

## 2016 Biller “B” Aware

**November 23, 2016: Attention LTC Providers:** MDHHS received notification this morning that LTC provider’s November 2016 monthly interim Quality Assurance Supplement (QAS) Payments, scheduled for payment this week, has been delayed one week due to a processing issue within CHAMPS. These interim monthly payments has now been processed and sent to Treasury for warrant generation dated December 1, 2016. The payments will appear on the provider’s Remittance Advice and FD 622 Report for pay cycle #48 dated Thursday, December 1, 2016. MIP providers will receive both their MIP payment and their November interim QAS payment on this pay cycle.

We apologize for the late notification and the payment delay.

**November 23, 2016: Attention Ambulance Providers:** Effective for Dates of Service (DOS) on or after October 1, 2016, CMS has assigned Medically Unlikely Edits (MUE) to procedure code A0425 with a value of 250. For ambulance runs requiring over 250 miles, prior authorization (PA) from the Medicaid Program Review Division will be required for the entire run. Ambulance runs billed in excess of 250 miles without PA will deny with CARC 273 and RARC N362. Mileage can only be reimbursed for loaded miles. Refer to [MSA 16-16](#) for PA requirements for Medicaid-enrolled providers.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**November 21, 2016: Attention Providers:** MDHHS Third Party Liability (TPL) is in the process of receiving the National Roster File directly from Delta Dental via the PA593 format. Effective December 1, 2016, coverage that is received from Delta Dental will be loaded directly into CHAMPS. TPL has received written notification that the Delta Dental PA593 is considered to be the record of source. Therefore, if a provider contacts MDHHS regarding coverage that loaded via the PA593, MDHHS will be informing the provider to contact Delta Dental.

**November 17, 2016: System Outage:** Due to MILogin system maintenance, the CHAMPS system will not be accessible between 8:00 AM and 12:00 PM on Sunday, November 20, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**November 7, 2017: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers:** This is an update to the message posted on November 3, 2016 regarding a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS has corrected the issue and all affected claims will be recycled.

**November 7, 2016: System Outage:** Due to maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 12, 2016 through 9:00 AM Sunday, November 13, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**November 3, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers:** MDHHS has identified a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS is currently working to remedy the issue and once completed, affected claims will be recycled.

**November 2, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** As a reminder, when billing for Room and Board, the service line from and to date (if reported) must match that of the claim header from and through dates and be reflected in the units billed. Please ensure the room and board revenue code being billed for the resident is accurate for the bed type as MDHHS is seeing an increase of both Revenue Code 0110 and 0120 being billed on two separate claims for same beneficiary

and same/overlapping services dates. These claims will be denied or recouped if paid incorrectly. For further clarification please refer to the National Uniform Billing Committee (NUBC) Manual when preparing Nursing Facility room and board claims.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**November 1, 2016: Attention Hospital Providers:** Effective 10/01/2016, 2,400 new diagnosis codes and more than 4,300 new PCS codes have been loaded into the CHAMPS system.

Outpatient hospital providers may notice an increase in OPPTS claim denials with Claim Adjustment Reason Codes (CARC) A8 and 146 for dates of service on and after 10/01/2016 when using any of these new diagnosis codes. MDHHS asks for your patience as it loads grouping and pricing software for the 4<sup>th</sup> Quarter 2016 OPPTS Outpatient claim type.

Inpatient hospital claim types may notice an increase in APC/DRG claim denials with CARC A8 for discharges with dates of service on and after 10/01/2016 when using any of the new diagnosis or surgical procedure codes. MDHHS ask for your patience as it loads Grouper Version 34 software.

Providers are reminded to use diagnosis coding to the highest level of specificity. Projected implementation date for the 4<sup>th</sup> Quarter 2016 OPPTS and Grouper Version 34 software is Mid November 2016. All claims affected by these diagnosis coding denials will be reprocessed and notification of such action will be made in the near future.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**November 1, 2016: System Outage:** Due to system updates, the CHAMPS system will be down between 7:00 PM Friday, November 4th, 2016 through 2:00 AM Saturday, November 5th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**October 19, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** Effective October 17, 2016 providers emailing MDHHS Provider Support for Level of Care Determination (LOCD) inquiries will receive a Service Request (SR) Number and information on how to check the status of their inquiry [online](#). This [LOCD Status Inquiry](#) will be updated each Monday beginning Monday October 24, 2016 and will provide the SR Created on Date, Facility NPI, SR Status (Open/Closed) and Disposition (Approved/Denied/Pending/Documentation Requested). If Final Disposition is DENIED, Provider Relations will contact you with further details.

The LOCD Status Inquiry is being implemented to effectively allow providers to check the status of their own inquiry without contributing additional LOCD inquiry volume to Provider Support. Provider Support will have no additional information related to these LOCD inquiries. Please allow up to 45 business days from the SR Number Created Date to status your LOCD inquiry. Thank you for your continued patience.

**October 19, 2016: Attention Providers:** Due to server system maintenance, the CHAMPS File Transfer application will be down between 5:00 PM Wednesday October 26, 2016 through and 12:00 AM Thursday October 27, 2016. This down time will affect access to the File Transfer application the application should be accessible again on October 27, 2016. We apologize for any inconvenience

**October 18, 2016: System Outage:** Due to MILogin system maintenance, the CHAMPS system will be down between 7:00 AM and 1:00 PM on Sunday, October 23, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**October 13, 2016: Attention Inpatient Hospital Providers:** [MSA Bulletin 15-30](#) announced the MDHHS conversion of the inpatient reimbursement episode of care grouping structure from the MS-DRG system to the APR-DRG system. This bulletin informed providers final APR-DRG relative weights, Hospital DRG rates, per diem rates, and cost to charge ratios would be published on the MDHHS Inpatient Hospital website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Inpatient Hospitals. MDHHS uses the APR-DRG Grouper Version effective nationally on October 1, 2015, with updates to the most recent version schedule to occur annually on October 1.

