

## CHAMPS Provider Update Table

Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
<b>Archive</b>							
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	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
5/10/2010	3/30/2010	All	All Providers	Medicare Primary Claims Paying Zero in Error	Medicare primary claims were paid zero in error when they should have denied for lack of "other payer information".	Provider must void the claims.	Fixed April 30, 2010
5/3/2010	5/3/2010	All	All Providers	Inquire Claim Filters	For some large-volume providers the Inquire Claim filters have been slow and often returned no results. For smaller-volume providers this may also happen when the filter criteria are too broad.	In February, changes were made to the Inquire Claim filters to improve performance for small-volume providers. In April, changes were made to the Inquire Claim filters to improve performance for large-volume providers.	Fixed February 2010 - Small-volume providers; Fixed April 30, 2010 - Large-volume providers.
5/3/2010	1/29/2010	All	All Providers	CHAMPS Eligibility print functionality	The Eligibility subsystem has a new print functionality available to providers. When viewing a beneficiary's eligibility, providers may select: "Print Member Summary". This will display in a PDF format and will contain a comprehensive view of the member's eligibility information. PCP information is only valid if a level of care is active during the same time period.		Released February 22, 2010

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5/3/2010	1/5/2010	All	All Providers	Claims not appearing on Remittance Advice	<p>Some providers have noticed that they have received payments for claims that have not appeared on their paper MSA Remittance Advice and/or their 835 electronic Remittance Advice. Providers can retrieve these claims by using the Inquire Claim screen in CHAMPS to filter by a paid date. The "paid date" in the Inquire Claim screen is the pay cycle date that providers know from the legacy MMIS as the Wednesday of every week. The Warrant/EFT date may be slightly different depending on when the actual payment is made.</p> <p>A table of these dates is available on the CHAMPS informational website (<a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt; CHAMPS). By searching for a week long range of paid dates (Friday through Thursday) CHAMPS will return all of the claims that were included in a Treasury Warrant/EFT for the pay cycle though typically there will only be one paid date per pay cycle.</p>	The majority of "Paper" Remittance Advice that were missing claims or were not created on schedule have been recreated. Providers can find their "paper" RA in the Archived Documents list in CHAMPS. Please note, the scanned date of the regenerated "paper" RA will be the date that the RA was regenerated, not necessarily the Paid Date of the RA.	Correction began for a majority on January 22, 2010 and any new issues that may cause this are addressed on a monthly basis.
5/3/2010	9/10/2009	All	All Providers	Migration of Legacy Suspended Claims into CHAMPS	<p>Projected to begin October 1, 2009 MDCH will initiate the process of resurrecting all claims that rejected with proprietary edit 743 for adjudication in CHAMPS. *Claims will not be recreated in CHAMPS if any of the following occur: the claim was submitted without a reported billing NPI, the rendering/servicing only NPI was incorrectly reported in the billing NPI loop/field, or the provider has not revalidated in the CHAMPS Provider Enrollment subsystem. These claims will not be available for inquiry in CHAMPS until after the projected date.</p> <p>Hospice and Nursing Facility have not yet been resurrected. MDCH anticipates that these claims will be resurrected during May but may be appropriately denied as duplicates because many providers have already resubmitted the affected claims.</p>	MDCH is currently working to resurrect all affected claims that received the 743 edit. Providers who do not wish to wait for their resurrected claims to process, may rebill these claims. If these claims are beyond the timely filing limitations, please indicate in the remarks (Claim Note) section of the claim "743R, give the original CRN and rejection pay date. Hospice and Nursing Facility claims will be resurrected after their other issues are resolved (see above)	*All Professional claims resurrected as of January 2010; All Inpatient claims were resurrected first week of December 2009; Outpatient completed February 2010
