** MDCH Third Party Liability (TPL claims processing) will be adjusting claims to correct a system defect within CHAMPS which allowed claims and service lines to process for payment in error. The other payers claim adjustment reason codes (CARC) were not appropriate for Medicaid to make reimbursement based upon current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements." These claims may be identified by the following note: "**CARC reported does not allow payment.**"

**April 15, 2014: Attention ALL Providers and Trading Partners:** Due to the Heartbleed virus, all accounts interfacing with the State of Michigan's Data Exchange Gateway (DEG) system are required to change their passwords by 5:00 p.m. on Friday April 18, 2014. This includes all passwords associated with individual users as well as automated systems. If you do not change your password by this date and time, your password will be disabled and you will be unable to submit any files. If you have any questions, please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov)

**April 15, 2014: UPDATE:** In regards to the message posted on April 7, 2014 for Institutional providers; providers should no longer be experiencing the DDE screen error message when entering a secondary or tertiary claim when the other payer's information does balance on the claim.

**April 10, 2014: Attention Outpatient Hospital Providers:** Due to APC software updates, MDCH has resurrected claims for dates of service on or after January 1, 2014, that previously denied for procedure code G0463. Providers can identify the affected claims by reviewing the claim note which will read "G0463 resurrects."

**April 07, 2014: Attention Institutional Providers:** Providers submitting secondary/tertiary claims through the CHAMPS portal using Direct Data Entry (DDE) with a claim adjustment reason code (CARC) reported at the header with a value ending in .00 are receiving the following message in error: "Total submitted charges is not equal to the sum of Payments and CARC amounts for payer" when the charges and other payers information does balance. Providers are encouraged to submit these claims through their electronic vendor until this defect has been resolved, a subsequent message will be posted once resolved.

**April 07, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, April 12, 2014 thru 6:00 AM Sunday, April 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**April 02, 2014: Attention ALL Providers:** This is an update to the Biller B Aware posted on February 25, 2014, in reference to Section 1104 of the Affordable Care Act (ACA). As of March 28, 2014, MDCH will set informational edits which will be used to alert providers when their billing agent is not properly

associated to their NPI within CHAMPS. The codes used to communicate this issue will be claim adjustment reason code (CARC) 96 -Non-covered charges and remittance advice remark code (RARC) N55 -Procedures for billing with group/referring/performing providers were not followed.

Providers are encouraged to resolve this as soon as possible, by updating their Provider enrollment application within CHAMPS and associate the appropriate billing agent. Another Biller B Aware will be posted in the near future to inform providers of the date these edits will be changed to a deny level edit.

**April 02, 2014: Attention Outpatient Hospital Providers:** All paid claims with dates of service on or after 1/01/2014 will be adjusted with the newly loaded January APC software updates and will begin to appear on pay cycle 14 (4/03/14). Adjusted claims can be identified by the claim note "APC Jan 2014 quarterly updates". Please review the following for information on [how to verify the Adjustment Source of your claim](#).

**April 02, 2014: Attention ALL Providers:** Beneficiaries may have Medicare Advantage Plans with an additional Traditional or PPO BCBSM policy that includes medical and hospital coverage. "Federal regulations require that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries." In most cases, the beneficiary has coverage with a Medicare Advantage plan and a BCBSM Traditional or PPO plan that covers medical and hospital services. Providers must bill all resources prior to billing Medicaid. Any questions on how to report other insurance information on your claims, please contact the Provider Hotline at 1-800-292-2550.

**March 20, 2014: System Outage:** Due to system maintenance, CHAMPS will be down Friday March 28, 2014, between 7:00 PM through 11:00 PM. This outage will affect CHAMPS system access for all functionality, we apologize for any inconvenience.

**March 20, 2014: Attention Dental Providers:** Since the initial release of CHAMPS in 2009, procedure code D9240 has paid in error when billed for places of service that are not appropriate based on the CDT description. The system has been corrected and MDCH will be performing adjustments to recover the incorrect payments as of 04/15/2014. To avoid financial hardship, providers are encouraged to adjust their claims prior to this date and include the following note "rebilling for change in place of service."

**March 05, 2014: Attention ALL Providers:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 8 thru 6:00 AM Sunday, March 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**March 03, 2014: Attention Nursing Facility Providers:** Medicare Coinsurance rates for 2014 will not be loaded in CHAMPS until March 28, 2014. This is resulting in Coinsurance day claims, reporting value code 82, to be reimbursed at zero dollars in error. Once the 2014 Coinsurance rates have been loaded into CHAMPS MDCH will adjust any incorrectly paid claims.

**March 03, 2014: Attention ALL Providers:** Michigan Department of Community Health (MDCH) will be converting to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will be implementing a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. Providers are encouraged to review [MSA 14-07](#) for further information and guidelines.

**February 25, 2014: Attention ALL Providers:** Due to a problem with the eligibility system, eligibility for some beneficiaries was incorrectly showing SPENDOWN and Medicare primary indicating that the beneficiary was enrolled within the Special Low Income Medicare Beneficiary (SLMB) benefit plan. If a claim denial with claim adjustment reason code (CARC) 31 was received, providers should re-verify eligibility for that date of service and re-bill any claim(s) if necessary.

**February 25, 2014: Attention ALL Providers:** Per Section 1104 of the Affordable Care Act (ACA), MDCH will begin enforcing providers who submit Fee for Service (FFS) electronic claims to verify eligibility or

claim status. Within CHAMPS Provider Enrollment, providers will need to verify that all appropriate Billing Agents who submit any electronic transactions on their behalf are listed. Billing Agents have received a letter regarding this association requirement which included their CHAMPS Billing Agent/Provider ID, as well as how they can review which providers currently are associated to them within CHAMPS. However, this association can only be made by the provider.