MDHHS is currently working to post the APR-DRG Grouper Version 34 technical information to our website and will notify providers with an update as soon as the information is available.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**October 13, 2016: Attention Providers:** MDHHS has scheduled an enhancement to the Document Management Portal effective with the next release on December 16, 2016. The system will be updated to accept documents up to 30MB size so that users can upload one single document rather than sending multiple documents. The Predictive Modeling Medical request letter will appear attached to the TCN in CHAMPS as well as in the archived documents of the providers NPI#. The View Message Icon will be hidden if there is no message attached to the documents and only appear if there is a message.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**October 12, 2016: Attention Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**October 5, 2016: Attention Ambulance Providers:** UPDATE: MDHHS is rescheduling the Ambulance provider virtual training to December 8, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our [Medicaid Provider Training](#) page to register.

**October 5, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 8th through 9:00 AM Sunday, October 9th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**October 4, 2016: Attention Providers:** The Core 270/271 real-time eligibility transaction timeout issue has been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

Please contact [Automatedbilling@michigan.gov](mailto:Automatedbilling@michigan.gov) with any further questions.

**October 4, 2016: Attention Providers:** The CHAMPS system has been experiencing connectivity issues affecting real-time 270/271 transaction processing. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

Please contact [Automatedbilling@michigan.gov](mailto:Automatedbilling@michigan.gov) with any further questions.

**October 4, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** As relayed in the MDHHS messages dated August 23, 2016 and September 21, 2016, claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. This is effective October 4, 2016.

Please refer to letters [L 16-13](#), [L 16-16](#), and [L 16-53](#) for further information.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**October 3, 2016: Attention Inpatient Hospital Providers:** This is an **UPDATE** to the message posted on September 26, 2016 regarding the MDHHS Inpatient Hospital Updates virtual training scheduled for October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates. The updated agenda is listed below:

- Eligibility Verification
- Top Inpatient Claim Suspend/Rejection Reasons
  - TIPS how to resolve denials
- CHAMPS Recently Corrected Items/Impacts
- Policy Updates
- Questions
- Provider Resources

Please visit our [Medicaid Provider Training](#) page to register.

**October 3, 2016: Attention Ambulance Providers:** MDHHS is offering an Ambulance provider virtual training on October 13, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our [Medicaid Provider Training](#) page to register.

**September 30, 2016: Attention Providers and Trading Partners:** This Sunday October 2, 2016 from 10:00 AM – 12:00PM, the SFTP/SSL connections will be replacing the current SSL certification. Please refrain from submitting any files during this time. All must accept the new certification (fingerprint) prior to the submission of files.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any further questions.

**September 30, 2016: Attention Providers:** October 2016 is 'Breast Cancer Awareness Month' and the state is going "Pink" to raise awareness. As part of this effort, various screens and text within CHAMPS will appear pink, instead of the normal blue.

**September 28, 2016: Attention Outpatient Hospitals:** July 2016 Quarterly APC & ASC software was loaded into CHAMPS and MDHHS has begun to adjust claims that were processed under the previous quarter's software. In addition, MDHHS has begun adjusting claims with CPT codes G0477-G0483 with dates of service between January 01, 2016-March 31, 2016 that may have inadvertently paid \$0.00. These claims can be identified by the claim note "APC July 2016 quarterly updates. G04XX".

**September 27, 2016: Attention Outpatient Hospital Providers:** Effective September 30, 2016 MDHHS will change the error disposition from suspend to DENY for claims that are split billed, duplicates, or are not those approved by Medicare for repetitive billing. Current Medicaid policy [7.1.E Date of Service](#) requires all services for a single encounter be billed on one claim with the exception of the services outlined in policy. Claims can be identified with **CARC 97 - RARC M86**. The [claim limit list](#) function in CHAMPS can be utilized to identify the previously paid claim.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**September 26, 2016: Attention Inpatient Hospital Providers:** MDHHS is offering an Inpatient Hospital Updates virtual training on October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Inpatient Authorization Requirements
- Prior Authorization/PACER/Transfers/15 day readmits/CSHCS
- Claim completion/3 Day or 1 Day Window
- Newborns
- Time limit Exceptions
- Audits/Rebilling rules

Please visit our [Medicaid Provider Training](#) page to register.

**September 26, 2016: System Outage:** Due to CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 30th 2016 and 2:00 AM Saturday, October 1st 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience.

**September 21, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** This is an update to the messages posted August 23, 2016 and September 12, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD.

Please refer to letters [L 16-13](#) and [L 16-16](#) for further information. MDHHS has also posted [L 16-53](#) dated September 2016 to provide additional information.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**September 20, 2016: Attention Nursing Facility Medicaid Fee for Service Providers:** Medicaid letter [L 16-16](#) issued on April 28, 2016, informed nursing facilities that the Medicaid Enrollment Checklist was revised. The revision included a new MDHHS local office reminder regarding the submission of a revised MSA-2565-C by the facility if the facility's NPI/Medicaid Provider ID number changed. This checklist has been revised again to include a reminder that a revised MSA-2565-C must be sent to the local office for all current Medicaid residents and newly admitted Medicaid beneficiaries in the event of a change in a facility's NPI/Medicaid Provider ID number.

The revised [Medicaid Enrollment Checklist](#) is posted online.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**September 15, 2016: Attention Providers:** MDHHS Provider Relations has begun adding recordings of recently conducted virtual trainings on our [Medicaid Training](#) site. Recordings will continue to be added and providers are encouraged to check this site regularly to listen to past presentations or to register for upcoming scheduled virtual trainings.

