

PROVIDER INQUIRER

January 1st, 2008

www.michigan.gov/mdch

Provider Inquiry FAQ's

Over the last few months the Michigan Department of Community Health (MDCH) has made several changes to the Medicaid Program, including, NPI. These changes have caused some claims to receive new pend and rejection edits you may not be familiar with. The Provider Inquiry line has addressed many of these issues and they are trying to educate providers on the new edits and how to resolve them. Below are some of the most frequently asked question and issues presented to the Provider Inquiry Unit:

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Q1. Why are paper claims taking so long to be acknowledged on a Remittance Advice (RA)?

A1. With the implementation of the new claim formats and the addition of the NPI number, the scanning process requires more manual intervention. MDCH encourages all providers to submit claims electronically. For more information on billing electronically please email AutomatedBilling@michigan.gov.

Q2. What is edit 639 and how do I resolve it?

A2. Edit 639 reports on a RA when the NPI reported on the claim is missing, invalid, or fails to crosswalk to a Medicaid legacy provider ID number. Since October 1, 2007 MDCH requires all claims to report an NPI number. If you are reporting an NPI number on the claim, verify that you have reported that NPI number to MDCH through the Single Sign-On (SSO) application. Also, make sure that your Rendering NPI number is not the same as your Referring NPI number on the claim.

Q3. How long should I wait for my pended claim to be

resolved in the System?

A4. Once a pended claim appears on an RA it will not appear again until the claim is resolved. You must watch future remittance advices for a payment or a rejection. A claim can pend for up to six months before it is properly reviewed and reaches a resolution. Paper claims billed with supporting documentation will cause your claim to pend for a substantial amount of time. If you have a pended claim that has not appeared on an RA within six months, please contact Provider Inquiry with the CRN of the claim.

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Q5. Have there been any changes to the LOC Determination Tool since October 1, 2007?

A5. If you are trying to update a tool that was created with a provider ID before October 1, 2007 you must update the information with the provider ID, not the NPI, even if the update is being done after October 1, 2007. Any new LOC Determination Tool done October 1, 2007 and after must be done under the NPI number and the NPI number would be used to make any updates after the authorization has been created.

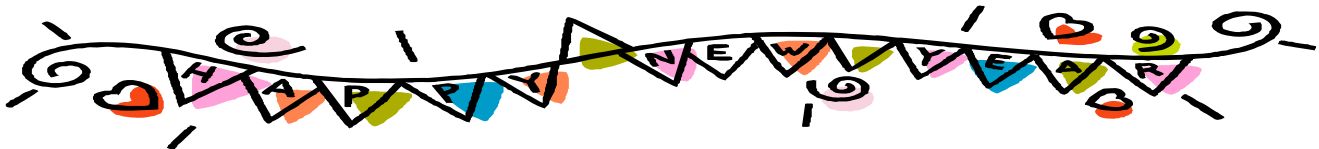
Q6. How do I know if Medicaid received my claim?

A6. If you are billing electronically, your billing agent will receive a 997 acknowledgement and your claim should appear on an RA within 14 days. If you are submitting a paper claim, Medicaid cannot verify if a claim has entered the system until it has appeared on an RA. Paper claims are currently taking approximately 14 weeks to process.

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
January 26, 2008	0740-MS	Elimination of Dispensing Fees for Medical Supplies
January 18, 2008	0741-PHARM	Changes to Pharmacy Claim Submission Requirements



The State of Michigan Offices will be closed:
Tuesday, January 1 – New Year’s Day
Monday, January 21 – Martin Luther King Jr. Day

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THE CORNER

Community Health Automated Medicaid Processing System

Preparation for Revalidation

MDCH wants to make sure all Providers and Billing Agents are prepared for the Provider Enrollment revalidation that will take place February 2008 for the new CHAMPS System. The CHAMPS System is not available now, but there are a few things that all providers can do to prepare.

1. Review the training materials posted at the website below, which contains important information and dates for the CHAMPS project.
2. Make sure all users within the organization that will need to have access to CHAMPS receive a Single Sign-On (SSO) user ID and password. (For instructions on accessing SSO, please see the training materials mentioned in number 1.) Keep a list of all user IDs for your organization.
3. Make sure to report any changes to your Provider information to Provider Enrollment or any Billing Agent changes (address, name, etc.) to AutomatedBilling@michigan.gov. Please report these changes now so the legacy system can be updated before your information is pre-populated into CHAMPS.
4. Talk to the doctors within your organization to find out if they will be submitting their own applications or if they would like someone within the organization to submit the enrollment on their behalf. If the doctor will not be submitting the application themselves, please make sure that you have an agreement on file within your organization. If you do not already have an agreement on file, there is an electronic signature agreement template posted at the website below that all providers may use.
5. Get ready for the mailing of application IDs that will be sent 2 weeks prior to revalidation. More information on the exact date of the mailing coming soon!!!

For more information on the new CHAMPS system, please view the website at www.michigan.gov/medicaidproviders >> CHAMPS or email CHAMPS@michigan.gov.

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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 21, 2007	MSA 07-68	Accreditation Commission for Health Care
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