

February 22, 2010 - Change to Archived Documents: As of Monday February 22, 2010, Providers must filter by a specific set of criteria to locate documentation housed within the Archived Documents link. Previously, all documentation was automatically available for viewing. Now when Archived Documents is accessed, the page will initially come up blank and show "No Records Found." Please use the available filters (% can be used as a wildcard) in order to locate your documentation such as your "Medicaid Payments Paper RA."

February 19, 2010 - Attention All Providers: Beginning February 27, 2010, providers will receive a System Use Notification message that must be acknowledged prior to each entry into the CHAMPS system.

February 9, 2010 - Contraceptives and NDC: A common issue that we've heard from several agencies over the last several weeks is that family planning clinics are experiencing denials for contraceptives like birth control pills. According to policy, only physician administered injectables (excluding immunizations) require that a rebatable NDC be reported. Contraceptive drugs and supplies that are not physician administered injectables and immunizations do not require an NDC. It is not an issue for many immunizations but some do not have rebatable NDCs associated and do not need any. Claim lines reported with NDCs that are not rebatable will be denied. Removing the NDC from procedure codes that do not require rebatable NDCs (i.e. contraceptive pills, medical supplies, etc.) will resolve this problem.

January 14, 2010 - MDCH has completed the testing and implementation of the October APC software and pricing updates in CHAMPS. Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October 1st new ICD-9-CM diagnosis codes. MDCH will be reprocessing all CHAMPS adjudicated OPH claims mid to late February to resolve numerous issues with OPH editing and pricing since CHAMPS go live. Please continue to check the CHAMPS website for upcoming information and updates.

November 20, 2009 - Medicare crossover claims are current in CHAMPS and are being processed for the month of November, 2009. These claims will be listed on remittance advices. The remittance advice(s) will reflect the paid and denied claims. If you believe there are still missing claims, please contact providersupport@michigan.gov

November 6, 2009 - With CHAMPS implementation the payment to providers at tax ID level is including all Capitation payments with the Fee for Service (FFS) payments. All capitation payments can be viewed from the 820's that are produced and transmitted. The FFS payments can be viewed from the Remittance Advice found in Archived Documents in CHAMPS. If you have questions regarding your 820 information, please contact your CMH or MCO Contract Manager.

November 5, 2009 - The CHAMPS generated paper remittance advices (RA) can be found in the "Archived Documents" link located on the Provider Portal page or "My Inbox" subsystem. Only those users with the profile of CHAMPS Full Access or CHAMPS Limited Access will have the ability to view this information. Paper RAs will be stored in CHAMPS for approximately three months. These documents are available to print or save for your records. In addition, MDCH was aware of missing RAs from remittance advice date 10/07/2009, this issue has been resolved. If providers feel they are missing a RA within this link, please contact provider support at providersupport@michigan.gov or 800-292-2550.

October 26, 2009 - CHAMPS Claims Editing- Level of Care Determination (LOCD) MDCH is temporarily suspending the claims editing related to the LOCD that occurred with the implementation of CHAMPS. This editing was the result of an unanticipated interaction between the new system and the level of care determination tool. We are aware of the multiple issues

providers are struggling with as both CHAMPS and Bridges are implemented and hope that this action will remove one of the barriers to reimbursement. It is important, however, that providers continue to perform the LOCD according to policy and enter it in the on-line system to ensure that beneficiaries do indeed meet the medical/functional level of care requirement for reimbursement. Notification will be issued prior to the claims editing for the LOCD being reactivated. The department will continue to work toward resolution of the implementation challenges and we thank all of you for your assistance and patience.

October 14, 2009 - The pay cycle number on MSA [paper] Remittance Advice and electronic 835 Remittance Advice may have been incorrect for the last two pay cycles (39 and 40). This issue will be resolved as soon as possible. In addition, during the first full pay cycle processed in CHAMPS (Pay Cycle 39), RAs were generated on several different days causing different pay dates to be listed for that week, the earliest date being 09/26/2009. To ensure that no remittance is overlooked, providers and billing agents should use a range of pay dates to find all paid claims and remittance advices.

September 24, 2009 - Mode of Claim Submission

To submit claims directly into CHAMPS using the Direct Data Entry (DDE) tool, Providers must have the "Direct Data Entry" option selected within the "Mode of Claim Submission" step in the Group or Facility (Type 2 NPI) Provider Enrollment application.