**September 12, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** This is an update to the message posted August 23, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD.

Please refer to letters [L 16-13](#) and [L 16-16](#) for further information.

A MDHHS Medicaid virtual training entitled "Institutional Level of Care and Patient Pay" is scheduled for September 13, 2016, that will include information about this update. Please visit the [MDHHS Medicaid Training](#) site to register for this training.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**September 9, 2016: Attention Nursing Facility Medicaid Fee for Service Providers:** Instructions for the Facility Admission Notice (MSA-2565-C) have been revised to indicate:

If there is a change in the nursing facility's NPI/Medicaid Provider ID number the local MDHHS office must be notified via a revised MSA-2565-C. A revised MSA-2565-C must be completed for all current and newly admitted Medicaid beneficiaries. The NPI field must contain the effective date of the NPI. An MSA-2565-C is not submitted for beneficiaries receiving hospice services in a nursing facility.

The revised [MSA-2565-C](#) is posted.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**September 9, 2016: Attention Skilled Nursing Facility Providers:** MDHHS is offering a Skilled Nursing Facility Document Management Portal (DMP) virtual training on September 14, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation related to the Level of Care Determination (LOCD) process. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Messaging
- Provider Resources

Please visit our [Medicaid Provider Training](#) page to register.

**September 2, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, September 10th through 9:00 AM Sunday, September 11th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**September 1, 2016: Attention Outpatient Hospital Providers:** MDHHS has identified a system issue causing secondary and tertiary claims to Medicaid to inadvertently pay \$0.00. This is primarily happening when the other insurance has no payment amount at the header or the line level but there is beneficiary liability indicated (example: CARC 1, 2, or 3) and MDHHS has liability. This is projected to be fixed in a system release scheduled for December 16, 2016. At that time, MDHHS will identify affected claims and adjust them for correct processing. We apologize for any inconvenience.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**August 29, 2016: Attention Providers and Trading Partners:** September 10, 2016 MDHHS will change the disposition for the below 837 and 835 EDIFECs edits to normal, which means reject. With the exception of 0x3939447(zip-plus-four zip codes cannot end in four "0"s or four "9"s) will remain as a warning.

The specific edit codes and their descriptions are:

- 0x3939447: Zip-plus-four zip codes cannot end in four "0"s or four "9"s
- 0x39393D1: Validation of Canadian zip code (N403) will only allow a value of 6 characters
- 0x39394BB: The N404 Country Code cannot be one of the US Territories
- 0x393967E: A description is required for NOC procedure codes
- 0x39394BF: The K3 segment can be submitted with an original NDC code

- 0x3938C91: Restricted usage of ICD-10 codes for External Cause of Injury can only be from code range V00-Y99
- 0x3938C8F: The ICD-10-CM Primary/Principal Diagnosis cannot be an External Cause code
- 0x3938C8F: Usage is restricted for certain External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis: for codes starting with "V0" and codes starting from V-Y
- 0x3939685: Usage is restricted for certain UB-04 "Payer-Only" codes (reserved for payer internal use only and should not be used on a claim). "Payer-Only" codes for NUBC UB-04 ECLs are:
  - 132 Condition:12-16, 62-65, M0-M9, MA-MZ, UU;
  - 132 Occurrence:23, 48-49;
  - 132 Occurrence Span:79; and
  - 132 Value:17-20, 62-65, 70-79, Q0-Q9
- 0x3939386: Updated function for the date format (expected date format CCYYMMDD/CCYYMMDD-CCYYMMDD when = D8/RD8 qualifier).
- 0x393941C: The ST02 value format is restricted to numeric characters on the 835.
- 0x39393FA: Certain CARCs may be used more than once: the list of these CARCs is shown in User Global Declaration CARC and should be unique only *exclusion CARC 137,237*.
- *0x39393FA: Use of duplicate CARCs is restricted within the claim/service line.*

Now that the edits have changed to reject, the following will occur:

- If one of the edits set in a single-transaction file, **the entire file will be rejected**
- If one of the edits sets for a multiple transaction file, **only the failed transactions will be rejected**; any other transactions that pass all edits will be accepted and loaded into CHAMPS.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any further questions.

**August 29, 2016: Attention Providers:** MDHHS Third Party Liability (TPL) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare enrollment and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS.

After receiving Medicare adjudication information, the provider may submit the claim to Medicaid for adjudication within 120 days from the date that Medicare paid the claim. Please submit the claim and report the following in the remarks section: "Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed."

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**August 22, 2016: System Outage:** Due to a CHAMPS Emergency Release, the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 26th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**August 23, 2016: Attention Nursing Facility Medicaid Fee for Service Providers:** MDHHS would like to remind providers of the importance of their Medicaid Provider Identification (ID) Number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD). Medicaid will continue to remind facilities of this information as claims may deny in the future if the LOC 02 segment in the member's eligibility file is not that of the facility that conducted the LOCD and/or match the claim NPI.

Please refer to [L-Letter 16-13](#) for additional information.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**August 18, 2016: Attention Trading Partners and Providers:** Due to a system issue, electronic files submitted after 4:55AM on 08/17/2016 through 11:00AM on 08/18/2016 will see duplicate 999's. This system issue has been resolved and there is no need to resubmit any files. If you do **NOT** receive a 999, please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov).

**August 16, 2016: Attention Providers:** The File Transfer Service (FTS) portal will be unavailable on Sunday, August 21, 2016 from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) if you require further assistance.

