

# PROVIDER INQUIRER

Sept. 1<sup>st</sup>, 2009 Quarterly Edition

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

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## 0936 PEND

All elective inpatient services, readmissions within 15 days or transfers from another hospital; require a PACER number. A PACER number is obtained by contacting MPRO at 1-800-727-7223. Providers billing professional services must complete the mandatory emergency field (23 on the CMS 1500 or Loop 2300 Seg REG for electronic). If N is reported a PACER number has been required in the past. If a PACER number was in field 23 the 936 edit would not set. If the admission was the result of an emergency Y must be reported in the emergency field (24C CMS1500 or Loop SV109 for electronic claims).

This policy has been changed to the following: Professional providers submitting claims for place of service 21 will no longer require a PACER number for non emergency admissions. The PACER number will still be required when submitting institutional claims. This information will be reflected in the 10/01/2009 revisions to the Medicaid Provider Manual. This does not change the requirement for

PA numbers or CLIA numbers or for procedures requiring prior authorization or CLIA numbers. It applies only to the PACER number on the professional claim format for services reported in the inpatient hospital.

**The attending/admitting physician/hospital will be responsible for obtaining the PACER number; for elective inpatient services.**

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**State of Michigan Offices will be closed**

**Friday, September 4<sup>th</sup>, 2009**

**Due to a Mandatory Furlough Day**

**And closed**

**Monday, September 7<sup>th</sup>, 2009**

**In observance of:**

**Labor Day**



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## Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>Policy and Forms. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
September 30, 2009	<a href="#">0936-MI Choice</a>	MI Choice Waiver Waiting List
September 23, 2009	<a href="#">0937-MS</a>	Elimination of the Categories for Approved Entral Formulae Product List, End Dating Coverage for Five Healthcare Common Procedure Coding System (HCPCS) Codes, and Adding Prior Authorization Requirements for HCPCS Code E0621
September 16, 2009	<a href="#">0938-CHAMPS</a>	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update

## Topic Suggestions for the Provider Inquirer:

Do you have a particular billing topic you would like Outreach and Education to address in the next quarterly edition of the Provider Inquirer? If so, submit your suggestion to: [provideroutreach@michigan.gov](mailto:provideroutreach@michigan.gov). In the subject line type: Provider Inquirer. Please submit your suggestion(s) at least one month prior to the next edition, Outreach and Education will try to accommodate your suggestion. The Provider Inquirer is released the third month of the quarter (i.e. March, June, September and December).

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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](http://www.michigan.gov/medicaidproviders) >> Policy and Forms. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

<b>Issue Date</b>	<b>Bulletin Number</b>	<b>Subject</b>
September 1, 2009	<a href="#">MSA 09-47</a>	MI Choice Waiver Waiting List
August 25, 2009	<a href="#">MSA 09-48</a>	Discontinuance of Private Duty Nursing (PDN) Billing Through MI AuthentiCare, Implementation of PDN Direct Billing in the Community Health Automated Medicaid Processing System (CHAMPS)
August 18, 2009	<a href="#">MSA 09-46</a>	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update
August 1, 2009	<a href="#">MSA 09-45</a>	Reminder on Beneficiary Pharmacy Insurance Deductible, Coinsurance, Co-Pays, and Premiums
August 1, 2009	<a href="#">MSA 09-43</a>	Special Payments to County Medical Care Facilities
August 1, 2009	<a href="#">MSA 09-42</a>	Sanctioned Providers Update
August 1, 2009	<a href="#">MSA 09-41</a>	Discontinuance of Private Duty Nursing (PDN) Billing Through MI AuthentiCare, Implementation of PDN Direct Billing, and Changes to Service Log
July 24, 2009	<a href="#">MSA 09-44</a>	Inpatient Hospital Payment Reduction
July 23, 2009	<a href="#">MSA 09-39</a>	Rate Restoration for Hospice Services
July 15, 2009	<a href="#">MSA 09-40</a>	Selection of Disproportionate Share Hospital (DSH) Ceiling Calculation Option

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July 1, 2009	<a href="#">MSA 09-38</a>	Elimination of 90-Day SSA Approval for RSDI
July 1, 2009	<a href="#">MSA 09-36</a>	Extension of Hearing Aid Volume Purchase Contract
July 1, 2009	<a href="#">MSA 09-35</a>	Change to Children's Special Health Care Services (CSHCS) Medical Renewal Period
June 26, 2009	<a href="#">MSA 09-37</a>	Rescinding Executive Order 2009-22 Rate Reduction
June 18, 2009	<a href="#">MSA 09-33</a>	Re-Admission of Beneficiaries on Hospital Leave Prior to a Denial of Payment for New Admissions (DPNA)
June 16, 2009	<a href="#">MSA 09-34</a>	Rescind bulletin MSA 09-21 and Clarifications to the School Based Services and School Based Services Random Moment Time Study Medicaid Provider Manual Chapters
June 1, 2009	<a href="#">MSA 09-32</a>	Home Help Provider Agency Policy Clarification
June 1, 2009	<a href="#">MSA 09-31</a>	Sanctioned Providers Update
June 1, 2009	<a href="#">MSA 09-30</a>	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update
June 1, 2009	<a href="#">MSA 09-29</a>	Updates to the Medicaid Provider Manual
June 1, 2009	<a href="#">MSA 09-28</a>	Eliminating Certain Medicaid Benefits for Medicaid Beneficiaries age 21 and older, and Medicaid Provider Fee Reductions
June 1, 2009	<a href="#">MSA 09-27</a>	New Healthcare Common Procedure Coding System (HCPCS) Procedure Code Coverage and an Adjustment to the Fee Screen for Essure Hysteroscopic Sterilization provided in the Office Setting
June 1, 2009	<a href="#">MSA 09-26</a>	Medicaid Processing and Payment of Nursing Facility Claims for Co-Insurance Days for Beneficiaries with Medicare Advantage Plan Coverage
June 1, 2009	<a href="#">MSA 09-25</a>	Clarification of Medicaid (MA) Eligibility Language in the Program Eligibility Manual (PEM)