Eligibility Change to Benefit Plan Data

With the implementation of CHAMPS the eligibility scope and coverage codes have been replaced with MDCH Benefit Plans. With this new format, providers must use the Benefit Plan data indicated in the eligibility response to determine the coverage for the date of service (DOS), this includes Dental coverage. For example: Healthy Kids Dental (HK-Dental) is the only benefit plan that specifically indicates dental coverage. If the beneficiary does not have HK-Dental, but has MA (Full Fee-for-Service Medicaid), HK-EXP (Full Fee-for-Service Healthy Kids Expansion), or a TMAPLUS (Full Fee-for-Service Transitional Medical Assistance Plus) Benefit Plan and are under the age of 21, the beneficiary will have Fee-for-Service Dental coverage.

September 17, 2009 - Reminder to all Trading Partners that CHAMPS has different front end editing and loading edits than our Legacy system. Some providers may receive rejected 997 files and will be required to make fixes to their files and resubmit. Since September 14th, MDCH has noticed two errors that are causing some 997 rejections:

- 1 - Special Characters are being used when they are not allowed (e.g. /, \$, #, etc.)
 - 2 - Spaces are being used inappropriately between delimiters (* *) and at the end of files.
- Please make sure that you are sending HIPAA compliant transactions to the Data Exchange Gateway (DEG).

Also, Billing Agents will begin receiving 997 acknowledgments for files that have been sent through CHAMPS. Beginning Friday, September 18th, Trading Partners can log into CHAMPS to download these files directly. You will have to log in with the Profile of "Claims Access" and then click on the "My Inbox" tab and go to the "HIPAA" Hyperlink to retrieve this file. If you have any questions on navigation in CHAMPS please view our information online at www.michigan.gov/mdch and click on the CHAMPS link. In addition, please make sure your Billing Agent Enrollment Application has the correct Support and Technical Contact. MDCH will be using this information for any contact that is needed regarding, enrollment, claims, etc. now that CHAMPS is live.

September 14, 2009 - MDCH is excited to announce that CHAMPS is now adjudicating 837 files directly. CHAMPS will not change the way that any Trading Partners submit or transfer claims. CHAMPS will communicate directly with the DEG to receive any files that have been uploaded through the DEG. Any files submitted to the DEG September 10, 2009 through September 13, 2009 have been on hold and these will now be moved to CHAMPS. You may have originally received an accepted 997 from legacy, but now that these files will be moved into CHAMPS you will receive an additional 997. Any new files submitted will receive the single 997 from CHAMPS.

MDCH will be closely watching any new file transmissions into CHAMPS, therefore providers may not receive a 997 instantaneously.

September 10, 2009 - Due to the implementation of the CHAMPS system, all providers submitting 837 files will need to ensure that they are following HIPAA guidelines. Please review the updated CHAMPS HIPAA Companion Guides located on the CHAMPS website at www.michigan.gov/MDCH >>CHAMPS>>Resources. Failure to adhere to HIPAA guidelines will result in a rejected 997 acknowledgment file.

August 17, 2009 - The Department has identified providers who have not selected all of the appropriate specialty/sub-specialties in CHAMPS. Please review your enrollment, if corrections are necessary you may submit under Manage Providers within the Provider Enrollment Subsystem. If assistance is required please contact the CHAMPS Hotline at 1-888-643-2408 or CHAMPS@michigan.gov.

August 11, 2009 - No Medical Services Administration (MSA) payments made on pay cycle 38: Due to the transition from the legacy Medicaid Management Information System (MMIS) to the Community Health Automated Medicaid Processing System (CHAMPS) there will be no Medical Services Administration (MSA) payments made on pay cycle 38, pay cycle date 9/23/09. Pay cycle 39, pay date 9/30/09 will include payments for both pay cycle 38 and pay cycle 39. Hospital Medicaid Interim Payment (MIP) program payments and Quality Assurance Supplement (QAS) payments for Long Term Care Facilities that were originally scheduled for pay cycle 38 will be processed on pay cycle 37, pay date 9/16/09, a week early. In the event that issues arise during pay cycle 39, MDCH will implement and communicate a process to mitigate the impact on providers.

August 11, 2009 – Migration of Suspended Claims into CHAMPS: As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will need to migrate all existing suspended claims within the current legacy system into CHAMPS. To accomplish this, a phased approach will be used to reject these claims in the legacy system and later resurrect them in CHAMPS. Beginning August 12, 2009 (Pay Cycle 32), any suspended claims that have duplicates will be rejected with: Proprietary edit 713 (Claim rejected as it is a duplicate of another suspended claim. Do not resubmit.) Claim Adjustment Reason Code (CARC) 18 and Remittance Advice Remark Code (RARC) N185 The oldest original claim will remain suspended in the legacy system. There is no need to submit a new claim. Any remaining suspended claims in the legacy system will be rejected August 26, 2009, (Pay Cycle 34) through September 9, 2009 (Pay Cycle 26) with: Proprietary edit 743 (Claim manually rejected due to technical reasons. CARC 101 and RARC N185 As stated above, please do not resubmit these claims as they will be migrated into CHAMPS. NOTE: Any claims submitted into the legacy system on or after August 20, 2009, if they suspend, will be automatically rejected with edit 743 and transferred into CHAMPS. The legacy system will continue to accept and process claims during this transition period until September 9, 2009 at which time the adjudication system will be closed to prepare for CHAMPS implementation. For further details, please refer to MDCH Numbered Letter, L 09-19, or contact Provider Support through the toll-free phone number at 1-800-292-2550 or via email at ProviderSupport@michigan.gov.