3/2/2010	3/2/2010	All	All Providers	CHAMPS Prior Authorization Subsystem	MDCH identified the following issues within the Prior Authorization subsystem: The status of the PA may have reported inconsistently, providers were unable to locate tracking numbers when filtering by a beneficiary ID, and on occasion providers were unable to access the prior authorization request list page.		Fixed February 22, 2010
3/2/2010	3/2/2010	All	All Providers	Prior Authorization Units on Adjusted claims	MDCH identified an issue in which prior authorization units were not resetting correctly when claim adjustments were made. This has now been corrected.	Providers are encouraged to rebill their adjustments	Fixed February 22, 2010
3/2/2010	3/2/2010	All	All Providers	Reporting Other Insurance When Services Are Unrelated	Claims should no longer deny for missing "Other Insurance" when a Pharmacy (RX), Vision only (VO), or Dental only (DO) policy is not reported on claims for unrelated billed services.	Providers are encouraged to rebill	Fixed February 22, 2010
3/2/2010	12/7/2009	All	All Providers	Reduction in Reimbursement	The 8% reduction in payment rates per MSA 09-62, that were effective for dates of service on and after October 1, 2009 will be implemented into CHAMPS mid-December. MDCH will do adjustments to recover any Medicaid overpayments.	Rates will be updated December 2009. MDCH will begin reprocessing in February 2010. Adjustments began Pay cycle 5.	Rates updated in December 2009 - All claims were adjusted by CHAMPS by the end of March, providers should see them on Remittance Advice

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1/29/2010	1/29/2010	All	All Providers	Change in Enrollment Type	Claims were denying in error for providers whose enrollment changed from a "Group" to a "Facility/Agency/Organization". This caused some claims that were submitted in September 2009, by the affected providers, to be unretrievable through the CHAMPS Inquiry screens.	Providers may rebill any affected claims beginning February 1, 2010.	Fixed January 22, 2010
1/29/2010	1/29/2010	All	All Providers	Manual Pricing	MDCH was unable to manually price some claims suspended in a status of In Process with CARC 133 and RARC N110 (Manual Pricing).	MDCH has begun processing these claims.	Fixed January 22, 2010
1/29/2010	1/29/2010	All	All Providers	Gross Adjustments	If your Gross Adjustment line dollar amounts and header dollar amounts were not matching, this was causing the Paper RA and 835 to be unbalanced.	GA Line and Header dollar amounts now balance for all GA's created after January 22, 2010. Previous Remittance Advices and 835 files will not be recreated.	Fixed January 22, 2010
1/29/2010	1/29/2010	All	All Providers	Reporting of Amount Billed on Paper Remittance Advices	The Amount Billed was showing incorrectly on the Paper Remittance Advice as it was showing the adjusted submitted charges. It will now correctly report the total submitted charges.	Remittance Advices will not be regenerated.	Fixed January 22, 2010
1/29/2010	12/14/2009	All	All Providers	Void claims with inconsistent number of lines	Claims were denying if a void claim is submitted by providers with different number of lines than the original. If these claims denied, providers need to resubmit the void claim with the same number of lines as the original.  Update January 22, 2010: Providers may now resubmit the void request regardless if the number of claim lines differs from the original claim submission.	Providers may resubmit the denied void claims.	Fixed January 22, 2010
1/29/2010	10/19/2009	All	All Providers	Secondary Claims Paying Zero in Error	MDCH has identified an issue with secondary claims paying \$0 in error. Claims with non-covered services identified with a Claim Adjustment Segment (CAS) code of 96 were affected.  Update January 22, 2010: Some claims submitted in late December 2009 saw a reoccurrence of this issue. As of mid January 2010 this issue has been resolved. Please contact provider support if you continue to experience this.	MDCH will be reprocessing the affected claims tentatively in February. These claims can be replaced/adjusted by providers now or wait until MDCH replaces/adjusts.	Originally Fixed November 6, 2009 Recorrected Mid January 2010

