

### CHAMPS Provider Update Table

Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
					<b>Updates</b>		
5/12/2011	5/12/2011	All	All Providers	Dual Benefit Plans with MA-ESO	Beneficiaries that have dual benefits plans, for example MA-ESO and CSHCS or MA-ESO and MOMS claims may have been voided in error by MDCH. Providers may still be experiencing a problem with the dual beneficiary claims for ESO services due to a current complication of the priorities within the benefit plan structures in CHAMPS.	This will be corrected in a future release. Please refer back to this table for Updates.	Will be corrected on a future release
5/12/2011	5/12/2011	Inst	Nursing Facility/Hospice	Duplicate Denials on Respiratory Services	When Nursing facility claims are billing Room and Board and Respiratory services the claim is incorrectly denying with CARC 18 duplicate edit. T.	Claims should not be hitting duplicate edits.	Will be corrected on a future release
5/12/2011	5/12/2011	All providers	All Providers	Prior Authorization	Prior Authorization pricing has been paying incorrectly. Claims are overwriting the payment amount on the PA when MDCH Fee Screens are a less amount than the amount determined by Prior Authorization	When corrected providers will need to adjust affected claims.	Will be corrected on a future release
5/12/2011	5/12/2011	Multiple	All Providers	HMO enrolled Beneficiaries	Claims were not comparing the ADMIT date to the beneficiary eligibility in certain circumstances causing claims to pay in error when the Medicaid HMO is primary. This has been corrected.	MDCH to void affected claims and provider would need to bill the appropriate HMO.	Fixed March 4th, 2011
5/12/2011	5/12/2011	Prof	Family Planning Clinics	Plan First DX codes	Claims were incorrectly denying for valid PLAN FIRST! Diagnosis codes	Providers to adjust affected claims.	Fixed March 4th, 2011
5/12/2011	2/4/2011	All	All Providers	Clicking the GO Button	Providers have to click the GO button multiple times to get results	This has been corrected.	Fixed April, 15th 2011
2/4/2011	2/4/2011	Den	Dental	Limit Rejections on certain codes	Providers are getting B5 and B13 limit edits on D0230 D0240 in error. Dental providers have always had to line bill services (instead of quantity billing on one line) ADA from does not allow a qty billed on the line.	Providers can now bill these codes on separate lines. If doing an adjustment in CHAMPS quantity fields are available. If billing a new claim or submitting adjustment electronically, providers can submit codes on separate lines for reimbursement	Fixed January 21, 2011
2/4/2011	9/21/2010	Inst	Home Health	Multiple visits on the same day	When providers are billing two home health visits on the same day claims were denying in error.	Providers can now bill multiple visits on the same day. Providers encouraged to rebill or adjust affected claims	Fixed January 21, 2011
2/4/2011	2/4/2011	All	All Providers	Prior Authorization	Payable amount on the Prior Authorization is listed as 0.01. Champs is paying 0.01 even though the dollar amounts were manually changed by processors. Claims now are allowed to be overridden by processors.	Providers are encouraged to resubmit or adjust affected claims	Fixed January 21, 2011
2/4/2011	2/4/2011	All	All Providers	Duplicate Edits CARC 18	Issue was originally fixed 6/11/2010. Reason Code 18 (Duplicate of previously paid service) setting on different invoice types. CHAMPS identifies Professional claim and Institutional claims as conflicting against each other in error. Please review the claim limit list at the line level in the Inquire Claim screen detail to confirm whether a claim has been affected by this error.	Providers are encouraged to resubmit or adjust affected claims	Originally Fixed June 11, 2010 and January 21st. Corrected again on March 4th 2011
2/4/2011	2/4/2011	All	All Providers	Prior Authorization	Providers getting rejections when billing with an approved PA for additional units. Claims were only allowing Medicaid's Max Daily Allowable amount and not acknowledging a PA for additional units.	Claims now allowing additional units when approved PA submitted with claim. Providers are encouraged to resubmit or adjust affected claims	Fixed January 21, 2011