August 11, 2009 - CHAMPS Reminder for Paper Claim Billers: MDCH would like to remind those providers currently submitting paper claims that it is recommended that all paper claims be submitted electronically or through the Direct Data Entry (DDE) tool in CHAMPS beginning September 18, 2009. All Institutional providers must report 4 digit (leading zero) Revenue Code and Type of Bill. MDCH will no longer accept the 3 digit codes when billed.

July 30, 2009 - Clarification of Provider Domains and Provider Profiles
To access the CHAMPS system, all users must have a Single Sign-On (SSO) user ID and password. Please see the [SSO instructions](#) above for information on how to obtain this. The Provider Domain Administrator will have responsibility of assigning rights for all other users within

the organization to access the provider's file. If necessary, multiple Provider Domain Administrators may be established for a single organization but a separate application must be completed and approved for each administrator. There are several profiles that may be assigned to each user within CHAMPS. Profiles must be established to grant access to the subsystems within CHAMPS. Users may have multiple profiles if necessary. Below is a list of the profiles that are available for assignment only, but will not have system access until September 18, 2009:

- Domain Administrator - The ability to assign or remove domain and profile access to other CHAMPS users
- CHAMPS Full Access - Full Fee for Service access to Provider Enrollment, Prior Authorization, Eligibility, and Claims subsystems
- CHAMPS Limited Access - View only access to Provider Enrollment and full Fee for Service access to Prior Authorization, Eligibility, and Claims subsystems
- Prior Authorization Access - Fee for Service access to Prior Authorization only
- MCO Provider Access - Access to Managed Care Organization Provider Enrollment only
- Eligibility Inquiry - Fee for Service access to Eligibility only
- Provider Enrollment Access - Fee for Service full access to Provider Enrollment only
- View Provider Enrollment - View only access to Provider Enrollment
- Billing Agent Access - Access to Billing Agent Provider Enrollment only
- Claims Access - Full Fee for Service access to Claims only

July 30, 2009 - Temporary Suspension of Provider Enrollment (PE) Subsystem

As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will not allow any system changes or updates after 6:00pm on August 28, 2009 through September 17, 2009. This includes any new enrollments or modifications to existing applications as well as any Domain Administrator functions. Please be aware that all changes or modifications must be completed prior to 6:00pm on August 28, 2009 or on or after the Go-live date of September 18, 2009.

July 22, 2009 - MSA Policy and Documentation Requirements in CHAMPS: Any forms required by MDCH Program Policy (i.e. MSA-1038, DCH-1074, MSA- 1959, etc...) and the processes by which Providers should submit such forms to MDCH will not be affected by the new subsystems of CHAMPS. Providers should continue to follow the guidelines set forth in the Medicaid Provider Manual regarding specific documents required by Program Policy. If in the future CHAMPS will have the capability for Providers to submit required forms on-line, Providers will be notified in the Medicaid Provider Manual, in Medicaid Policy Bulletin(s), by direct correspondence or by postings on the MDCH website.

May 6, 2009 - CHAMPS NPI Editing for Billing Provider and Rendering/Service Only

Provider: Many providers billing within the professional claim format are reporting the same NPI in both the billing provider and rendering provider loops/fields. THIS IS INCORRECT!! If you are a rendering/servicing provider who renders services on behalf of a group, the biller MUST report the GROUP NPI (Type 2 NPI) in the billing provider loop. Currently, within the legacy system, rendering/servicing only providers are incorrectly receiving payment. THIS WILL NOT HAPPEN WHEN CHAMPS GOES LIVE. PAYMENTS WILL STOP if the claims continue to be billed incorrectly!!! Within the professional claim format, providers enrolled as rendering/servicing only must report the-group NPI of the billing provider (Type 2 NPI) in Loop 2010AA , Segment NM108, Qualifier 85 for electronic claims (or) Field 33a on the CMS 1500 paper claim form. The rendering provider (Type 1 NPI) must to be reported in Loop 2310B, Segment NM108, Qualifier 82 for electronic claims (or) Field 24J on the CMS 1500 paper claim form. Within the dental claim format, providers enrolled as rendering/servicing only must report the group NPI of the billing provider (Type 2 NPI) in Loop 2010AA for electronic claims or Field 49 on the ADA 2006 paper claim form. The rendering provider NPI (Type 1 NPI) has to be in Loop 2310B for electronic claims or Field 54 on the ADA 2006 paper form.

