

# PROVIDER INQUIRER

November 1<sup>st</sup>, 2006

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

## Medicaid Eligibility on web-DENIS

For over a year Blue Cross Blue Shield of Michigan (BCBSM) and the Michigan Department of Community Health (MDCH) have had an agreement to offer eligible providers access to Medicaid beneficiary eligibility and benefit information via web-DENIS.

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To access Medicaid Eligibility data via web-DENIS:

1. Log into web-DENIS.
2. Select "Subscriber Info" from the main menu.
3. Select "Eligibility/Coverage/COB".
4. Enter the Beneficiary ID in the Contract Number field.
5. Select the "Medicaid" radio button in the Line of Business field.
6. Select Enter.
7. Enter your Medicaid provider ID in the input fields as labeled.
8. Enter the date of service that you are inquiring on. The entire month of eligibility will be returned to you.
9. Select "Enter" to begin your search.

This information became available April 29, 2005 for participating BCBSM members. If you are not a BCBSM participating provider, you may still view the web-DENIS information at the website given below. This will give you contact information and allow you to become set up through the BCBSM web-DENIS system.

Through web-DENIS providers will be able to view up to one year of Medicaid eligibility, as well as Third Party Liability information. If BCBSM is the other payer, you will be linked directly to that eligibility by selecting the BCBSM Contract Number given.

The mihealth card is also shown on the web-DENIS system, similar to BCBSM eligibility. The card will be outlined in green for active eligibility, red for inactive eligibility and yellow for pending coverage or if the Medicaid deductible has not been met.

For more information, the BCBSM website gives additional web-DENIS information and a phone contact at [http://www.bcbsm.com/providers/systems/systems\\_webdenis.shtml](http://www.bcbsm.com/providers/systems/systems_webdenis.shtml).

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## NPI Countdown Column



**You have less than 6 months left!!!  
Get your NPI and report it to Medicaid Today!!!**

Medicaid's NPI deadline has come and gone and we still do not have NPIs for all providers. We know that this deadline may not have been feasible for every Provider to meet, but we do need you to report your NPI as soon as possible. Medicaid will be cross walking your NPI number with your Medicaid Provider ID(s) and will need time to test our crosswalk to make sure that it can adjudicate your claims correctly by May 23, 2007.

By giving Medicaid your NPI, you are helping the testing process and avoiding a potential lapse in payment after the compliance date of May 23, 2007. Medicaid is scheduled to begin internal testing with NPI transactions by January 1, 2007.

To enter your NPI number(s) please log on to the SSO website at: <https://sso.state.mi.us/>. A list of detailed instructions for the SSO is located on the MDCH NPI website. You can also enter your NPIs via the "Mass Collector" batch file that is designed to help those of you that have 15 or more individual NPIs to

report to Medicaid. This "Mass Collector" batch file is password protected, for security reasons, and can also be found at the MDCH website.

The Medicaid Program would also like to thank all of the Providers who have reported their NPIs and extend our thanks to all of you who continue to enter them on a daily basis. We appreciate your effort in helping us to get ready for testing in January.

If you have not already applied for a NPI number, please do so. You can apply online at <https://nppes.cms.hhs.gov/> or call toll free at 1-800-465-3203.

For more information about the NPI, Fact Sheets, and NPI related web links, please go to the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> National Provider Identifier.

Any questions that Providers may have can be directed to the Provider Inquiry Unit at 1-800-292-2550 or you can email your NPI questions to [npi@michigan.gov](mailto:npi@michigan.gov).

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## CHAMPS Design Phase- Provider Enrollment

The new CHAMPS system is being implemented in multiple stages to allow for early delivery of completed stages. The provider enrollment stage is set to be a two phase process. Phase one will include a Provider Re-Verification and new online enrollments and Phase two will be complete when the PE system becomes interactive for all users.

