

CHAMPS Provider Update Table

Last Updated	Originally Posted Date	Invoice Type	Affected Provider Type	Title	Description	Expectation	Status
6/11/2010	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
6/11/2010	6/11/2010	All	All Providers	Original TCN on RA	Original TCN not reporting on paper RA for Mass Adjustments	Provider will see the original TCN of any claim adjustment or void after June 11, 2010	Fixed June 11, 2010
6/11/2010	6/11/2010	All	All Providers	Other Insurance Primary	When a secondary or tertiary claim has one Patient Responsibility (PR) segment on a single claim line with more than one adjustment code (i.e. co-insurance and deductible), the second Claim Adjustment Source (CAS) code has been dropped when the claim is loaded into CHAMPS so payment is calculated with only the first CAS code resulting in a potential underpayment.	Providers are encouraged to adjust the affected claims after this is resolved.	Scheduled to be fixed July 23, 2010
6/11/2010	6/11/2010	All	All Providers	Medicare Crossover Claims	Crossover claims are suspended in a status of In Process with edits indicating that Medicare information is missing or incomplete requiring MDCH review. Crossover claims should not require MDCH review for this reason.	When the issue is resolved, the volume of crossover claims and other secondary and tertiary claims requiring MDCH review will decrease which will shorten the time all secondary and tertiary claims remain In Process for MDCH review.	Scheduled to be fixed September 3, 2010
6/11/2010	5/3/2010	All	All Providers	PCP Information	When inquiring for member eligibility in CHAMPS and the inquiry date range is the current date, CHAMPS may display PCP information on a fee-for-service or ineligible beneficiary. PCP information is only valid if there is also an active Level Of Care (LOC) 7 authorization for the same date. Ignore the PCP information if there is no LOC 7 during the inquiry date range.	CHAMPS will no longer display the PCP information after the associated LOC 7 has been end-dated.	Fixed June 11, 2010
6/11/2010	5/3/2010	All	All Providers	CARC 18 - Duplicate Claims	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 though they are not. 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.	After this has been fixed, providers are encouraged to rebill any claims that they think have been affected.	Fixed June 11, 2010
6/11/2010	5/3/2010	All	All Providers	DDE Claims Submission and NPIs	DDE for providers - Direct Data Entry Claim Submission screens will allow providers to submit NPIs that are not enrolled - specifically for attending NPI (institutional) and referring NPI (Institutional and Professional)	Providers can begin submitting these claims on DDE (and avoid sending them on paper) after this has been fixed	Fixed June 11, 2010
6/11/2010	3/30/2010	All	All Providers	CSHCS and Spendown Beneficiaries	Claims are denying for CARC 31 and RARC N365 (Benefit Plan Assigned receives no payment) when beneficiaries have CSHCS coverage in addition to being on a Spendown. If a provider is billing the CSHCS qualifying diagnosis, then the claim should process under the CSHCS benefit plan.	Providers are encouraged to rebill the affected claims after the issue has been fixed.	Fixed June 11, 2010
6/11/2010	3/2/2010	Dent	Dental	Oral Surgeon	Additional Procedure codes related to oral surgery have been added as billable services for Dental Providers	Providers are encouraged to resubmit/adjust the affected claims.	Fixed June 11, 2010