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Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
1/29/2010	9/16/2009	All	All Providers	Void Claims in CHAMPS Notice	<p>In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately.</p> <p>MDCH has identified an issue with certain void claims that providers should be aware of, though. As announced previously, claims that were billed in the legacy MMIS (with what is now a Rendering/Service Only Individual NPI in CHAMPS) have been migrated to CHAMPS with all other paid and denied claims for historical purposes but they cannot be adjusted/replaced. If these claims need to be adjusted/replaced, providers must first void the original claim and then rebill the claim as a new original claim with the appropriate billing and rendering NPIs. The void process for these types of claims has not been fully automated in CHAMPS yet and is expected to be fully functional in early November. During the first day of adjudication in CHAMPS, MDCH staff identified a significant number of void and replacement claims that v</p>	<p>MDCH has now resolved the error that caused these claims to deny. If a void claim is submitted for an original claim that meets this criteria, the claim will suspend until the process has been automated, at which time MDCH will force the claims back through the adjudication process. Providers have the choice of holding back these types of void claims or submitting them now so that they will suspend until the process has been automated.</p> <p>Void attempts that denied in first two weeks of CHAMPS must be resubmitted by providers. All others since have been In Process and will be adjudicated when fixed.</p>	Fixed December 11, 2009
12/7/2009	12/7/2009	All	All Providers	Remittance Advice Changes	<p>The following changes have been made to the Paper Remittance Advice and the electronic 835 file:</p> <ol style="list-style-type: none"> <li>1) The Financial Adjustments on the Paper RA will report a new Adjustment Type: "Balance Owed by Tax ID", which will report the same beginning and remaining balances for all NPIs under the same Tax ID. This amount is reported at a Tax ID level.</li> <li>2) Any void claims (including the void transaction as part of the adjustments) will report on the 835 with negative submitted charges, payment amounts, and CAS codes. The CAS codes will also have the group code of CR.</li> <li>3) The End date of service on Inpatient hospital 835 and Paper RA will be the correct end date and not the same as the begin date for all claims.</li> <li>4) The DRG amount will report correctly on the 835 and Paper RA.</li> </ol>	Existing paper MSA Remittance Advice (RA) and 835 electronic RAs will not be regenerated.	Fixed December 11, 2009
12/7/2009	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
11/5/2009	11/5/2009	All	All Providers	Paper Remittance Advices in CHAMPS	The CHAMPS generated paper remittance advices (RA) can be found in the "Archived Documents" link located on the Provider Portal page or "My Inbox" subsystem. Only those users with the profile of CHAMPS Full Access or CHAMPS Limited Access will have the ability to view this information. Paper RAs will be stored in CHAMPS for approximately ten years. These documents are available to print or save for your records.	If providers feel they are missing a RA within this link, please contact provider support at providersupport@michigan.gov or 800-292-2550.	Fixed November 11, 2009

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10/13/2009	10/13/2009	All	All Providers	Remittance Advice Reason and Remark Codes Update	MDCH has identified an issue of incorrect HIPAA Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) being reported on providers' remittance advices. The most prevalent code is CARC- 110 - (Billing date predates service date).  As a reminder please ensure that the beneficiary is eligible for the dates of service billed.  For a complete listing and descriptions of HIPAA Reason and Remark codes, please visit <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> .	Any questions regarding this HIPAA CARC code may be directed to the Provider Support Line at <a href="mailto:ProviderSupport@michigan.gov">ProviderSupport@michigan.gov</a> . MDCH is undergoing a review of all the affected CARC and RARC codes and will resolve the issue as soon as possible.	Mid-to-late December 2009