**August 11, 2016: Attention Providers:** MDHHS is continuing to see a high volume of claim denials where the ordering/referring provider is not enrolled in CHAMPS. Ordering/referring providers are encouraged to share their individual NPIs with rendering providers so they may submit the information required for payment of claims.

A CHAMPS Provider Verification screen is available for providers to verify if an ordering/referring provider is enrolled/registered with Michigan Medicaid. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the referring/ordering provider and select Verify.

Ordering/referring and attending providers must be enrolled and active in the Michigan Medicaid program on the date of service.

Please refer to [MSA 12-55](#) and [MSA 13-17](#) for additional guidance.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**August 10, 2016: Attention Providers:** MDHHS Provider Relations has created a new [Provider Inquiry Email Form](#) for Medicaid Providers. This form includes information that Medicaid Provider Relations needs to answer most inquiries. Once you have downloaded this document, complete and save the form to your computer and attach it to your email to [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov).

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**August 9, 2016: Attention Ambulance Providers:** MDHHS is seeing an increase of emergency ambulance transport claims denying CARC 50 for a non-supporting emergency ambulance diagnosis code. Providers are not utilizing the highest specificity of the diagnosis code, when possible. For example, using DX S82899A: Unspecified fracture of unspecified lower leg. The more specific DX code could be S82891A: Other fracture of right lower leg or S82892A: Other fracture of left lower leg. The Medicaid Code and Rate Reference Tool can be used to verify which diagnosis codes support Emergency Transport by having an ambulance indicator.

Also, many providers are not utilizing the emergency in Loop 2400, SV109 segment or the CMS 1500, 24C to indicate emergency services. If left blank, the indicator defaults to N, which indicate no.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**August 03, 2016: System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, August 13<sup>th</sup>, 2016 through 9:00 AM Sunday, August 14<sup>th</sup>, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**August 03, 2016: Attention ALL Providers:** This is an update to the message posted July 25, 2016 regarding Children's Special Health Care Services (CSHCS) migration from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016.

A [user guide](#) for providers is now available to assist in this migration.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or [FerrisK1@michigan.gov](mailto:FerrisK1@michigan.gov) for assistance.

**July 27, 2016: Attention All Providers:** MDHHS now receives weekly files from BCBSM and BCN. All Policy Changes (adds, terminations and other changes) are reported on the file. Therefore, in most cases you will not need to notify TPL of a Policy Change. However, please report Policy Changes that occur:

- within the last 30 days if there are access to care issues
- more than 30 days ago

Please Note:

- Changes reported to <http://www.michigan.gov/reportTPL> with an email address will receive an email confirmation when TPL completes the review.
- If a change is not made, your Blue Cross provider consultant can ensure that the coverage on web-DENIS is correct and can help get BCBSM and BCN records updated when necessary.
- TPL may close the request due to a system (file) update made after the request was received. If your confirmation states that the system has been updated and you feel a change is still needed, please report the change again.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 27, 2016: Attention Nursing Facility Providers:** MDHHS is aware of delays in updating Provider IDs and Level of Care (LOC). We are currently working on addressing the issue to expedite these updates. Thank you for your patience.

**July 25, 2016: Attention All Providers:** Children's Special Health Care Services (CSHCS) will be migrating from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. Electronic document submissions for eligibility, renewal, and provider additions for CSHCS clients will only be received through DMP beginning August 1, 2016.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or [FerrisK1@michigan.gov](mailto:FerrisK1@michigan.gov) for assistance.

**July 20, 2016: Attention All Providers:** This is an update to the message posted on June 19, 2016 regarding Document Management Portal (DMP) and the messaging function for claims suspending for Predictive Modeling. This messaging function is only available for medical documentation submitted via the DMP or FAX. This function is not available for medical documentation submitted via mail.

**July 19, 2016: Attention All Providers:** Beginning July 22, 2016, the messaging function within the Document Management Portal (DMP) will be available for claims suspending for Predictive Modeling. This messaging function will allow providers and MDHHS staff the ability to communicate when it is determined that certain documentation is missing or not legible after an initial review of submitted documentation has been completed. This messaging function **does not** replace the initial documentation request letter that providers receive when the claim initially suspends for Predictive Modeling.

MDHHS will send a message to the provider indicating which document (s) is needed and the provider will have **10 business days** to upload additional requested documentation and respond back to MDHHS via DMP messaging.

**There are two ways to access messages within DMP:**

1: Message Tab within DMP:



2: Message Icon within search messages:



When a new message is available in DMP, an email will be sent to the provider's email associated to the MiLogin account that was created when you signed up for CHAMPS.

For detailed instructions for this messaging function, click on [DMP/Messaging](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 19, 2016: System Outage:** Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Friday, July 22nd 2016 and 2:00 AM Saturday, July 23rd 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

**July 12, 2016: Attention Professional Providers:** This is an update to the June 14, 2016 message related to the MUE on Subsequent Hospital Care 99231-99233 updated to reflect 1 visit per day per same rendering/servicing provider. The affected claims from DOS 10/1/2015 forward will be recycled and the recycled claims will appear on a future remittance advice. Claim adjustments on incorrectly paid claims may also be initiated by the provider.

Initial Hospital Care 99218-99223 will remain one visit per day per same group/billing provider.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 11, 2016: Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 07, 2016: Attention Outpatient Hospital Providers:** This is an update to the messages posted June 28, 2016 and April 7, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016-March 31, 2016 billed with codes G0477-G0483 may have incorrectly paid zero dollars. The codes rates will be updated in the July 2016 quarterly APC/OPPS software updates which will be completed on September 30, 2016. MDHHS will adjust any paid claims that were affected. We apologize for any inconvenience

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 07, 2016: Attention Trading Partners:** Electronic claim submission files submitted in June 2016 may have been accepted and a 999 acknowledgement was returned through the File Transfer Service (FTS) connection. The 999 acknowledgements were not stored in Champs and the file was not loaded through claims adjudication. The missing 999s have been re-loaded by MDHHS and files are now in claim adjudication process and will appear on a future remittance advice. Trading Partners may see two duplicate 999 acknowledgement files if they retrieved them through the FTS connection. Any Affected Trading partners will be contacted via e-mail by MDHHS.