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6/11/2010	12/7/2009	Inst/Prof	Private Duty Nursing	Holiday Payment Issue	Respite and Private Duty Nursing services did not pay the additional reimbursement for the Thanksgiving Holiday and is not expected to be corrected in time for the remaining 2009 holidays.	MDCH anticipates that CHAMPS will reprocess all affected claims that were previously paid incorrect rate after the system has been fixed in June.	Fixed June 11, 2010
6/11/2010	6/11/2010	Inst	Home Health	Home Health	An error has occurred with visit codes causing incorrect payments.	MDCH will adjust these claims after the cause has been resolved in September	Scheduled to be fixed September 3, 2010
6/11/2010	5/3/2010	Inst	Multiple	CARF/CORF Multi-specialties	Multi-specialty Facility/Agency/Organization (FAO) providers with a CARF and/or CORF certification and other FAO specialty have experienced denied claims for claims related to one or more of their specialties. Claims appear on Remittance Advice with claims denying with CARC 96 and RARC MA30. Many combinations of FAO specialties are unaffected.	After this has been fixed in June, providers are encouraged to rebill any claims they think have been affected	Fixed June 11, 2010
6/11/2010	3/30/2010	Inst	Multiple	Blanket PA	CHAMPS was denying institutional claims with MDCH Issued Blanket Prior Authorizations (CARC B13 and RARC N185) . These claims will now remain "in process" or suspend for review. Providers should resubmit any denied claims that were affected by this issue.	MDCH will process all suspended claims after fix is implemented. Providers should resubmit or adjust claims that were affected by this issue.	Fixed June 11, 2010
6/11/2010	1/29/2010	Prof	Ambulance	Two-Trips and Origin/Destination	MDCH is currently working to correct the following Ambulance provider issues: 1. Manual pricing for two trips in the same day (CARC 133 and RARC N10). Ambulance claims were suspending for review because the provider has asked individual consideration for payment of two trips consistent with our current policy. An error was preventing manual pricing but the error now resolved 2. Modifiers are not working correctly and claims are pending for not recognizing the origin or destination (CARC 16 and RARC N157).	1. MDCH has begun processing these claims 2. MDCH has begun processing these claims; MDCH will re-run all claims that remain In Process for this reason	1. Manual Pricing fixed January 22, 2010. 2. Modifiers fixed June 11, 2010
6/11/2010	5/3/2010	Prof	Medical Supplers	E1390 RR Rate	CHAMPS is paying the incorrect rate for procedure code E1390 with modifier RR for beneficiaries in Nursing Facilities.	MDCH is researching the possibility of replacing/adjusting the affected claims	Scheduled to be fixed September 3, 2010
6/11/2010	6/11/2010	Prof	Medical Supplers	Medicare Crossover Claims	Services that require prior authorization and/or manual pricing when Medicaid is primary are being paid zero on Medicare crossover claims.	Providers are encouraged to adjust the affected claims after this is resolved.	Still in analysis, not yet scheduled
6/11/2010	5/3/2010	Prof	Multiple	Place of Service Specific Reimbursement Rates	CHAMPS will be able to use place of service to pay correct facility or non-facility rate more appropriately.	Providers are encouraged to adjust affected claims after this has been fixed	Scheduled to be fixed July 23, 2010
6/11/2010	3/30/2010	Prof	Multiple	Medicare Crossover Claims	Medicare primary claims have been denied or underpaid with Claims Adjutment Reason Codes like B5 and Remittance Advice Remark Codes like N130 indicating that the service has exceeded Medicaid coverage limits.	Providers are encouraged to resubmit or adjust the affected claims as appropriate.	Fixed June 11, 2010
6/11/2010	6/11/2010	Prof	School Based Services (SBS)	SBS Denying for PA in Error	School Based Service claims denying with CARC 15 and RARC M62 (prior authorization missing/invalid)	SBS providers are encouraged to resubmit the affected claims	Fixed June 11, 2010

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6/11/2010	5/3/2010	Prof	School Based Services (SBS)	SBS Recipient Ineligible error	School Based Services claims denying with CARC 204 and RARC N30 in error.	MDCH anticipates that CHAMPS will reprocess all affected claims that were previously paid incorrect rate after the system has been fixed in June	Fixed June 11, 2010
6/11/2010	6/11/2010	Prof	Vision, Chiropractors, Podiatrists, Hearing Aid Dealers	Medicare Crossover Claims	Per MSA bulletin MSA 09-28, some services were eliminated from Medicaid coverage on July 1, 2009. When Medicare is the primary payer and the service is covered, Medicaid should cover the service as the secondary payer. These services were being denied in CHAMPS even when Medicare covered the service as the primary payer.	Providers are encouraged to resubmit or adjust the affected claims as appropriate. If the issue persists, please provide examples to Provider Support.	Fixed April 30, 2010
Previously resolved issues can be viewed in the CHAMPS Provider Update Table Archive.							