9/23/2009	9/23/2009	All	All Providers	CHAMPS Prior Authorization Reminder	If you have already mailed or faxed a prior authorization to the PA Unit, please do not enter this prior authorization through the Direct Data Entry (DDE) tool in the CHAMPS Prior Authorization subsystem. Any prior authorization that was mailed or faxed will be manually entered into CHAMPS by a member of the PA staff (this includes any prior authorizations that were submitted within 15 days of the CHAMPS system going live).	The MSA Program Review Division mails letters to providers upon finalization of a prior authorization. Continue to monitor the Prior Authorization (PA) Request List within CHAMPS to status your requests.	N/A
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
5/3/2010	3/30/2010	Dent	Dental	Under 21 Dental	RARC N129 is setting on patients under 21 in error.	MDCH will attempt to resurrect the affected claims after this has been resolved.	Fixed April 30, 2010
5/3/2010	11/23/2009	Dent	Dental	Urgent/Emergent Dental Claims Denied with CARC17 and RARC N379	In July, non emergency dental benefits were eliminated for Medicaid Beneficiaries 21 and older (Executive Order 2009-22). Only a few specific urgent/emergent dental services are currently billable for beneficiaries 21 and older. Claims for beneficiaries 21 and over receiving urgent/emergent dental services were being denied in CHAMPS with the reason code 17 and remark code N379. There are three errors here: 1) The urgent/emergent dental services should not have been denied. This has now been corrected and providers may rebill or place any affected claims by either the HIPAA 837 or via the CHAMPS Manage Claims screens. 2) If the services were in fact non-emergent then the claim denial should have had a different HIPAA reason and remark code explanation. The change necessary to display the correct CARC and RARC when non-urgent/emergent adult services are billed is scheduled to be corrected in December. 3) The only exception for continued payment of the non-emergent services was if the provider had a current prior authorization on file with MDCH prior to the implementation of Executive Order 2009-22. These claims are still being denied in error and should be held by providers until this correction	Emergency services are now processing correctly. The CARC and RARC inconsistencies are scheduled to be fixed on 12/11/2009. Adjudication of prior authorized services have been corrected on January 22, 2010. MDCH will reprocess the affected claims at a date to be determined. Providers may rebill/adjust any affected claims.	Emergency Services fixed November 20, 2009; Prior authorization fixed January 22, 2010 For beneficiaries under 21 see above posting dated 3/30/2010
11/23/2009	11/23/2009	Dent	Dental	Dental Procedure Code Error	The combination of procedure code D1351 and tooth number 19 was not being recognized.	This has now been corrected and Providers may rebill.	Fixed November 11, 2009
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

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5/10/2010	3/2/2010	Inst/Prof	Private Duty Nursing	Procedure Code S9124	When S9124 is the authorized procedure code for PDN services, claims are being suspended in error.	MDCH will reprocess affected claims after this has been resolved.	Fixed April 30, 2010
5/3/2010	3/30/2010	Inst/Prof	Private Duty Nursing	Professional PDN	MDCH has identified an issue with Professional PDN claims paying zero dollars.	MDCH will reprocess the affected claims, however, providers may adjust the affected claims.	Fixed April 30, 2010
1/29/2010	1/29/2010	Inst/Prof	Private Duty Nursing	PDN Prior Authorizations	The system was not recognizing procedure code S9124 (LPN) as an authorized service. CHAMPS will now allow providers to bill with either S9123 or S9124, as appropriate, when only S9123 is authorized.	Providers can now rebill or replace/adjust these claims.	Fixed December 11, 2009