If you have further questions please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov)

**July 06, 2016: Attention ALL Providers:** MDHHS is offering a CHAMPS Document Management Portal (DMP) virtual training on July 21, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation for Medicaid claims filed electronically through CHAMPS, submit consent forms, and submit records requested for Predictive Modeling requirements. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- **Beginning July 22, 2016, MDHHS use of the messaging function to providers to communicate requests for additional documentation on claims suspending for Predictive Modeling.**
- Provider Resources

Please visit our [Medicaid Provider Training page](#) to register.

**July 05, 2016: Attention ALL Providers:** As part of the most recent update within CHAMPS, providers will now see a change in how claim adjustment reason code (CARC) 23 is reported on the 835/Electronic Remittance Advice (ERA). Claims will be impacted by prior payer's adjudication, including prior payment and/or adjustments, which are contractual CARC amounts and will be reported back to providers as CARC 23. Any Medicaid liability CARCs will be reported back to providers in CARC 45.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**July 01, 2016: System Outage:** Due to CHAMPS release deployment, the CHAMPS system will be down between 6:00 PM Saturday, July 9th 2016 through 6:00 AM Sunday, July 10th 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

**June 29, 2016: Attention ALL Providers and Trading Partners:** CHAMPS has been updated to EDIFECs version 8.6.2 as part of the most recent CHAMPS system update, 6/24/16. A number of 837 and or 835 edits have been updated, added, or deleted since this last upgrade. For reject edits that may have a significant impact on Fee for Service (FFS) submission, MDHHS is delaying turning the disposition to reject until the end of August 2016 (60 days after 6/24/2016).

The edits are as follows:

- Description is required for NOC procedure code
- Updated edit for validation of Canadian zip code (N403) to allow value of 6 characters only.
- Added new edit for N404 Country Code not to be one of US territories.
- Added new edit for ICD-10-CM Primary/Principal diagnosis: it cannot be External Cause code.
- Added new edit allowing to send K3 segment with original NDC code.
- Added new edit restricting usage of UB-04 "Payer-Only" codes. These codes are reserved for payer internal use only and should not be used on a claim. "Payer-Only: codes for NUBC UB-04 ECLs are:
  - 132 Condition: 12-16, 62-65, M0-M9, MA-MZ, UU;
  - 132 Occurrence: 23, 48-49;
  - 132 Occurrence Span: 79;
  - 132 Value: 17-20, 62-65, 70-79, Q0-Q9.
- Updated edit restricting usage of External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis from codes starting from "V0" and codes having V-Y to codes starting from V-Y.
- Added new edit restricting usage of ICD-10 codes for the purpose of External Cause of Injury.
- Updated edit to provide infrastructure to specify the list CARCs that may be used more than once. The list of such CARCs can be edited in User Global Declaration.
- Updated edit to restrict usage of duplicate CARCs within claim/service line.
- New edit for zip plus four zip codes cannot end in four "0"s or four "9"s
- Updated function for the date format
- New edit to restrict ST02 value format to numeric character (on 835).

Please review your audit files with extra scrutiny to ensure that you have accounted for these new edits prior to the status changing to reject. If one of these edits sets after they are turned to reject, **your entire file will be rejected in only one transaction.** If multiple transactions within the file are rejected then only that transaction will be rejected and not loaded.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any further questions.

**June 28, 2016: Attention Outpatient Hospital Providers:** This is an update to the message posted April 7<sup>th</sup>, 2016 and May 04, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016 through March 31, 2016, billed with codes G0477-G0483, may be paying at zero dollars. Claims with dates of service on or after April 1, 2016, billed with these codes are paying appropriately. MDHHS will notify providers with an update as soon as the rates records issue is resolved.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Please include in the subject area: Attention OPPS Claim Question.

**June 23, 2016: Attention Providers: Beginning June 27th MILogin will be replacing Single Sign-On.**

**If you are a current SSO user, you will use your same User ID and Password to access MILogin. DO NOT register as a new user.**

You will access CHAMPS through MILogin at: <https://milogintp.michigan.gov>

There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27th 2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change.

Further information that explains this change can be accessed on the [MILogin informational site](#).

**June 23, 2016: Attention ALL Providers:** This is an update to the message posted August 27, 2015 related to systems issues that caused some beneficiaries to not receive timely Medicaid coverage. Guidance on how affected beneficiaries and providers could obtain appropriate reimbursement was provided. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groups as outlined in [L-letter 15-48](#) were directed to resubmit those claims for consideration by March 31, 2016.

MDHHS has experienced some delays in the processing and letter notification to individuals and families who were eligible for Transitional Medical Assistance (TMA) and Special N Support (SNS) from March 2014 through March 2015. Providers have up to 6 months from the beneficiary deadline date listed on the beneficiary notice to submit claims. Claims with dates of service greater than 12 months from the date of submission need to have "MAGI Corrective Action" reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly.

MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance, and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**June 20, 2016: System Outage:** Due to a CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 24<sup>th</sup>, 2016 and 2:00 AM Saturday, June 25<sup>th</sup>, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

**June 16, 2016: Attention Inpatient Hospital Providers:** MDHHS is receiving multiple inquiries regarding authorization guidelines for care in a Long-Term Acute Care Hospital (LTACH). Bulletin [MSA 15-30](#) addressed the reimbursement methodology changes made by the Hospital Reimbursement Reform Initiative (HRR) Technical Workgroup. There were no changes nor was there any intent to change authorization/PACER requirements. All inpatient hospital services require authorization.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**June 14, 2016: Attention Professional Providers:** The MUE on Initial and Subsequent Hospital Care, Procedure Codes 99218-99233, have recently been updated and limited to reflect 1 visit per day per same group/billing provider. These claims will deny with CARC 18, 119. This service is "per day", as such, all visits from the same group would be encompassed into the payment regardless of the number of times

the patient was seen on that day.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**June 09, 2016: Attention ALL Providers:** Beginning June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently, if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password, please refer to the [Electronic Submissions Manual](#).

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with questions.

**June 07, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 11<sup>th</sup>, 2016 through 9:00 AM Sunday, June 12<sup>th</sup>, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**June 03, 2016: Attention ALL Providers:** June 2016 is 'Alzheimer's Awareness Month' in Michigan and the state is going "Purple!" to raise awareness of this effort. As part of this effort various screens and text within CHAMPS will appear purple, instead of the normal blue.

Those seeking more information about Alzheimer's disease and the free support and services the Alzheimer's Association offers are encouraged to call the 24/7 helpline at 800-272-3900 or visit <http://www.alz.org> to find out how to contact the Chapter that serves their community.

**CHAMPS**  
Community Health Automated Medicaid Processing System

DCH \*  
Select Profile \*  
Select Favorite \* Go

- Benefit Plans**  
Tailor services to your members with our benefit plans features. Benefit plans can support specific managed care programs.
- Benefit Service Package**  
The Benefit service package defines a bundle of services, diagnosis codes and delivery settings. Our system provides the flexibility to maintain complex benefit.
- Group Structure**  
Our flexible group structure provides the flexibility to support exception based processing based on categories of members.
- Business Rules Driven Benefits Evaluation Process**  
Our integrated RuleIT rules engine manages the business rules associated with evaluating the claim against the multiple benefit service plans.

**June 02, 2016: Attention ALL Providers: Beginning June 27<sup>th</sup> MILogin will be replacing Single Sign-On.**

You will access CHAMPS through MILogin at:

- <https://milogintp.michigan.gov>

There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27<sup>th</sup> 2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change.

Further information that explains this change can be accessed on the [MILogin informational site](#).

**May 25, 2016: Attention ALL Providers:** Blue Cross Blue Shield of Michigan (BCBSM) has recently begun sending Third Party Liability (TPL) voided coverage to remove coverage which had previously loaded and was later identified as invalid. TPL has made efforts to identify any voids that have been missed; those records were removed in April and May. Beginning in June 2016, BCBSM will be sending all necessary coverage records, including adds, terms, updates and voids.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**May 25, 2016: Attention ALL Providers:** This is an update to the message posted on May 24, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with any further questions.

**May 24, 2016: Attention ALL Providers:** CHAMPS Real-time 270/271 Eligibility transactions are experiencing network connectivity issues. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

Please contact [Automatedbilling@michigan.gov](mailto:Automatedbilling@michigan.gov) with any further questions.

**May 24, 2016: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has recently updated the [Predictive Modeling FAQ](#) resource document on the provider website.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Please include in the subject area: Predictive Modeling.

**May 16, 2016: Attention ALL Providers:** On June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password please refer to the [Electronic Submissions Manual](#).

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with questions.

**May 09, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down Saturday, May 14, 2016 6:00 PM EST through Sunday May 15, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**May 09, 2016: Attention Outpatient Hospital Providers:** All Outpatient Hospital claims with dates of service on or after 1/01/2016 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 18 (4-28-2016 Remittance Advice (RA)). Adjusted claims can be identified by the claim note "APC Jan 2016 quarterly updates."

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**May 09, 2016: Attention ALL Providers:** A new ICD-10 Resource Tool, "[ICD-10 Code Lookup](#)," has been posted to the Michigan Department Health and Human Services (MDHHS) [ICD-10 Webpage](#). This helpful conversion tool provides quick access to frequently used codes. Please note that this tool should be not used as a final mapping for ICD-10 Codes and all codes should be verified via [Centers for Medicare and Medicaid Services \(CMS\)](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**May 06, 2016: Attention ALL Providers:** The Michigan Departments of Health and Human Services (MDHHS) will initiate claim adjustments on pay cycle 5/12/2016 for HCPCS and CPT codes that have a lifetime limit. Beginning with dates of service from 2011 and continuing adjustments until completed. Previously, lifetime limits were not storing correctly within CHAMPS and claims may have processed incorrectly. The adjustment claims can be identified by the claim note "Lifetime Limit Adjustments to set flag". The Medicaid Code and Rate Reference Tool can be used to verify which HCPCS and CPT codes have a lifetime limit.

Please review the following for information on [how to verify the "Adjustment Source" of your claim](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**May 04, 2016: Attention Outpatient Hospital Providers:** This is an update to the message posted April 7<sup>th</sup>, 2016 related to APC/OPPS quarterly software updates. Analysis of claims processed on or after March 25<sup>th</sup>, 2016 show certain service lines are setting incorrect status indicators. Providers may notice an increase in the amount of claims that are suspending for dates of service on or after January 1<sup>st</sup>, 2016. The correction to this issue is scheduled to be installed May 14<sup>th</sup>, 2016. MDHHS will release any suspending claims affected by this issue. MDHHS asks that providers not send in duplicate claims but wait for their suspending claim to be resolved.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Please include in the subject area: Attention OPPS Claim Question.