Providers must go into their CHAMPS Provider Enrollment information and verify that they have 'Billing Agent' under the "Mode of Claim Submission" step. The correct CHAMPS Provider ID associated to the billing agent needs to be listed in the "Associate Billing Agent" step. If the correct billing agent is not listed within the Provider Enrollment information, it will need to be added and updated and the "Submit Modification Request for Review" step must be completed.

Failure to comply could result in claim denials and lack of payment in the future.

**February 25, 2014: Attention Nursing Facilities and Hospice Providers:**

**REPORTING OCCURRENCE SPAN CODE 80 WHEN BILLING FOR ADMISSIONS NOT COVERED BY CMS DENIAL OF PAYMENTS FOR NEW MEDICAID ADMISSIONS**

Effective April 1, 2014, when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban, the nursing facility must report Occurrence Span Code 80 and the from/through dates the beneficiary resided in the same nursing facility prior to the payment ban.

Medicaid policy and guidelines for the definition of a new admission are published in the Medicaid Manual, Nursing Facility Chapter, Certification, Survey, and Enforcement Appendix, Section 5.7 Denial of Payment for New Admissions (DPNA).

Hospices must also report in the above manner when billing for "room and board" when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban. Hospices can obtain information regarding a CMS denial of payments for new Medicaid admissions from the nursing facility.

**February 10, 2014: Attention ALL Providers:** Per the Affordable Care Act the 271 eligibility transaction no longer reports the Special Low Income Medicare Beneficiary, SLMB, Benefit Plan. On the 271, it will return within the EB04 segment the SPENDOWN Benefit Plan, and within another EB04 segment it will return Medicare. This will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. In order to remain compliant CHAMPS eligibility also no longer shows the SLMB Benefit Plan. The SPENDOWN benefit plan will be displayed with the other insurance hyperlink active showing the Medicare policy information; this will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan.

Policy guidelines can be found within the Provider Manual, COB chapter section 2.6.E. MEDICARE BUY-IN/MEDICARE SAVINGS PROGRAM.

**February 4, 2014: Attention Hospice Providers:** Effective March 29, 2014 The Michigan Department of Community Health in compliance with NUBC (National Uniform Billing Committee) will require all Hospice claims to report the ADMISSION/START OF CARE DATE on their claim. Failure to report date of admission will result in the claim rejecting with reason/remark code 16/N46.

**February 3, 2014: Attention ALL Providers:** Effective January 26, 2014. MDCH released a new feature in CHAMPS. This implementation introduced Phase I of the Document Management Portal (DMP) now accessible for all CHAMPS users.

Information and tutorials on the Documentation Management Portal are available on the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> [Document Management Portal](#)

**January 28, 2014: Attention ALL Providers:** System maintenance window for the DEG (Data Exchange

Gateway) is scheduled for Saturday, February 1, 2014. The scheduled down time will be from 10:00 a.m. to 12:00 p.m. During this downtime please do not submit any files for the above time period.

**January 28, 2014: Attention ALL Providers:** Michigan Department of Community Health (MDCH) is in the process of remapping many of the following code sets: Claim Adjustment Reason Codes (CARC) and Remittance Remark Codes (RARC) Claim Status Codes, Group Codes, and Claim Status Category Codes due to the Affordable Care Act (ACA) Section 1104. Primarily CARC/RARC code combinations of existing edits are being expanded to accommodate new business rules per the ACA requirements.

Effective immediately, some of these codes changes will be reported to providers via the 835-electronic remittance advice and the 277-claim status response. For more information on the ACA Operating Rules, please refer to the CAQH-CORE website at [www.CAQH.org](http://www.CAQH.org) > Core > Core Rules > Code Combinations. Any additional questions should be directed to Provider Inquiry, Department of Community Health at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**January 21, 2014: Attention ALL Providers:** Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. The Pay Cycle date in Champs Inquiry will show 01/09/2014 and 01/13/2014. The RA and 835 file date will continue to have the original date of 01/09/2014. MDCH has resolved all RAs and 835 files as well as checks and/or EFT payments.

**January 21, 2014: Attention OPH Providers:** All paid claims with dates of service from 10/01/2013 through current will be adjusted with the newly loaded October APC software updates and should start to appear on pay cycle 5 (01/30/14). The adjusted claims can be identified by the claim note "APC Oct. 2013 quarterly updates".

Please review the following for information on [how to verify the Adjustment Source of your claim](#).

**January 14, 2014: Attention OPH Providers:** Effective January 1, 2014 CMS has implemented their guidelines regarding HCPCS code G0463 and MDCH will be following those CMS guidelines:

G0463 "(Hospital outpatient clinic visit for assessment and management of a patient), for hospital use only representing any clinic visit under the OPPS and to assign new HCPCS code G0463 to new APC 0634. This replaces CPT codes 99201 through 99205 and 99211 through 99215."

Please keep in mind that MDCH is currently adjudicating Outpatient Hospital claims with October 2013 quarter version APC software. MDCH, upon receipt of the CMS finalized January 2014 quarter APC software, will test and load the new software in late March. MDCH will claim adjust any claims that may be impacted by a delayed quarterly update implementation.

The Medicare Addendum B is posted on the following CMS website:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

**January 09, 2014: Attention ALL Providers:** Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. MDCH expects to resolve all RAs and 835 files early next week as well as checks and/or EFT payments.