3/30/2010	10/6/2009	Inst	Hospice	Hospice Room and Board Claims	MDCH had identified an issue with some Hospice Room and Board claims approving \$0.00. Claims with other payer payment equal to zero were paying zero dollars.	MDCH has corrected this error and will reprocess these claims on a date to be determined. Providers may adjust any affected claims at any time	Fixed March 29, 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
5/3/2010	1/29/2010	Inst	Multiple	Type of Bill not reporting on 835	Type of Bill not reporting correctly on 835	The Type of Bill will appear correctly within the 835 file, previously generated 835s will not be recreated.	Fixed April 30, 2010
3/30/2010	3/30/1010	Inst	Multiple	Place of Service Restrictions	CHAMPS was restricting the place of service (POS) POS allowed on Institutional claims, this included INCAR-MA beneficiaries.	Providers are encouraged to rebill affected claims.	Fixed March 29, 2010
3/30/2010	3/30/2010	Inst	Multiple	FD-622 Report	MDCH is now able to create the FD-622 report, dating back to the first pay cycle paid from CHAMPS (pay cycle 39). This report will be mailed to the correspondence address, on file within the Provider Enrollment application. MDCH is currently mailing the Outpatient and Inpatient reports separately until paycycle 43 (October). Please be aware that the initial FD-622 mailed for Inpatient providers was identified as Payroll 11, 3/18/2010 and contained payroll 11 information. This mailing sequence has been corrected and the report will now be mailed in date order (oldest to most recent). Beginning with paycycle 44 both the Outpatient and Inpatient reports will be sent in a single mailing. The FD-622 report for Long Term Care Facilities will be mailed in the near future. Please continue to check the website for updates.		Available beginning the week of March 29, 2010
3/2/2010	3/2/2010	Inst	Multiple	Plan First!	Institutional Claims were rejecting in error when billed under the Plan First Benefit Plan. The appropriate Revenue Codes have now been added to this plan.	Providers are encouraged to rebill	Fixed January 20, 2010

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3/2/2010	3/2/2010	Inst	Multiple	Outpatient Hospital PA Edit Setting Incorrectly	MDCH identified an issue in which claims were denying in error with CARC 15 and RARC M62 for missing a Prior Authorization Number, however, claims were submitted with the appropriate diagnosis codes in order to by pass the need for Prior Authorization. This has now been corrected.	Providers are encouraged to rebill.	Fixed February 22, 2010
3/2/2010	11/4/2009	Inst	Multiple	Evaluation and Management of CPT Codes- OPPS Codes	Evaluation and management CPT codes reported on institutional outpatient claims with modifier 25 or 59 have been denied or suspended in error.	Providers are encouraged to rebill the affected claims.	Fixed February 22, 2010
1/29/2010	1/29/2010	Inst	Multiple	Revenue Code 0410	Revenue code 0410 (Respiratory Services) pricing has been corrected.	MDCH will reprocess/resurrect the affected claims, or providers may rebill/adjust the affected claims.	Fixed January 22, 2010
1/29/2010	1/29/2010	Inst	Multiple	Medicare dually eligible providers with Part A	Inpatient claims in which the Medicare Part A was exhausted were inaccurately suspending with CARC 45 and RARC N48.	Claims submitted after January 22, 2010 will no longer suspend.	Fixed January 22, 2010
1/29/2010	12/14/2009	Inst	Multiple	Co-Insurance Days and Covered and Non-Covered Days	The Co-Insurance days quantity was calculated incorrectly on Long Term Care claims. The Covered and Non-Covered Days calculated incorrectly on Inpatient Hospital claims.	Providers are encouraged to rebill/adjust as necessary.	Fixed January 22, 2010
