

CHAMPS Provider Update Table

Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
7/29/2010	7/29/2010	All	All Providers	Approved Units reduced to One (1)	Beginning July 24th, an error has occurred in which CHAMPS has approved no more than one (1) unit of service per claim line, regardless of the number of units billed or normally allowed for certain procedure codes.	MDCH will adjust the affected claims or providers may adjust their own claims once the fix has been implemented.	The error will be fixed as soon as possible.
7/29/2010	7/29/2010	All	All Providers	Modifier Issues	Some claims have been denying incorrectly with CARC 4 and RARC M20 indicating that the modifier combination submitted was invalid. CHAMPS has been updated to reflect the correct modifier combinations for future claims. Modifiers 62 and 78 were also not previously being recognized for adjudication; these modifiers are now being used to determine the appropriate reimbursement when reported.	Providers are encouraged to rebill the affected claims.	Fixed July 23, 2010
7/29/2010	7/29/2010	All	All Providers	Dental or Vision Only Primary Payers	TPL Stand Alone policies not being bypassed - this has been fixed. Providers should no longer have issues with TPL for Dental Only or RX Only policies.	Providers are encouraged to rebill the affected claims.	Fixed July 23, 2010
7/29/2010	7/29/2010	All	All Providers	Modifier 50 - Bilateral Surgery	CHAMPS has implemented some changes in the way it is adjudicating claims for bilateral surgery and more changes are forthcoming.	Providers will see bilateral reimbursement when claims are submitted with the 50 modifier. Claims which were previously paid incorrectly will need to be adjusted by providers.	Fixed July 23, 2010
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	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.	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
5/10/2010	5/10/2010	All	All Providers	Real Time 270/271 Eligibility Inquiry	Real Time 270(Eligibility Inquiry)/271 (Eligibility Response) - Reporting Incorrect Residence County code data - The 271 Response is not reporting the current Residence County code data that is on CHAMPS. This includes external systems that use the Real Time 270/271 transaction (MIHealth Benefits Plan website, webDENIS, etc). Providers should use the CHAMPS Member Eligibility Inquiry screens to obtain the correct Residence County code until this issue is resolved.	Once fixed, the 271 response will report the correct Residence County code data.	Scheduled to be fixed September 3, 2010

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7/29/2010	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 HCPC codes.	MDCH will reprocess the affected claims once the issue has been resolved.	Resolution of this issue is not yet scheduled.
7/29/2010	7/29/2010	Inst	Hospice	CARC 133 and RARC N65	The error code CARC 133 and RARC N65 was setting in error when HCPC code was a reporting code only.	After the July 23rd release, the affected claims were reprocessed and no longer affected by that error.	Fixed July 23, 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
7/29/2010	7/29/2010	Inst	Institutional	Line Denies for missing procedure code	Reason Code 31 and Remark code N65 reported on a denied claim line that does not require a procedure code.	Providers are encouraged to rebill or replace the affected claims.	Fixed July 23, 2010
6/11/2010	5/3/2010	Prof	Medical Suppliers	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 Suppliers	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
7/29/2010	7/29/2010	Prof	MI Choice	MI Choice denials	MI Choice Providers billing for MI Choice beneficiaries will now have approved amounts displayed in CHAMPS.	MDCH is currently working to resurrect all affected claims. Providers who do not wish to wait for their resurrected claims to process, may rebill these claims.	Fixed July 23, 2010
7/29/2010	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	Fixed July 23, 2010
Previously resolved issues can be viewed in the CHAMPS Provider Update Table Archive.							