Adjusting a claim to add or remove other payer information

New appearance as of January 2, 2018

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

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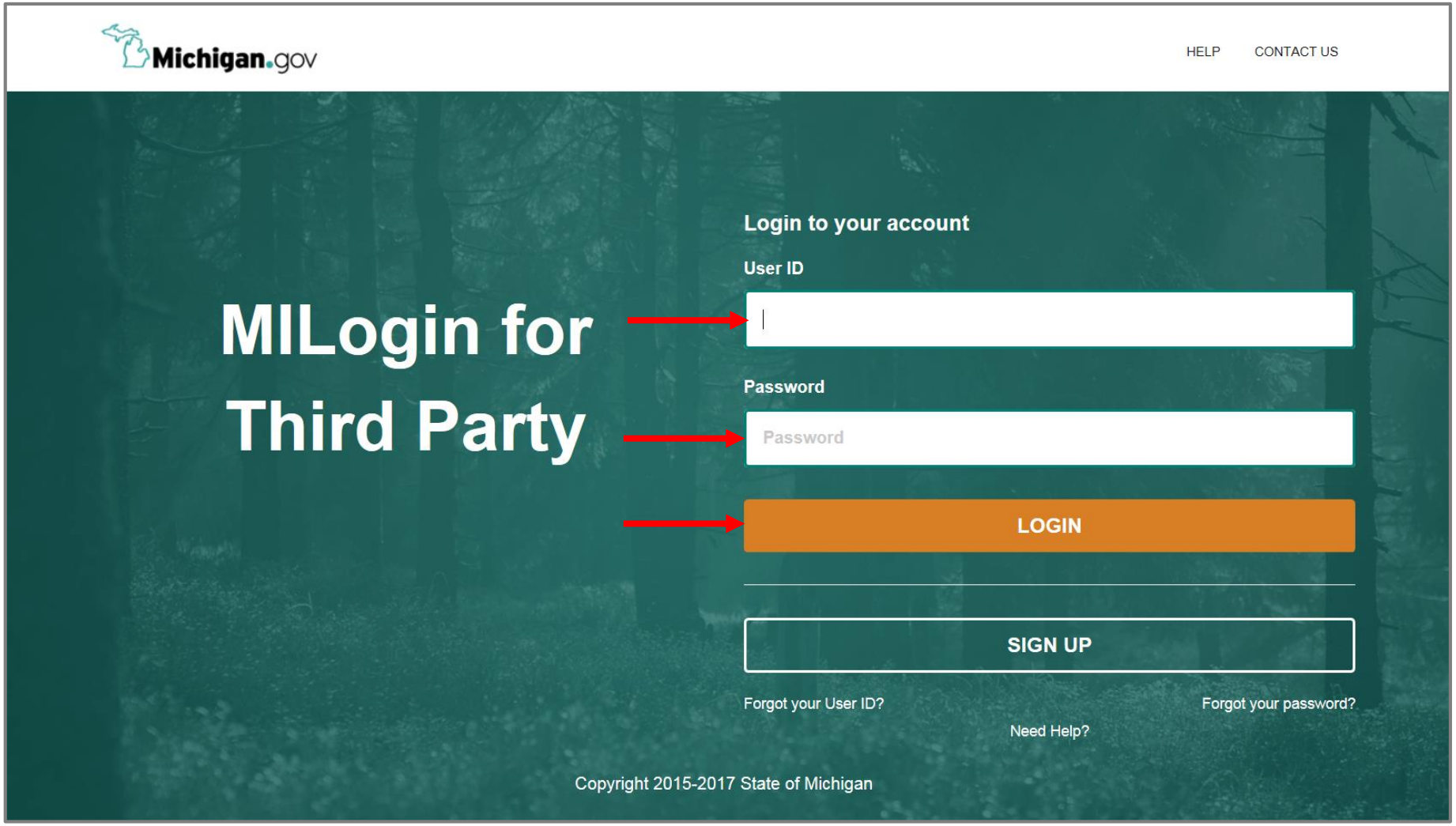
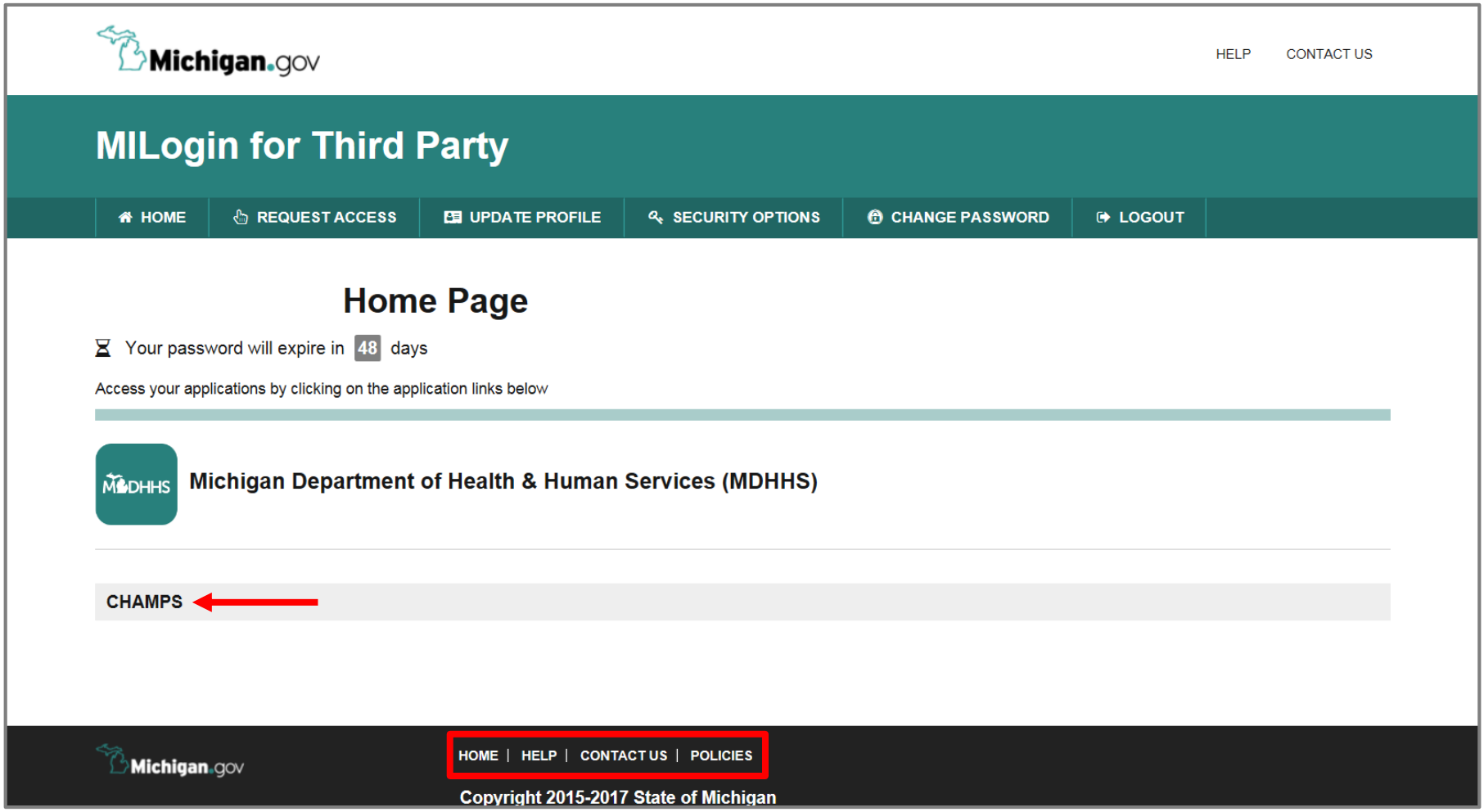
Logging into MILogin and CHAMPS