**May 03, 2016: System Outage:** Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Saturday, May 7<sup>th</sup> 2016 and 2:00 AM Sunday, May 8<sup>th</sup> 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

**April 21, 2016: Attention ALL Providers: This is an update to the messages posted October 30<sup>th</sup>, 2015 and November 10<sup>th</sup>, 2015 related to Predictive Modeling (PM).** The Michigan Department of Health and Human Services (MDHHS) will be requesting medical records for any claim that is flagged for PM. Providers may notice an increase in the volume of affected accounts. MDHHS wants to remind providers that they must attach their medical records to the suspending TCN within 45 days from the date of the medical records request letter. Please do not upload documentation until the letter is sent. Please do not submit duplicate claims until the suspending claim is resolved. Providers can expect their claim to be resolved within 60 days from the date medical records are uploaded through the Document Management Portal (DMP). Please refer to our [PM Frequently Asked Questions](#) for more details.

Providers with further questions can contact Provider Support by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Please include in the subject area: Attention Predictive Modeling.

**April 12, 2016: Attention ALL Providers:** This is an update to the message posted on April 11, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS are still working to analyze this issue and we will continue to monitor the system. We apologize for any inconvenience.

Please contact [Automatedbilling@michigan.gov](mailto:Automatedbilling@michigan.gov) with any further questions.

**April 12, 2016: Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice (RA) date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**April 12, 2016: Attention Hospice Providers:** The Centers for Medicare & Medicaid Services (CMS) has clarified that the hospice day-count begins when a beneficiary becomes Medicaid eligible and not before. Therefore, the Michigan Department of Health and Human Services (MDHHS) cannot count days in hospice when the member was self-pay or under another insurance payer. Once the beneficiary becomes Medicaid eligible, Occurrence Code (OC) 27 will need to contain the hospice start date of when the individual became Medicaid eligible and then higher tiered hospice rate for days 1-60 will be paid to the provider.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**April 11, 2016: Attention ALL Providers:** Core 270/271 Real-time Eligibility transactions are currently experiencing session time-outs. MDHHS is currently monitoring the system to identify the problem. We apologize for any inconvenience and will provide an update once the issue is resolved.

Please contact [Automatedbilling@michigan.gov](mailto:Automatedbilling@michigan.gov) with any further questions.

**April 11, 2016: Attention PDN Providers:** MDHHS has identified a database issue. Claims that were submitted with date of service falling on Easter were paid at the regular rate instead of the holiday rate. MDHHS is working on creating a resolution for this issue and once the issue is resolved, MDHHS will adjust the claims to pay at the correct rate.

**April 7, 2016: Attention Outpatient Hospital Providers:** Due to delays in coding updates, claims with dates of service on and after January 1, 2016 billed with codes G0477-G0483 will deny with reason code A8. Once the April 2016 APC/OPPS quarterly software updates are completed on June 26, 2016, MDHHS will identify affected claims and resurrect them.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**April 5, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down Saturday, April 9, 2016 6:00 PM EST through Sunday April 10, 2016 9:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**March 21, 2016: Attention All Providers:** MDHHS is experiencing technical difficulties with the File Transfer Service (formerly known as the Data Exchange Gateway-DEG). Additional information will be sent as we receive it. We apologize for this inconvenience. Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with questions. Thank you.

**March 18, 2018: Attention All Providers:** On Sunday, March 20th, 2016, the File Transfer Service (FTS) will undergo screen revisions. All functions will remain the same but screens will look different only when accessing the web interface using the HTTPS Connection.

**\*\*Please DO NOT SEND files through the HTTPS web Internet connection Sunday, March 20th, between 8:00 A.M. and 6:00 P.M. EST**

Please review the important information below. You must refer to the [Electronic Submission Manual](#), Section 4, for new information on the FTS.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS)
- Effective March 20, 2016 at 6:00 P.M., the Transfer Mode defaults to binary – previously, the transfer mode defaulted to text.
- You must refer to the new [Electronic Submissions Manual](#) for changes related to the new download file extension .msg, transfer mode.
- No changes are planned for your current password: refer to Section 7 of the Electronic Submissions Manual for password change information.

**March 18, 2016: Attention Nursing Facilities:** TPL (Third Party Liability) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS.

After submitting claims to Medicare and if there is a balance that has to be submitted to Medicaid, please rebill and report the following in the remarks section: "Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed".

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**March 3, 2016: System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, March 12, 2016 12:00 PM EST through Sunday March 13, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**March 2, 2016: Attention Nursing Facility Providers:** When creating the LOCD tool, please enter the member's Medicaid ID when available. By entering the member's Medicaid ID, the system will pre-populate the member's information. If the Medicaid ID is not available, please verify and enter the correct spelling of the member's first and last name into the system. If a member's spelling of their name is not entered correctly, the Medicaid ID cannot be captured to that LOCD even if a member's Medicaid ID exists.

CHAMPS is in the process of creating a warning message for providers to prompt them to review a member's first name, last name, DOB, and SSN. It is tentatively scheduled to release after June 3, 2016.

Providers with further questions can contact provider support by phone 1-800-292-250 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**February 26, 2016: System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 27, 2016 6:00 PM EST through 9:00 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**February 22, 2016: Attention ALL Providers:** On an ongoing basis, MDHHS will be clearing duplicate 'Suspending' claims off of CHAMPS claim inquire and keeping only the most recently submitted claim that has a 'Suspending' status. These claims will be denied with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) N35. Providers who receive this claim denial are encouraged to perform a search within the CHAMPS claim inquire function to identify the other TCN that is 'Suspending'.