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2/4/2011	2/4/2011	Inst	Nursing Facility/Hospice	Primary Payer requirements	Nursing Facility and Hospice claims must now report all primary insurance payer information, this includes Medicare. Reporting Medicare has not been a prior requirement. It now is a requirement for all NF and Hospice providers. Providers must include all primary payers and appropriate reason codes on claims submitted to MDCH.	Claims will suspend and deny if provider does not report all primary insurance information on claims.	Implemented 1/21/2011
2/4/2011	2/4/2011	All	All Providers	Medicare covered Medicaid non-covered services	Providers were receiving denials for Medicare crossover claims in error when the procedure is covered by Medicare but not covered by Medicaid. If a service is covered by Medicare and Medicare has applied to Co-Insurance or Deductible, Medicaid should be paying up to our allowable amount for those services. When providers are submitting directly to MDCH for services covered by Medicare but not Medicaid they must report the appropriate CARC's.(example CARC 1,2 or 3)	Logic is corrected in CHAMPS. Claims should now reimburse correctly on Medicare primary claims for non-covered Medicaid services.	Fixed January 21, 2011
2/4/2011	2/4/2011	All	All Providers	Limit with RR modifier	MDCH had an issue when providers reported RR modifier on claims. RR was not being recognized on the claim and was causing rejections due to limits.	RR modifier is now being recognized. Providers are encouraged to resubmit or adjust affected claims	Originally Fixed January 21, Will be re-corrected on future release.
4/4/2011	2/4/2011	All	All Providers	CHSCS- Only Beneficiaries	Per MSA L-11-01, the CHAMPS claims processing logic has been updated for CSHCS ONLY beneficiaries. CHAMPS claims processing subsystem will allow CSHCS to implement detailed provider editing for all providers who bill on the CMS 1500 professional claim format. Professional claims submitted to the CHAMPS claims processing subsystem for CSHCS-only clients on or after April 1, 2011, will reject with B7 & N54 error codes if the appropriate provider is not authorized. The definitions of the error codes are as follows:• Adjustment Reason Code B7 - Provider not certified/eligible •Remittance Remark Code N54 - Claim inconsistent with authorized services. These changes do not affect CSHCS-duals (those with	Providers must verify eligibility for the CSHCS-only beneficiaries prior to submitting a claim.	Implemented 04/01/2011
4/4/2011	2/4/2011	All	All Providers	Modifier field in Champs	Providers are getting denials in error when a new line is added or existing line is modified during an adjustment in CHAMPS. Submitted procedure code and submitted modifier should be copied and moved up to the service line. This is causing the claims to deny in error. Both SUBMITTED line and service line should have the same information in them.	If providers are getting denials for modifiers or getting paid incorrect rate when a modifier is billed, please check the claim line to verify that the submitted modifier has moved up to the procedure code line. If not providers are encouraged to submit another claim replacement if the claim is paid incorrectly using the last paid TCN. If claim is denied to submit a new claim	Originally Fixed January 21, 2011, corrected again on March 4th 2011 release.
4/4/2011	2/4/2011	Prof	Professional	ABW-ESO Copay	Claims billed for ABW-ESO beneficiaries were not deducting the appropriate \$3.00 copay for professional services on E&M visits.	Providers will notice the \$3.00 copay taken out of claims for ABW-ESO beneficiaries on E/M visits. MDCH to adjust claims previously paid incorrectly.	Will be corrected on a future release.
4/4/2011	6/11/2010	All	All Providers	CHAMPS Claim Paid but no Paid Date	After a claim reaches a status of "Paid", it should appear on a remittance advice (RA) and 835 and be included in a check or EFT no less than 1 week and no more than 2 weeks later. There can be many causes of claims that have been stuck in a status of Paid but have not been included in a check/EFT or a RA/835. Each week new causes are isolated and resolved.	Fewer and fewer claims are affected each week and claims stuck for newer unknown reasons are analyzed and released each month.	On-going
2/4/2011	12/7/2009	All	All Providers	Paper Claims Update	Paper claims are being loaded and continue to suspend or deny for missing or invalid data, many are pending in TPL.	MDCH encourages providers to use the Direct Data Entry screens in CHAMPS to submit claims that would otherwise be submitted on paper.	On-going
11/29/2010	7/29/2010	Inst	Hospice	Physician Visits-Co Pay taken out	Currently, the Medicaid co-pay is being taken out of Hospice claims for physician visits. Medicaid co-pays should not be deducted from Hospice Physician visit HCPCS codes.	MDCH will reprocess the affected claims as soon as possible.	Fixed in November 24, 2010
2/4/2011	9/21/2010	Inst	Home Health	Home Health	An error has occurred with visit codes causing incorrect payments.	MDCH will adjust these claims after the cause of the error has been resolved.	Fixed January 21, 2011

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2/4/2011	9/21/2010	Inst	Hospice and Nursing Facility		CHAMPS is not deducting voluntary payments when reported on a claim with Value Code 22.	MDCH will attempt to adjust any claims affected by this error after it has been fixed.	Fixed January 21, 2011
<b>Previously resolved issues can be viewed in the CHAMPS Provider Update Table Archive.</b>							