If you do not have a MILogin account please register using MILogin instructions

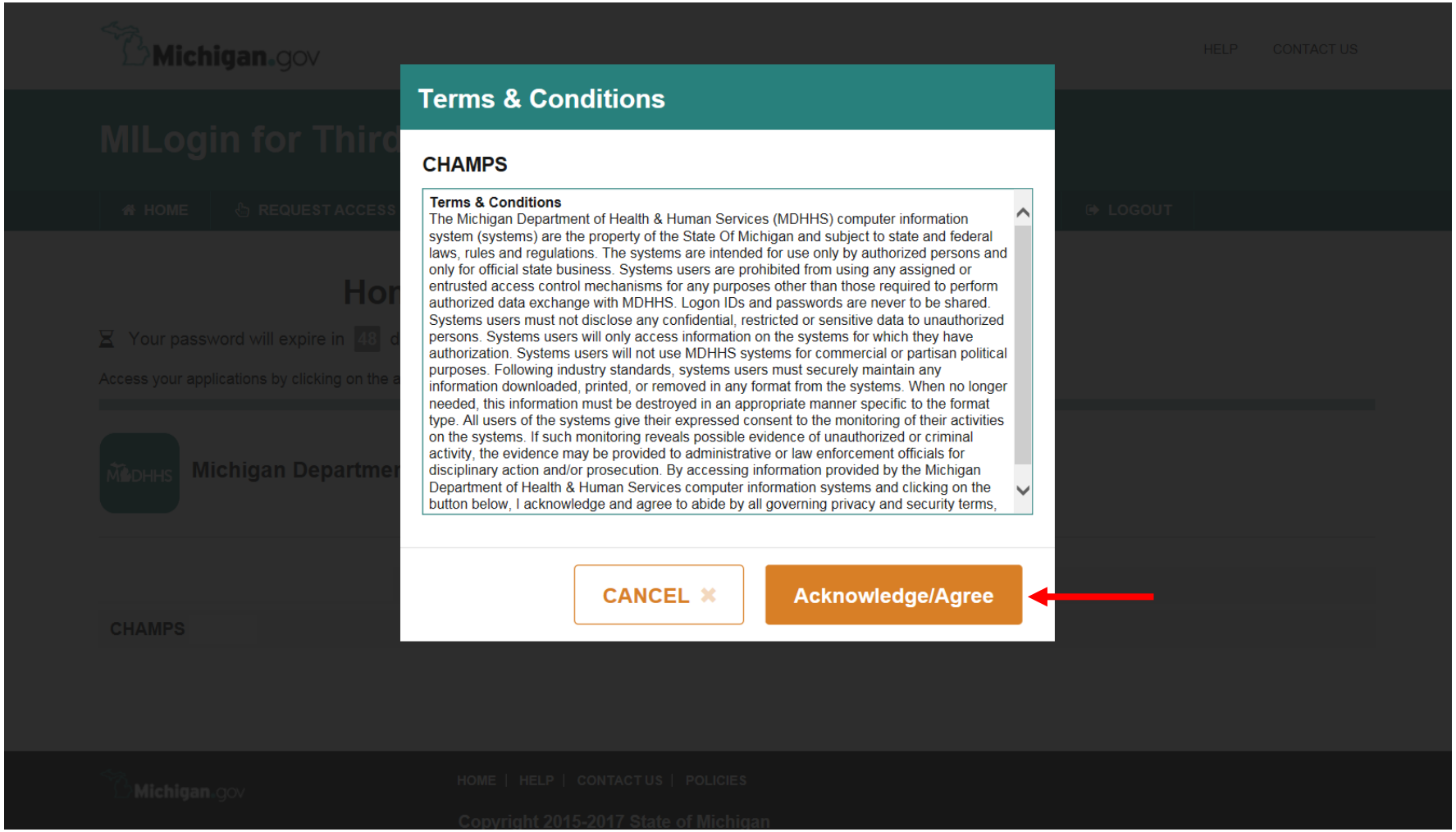


- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Enter your User ID and Password
- Click Login



- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

**MILogin resource links are listed at the bottom of the page*



- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access, etc.)

Necessary information prior to adjusting a claim

Information needed prior to adjusting a claim with other payer

Information

- **Turn off POP UP BLOCKERS** within your internet settings window.
- Within the manage claims function, there is approximately 15 minutes available to complete an adjustment before the screen times out and locks the TCN for 24 hours. Ensure all necessary information for completing the adjustment is available prior to beginning an adjustment.
- Claim Adjustment Reason Code (CARC) list and definitions can be found on the WPC website.
- Prior to starting the claim adjustment, please have the following available:
  - Primary payer Explanation of Benefits (EOB);
  - Verify the Payer ID within CHAMPS member eligibility screen; and
  - Verify the TCN is in a paid status and has been issued to a remittance advice (RA) or shows a pay cycle date within CHAMPS claim inquire.

Member Eligibility

Finding other payer information for a beneficiary within CHAMPS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI: Name:

Latest updates

My Reminders

Filter By | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

07:28 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

← Today →

- Once logged into CHAMPS, click the Member tab

MDHHS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

ELIGIBILITY INQUIRY

Eligibility Inquiry

NPI:

Name:

My Reminders

Filter By | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read

No Records Found !

Calendar

07:26 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Eligibility Inquiry

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Member Eligibility Inquiry

Close | Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
  - GENDER
  - ZIP CODE
  - CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY: ☐

SEARCH BY SERVICE TYPE(S): ☐

SERVICING PROVIDER NPI/PROVIDER ID: *

FILTER BY: Member ID 1234567890

SSN:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

Gender: ---SELECT---

Zip Code:

MICHILD Case Number:

MA Case Number:

INQUIRY START DATE: 01/01/2018 *

INQUIRY END DATE: 01/01/2018

- Filter by Member ID and enter the 10 digit beneficiary ID number
- Enter the inquiry start and end date
  - *Note: The start and end date will default to the CHAMPS system date*

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Member Eligibility Inquiry > Member Benefit Level

Member ID:
CIN:
Name:

Close

INQUIRY DATE RANGE: 01/01/2018 - 01/01/2018
GENDER: MALE
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 82-WAYNE
MAGI CATEGORY: Unavailable
MA PROGRAM CODE:
CITIZENSHIP:
REDETERMINATION DATE:

COMMERCIAL / OTHER: Y
CSHCS RESTRICTIONS: N
MHP PCP: N
BMP PROVIDER RESTRICTION: N
INDICATORS: N
WORKER LOAD NUMBER:
MDHHS PHONE:
MDHHS COUNTY:

Print Member Summary
Non Covered Service Types

BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP		MANAGED CARE	2813568	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
MA		FEE FOR SERVICE		Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
HK-DENTAL		MANAGED CARE	4181610	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
NEMT		MANAGED CARE	2304993	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

- Select the Commercial/Other hyperlink

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Member Eligibility Inquiry > Member Benefit Level > TPL

Member ID: Name:

Close | Add New Policy

SEARCH BY: MEMBER ID: Go

MEMBER

MEMBER ID: NAME:

DOB:

INSURANCE DETAILS

All | Active | Go | Save Filters | My Filters

PAYER NAME	PAYER ID	COVERAGE TYPE	BIN	PCN	RX GROUP	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCBSM	00029010	X2							06/01/2017	06/11/2017	12/31/2999
EXPRESS SCRIPTS	30592020	RX	610014						06/16/2017	06/11/2017	12/31/2999

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

- Take note of the Payer ID, Group number, and Policy number, this will be needed to add the other payer information to the claim

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How to add other payer information to a paid claim

Adjusting a paid status claim within CHAMPS to add other payer payment or denial information

How to add other payer information to a paid claim

- When and why should a claim be adjusted to add other payer information?
  - If the claim has been billed and paid by Medicaid and you have been notified the beneficiary has a primary payer
  - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
- The following slides show an example of primary payer information being added to a claim

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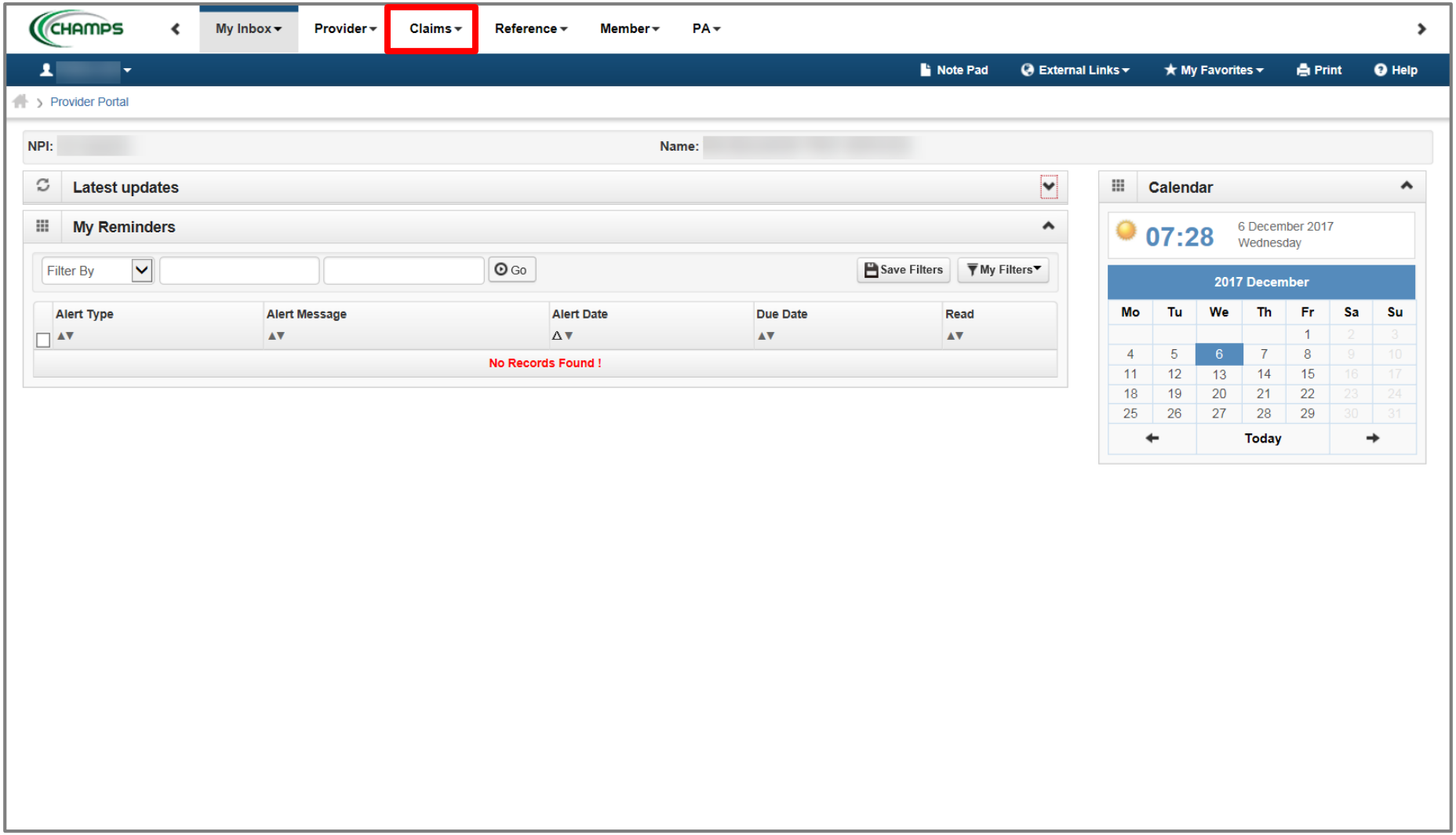
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