November 3, 2008 - The Community Health Automated Medicaid Processing System

(CHAMPS) Provider Enrollment (PE) revalidation process is now complete. Providers who have not completed their revalidation will be end-dated November 30, 2008, and any services provided after this date will result in claim rejections. Please note: All revalidation applications must be COMPLETED and SUBMITTED by November 30, 2008 to avoid disenrollment. If you have address issues that MDCH is aware of please contact the CHAMPS helpline for further information.

If you are uncertain that you have completed the revalidation process, please check the status of your enrollment using the Medicaid assigned 14-digit Tracking Application ID or you may contact the CHAMPS helpline.

Any new provider wishing to enroll with the Michigan Department of Community Health (MDCH) on or after December 1, 2008 will need to initiate a new enrollment within the CHAMPS system. Providers that were end-dated and wish to re-activate their enrollment will need to contact the CHAMPS helpline. You will need to provide them with your National Provider Identifier (NPI) and Single Sign On (SSO) User ID. The CHAMPS helpline will then provide you with further instructions on how to re-activate your enrollment.

October 16, 2008 - MDCH is receiving numerous requests regarding Domain access to CHAMPS enrollment applications. It is the responsibility of the Single Sign On user who submitted the application (Domain Administrator), to ensure all parties have appropriate access to the enrollment information. For complete instructions on how to assign or remove Domain access to other (SSO) users please see the [Domain Rights instructions](#) .

To receive Domain rights to an already approved provider's NPI (Individual only), you may contact CHAMPS helpline at 1-888-643-2408 or CHAMPS@michigan.gov. The helpline will give you the name and phone number for the approved Billing Provider in CHAMPS. Providers will then have to contact the approved Billing Provider to request Domain access.

If the approved Billing Provider refuses to grant access to another CHAMPS user, the CHAMPS user must obtain written permission from the provider, i.e. [Electronic Signature Form -DCH-1401](#) with the physician's NPI #, Signature and your Single Sign On User ID then fax to Provider Enrollment at 517-241-8233. Provider Enrollment will then give you domain rights. The State requires permission from the Individual Provider's in these situations in order to protect the privacy of Medicaid Providers. You MUST include your SSO User ID and the NPI you are requesting access to. CHAMPS users who abuse their security privileges, including Provider Domain Administrator, or who violate HIPAA privacy standards may have their security privileges revoked or face other disciplinary action.

September 30, 2008 - Thanks to all those who utilized CHAMPS for your diligence and patience during the CHAMPS revalidation period! MDCH is proud to say that in just six months over 38,000 applications were accessed and approximately 34,000 NPIs and their enrollment information were revalidated or newly enrolled in CHAMPS. The remaining legacy enrollments that were not revalidated must be closed because their information could not be verified and therefore has not been appropriately maintained. While many of these enrollments are no longer in use we realize that there will be enrollments that have been closed that are still in use and still require maintenance in CHAMPS. Any revalidation application that was accessed and had at least one step completed prior to October 1 will remain accessible to providers for up to 30 days after October 1. Any application that is not accessible after October 1 must be manually reopened by Provider Enrollment staff. Anyone requesting access to an enrollment that was closed due to the revalidation deadline must provide proof of their rights to the enrollment (see DCH-1401).

For all those active enrollments in CHAMPS we ask that all domain administrators continue to cooperate with their individual providers' other business partners in granting domain access. It is the responsibility of the provider, their staff, and business partners (i.e. medical/dental groups, hospitals, clinics, etc.) to determine who requires access to properly monitor and update the individual's enrollment information including association to billing provider NPIs.

Again, MDCH would like to thank everyone for participating with Medicaid and making the CHAMPS provider enrollment system a success!

September 15, 2008 - MDCH has sent a [Non-Compliant Flyer](#) to those providers that have not revalidated their current enrollment information into the new CHAMPS system. Revalidation is MANDATORY and must be completed by September 30, 2008.

July 24, 2008 - This message is to alert providers that the CHAMPS Provider Enrollment Revalidation deadline of August 31, 2008 has been extended through **September 30, 2008**. Providers who have not revalidated before October 1, 2008 will be disenrolled. They will not be eligible for reimbursement of services provided on or after October 1, 2008. Please reference MSA Bulletin 08-33 for additional information. For additional questions, please contact the CHAMPS Helpline at: 1-888-643-2408 or email: CHAMPS@michigan.gov.