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## THE CORNER

Community Health Automated Medicaid Processing System

### CHAMPS Frequently Asked Questions

#### When will CHAMPS be available?

The Claims, Prior Authorization and Eligibility subsystems of CHAMPS will be available to all providers September 18, 2009. Beginning Friday, August 28, 2009 (after 5:00PM) through Thursday, September 17, 2009; CHAMPS (including Provider Enrollment) will be unavailable to Providers and State Staff in order to allow for the conversion of three years of data into CHAMPS.

#### How do I access CHAMPS?

The web portal for CHAMPS is located at: <https://sso.state.mi.us>. All persons wishing to access CHAMPS must apply for a user name and password then subscribe to the CHAMPS link. Instructions on this process are located at: [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >CHAMPS >SSO Instructions.

#### What is a Domain Administrator?

The Domain Administrator is the person that completed the Provider Enrollment Application for your organization and rendering providers. This person controls access to the Domain (NPI) and determines who has access and what profiles those persons will have in the Domain.

#### Who would the Domain Administrator be for my agency?

Typically the Credentialing or Provider Enrollment Department would be the Domain Administrator(s). Check with your management to find out the person(s) that completed the agency and individual applications. This person(s) would be the Domain Administrator.

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## What if the person that completed the application(s) has left our Organization?

If the person(s) that completed the Provider Enrollment application has left your organization or your Management is not sure who has domain rights the MDCH Provider Enrollment Unit may grant Domain Administrator rights to your Management. Your management will then be able to grant staff access rights to the various Domains.

## What is the difference between a Domain and a Profile?

The Domain is the NPI or provider enrollment application of the individual, agency or organization. To access the various subsystems of CHAMPS the User must select the appropriate domain. The Profile is the role or access rights the User has for the Domain. Users may be assigned to more than one Profile per Domain.

## What are the profiles available in CHAMPS?

- Domain Administrator - The individual who assigns or removes domain and profile access for other CHAMPS users.
- CHAMPS Full Access - Full FFS access to Provider Enrollment, Prior Authorization, Eligibility, and Claims Subsystems.
- CHAMPS Limited Access - View only access to Provider Enrollment and full Fee for Service access to Prior Authorization, Eligibility, and Claims Subsystems.
- Prior Authorization Access - FFS access to Prior Authorization only.
- MCO Provider Access - View Only Access to MCO Provider Enrollment.
- Eligibility Inquiry - FFS access to Eligibility only.
- Provider Enrollment Access - FFS full access to Provider Enrollment only.
- Provider Enrollment View Access - View only access to Provider Enrollment.
- Billing Agent Access - Access to Billing Agent Provider Enrollment only.
- Claims Access - Full FFS access to Claims

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## How are claims going to be converted into CHAMPS?

MDCH will migrate existing suspended claims from the current legacy system into CHAMPS. This migration will take place in phases during which the claims will be rejected in the legacy system and then resurrected in CHAMPS. For further information, please refer to either MSA Numbered Letter L09 -19 or MSA CHAMPS Bulletin 09-46.

## How will providers validate their Provider information in CHAMPS?

MDCH encourages Providers to review their Provider Enrollment application prior to August 28, 2009, in order to confirm that the provider has selected the correct mode of claims submission.

### Mode of Claim Submission:

In order to submit and status claims on-line through CHAMPS the provider must select "On-line Direct Data Entry," in the Mode of Claim Submission step. Providers should select all modes of claims submission that apply to them: Electronic Batch, On-Line Direct Data Entry, Billing Agent and/or Paper. Providers should **NOT** select Data Exchange Gateway (DEG).

### Types of Modes of Claim Submission:

**Electronic Batch** - Providers that have HIPAA compliant software that can upload claims and send those claims in an 837 electronic format directly into CHAMPS.

**On-Line Direct Data Entry** - Provider has the capability to submit claims one at a time into CHAMPS, may status and adjust/void claims.

**Billing Agent** - Providers that currently have a Billing Agent submit claims in an 837 transaction into the Data Exchange Gateway may continue to submit claims in this method.

**Paper** - MDCH will continue to accept paper claims. Professional Claim- CMS 1500, Institutional- UB-04, ADA Dental Claim Form)

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**Data Exchange Gateway (DEG)** - Billing Agents submit 837 HIPAA compliant claims directly through the MDCH Data Exchange Gateway on behalf of the providers. This option should never be selected in the Mode of Claim Submission Step when completing a Provider's application.

## What CHAMPS training options will be available?

MDCH will have Webinars and Quick Reference Guides related to Claims, Prior Authorization and Eligibility posted at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >CHAMPS, by September 18, 2009. The Provider Outreach unit will also be offering training sessions starting in October. These sessions will be posted by September 1, 2009. To register visit: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >Communications & Training.