My Reminders

Filter By

Alert Type | Alert Message | Read

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

Calendar

08:16 6 December 2017 Wednesday

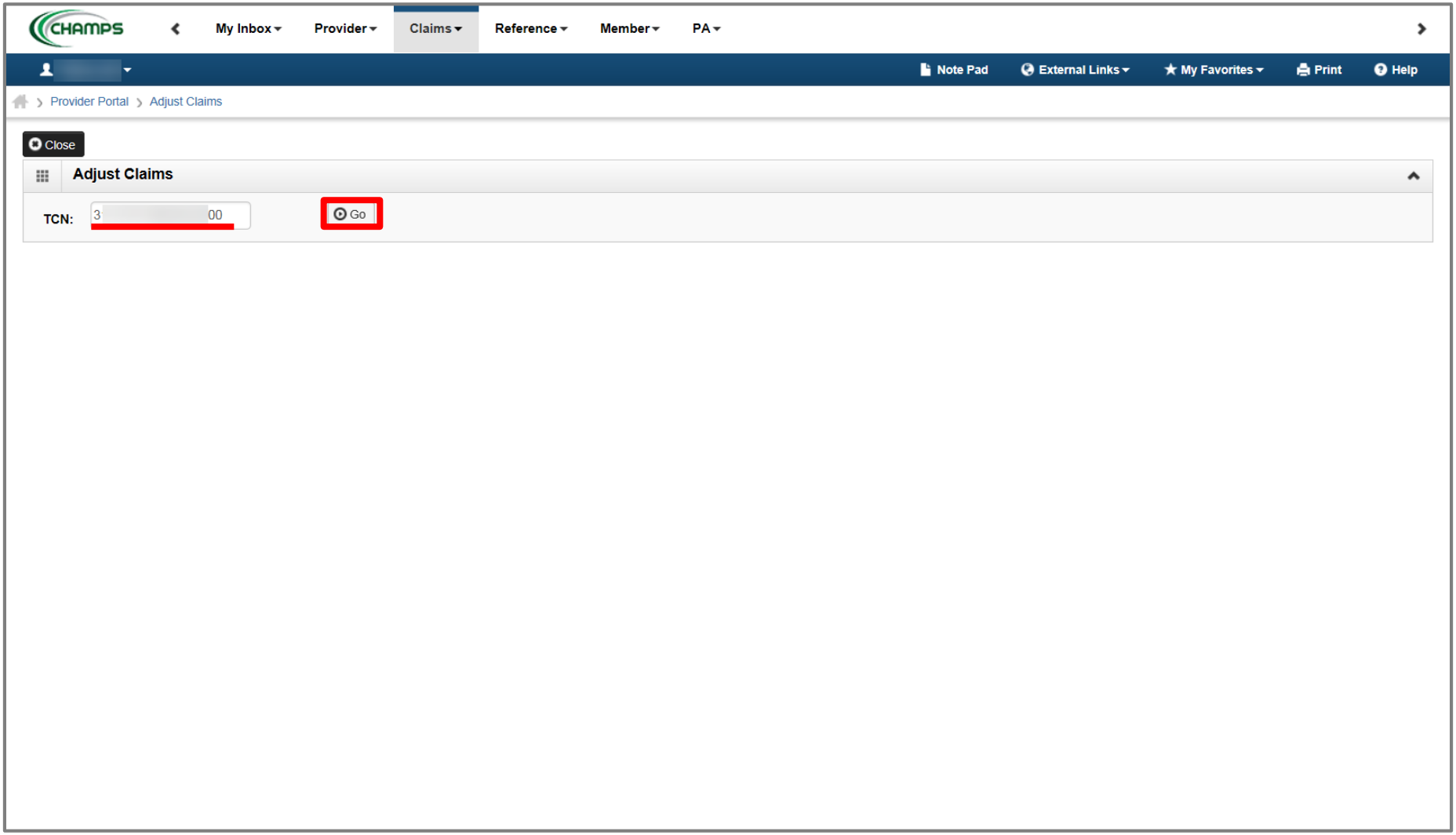
2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS



- Enter the most current paid status TCN and click Go
  - *Note: The TCN must be the header TCN ending in 00*

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Original TCN:
No Of Lines: 1
Related Cause: NO
Claim Type: J - Professional
Adjustment Source:
Medicare:
Source: HIPAA
Claim Status: Paid
Commercial: N

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age:

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

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Print Help

Header TCN: 3 00
Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- To begin adding other payer information to a claim, select the TCN dropdown box

Print Help

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 * 3 01 3 02

Claim Filing Indicator: *

Amount Paid: *

Payer ID: *

Group: *

Responsibility: *

Policy Number:

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- From the TCN dropdown, select the Header TCN which ends in 00
  - *Note: Other payer information has to be added at the header level prior to being added on each service line*

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Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the Payer ID number which is found within the member eligibility screen

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Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator:
Group: *
Policy Number:
Amount Paid:
Responsibility: *
Remittance Date:

Adjustment Summary
1.Quantity:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

09-Self-pay
10-Central Certification
11-Other Non-Federal Program
12-Preferred Provider Organizatio
13-Point of Service
14-Exclusive Provider Organizatio
15-Indemnity Insurance
16-Health Maintenance Organizatio
17-Dental Maintenance Organizatio
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability
FI-Federal Employee Program
HM-Health Maintenance Organizatio
LI-Liability
LM-Liability Medical
MA-Medicare Part A
MB-Medicare Part B
MC-Medicaid
MH-Managed Care Non HMO
OF-Other Federal Program
SA-ICD-10 CM
TV-Title V
VA-Veteran Administration Plan
WC-Workers Compensation Health C
ZZ-Mutually Defined

- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer type

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Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $100.00
Responsibility:
Remittance Date:

A-Payer Responsibility Four
B-Payer Responsibility Five
C-Payer Responsibility Six
D-Payer Responsibility Seven
E-Payer Responsibility Eight
F-Payer Responsibility Nine
G-Payer Responsibility Ten
H-Payer Responsibility Eleven
P-Primary
S-Secondary
T-Tertiary
U-Unknown

Adjustment Summary

1.Quantity: Amount: Adj.

Add Another

Add/Update Cancel

Cancel

- Enter the group and policy number which can be found within the member eligibility screen
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter $0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

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Print Help

Header TCN: 3 00
Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $100.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- To add the other payer information to the claim, click Add/Update

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Michigan Department of Health & Human Services

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- After selecting Add/Update, the other payers information will be added to the claim at the top of the screen
  - *Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed*

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Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01

Payer ID: Payer1 *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- The other payer information will need to be added to each service line
- Select the corresponding line TCN number ending in the service line (01,02,03,etc.)
- Choose Payer 1 from the Payer ID dropdown

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Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount: $50.00
Adj. Reason Code: 45
Add Another

Add/Update Cancel

Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
  - Example shows primary paid $50.00 and applied $50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:		Amount:	$50.00	Adj. Reason Code:	45	Add Another
2.Quantity:		Amount:	$50.00	Adj. Reason Code:	2	Delete

Add/Update Cancel

Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- The CARC and amount will then be added to the top in the other payers information box
- The total of other payer payments and CARC amounts for each service line must balance to the submitted charges for the service line. If the information doesn't balance providers will receive a stack trace error message
  - *Notice the screen is wide, in order to see all CARC codes and amounts utilize the scroll bar*

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Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 02 *

Payer ID: Payer1 *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

Add Another

Add/Update Cancel

- To add the other payer information for line #2, select the TCN ending in 02 from the TCN dropdown
- Select Payer 1 from the Payer ID dropdown

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 02 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 02 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount: $50.00
Adj. Reason Code: 45
Add Another

Add/Update Cancel

Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
  - Example shows primary paid $50.00 and applied $50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 02 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 123456890 *
Policy Number: 9999999999
Amount Paid: $50.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: $50.00 Adj. Reason Code: 45 Add Another
2.Quantity: Amount: $50.00 Adj. Reason Code: 2 Delete

Add/Update Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4
									Adj:		$50.00	2
Payer1	4 02	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary					
									Adj:		$50.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- Once the payer information has been added for each service line, click Save

Print Help

Header TCN: 4[redacted]00

Beneficiary ID: [redacted] Name: [redacted]

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Patient Code List
Patient Vision Condition
Service Line List
Servicing Facility Locations
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Payer1	4[redacted]00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$100.00	P-Primary		
Payer1	4[redacted]01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary		
									Adj:
									Adj:
Payer1	4[redacted]02	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	$50.00	P-Primary		
									Adj:

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *

Claim Filing Indicator: * Group: * Policy Number:

Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

- Click the Show menu
- Select Claim Header Detail

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN: 4 00
Original TCN: 3 00
No Of Lines: 2
Related Cause: NO
Claim Type:
Adjustment Source:
Medicare: N
Source: Web
Claim Status: In Process
Commercial: Y

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 23-Emergency Room - Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age: 0

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example: " Adding primary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Original TC
No Of Lin
Related Cau
Beneficiary
Gend
Patient Account Numb
Place of Servic
Billing Provider ID
Billing Provider Taxonomy
Rendering Provider ID
Rendering Provider Taxonomy
Supervising Provider ID

Auth #: Referral #: CLIA Number:

Diagnosis Codes: 1: * 2: 3: 4: Diagnosis Code Category: ICD-10-CM *
5: 6: 7: 8:

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

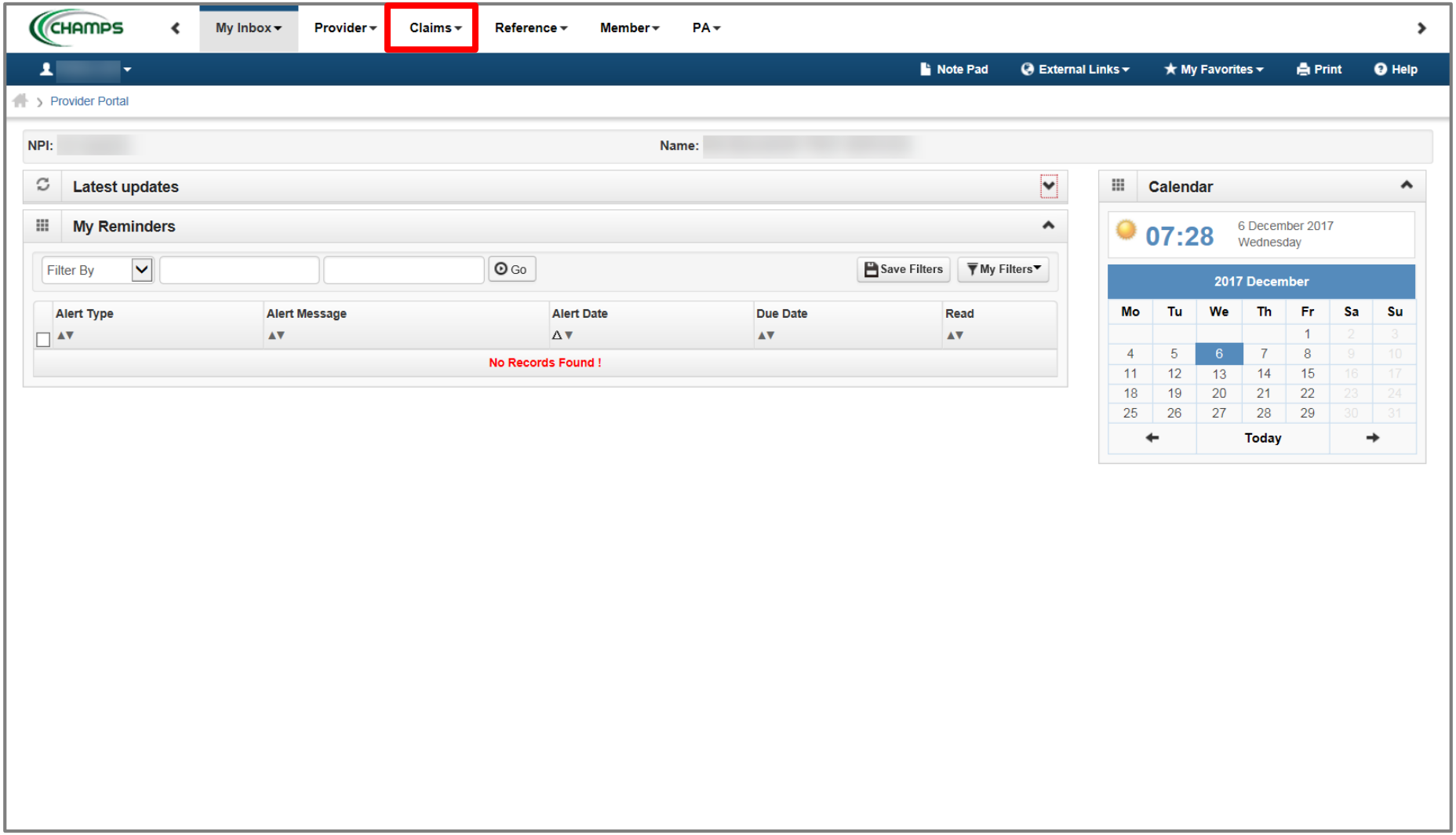
How to add other payer denial information to a paid claim

Adding other payer denial information to a paid claim within the CHAMPS adjust screens

How to add other payer denial information to a paid claim

- When and why should a claim be adjusted to add other payer denial information?
  - If the claim has been paid by Medicaid and the other payer denial information was not reported on the claim
  - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
- The following slides show an example claim with primary payer denial information being added

MDHHS
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

My Reminders

Filter By

Alert Type	Alert Message	Read

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

Calendar

08:16 6 December 2017 Wednesday

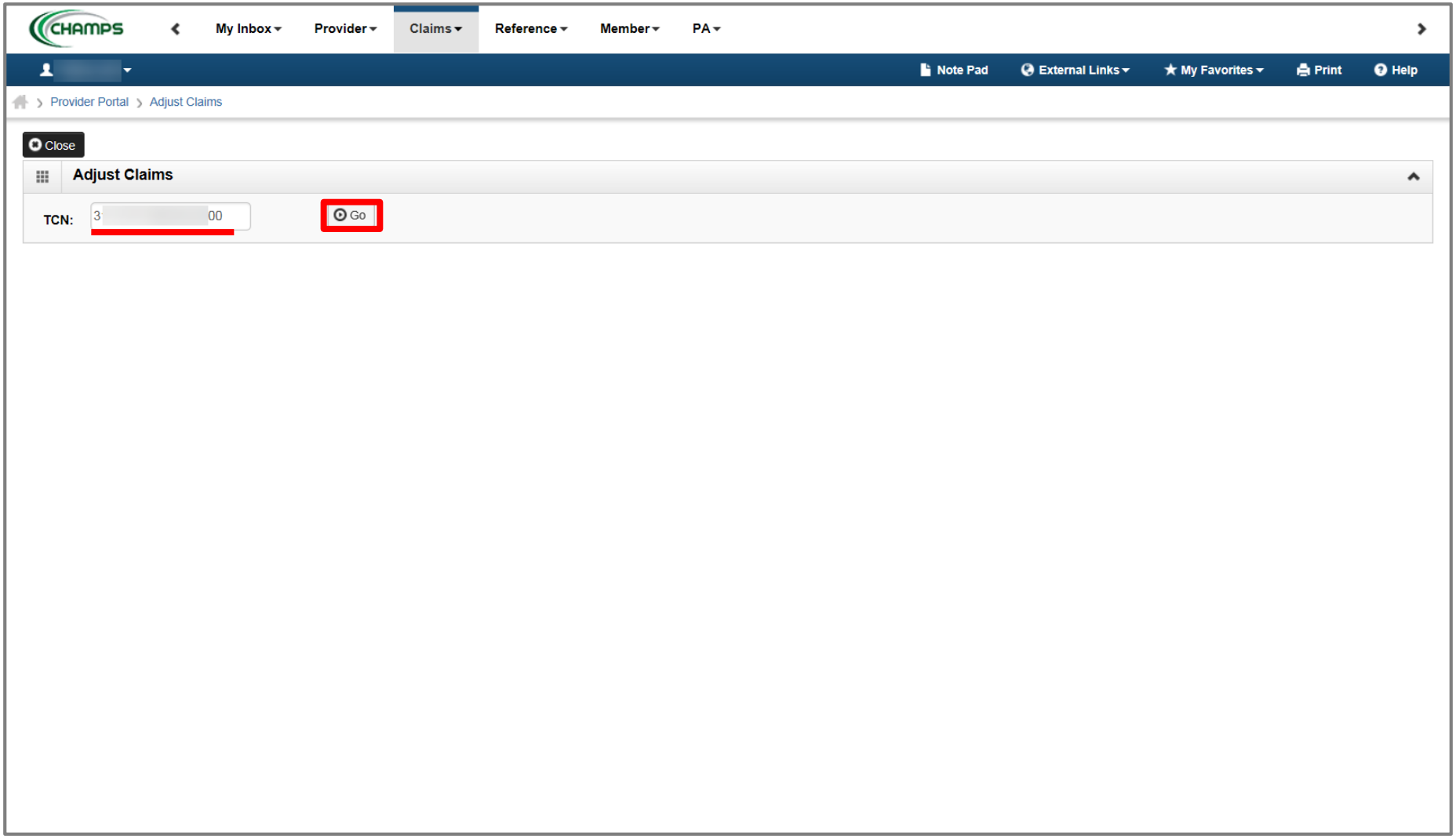
2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS



- Enter the most current paid status TCN and click Go
- The TCN entered must be the header TCN ending in 00

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Claim Type: J - Professional
Source: HIPAA
Original TCN:
Adjustment Source:
Claim Status: Paid
No Of Lines: 1
Medicare:
Commercial: N
Related Cause: NO

Beneficiary ID: *
Last Name:
First Name:
Gender: *
DOB: *
Age:
Patient Account Number:
Admit Date:
Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: * Type: NPI *
Pay To Provider ID: Type: NPI
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Referring Provider ID: Type:
Rendering Provider Taxonomy:
Referring Provider Taxonomy:
Supervising Provider ID: Type:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
Diagnosis Code Category: ICD-10-CM *
5: 6: 7: 8:

Adjust Void Save Cancel

Claim Cutbacks
Claim Enhancement Amounts
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Other Payers Information
Patient Code List
Patient Vision Condition
Related Causes
Service Line List
Servicing Facility Locations
Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

MDHHS

Print Help

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- Currently there is no other payer information reported as the claim was billed as Medicaid primary
- To begin adding other payer information to a claim, select the TCN dropdown box

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code

Add/Update Payer and Adjustment Details

TCN: 3 00 *
3 01
3 02

Claim Filing Indicator: *

Amount Paid: *

Payer ID: *

Group: *

Responsibility: *

Policy Number:

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

Add Another

Add/Update Cancel

Cancel

- From the TCN dropdown, select the Header TCN which ends in 00
  - *Note: Other payer information has to be added at the header level prior to being added on each service line*

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the Payer ID number which is found within the member eligibility screen

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Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator:
Group: *
Policy Number:
Amount Paid:
Responsibility: *
Remittance Date:

Adjustment Summary
1.Quantity:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

09-Self-pay
10-Central Certification
11-Other Non-Federal Program
12-Preferred Provider Organizatio
13-Point of Service
14-Exclusive Provider Organizatio
15-Indemnity Insurance
16-Health Maintenance Organizatio
17-Dental Maintenance Organizatio
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability
FI-Federal Employee Program
HM-Health Maintenance Organizatio
LI-Liability
LM-Liability Medical
MA-Medicare Part A
MB-Medicare Part B
MC-Medicaid
MH-Managed Care Non HMO
OF-Other Federal Program
SA-ICD-10 CM
TV-Title V
VA-Veteran Administration Plan
WC-Workers Compensation Health C
ZZ-Mutually Defined

- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer type

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 1234567890 *
Policy Number: 999999999
Amount Paid: $0.00
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the group and policy number which can be found within the member eligibility screen
  - *Example shows the other payer made no payment on the claim as the service was denied so $0 was reported*
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- After selecting Add/Update, the other payers information will be added to the claim, at the top of the screen
  - *Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed*

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- The other payer information will need to be added to each service line
- Select the corresponding line TCN number ending in the service line (01,02,03,etc.)
- Select Payer 1 from the Payer ID dropdown

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 1234567890 *
Policy Number: 99999999
Amount Paid: $0.00
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer1 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 1234567890 *
Policy Number: 9999999999
Amount Paid: $0.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount: $100.00
Adj. Reason Code: 204
Add Another

Add/Update Cancel

Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
  - Example shows primary paid $0 and applied $100 to CARC 204
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another, up to 12 CARC codes can be added per service line

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$0.00	P-Primary					
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$0.00	P-Primary					
									Adj:		$100.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- Once the payer information has been added for each service line, click Save

Print Help

Header TCN: 41 00
Beneficiary ID:
Name:

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Patient Code List
Patient Vision Condition
Related Causes
Service Line List
Servicing Facility Locations
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$0.00	P-Primary	
Payer1	4 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$0.00	P-Primary	
								Adj:

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- Click the Show menu
- Select Claim Header Detail

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details Upload/View Documents

TCN:	4 00	Claim Type:		Source:	Web
Original TCN:	3 00	Adjustment Source:		Claim Status:	In Process
No Of Lines:	2	Medicare:	N	Commercial:	Y
Related Cause:	NO				

Beneficiary ID:	*	Last Name:		First Name:	
Gender:	*	DOB:	*	Age:	0
Patient Account Number:		Admit Date:			
Place of Service:	23-Emergency Room - Hospital				

Billing Provider ID:	*	Type: NPI	*	Pay To Provider ID:	Type: NPI
Billing Provider Taxonomy:					
Rendering Provider ID:		Type: NPI		Referring Provider ID:	Type:
Rendering Provider Taxonomy:				Referring Provider Taxonomy:	
Supervising Provider ID:		Type:		Primary Care Referring Provider ID:	Type:
				Primary Care Referring Provider Taxonomy:	

Auth #:		Referral #:		CLIA Number:	
Diagnosis Codes:	1: *	2:	3:	4:	Diagnosis Code Category: ICD-10-CM *
	5:	6:	7:	8:	

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

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Michigan Department of Health & Human Services

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example "Added primary payer information. Not a BCBS benefit under the policy'

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Beneficia
G
Patient Account Nu
Place of Se
Billing Provide
Billing Provider Taxon
Rendering Provide
Rendering Provider Taxon
Supervising Provide
A
Diagnosis Co
Delay Reason C
Submitted C
Warrant/EFT Number:
RA Number:
Paid Date:

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

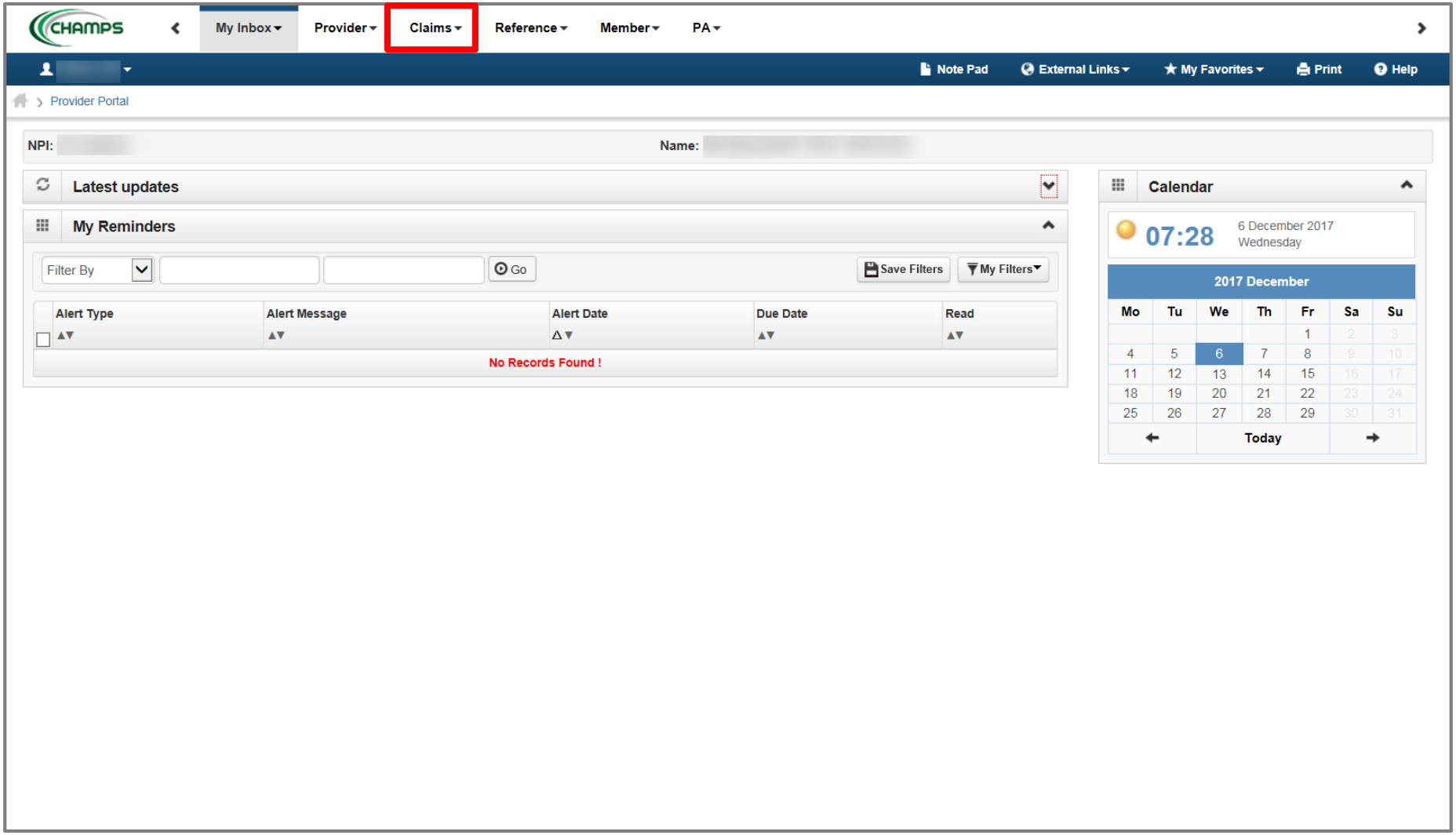
How to edit existing other payer information on a paid claim

Steps on editing other payer information in the claim adjustment screen in CHAMPS

How to edit existing other payer information on a paid claim

- When and why should a claim be adjusted to edit existing other payer information?
  - If the other payers information was reported incorrectly according to the EOB
  - If the other payer has adjusted their claim and their payment information has changed
- Providers can adjust their paid claim to edit the other payers information.
  - **Note:** When editing other payers information, the Payer ID at the header must match the Payer ID on file in the beneficiaries TPL information within CHAMPS.
  - If it doesn't match providers must update the header Payer ID prior to making any other changes to the service line.
- The following slides show an example of primary payer information being added to a claim

MDHHS
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

My Reminders

Filter By

Alert Type	Alert Message	Read

Calendar

08:16 6 December 2017 Wednesday

2017 December

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Adjust Claims

Close

Adjust Claims

TCN: 3 00 Go

- Enter the most current paid status TCN and click Go
- The TCN must be the header TCN ending in 00

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Claim Type: J - Professional
Source: HIPAA
Original TCN:
Adjustment Source:
Claim Status: Paid
No Of Lines: 1
Medicare:
Commercial: N
Related Cause: NO

Beneficiary ID: *
Last Name:
First Name:
Gender: *
DOB: *
Age:
Patient Account Number:
Admit Date:
Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: * Type: NPI *
Pay To Provider ID: Type: NPI
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Referring Provider ID: Type:
Rendering Provider Taxonomy:
Referring Provider Taxonomy:
Supervising Provider ID: Type:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
Diagnosis Code Category: ICD-10-CM *
5: 6: 7: 8:

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

MDHHS
Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
☐	3 00		MB-Medicare Part B			$107.07	P-Primary					
☐	3 01		MB-Medicare Part B			$107.07	P-Primary	09/29/2017				
									Adj:		$80.20	45
									Adj:		$4.22	237
									Adj:		$2.19	253
									Adj:		$27.32	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- The current other payer information reflects Medicare was reported as the primary payer
- If Medicare later adjust their CARC or amount information you could edit this information on your paid Medicaid claim
- In the following slides we have used the scroll bar on the right to scroll down on the screen