1/29/2010	10/5/2009	Inst	Multiple	Medicaid Interim Payments (MIP) reporting	MDCH has identified a difference in the way that the legacy MMIS system and CHAMPS reports the payment for providers that receive Medicaid Interim Payments (MIP) or are Warrant Suppressed. Currently, the approved amount for any MIP or Warrant Suppressed claim lines will incorrectly show as \$0.00 within the 835 and Paper RA. For the 835, each individual line will report this approved amount within the CAS segment with Claim Adjustment Reason Code (CARC) 94, Processed in excess of charges. This is the only time MDCH will use CARC 94, therefore any claim that has CARC 94 within the 835 will be for a MIP or Warrant Suppressed claim. The approved amount within the Claims Inquiry screen in CHAMPS will show the actual approved amount.	<p>This issue has been corrected within the 835 and Paper Remittance Advice. The Paper Remittance Advices will have the correct approved amount for all MIPed claim lines and there will be a financial adjustment (adjustment type "MIP/Warrant Suppression"), that will report the total of the MIP amount that is withheld from the pay cycle per NPI.</p> <p>MDCH will not reprocess these claims for this reason. Providers can reconcile approved amounts by using the FD-622 which will be available in Spring 2010.</p>	Fixed December 11, 2009

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1/14/2010	12/7/2009	Inst	Multiple	H1N1 Vaccination	H1N1 claims are not being paid for inpatient and outpatient institutional claims. Last week, the Medical Services Administration (MSA) indicated that the diagnosis-related group mapping software used to cross-walk the new Oct. 1, 2009, diagnosis and surgical procedure codes to the codes in effect prior to Oct. 1, as well as the October ambulatory payment classification updates, have not yet been uploaded into the Community Health Automated Medicaid Processing System (CHAMPS). This delay results in Medicaid inpatient and outpatient claim rejections when a new Oct. 1 diagnosis, surgical or current procedural technology/health care common procedure coding system code is billed for dates of service on or after Oct. 1, 2009. Update 1/14/2010 : Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October1st new ICD-9-CM diagnosis codes.	Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October1st new ICD-9-CM diagnosis codes.	Fixed January 14, 2010
12/7/2009	12/7/2009	Inst	Multiple	Perinatal Diagnosis Codes Update	Any denials for diagnosis not applicable for age of Diagnosis code 760xx-779xx can now be rebilled. Policy has updated CHAMPS to now allow these perinatal Dx codes to be billed beyond the 0-29 days.	MDCH will adjust/resurrect the affected claims at a date to be determined. Providers may rebill/adjust affected claims.	Fixed November 30, 2009
5/3/2010	5/3/2010	Inst	Nursing Facility	Reason Code 18	A change was made to the duplicate claim criteria on January 5, 2010, to correct this issue where the Revenue codes are different and HCPC's are the same. Claims that had been waiting In Process for review were run through editing again on January 8th and many of the reason code 18 claims dropped off at that time.	Providers are encouraged to rebill affected claims after this has been fixed	Fixed April 30, 2010
5/3/2010	3/30/2010	Inst	Nursing Facility	Payment Beyond 100 days	In all circumstances that a Nursing Facility is billing the from and through dates beyond the initial 100 days of admission, MDCH is paying \$0.00 in error. MDCH should be paying the appropriate rate for that facility.	Providers are encouraged to adjust these claims once the fix has been implemented.	Fixed April 30, 2010
3/30/2010	3/30/2010	Inst	Nursing Facility	Co-insurance Day Reimbursement	Nursing Facility claims were paying zero for the 21st through the 100th day for co-insurance days.	Providers will need to rebill affected claims.	Fixed March 29, 2010
3/2/2010	1/29/2010	Inst	Nursing Facility	CARC 18	Nursing Facility claims suspending with CARC 18 were being held by MDCH until related issues are resolved.	Claims are no longer suspending in error; Provider are encouraged to rebill any claims that denied in error.	Fixed January 22, 2010
5/19/2010	12/14/2009	Inst	Nursing Facility; Hospice	Patient Pay Amount deduction on Nursing Facility Claims	MDCH has identified an issue with the Patient Pay Amount (PPA) not deducting correctly on Nursing Facility claims. This issue has been resolved, providers should contact Provider Inquiry if it is believed that the PPA is deducting incorrectly after Julian Date 53.	MDCH will reprocess the affected claims. Notify MDCH if this continues to happen on claims with Julian dates greater than 53.	No longer occurring on claims submitted after February 22, 2010; All previously paid claims that were affected were adjusted by MDCH on May 8th and should have appeared on Remittance Advice on May 20th.