If your claim status shows 'In Process' or 'Suspending' within the CHAMPS claim inquiry, **DO NOT** resubmit another claim.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**February 16, 2016: Attention Nursing Facility Providers:** When completing the MSA-2565-C, the facility's seven digit Medicaid Provider ID number is required in box (12. b.) of the form. The Medicaid Provider ID number associated to the LOC 02 segment in the member's eligibility file must be that of the Medicaid Provider who conducted the LOCD. If these two do not match, the LOCD tool remains incomplete. Claims may deny with the following CARC/RARC codes: CARC B7, CARC 96 with RARC N216. These codes indicate that the submitting billing NPI does not match to Member LOC 02 authorization in CHAMPS or the LOCD record is not active/not complete/not met. You may contact Provider Support by phone at 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov) to obtain the seven digit Medicaid Provider ID.

**February 8, 2016: System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 13, 2016 6:00 PM EST through Sunday February 14, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**February 8, 2016:** The Data Exchange Gateway will be unavailable from 9:00 A.M. EST – 12:00 P.M. EST on Sunday, February 7, 2016.

Please do not submit files during this outage. We apologize for this inconvenience. Please contact [automatedbilling@michigan.gov](mailto:automatedbilling@michigan.gov) with questions.

**February 2, 2016: Attention Dental Providers:** MDHHS has identified a CHAMPS defect with dental claims. Instead of the system deducting a \$3.00 copay for prior authorized services, the system is paying a \$3.00 copay. This defect is projected to be corrected in the CHAMPS June 2016 update, after which time MDHHS will adjust identified claims.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**January 29, 2015: Attention Trading Partners:** This is an update to the message posted on January 19, 2016 related to the File Transfer Service (FTS), previously referred to as the Data Exchange Gateway (DEG). Beginning February 1, 2016, user screens will look different but all functions will remain the same when accessing the Web Interface utilizing an HTTPS Connection. Please review the below information.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL – must all be in CAPS);
- Transfer Mode defaults to Binary – in the past, the transfer mode defaulted to Text;
- Refer to the [Electronic Submissions Manual \(ESM\)](#) for changes related to the new download file extension .msg, transfer mode; and
- There are NO changes to the current password. Please refer to the [ESM](#), Section 7 for password information.

Please refer to the [ESM](#), Section 4 for updated FTS information. Additional FTS Web Client information, including how to connect and log-in, can be accessed here.

Please contact [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov) with questions.

**January 29, 2016: Attention Trading Partners:** Web Interface Connection HTTPS for the File Transfer Service (FTS) will be unavailable on Sunday, January 31, 2016 between 9:00 AM through 2:00 PM EST. Please do not submit any files through the HTTPS connection during this time. All other access connections (SFTP, FTP/SSL), will remain available for submission of files. We apologize for any inconvenience.

**January 21, 2016: Attention Hospice Providers:** This is a reminder to the message posted on October 19, 2015. Effective January 1, 2016, the following billing requirements are being required for all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**January 21, 2016: Attention ALL Providers:** CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Friday January 22, 2016 at 6:00 PM until Monday January 25, 2016 at 12:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

**January 20, 2016: Attention ALL Providers:** The Plan First! Program is coming to an end. In the next couple of weeks, MDHHS will be reviewing Plan First! recipients eligibility for other Medicaid programs. MDHHS would like to remind Plan First! recipients to update their mailing address and phone number. MDHHS is requesting this poster (<<hyperlink to this poster for BBA and the word "below" for the pdf embedded in the list-serv>> be printed on 8.5 by 14 inch paper and prominently displayed in your waiting or reception area(s). An all provider bulletin regarding the termination of the Plan First! Program will be issued shortly.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**January 19, 2016: Attention All Trading Partners:** Beginning February 1, 2016, the File Transfer Service will replace the existing Data Exchange Gateway. Please review the information below. Additional information is provided by selecting the blue hyperlink located at the bottom.

- There is now a Java Mode option and Non-Java Mode option - please use the Java Mode option for full functionality;
- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS); and
- Transfer Mode defaults to Binary - **prior to February 1, 2016, the transfer mode defaulted to Text.**

The text transfer mode must be manually selected.

Please contact [automatedbilling@michigan.gov](mailto:automatedbilling@michigan.gov) with questions.

**January 19, 2016: Attention Inpatient Hospital Providers:** MDHHS has identified a CHAMPS defect with Inpatient Hospital claims span billing the ICD-10 implementation date that are not triggering the alternate NICU DRG rate. These inpatient claims billed with the revenue code 0174 are paying at the normal DRG rate. This defect is projected to be corrected in the March 25, 2016 CHAMPS update, after which time MDHHS will adjust identified claims to ensure they assign the alternate NICU DRG rate.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**January 19, 2016: Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the [Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

**January 12, 2016: Attention All Providers:** This is an update to the message posted on January 11, 2016, related to technical issues with outbound files. The electronic file technical difficulties are now resolved. Please check frequently for files that you normally receive from MDHHS Michigan Medicaid. Please do NOT resubmit a file to MDHHS Michigan Medicaid unless you have received an acknowledgement file indicating that your file was rejected. Please contact [automatedbilling@michigan.gov](mailto:automatedbilling@michigan.gov) for further assistance.

We apologize for any inconvenience and will continue to monitor file traffic and provide any updates as necessary.

**January 11, 2016: Attention All Providers:** MDHHS Medicaid EDI is experiencing a technical difficulty with the SFTP for inbound and outbound files. Please expect delays with the receipt of 999 acknowledgement files. This affects all Data Exchange Gateway (DEG) submissions including HTTPS and SFTP connections.

We apologize for the inconvenience and will post an update when the issue is resolved. Please contact [automatedbilling@michigan.gov](mailto:automatedbilling@michigan.gov) with questions.