### Phase 1: Re-Verification

In the Re-Verification phase, providers will be required to go into the CHAMPS system via the online Single Sign-On (SSO) application and re-verify their enrollment information. Medicaid will be transferring some information from the current provider enrollment system and pre-populating that information into the CHAMPS provider enrollment system.

Due to the new system standards, Medicaid is asking providers to update their information in CHAMPS so the system will be up to date and accurate. Once you have verified the given information, you can use the CHAMPS system to see if there is any new information that should be reported. The new information consists of new fields that our current PE system did not store.

This re-verification stage must be completed before you can do any other functions within the CHAMPS system. When this functionality is available, the Provider Outreach and Education Unit will be offering training and information sessions to assist providers in this process.

Phase one will also allow all new providers to enroll as a Medicaid provider through the CHAMPS system. The CHAMPS PE system will walk the provider through a step-by-step process to complete information that is needed for enrollment. Once the new provider has completed the enrollment information, the agreement is submitted online directly to the provider enrollment staff.

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The CHAMPS provider enrollment system will be implementing an electronic signature on the online provider enrollment application. This electronic signature will eliminate some of the need to send or fax in paper documents to Provider Enrollment.

## Phase 2: Full PE Functionality

Within the second phase, the CHAMPS provider enrollment system will become self-manageable for all provider enrollment needs. Providers will be able to make changes to almost all of the information they entered into the CHAMPS system. All of these changes will be available for completion online through the new CHAMPS provider enrollment system. Once changes to your enrollment file are submitted the changes are submitted online directly to the provider enrollment staff for final approval.

MDCH feels that by implementing the electronic signature and many other functions to the CHAMPS provider enrollment system it will make it easier for providers to maintain and update their provider information and minimize the amount of time and paper needed.

The CHAMPS provider enrollment system should improve the enrollment process and be more efficient for providers as well as MDCH provider enrollment staff. One of the benefits of the online system is that providers should have a much quicker turnaround time .



## Provider Input or Suggestions

Medicaid is looking for input or suggestions from providers on the new CHAMPS system. If you have an idea or a suggestion that you would like the development teams to look into, please let us know. You can send all comments to [Champs@michigan.gov](mailto:Champs@michigan.gov).

Any emails that are sent to provide comments will be looked at and handled by the Provider Outreach and Education staff. Only send CHAMPS comments to this email address. Providers will not receive a response from Provider Outreach on emails sent through the CHAMPS email address unless Provider Outreach needs clarification.

Providers with any billing questions or concerns will need to contact Provider Inquiry at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

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## Submitting Claims with Modifiers

All claims submitted to Michigan Medicaid need to be coded correctly according to guidelines offered in the Michigan Medicaid Manual. Procedure codes may be altered with the use of appropriate modifiers to more accurately represent the service or item rendered. MDCH recognizes Level I and Level II modifiers. Modifiers affect the processing and/or reimbursement of claims billed to MDCH for Medicaid, Children's Special Health Care Services (CSHCS) and Adult Benefits Waiver (ABW) beneficiaries.

It is very important that modifiers are only submitted when appropriate. Throughout research the Provider Consultants Unit (formerly Research and Analysis) found certain modifiers resulting in lengthy pended claims and rejections. Make sure modifiers 52 and 59 are being used and documentation is being sent accordingly.

- The use of **modifier 52** should be reported to indicate billing for reduced services. When modifier 52 is used documentation **MUST** be supplied. The documentation should state what portion of the procedure was not provided based on the description of the procedure code.
- The use of **modifier 59** should be reported to indicate a distinct or separate procedure. When modifier 59 is used documentation **MUST** be supplied. The documentation should be an op-report or comments, which reflects the separate procedure.
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The Medicaid Provider Manual should be utilized for questions regarding the use of specific modifiers as special instructions may be indicated. The modifiers are found in the Billing & Reimbursement for Professionals chapter, Section 7.

# Seasons Greetings

**The State of Michigan Offices will be closed:**

Monday, December 25, 2006

Tuesday, December 26, 2006

Monday, January 1, 2006

Tuesday, January 2, 2006