July 24, 2008 - Attention Audiologists: Individual Audiologists are now able to associate to enrolled and approved Hearing Center Facility/Agency/Organizations (FAO) in CHAMPS. Please update your applications or enrollments in CHAMPS as necessary.

July 16, 2008 - Recently MDCH has sent an email notice to several providers that have not revalidated their enrollment information in CHAMPS. To avoid payment lapses or claim rejections please revalidate your information as soon as possible. CHAMPS **requires all** providers that are enrolled in Michigan Medicaid to revalidate their information in CHAMPS. In March, your office should have received letters on green paper indicating that providers have until August 31st to revalidate their Group, Facility, or Individual's information. . If you have further questions or you did not receive a green letter, you can contact the CHAMPS Helpline at 1-888-643-2408, or email the hotline at: CHAMPS@michigan.gov.

June 30, 2008 - MDCH is receiving numerous requests regarding Domain access to CHAMPS enrollment applications. It is the responsibility of the Single Sign On user who submitted the application (Domain Administrator), to ensure all parties have appropriate access to the enrollment information. For [complete instructions](#) on how to assign or remove Domain access to other (SSO) users please view our July edition of the CHAMPS article or click the link above. To receive Domain rights to an already **approved** provider's NPI (Individual only), you may contact CHAMPS helpline at 1-888-643-2408 or CHAMPS@michigan.gov. The helpline will give you the name and phone number for the approved Billing Provider in CHAMPS. Providers will then have to contact the approved Billing Provider to request Domain access. If the approved Billing Provider refuses to grant access to another CHAMPS user, the CHAMPS user must obtain written permission from the Individual Provider and provide it to the State in order to be granted access to the Individual Provider's enrollment information. The State requires permission from the Individual Provider's in these situations in order to protect the privacy of Medicaid Providers. If you have been directly refused access to your Provider's Domain, please fax a **signed letter** from the Individual provider to Provider Enrollment at 517-241-8233, asking for Domain access. You MUST include your SSO User ID and the NPI you are requesting access to. CHAMPS users who abuse their security privileges, including Provider Domain Administrator, or who violate HIPAA privacy standards may have their security privileges revoked or face other disciplinary action.

June 24, 2008 - Please note that starting July 14th, Single Sign On (SSO) will change to a new banner (click here to view the new banner). The new banner will not change your access into SSO or CHAMPS this is strictly a cosmetic change.

May 15, 2008 - Please remember that when enrolling a new provider in CHAMPS or changing provider enrollment information for an existing Medicaid provider in CHAMPS, it will take up to 2 weeks after the application has been approved in CHAMPS for that same information to be added or changed in Legacy MMIS (which is where claims continue to be paid from). MDCH will continue to pay claims from the Legacy MMIS system until the Claims subsystem of CHAMPS is live in 2009.

May 5, 2008 - When requesting retro enrollment within the "Complete Enrollment Checklist" step

of an application, you must indicate the date requested in the "Comment" field. If you are requesting a date prior to one year from today's date you must also include a reason for this request.

March 25, 2008 - Due to an error found when converting some of our information from our current Provider Enrollment system into the CHAMPS system, we are asking that Provider Types **Clinics** and **Special Programs** wait until **April 15th** to Revalidate their information so we can rectify this error.

- Provider Type **Clinics** in the CHAMPS system are: Family Planning Clinics, Child and Adolescent Health Center & Programs (CAHCP), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), and Local Health Departments.
- Provider Type **Special Programs** in the CHAMPS system are: MIChoice Waiver, Area on Aging, Maternal and Infant Health Programs (MIHP), Children's Waiver, Department of Human Services Agency, ICF/MR, State Psychiatric Hospital, State of Michigan Lab, School Based Services, and SED Waiver.

March 21, 2008 - If the Provider will not be completing their own enrollment or revalidation and please utilize the [Electronic Signature](#) template (DCH-1401) if additional staff within the organization will be completing the enrollment on behalf of the provider. MDCH recommends having an original agreement on file for each provider.

February 19, 2008 - Because the paper enrollment process has been closed since January 1, 2008, MDCH will automatically assign an effective date of January 1, 2008 to new enrollments entered in CHAMPS. Retroactive enrollment prior to January 1, 2008 must be specifically requested within the CHAMPS electronic application. These new enrollments will also be exempt from the one-year billing limitation if billed within 120 days (4 months) of CHAMPS Provider Enrollment System activation.