MDHHS Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
☐	3 00		MB-Medicare Part B			$107.07	P-Primary					
☑	3 01		MB-Medicare Part B			$107.07	P-Primary	09/29/2017				
									Adj:		$80.20	45
									Adj:		$4.22	237
									Adj:		$2.19	253
									Adj:		$27.32	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- *Note: The Payer ID will need to be updated at the header first if it does not match what is on file for the beneficiaries TPL file.*

- Select the line needing to be edited by placing a checkmark in the box
- Click Edit

MDHHS
Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

3 01		MB-Medicare Part B			$8.85	P-Primary	03/07/2017				
								Adj:		$8.71	45
								Adj:		$0.18	253
								Adj:		$2.26	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 3 01 *
Payer ID: *
Claim Filing Indicator: MB-Medicare Part B *
Group: *
Policy Number:
Amount Paid: $8.85 *
Responsibility: P-Primary *
Remittance Date: 03/07/2017

Adjustment Summary

1.Quantity:		Amount:	$8.71	Adj. Reason Code:	45	Add Another
2.Quantity:		Amount:	$0.18	Adj. Reason Code:	253	Delete
3.Quantity:		Amount:	$2.26	Adj. Reason Code:	2	Delete

Add/Update Cancel

Cancel

- Edit any information needing to be updated for the service line selected
- Once complete click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
r1	4 00		MB-Medicare Part B			$8.85	P-Primary					
r1	4 01		MB-Medicare Part B			$8.85	P-Primary	03/07/2017				
									Adj:		$8.71	97
									Adj:		$0.18	253
									Adj:		$2.26	2

Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- After clicking Add/Update the new CARC information now shows for the service line
  - Example shows we changed the CARC 45 to CARC 97
  - *Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed*
- Click Save

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Patient Code List
Patient Vision Condition
Service Line List
Servicing Facility Locations
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Payer1	4 00		MB-Medicare Part B			$8.85	P-Primary		
Payer1	4 01		MB-Medicare Part B			$8.85	P-Primary	03/07/2017	
									Adj:
									Adj:
									Adj:

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- Click the Show menu
- Select Claim Header Detail

MDHHS
Michigan Department of Health & Human Services

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details Upload/View Documents

TCN: 4 00
Original TCN: 3 00
No Of Lines: 2
Related Cause: NO
Claim Type:
Adjustment Source:
Medicare: N
Source: Web
Claim Status: In Process
Commercial: Y

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 23-Emergency Room - Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age: 0

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN
Original TCN
No Of Lines
Related Cause

Beneficiary ID
Gender
Patient Account Number
Place of Service

Billing Provider ID:
Billing Provider Taxonomy:
Rendering Provider ID:
Rendering Provider Taxonomy:
Supervising Provider ID:

Auth #

Diagnosis Codes: 1: R0602 * 2: 3: 4: Diagnosis Code Category: ICD-10-CM *
5: 6: 7: 8:

Adjust Void Save Cancel

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ *

Comment: Note example "Updated other payer CARC or Amount information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

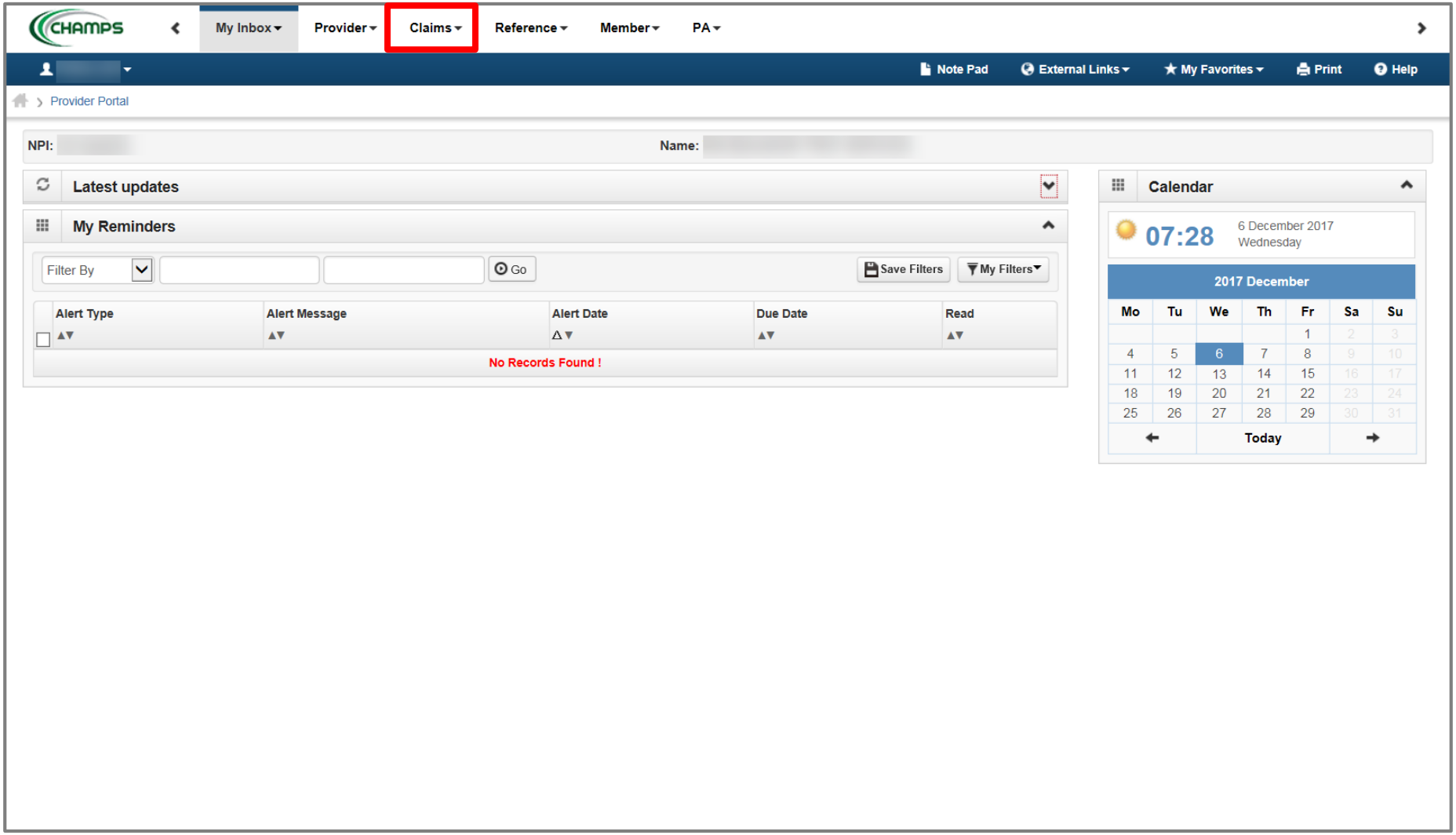
How to delete other payer information from a paid claim

Deleting primary payer information from a paid claim within CHAMPS adjust screens

How to delete other payer information from a paid claim

- When and why should a claim be adjusted to remove or delete other payer information?
  - If the primary payer has adjusted their clam and recouped their entire payment.
  - If the beneficiary does not have the primary payer which was reported on the claim or the policy was not active on the claim date of service.
- The following slides show an example of a claim billed with a primary payer that will be deleted from the claim.

MDHHS
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

My Reminders

Filter By

Alert Type	Alert Message

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

My Filters

Read

Calendar

08:16 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Adjust Claims

Close

Adjust Claims

TCN: 3 00 Go

- Enter the most current paid status TCN and click Go
- The TCN must be the header TCN ending in 00

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Original TCN:
No Of Lines: 1
Related Cause: NO
Claim Type: J - Professional
Adjustment Source:
Medicare:
Source: HIPAA
Claim Status: Paid
Commercial: N

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age:

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
3 00		MB-Medicare Part B			$0.00	P-Primary					
3 01		MB-Medicare Part B			$0.00	P-Primary	07/12/2017				
								Adj:		$49.15	45
								Adj:		$52.85	1

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- Select the check box above the payer information
- Click Delete

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
☑	3 00		MB-Medicare Part B			$0.00	P-Primary					
☑	3 01		MB-Medicare Part B			$0.00	P-Primary	07/12/2017				
									Adj:		$49.15	45
									Adj:		$52.85	1

Edit Delete Save

Message from webpage

Are you sure you want to delete the selected other payer information?

