

PROVIDER INQUIRER

December 1st, 2007

www.michigan.gov/mdch

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Institutional Electronic Claim Changes

In August 2006, NUBC restricted the use of value codes for reporting other insurance information (A1, A2, A7, B1, B2 & B7, C1, C2 or C7) to paper claims only. This change was implemented by Medicare in July 2007 for claims with dates of service on/after July 1, 2007. (See Medlearn Matters Article #MM5411 issued effective for 7/1/07).

In October, MDCH added system logic to accept both Value Codes and/or Claim Adjustment Segments (CAS) for other insurance reporting for inpatient and outpatient secondary electronic claims with DOS on/after July 1, 2007.

Effective January 1, 2008 MDCH will only adjudicate institutional claims based on the CAS codes. MDCH will not adjudicate inpatient or outpatient hospital electronic claims containing value codes only for dates of service on/after July 1, 2007. Providers should report all other insurance coding, including coinsurance, co-payment, and deductible amounts, on their secondary claims using the appropriate CAS Codes. Providers should inquire with their Billing Agent for instructions on how to report CAS codes using their software.

All paper claims should report Value Codes for all dates of service. Reporting 837 electronic secondary claims:

- Report Value codes (A1, A2, A7, B1, B2, B7, C1, C2 and C7) for claims with date of service prior to July 1, 2007.
- Report CAS codes, Claim Adjustment Segment, (Commonly used codes are **1 deductible, 2 coinsurance, 3 co-payment, 42 or 45 contractual, 96 non-covered charges**) for date of service July 1, 2007 and after.

Providers that do not submit CAS codes to report secondary information on electronic claims will receive edit 415. If you have any questions on reporting or adjudication, please contact the Provider Inquiry Unit at 1-800-292-2550 or ProviderSupport@michigan.gov.

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Provider Inquiry Information

Medicaid requires that all initial contacts for all billing questions must be directed to the Provider Inquiry unit at 1-800-292-2550 or ProviderSupport@michigan.gov. If the Provider Inquiry staff determines that your inquiry is too complex, they will gather additional information, and send the inquiry in writing to the Provider Consultants unit (formally Research and Analysis) to resolve. Providers have been sending written inquiries to Medicaid Provider Consultants that are not necessarily complex issues. As a reminder, contact the toll-free number for assistance prior to sending in writing. Your questions get answered more timely and it gives the consultants extra time to work on the most complex issues. If the provider has a complex issue and the toll-free has not resolved, send your inquiry to the consultants at the following address:

Provider Inquiry & Consultants
P.O. Box 30731
Lansing, MI 48909

Providers can e-mail the Provider Consultants if they have numerous rejections and would like to set-up a one-on-one session to assist in resolving their various billing issues. At this time, the sessions are in Lansing on a first come first service basis. To request a meeting please email providerconsultants@michigan.gov.



Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at www.michigan.gov/medicaidproviders >> Proposed Medicaid Changes. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
December 28, 2007	MSA 07-66	Outpatient Prospective Payment System Reduction Factor

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THE CORNER

Community Health Automated Medicaid Processing System

Provider Revalidation Training

The Outreach staff has completed the first round of CHAMPS Provider Enrollment Revalidation training sessions. Over the last five months MDCH staff has been traveling across the State preparing providers for the revalidation process that will take place between the months of February and July of 2008.

The MDCH Outreach staff was very pleased that over 2,200 of you visited our Medicaid Training Session webpage and registered to attend one of the 55 regional CHAMPS round one training sessions. The MDCH Outreach staff is now announcing round two of the CHAMPS Provider Enrollment Revalidation training sessions that will begin in the month of March 2008.

As round one of the training sessions was intended to inform our provider community of the upcoming Provider Enrollment changes, round two will be centered on interactive learning tools that will provide a more in-depth look at the CHAMPS Provider Enrollment system. The training sessions will be held in computer labs across the State in which providers can access the Provider Enrollment subsystem of CHAMPS. The intent is to provide smaller class sizes to allow more individual attention to help providers through the process of revalidation. It is imperative that you register in advance for these training sessions as space will be limited. If you are unable to attend a training session, MDCH will also have user guides and a webcast that will be available to view on our website. The user guides and webcast will offer a comprehensive look on how to navigate the CHAMPS Provider Enrollment system.

MDCH will begin to post the round two training sessions soon on our website (www.michigan.gov/medicaidproviders >> Medicaid Training Sessions). Registration is mandatory so please be sure to check the website for sessions in your area!

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New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual. To view the new policy bulletins online you can visit www.michigan.gov/medicaidproviders >> Medicaid Policy Bulletins. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Issue Date	Bulletin Number	Subject
December 1, 2007	MSA 07-67	Adult Benefits Waiver Enrollment
December 1, 2007	MSA 07-66	Outpatient Prospective Payment System Reduction Factor
December 1, 2007	MSA 07-65	Rebasing DRG Rates; DRG Grouper Update; Per Diem Rates Update
December 1, 2007	MSA 07-64	Updates to the Medicaid Provider Manual
December 1, 2007	MSA 07-63	January 1, 2008 HCPCS New & Discontinued Procedure Codes; New Coverage of Existing HCPCS Codes 95930, E2310, E2311 & L8509; Retroactive End-Date for Discontinued HCPCS Codes S0820 & S2250; End-Date Coverage of HCPCS Code G0377
December 1, 2007	MSA 07-62	Quality Assurance Assessment Program (QAAP) Collections
December 1, 2007	MSA 07-61	Reporting National Drug Codes by Outpatient Hospitals
December 1, 2007	MSA 07-60	Graduate Medical Education (GME) and Disproportionate Share Hospital (DSH) Payment Delays
November 8, 2007	MSA 07-59	Beneficiary Identification Numbers
November 1, 2007	MSA 07-58	Home Help Services in the Workplace

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Institutional Medical Documentation

Institutional providers that are submitting electronic claims may submit documentation ahead of time so the claim can be submitted electronically. MDCH is noticing that some providers are not mailing the medical documentation (to be linked with their electronically submitted claims) to the correct address and in the correct format. As a reminder, the mailing address is:

MDCH/Medical Payments Division
P.O. Box 30732
Lansing, MI 48909-8232

All documentation must be:

- Submitted on normal sized 8 ½ " by 11" paper
- Must be single sided and in the correct order

Also, the following information, in the order indicated, must appear in the upper right corner on each page of submitted documentation

1. Beneficiary ID number
2. Provider ID number
3. From date of service
4. Page number of documentation (example: Page 1 of 2, Page 2 of 2)

Seasons Greetings

The State of Michigan Offices will be closed:

Monday, December 24
Tuesday, December 25
Monday, December 31
Tuesday, January 1