5/3/2010	5/3/2010	Inst	Outpatient	Modifiers 58 and 59	Now processing CCI editing correctly on OPH claims.	CHAMPS will reprocess all outpatient claims submitted since CHAMPS go-live	Fixed February 26, 2010
5/3/2010	3/30/2010	Inst	Outpatient	MDCH Copay	MDCH has identified an issue where the appropriate copay amount is not being deducted for non-emergent visits in an emergency setting, such as: Revenue Code 0451.	MDCH will reprocess affected claims after this has been resolved.	Fixed April 30, 2010

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5/3/2010	5/3/2010	Inst	Outpatient	Reprocess all Outpatient Hospital Paid Claims	CHAMPS will automatically reprocess all Outpatient paid claims since CHAMPS go-live	Providers should see these claims in CHAMPS in May, June, and July as this is a large volumes of claims	Fixed April 30, 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
1/12/2010	1/12/2010	Prof	Children's Waiver Program	S5151	Changes have been made for code S5151 (CWP) to accurately reflect the Medicaid covered indicator and to make sure the modifier TT was not listed as a required modifier, but rather as an associated modifier.	Providers should resubmit all affected claims.	Fixed January 12, 2010
1/29/2010	1/29/2010	Prof	Clinics	Clinics Enrolled with Multiple Specialties	Clinics (FQHC, MIHP, Family Planning, etc) enrolled with multiple specialties under a single NPI are denying in error. All MIHP Payment issues have been corrected.	Providers are encouraged to rebill these claims	Fixed February 22, 2010
5/3/2010	11/4/2009	Prof	CMH	CMH Psychotropic injectables billing update	Provider are encouraged to get a separate NPI for their SED, CW, and Psychotropic injectable services respectively. Please refer to the letter sent February 3, 2010 to all CMH providers regarding "CHAMPS-SED Waiver Update; Children's (CWP) Payment Implications" for additional information. MDCH is currently investigating a solution for NPIs that carry both a SED and CW specialty.	After providers enroll their new NPIs they are encourage to resubmit the affected claims	
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
1/29/2010	12/7/2009	Prof	Multiple	Blanket Prior Authorizations	The "Blanket" Prior Authorizations (AKA PACER or Transplant Authorization) are not working for professional claims. Currently, only the Requesting NPI and any NPI specifically listed in the authorization are able to use the "Blanket" PA. (See Line 37) Update January 22, 2010: The Blanket Prior Authorizations for Professional claims reporting CARC 15 and RARC N54 are no longer processing in error.	Providers are encouraged to resubmit the affected claims.	Fixed January 22, 2010
3/30/2010	3/2/2010	Prof	Nurse Practitioner	Additional Billable Codes Added	MDCH has expanded the list of codes allowed to be billed under the Nurse Practitioner provider type.	Providers are encouraged to resubmit/adjust the affected claims.	Fixed February 22, 2010
5/3/2010	1/29/2010	Prof	Physicians	Annual Visits	Procedure codes 99395 and 99396 are limited to one visits per year, however, this timeframe is being calculated incorrectly in CHAMPS, causing (CARC B5 and RARC N10). Surgery modifiers are still being evaluated.	Providers may rebill/adjust any affected claims after resolution.	Fixed April 30, 2010
5/3/2010	1/29/2010	Prof	Physicians	Individual Sole Proprietor	Providers enrolled as Individual Sole Providers who are also associated to separate Groups are unable to bill with only their Individual Sole (Type 1) NPI. Claims are denying for Rendering Servicing only.	Providers are encouraged to rebill and notify MDCH if further issues arrive.	Fixed April 30, 2010

### CHAMPS Provider Update Table

Last Updated [2]	Originally Posted Date [3]	Invoice Type [1]	Affected Provider Type [1]	Title	Description	Expectation	Status
11/23/2009	11/23/2009	Prof	Physicians	General Procedure Code Corrections	CPT 96372 (Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular) was missing a rate segment which has now been restored.	Providers may rebill or replace any affected claims involving CPT 96372 through either the HIPAA 837 or via the CHAMPS Manage Claims screens.	Fixed November 6, 2009
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) in	SBS providers are encouraged to resubmit the affected claims	Fixed June 11, 2010
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