OK Cancel

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- Click OK to the pop-up message to delete the other payer information from the claim

MDHHS

Print Help

Header TCN: 4[redacted]00

Beneficiary ID:

Name:

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Patient Code List
Patient Vision Condition
Related Causes
Service Line List
Servicing Facility Locations
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yy
☐								

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *

Claim Filing Indicator: * Group: * Policy Number:

Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Anothe

Add/Update Cancel

Cancel

- The other payer information has now been removed from the claim
- Click the Show menu
- Select Claim Header Detail
  - *Note: The TCN number now begins with a 4, this is the new TCN number*

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN: 4 00
Original TCN: 3 00
No Of Lines: 1
Related Cause: NO
Claim Type:
Adjustment Source:
Medicare: N
Source: Web
Claim Status: In Process
Commercial: N

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age: 0

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

Print Help

Header TCN: 4 00

Beneficiary ID: Name:

Show

Header Details

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00

Beneficiary ID: Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example: 'Removed primary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Taxonomy:

Auth #: Referral #: CLIA Number:

Diagnosis Codes: 1: * 2: 3: 4: Diagnosis Code Category: ICD-10-CM *

5: 6: 7: 8:

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

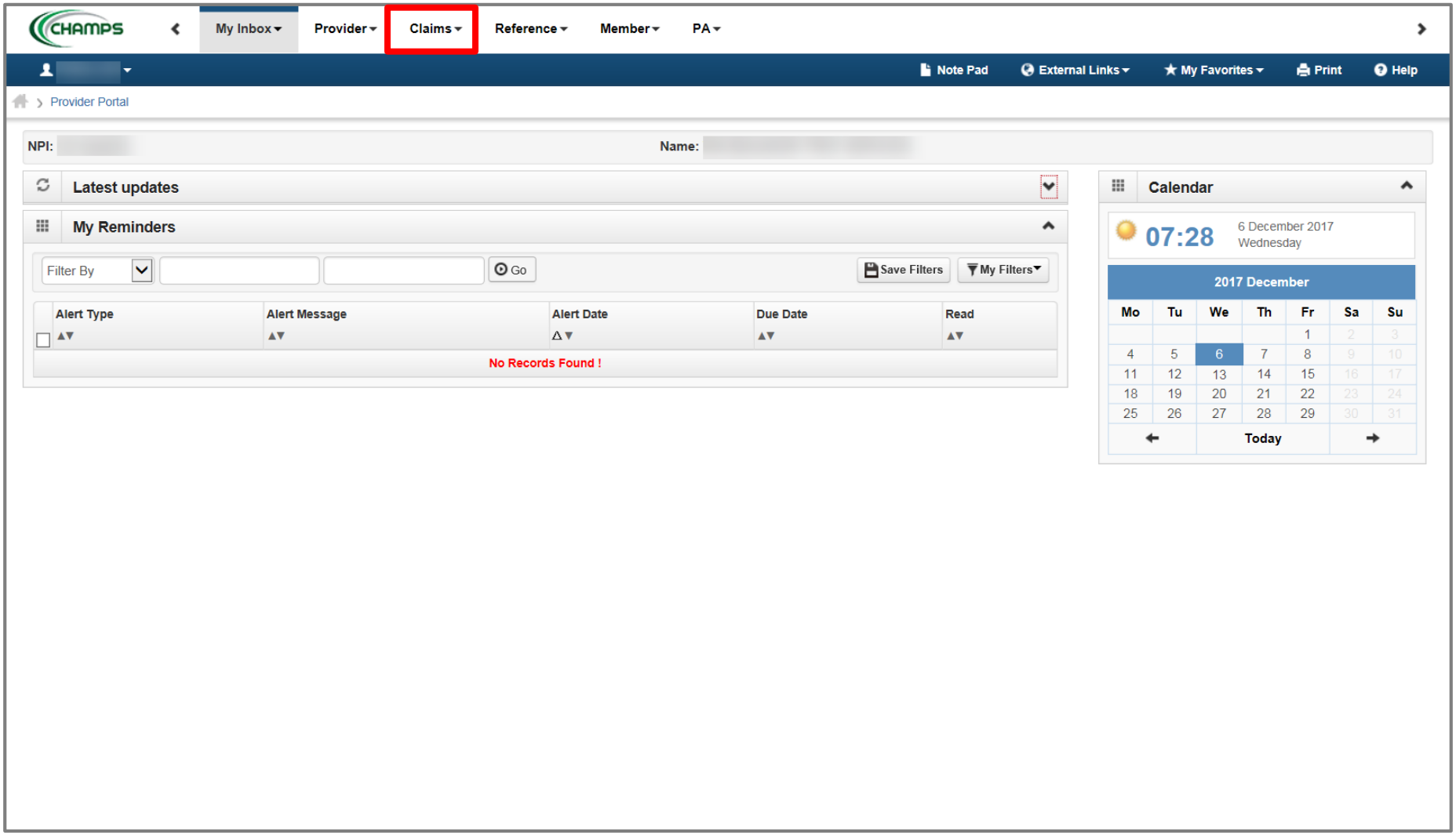
How to add a second payer to a paid claim

Adding a secondary payer information to a paid claim

How to add a second payer to a paid claim

- When and why should a claim be adjusted to add secondary payer information?
  - If the beneficiary has a secondary payer which was not reported on the paid claim as the provider was notified after the claim processed
- The following slides show an example of how to add a secondary payer to a claim that has been billed reporting Medicare as primary

MDHHS
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

My Reminders

Filter By

Alert Type	Alert Message

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

My Filters

Read

Calendar

08:16 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Adjust Claims

Close

Adjust Claims

TCN: 3 00 Go

- Enter the most current paid status TCN and click Go
- The TCN must be the header TCN ending in 00

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Claim Type: J - Professional
Source: HIPAA
Original TCN:
Adjustment Source:
Claim Status: Paid
No Of Lines: 1
Medicare:
Commercial: N
Related Cause: NO

Beneficiary ID: *
Last Name:
First Name:
Gender: *
DOB: *
Age:
Patient Account Number:
Admit Date:
Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: * Type: NPI *
Pay To Provider ID:
Type: NPI
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Referring Provider ID:
Type:
Rendering Provider Taxonomy:
Referring Provider Taxonomy:
Supervising Provider ID: Type:
Primary Care Referring Provider ID:
Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
Diagnosis Code Category: ICD-10-CM *
5: 6: 7: 8:

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

MDHHS
Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
3 00		MB-Medicare Part B			$84.83	P-Primary					
3 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
								Adj:		$34.80	45
								Adj:		$1.73	253
								Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

- The current other payer information reflects Medicare was reported as the primary payer
- The beneficiary also has a secondary BCBS policy that needs to be reported
- In the following slides we have used the scroll bar on the right to scroll down on the screen

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

								(mm/dd/yyyy)				Code
☐	3 00		MB-Medicare Part B			$84.83	P-Primary					
☐	3 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
									Adj:		$34.80	45
									Adj:		$1.73	253
									Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 3 00 / 3 01 *
Claim Filing Indicator: *
Amount Paid: *
Payer ID: *
Group: *
Responsibility: *
Policy Number:
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- From the TCN dropdown, select the Header TCN which ends in 00

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

							(mm/dd/yyyy)				Code
3 00		MB-Medicare Part B			$84.83	P-Primary					
3 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
								Adj:		$34.80	45
								Adj:		$1.73	253
								Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 1234567890 *
Policy Number: 99999999
Amount Paid: $50.00 *
Responsibility: S-Secondar *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the payer ID, select the claim filing indicator, enter the group and policy number
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter $0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date
- Click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary					
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$50.00	S-Secondary					
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
									Adj:		$34.80	4
									Adj:		$1.73	2
									Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

- After selecting Add/Update, the other payers information will be added to the claim, at the top of the screen
  - *Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed*

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary					
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$50.00	S-Secondary					
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
									Adj:		$34.80	4
									Adj:		$1.73	2
									Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: * Payer1 Payer2
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

- The other payer information will need to be added to each service line
- Select the corresponding line TCN number ending in the service line (01,02,03,etc.)
- Select Payer 2 from the Payer ID dropdown

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary					
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	$50.00	S-Secondary					
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
									Adj:		$34.80	4
									Adj:		$1.73	2
									Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer2 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 1234567890 *
Policy Number: 99999999
Amount Paid: $50.00
Responsibility: S-Secondar *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 2
- Enter the amount paid for the service line selected, if $0 was paid enter $0

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary				
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$50.00	S-Secondary				
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017			
									Adj:	$34.80	4
									Adj:	$1.73	2
									Adj:	$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer2 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 1234567890 *
Policy Number: 9999999999
Amount Paid: $50.00 *
Responsibility: S-Secondai *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: $43.00 Adj. Reason Code: 1 Add Another
2.Quantity: Amount: $50.00 Adj. Reason Code: 45 Delete

Add/Update Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
  - Example shows primary paid $50.00 and applied $43.00 to CARC 1 and $50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890		$50.00	S-Secondary					
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	10/09/2017				
									Adj:		$34.80	4
									Adj:		$1.73	2
									Adj:		$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *
Payer ID: Payer2 *
Claim Filing Indicator: BL-Blue Cross/Blue Shield *
Group: 1234567890 *
Policy Number:
Amount Paid: $50.00 *
Responsibility: S-Secondai *
Remittance Date:

Adjustment Summary

1.Quantity:		Amount:	$43.00	Adj. Reason Code:	1	Add Another
2.Quantity:		Amount:	$50.00	Adj. Reason Code:	45	Delete
3.Quantity:		Amount:		Adj. Reason Code:		Delete

Add/Update Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary					
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$50.00	S-Secondary					
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017				
									Adj:		$34.80	4
									Adj:		$1.73	2
									Adj:		$21.64	2
Payer2	4 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$50.00	S-Secondary					
									Adj:		$43.00	1
									Adj:		$50.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *

Claim Filing Indicator: * Group: * Policy Number:

Amount Paid: * Responsibility: * Remittance Date:

- Continue adding the secondary payer information for each service line (01,02,03,etc.)
- Once complete, click Save

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Claim Relevant Dates
Claim Spinal Manipulation
Claims Ambulance Info
Diagnosis Codes
Indicators
Patient Code List
Patient Vision Condition
Related Causes
Service Line List
Servicing Facility Locations
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Payer1	4 00		MB-Medicare Part B			$84.83	P-Primary		
Payer2	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$50.00	S-Secondary		
Payer1	4 01		MB-Medicare Part B			$84.83	P-Primary	09/29/2017	
									Adj:
									Adj:
									Adj:
Payer2	4 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$50.00	S-Secondary		
									Adj:
									Adj:

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

- Click the Show menu
- Select Claim Header Detail

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN: 4 00
Original TCN: 3 00
No Of Lines: 1
Related Cause: NO
Claim Type:
Adjustment Source:
Medicare: N
Source: Web
Claim Status: In Process
Commercial: N

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital
Last Name:
DOB: *
Admit Date:
First Name:
Age: 0

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:
Primary Care Referring Provider ID: Type:
Primary Care Referring Provider Taxonomy:

Auth #:
Referral #:
CLIA Number:
Diagnosis Codes: 1: * 2: 3: 4:
5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

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Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN: 4 00
Claim Type:
Source: Web

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note Example " Added secondary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

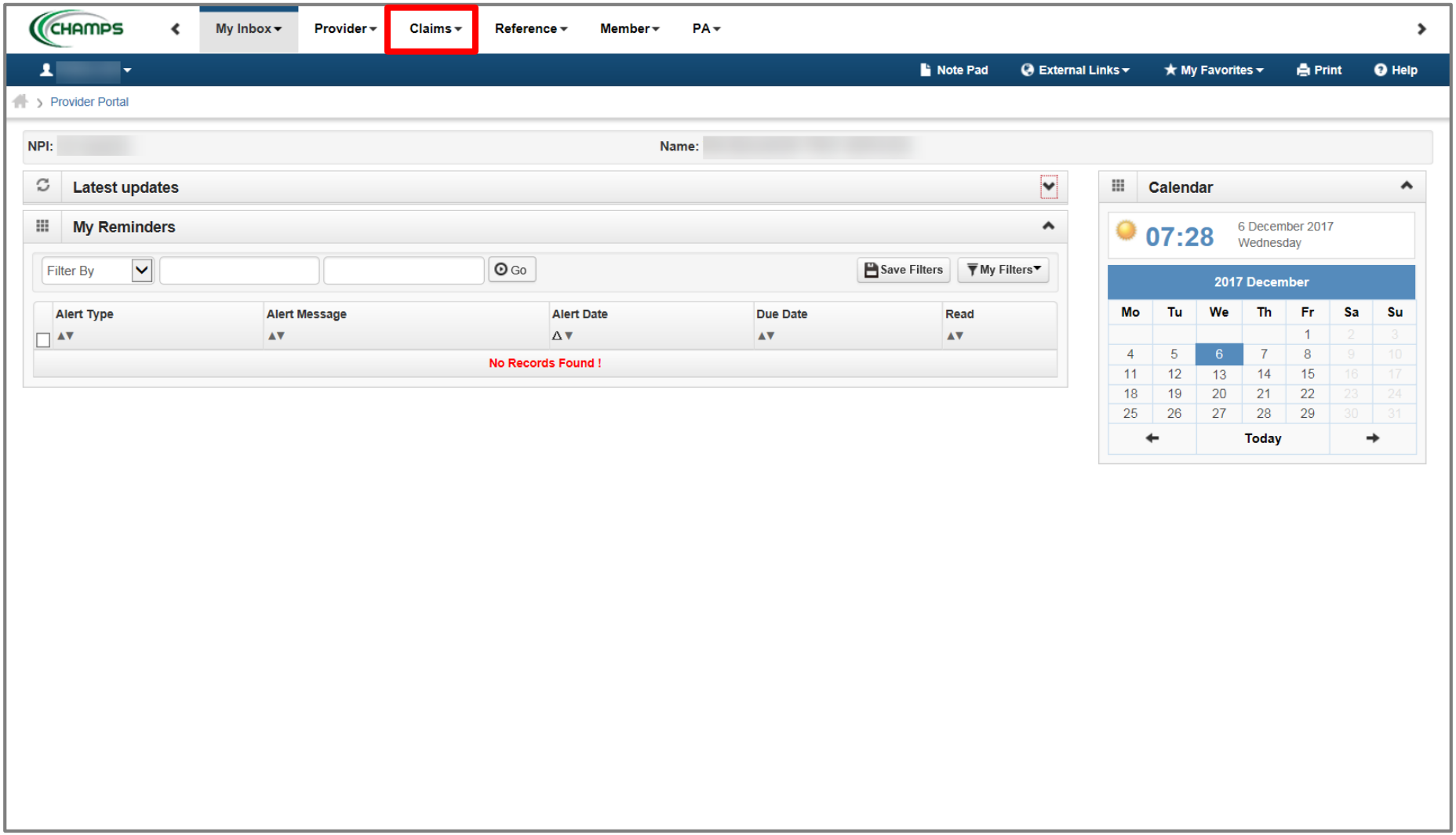
How to add other payer information to a paid institutional claim

Adjusting a paid institutional claim to add other payer information

How to add other payer information to a paid institutional claim

- When and why should a claim be adjusted to add the other payer information?
  - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
  - If the primary payer has been billed but the payment information has not been reported on the claim
- The following slides show an example of how to adjust a paid institutional claim adding the other payer information at the header level

MDHHS
Michigan Department of Health & Human Services



- Once logged into CHAMPS, click the Claims tab

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

NPI:

My Reminders

Filter By

Alert Type	Alert Message	Read

CLAIM SUBMISSION
- Submit Professional
- Submit Institutional
- Submit Dental
- Search Template

MANAGE CLAIMS
- Adjust/Void Claim Provider

INQUIRE CLAIMS
- Claim Inquiry

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Payment Withholds

INQUIRE PHARMACY CLAIMS
- Inquire Pharmacy Claims - Provider

Calendar

08:16 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Today

- Select Adjust/Void Claim Provider

MDHHS

CHAMPS | My Inbox | Provider | Claims | Reference | Member | PA

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Adjust Claims

Close

Adjust Claims

TCN: 3 00 Go

- Enter the most current paid status TCN and click Go
- The TCN must be the header TCN ending in 00

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Doc

Claim Cutbacks
Claim Enhancement Amounts
Claim Notes
Codes List
Diagnosis Codes
Indicators
Other Payers Information
Related Causes
Service Line List
Situational Information

TCN:	3 00	Claim Type:	F - Outpatient OPPS	Source:	HIPAA
Original TCN:		No Of Lines:	9	Related Cause:	NO
Bill Type:	0 * 1 * 3 * 1 *	Medicare:	N	Commercial:	N
Adjustment Source:		Pricing Rule:	APC Pricing	Claim Status:	Paid

Beneficiary ID:	*	Last Name:		First Name:	
Gender:	*	DOB:	*	Age:	
Patient Control Number:	*	Medical Record Number:			
Benefit Plan:					

Billing Provider ID:	*	Type:	NPI *	From Date:	09/22/2017 *	To Date:	09/22/2017 *
Billing Provider Taxonomy:							
Attending Provider ID:	*	Type:	NPI *	Referral #:		PRO #:	
Attending Provider Taxonomy:							
Pay To Provider ID:		Type:	NPI	Auth #:		DRG Code:	
Operating Provider ID:		Type:				Total DRG OutLier Payment:	0
Other Provider ID:		Type:				Total APC OutLier Payment:	$0.00
Rendering Provider ID:		Type:					
Referring Provider ID:		Type:					

Adjust Void Save Cancel

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

MDHHS

Print Help

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- Currently there is no other payer information reported as the claim was billed as Medicaid primary
- To begin adding other payer information to a claim, select the TCN dropdown box

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: *
Claim Filing Indicator: *
Amount Paid:

3 00
3 01
3 02
3 03
3 04
3 05
3 06
3 07
3 08
3 09

Payer ID: *
Group: *
Responsibility: *

Policy Number:
Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- From the TCN dropdown, select the Header TCN which ends in 00
  - *Note: Other payer information has to be added at the header level prior to being added on each service line*

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the Payer ID number which is found within the member eligibility screen

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Michigan Department of Health & Human Services

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator:
Group: *
Policy Number:
Amount Paid:
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

09-Self-pay
10-Central Certification
11-Other Non-Federal Program
12-Preferred Provider Organizatio
13-Point of Service
14-Exclusive Provider Organizatio
15-Indemnity Insurance
16-Health Maintenance Organizatio
17-Dental Maintenance Organizatio
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability
FI-Federal Employee Program
HM-Health Maintenance Organizatio
LI-Liability
LM-Liability Medical
MA-Medicare Part A
MB-Medicare Part B
MC-Medicaid
MH-Managed Care Non HMO
OF-Other Federal Program
SA-ICD-10 CM
TV-Title V
VA-Veteran Administration Plan
WC-Workers Compensation Health C
ZZ-Mutually Defined

- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 1234567890 *
Policy Number: 9999999999
Amount Paid: $500.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

Cancel

- Enter the group and policy number which can be found within the member eligibility screen
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter $0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 1234567890 *
Policy Number: 9999999999
Amount Paid: $500.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount: $100.00
Adj. Reason Code: 1
Add Another

Add/Update Cancel

Cancel

- Institutional claims can report other payer information all at the header of the claim
- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
  - Example shows $100 was applied to CARC 1
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

MDHHS

Print Help

Header TCN: 3 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
☐											

Add/Update Payer and Adjustment Details

TCN: 3 00 *
Payer ID: 00029010 *
Claim Filing Indicator: BL-Blue Cross/Blue Sh *
Group: 1234567890 *
Policy Number: 9999999999
Amount Paid: $500.00 *
Responsibility: P-Primary *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: $100.00 Adj. Reason Code: 1 Add Another
2.Quantity: Amount: Adj. Reason Code: Delete

Add/Update Cancel

Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Co
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$500.00	P-Primary					
									Adj:		$100.00	1
									Adj:		$400.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

- After selecting Add/Update, the other payers information will be added to the claim, at the top of the screen
  - *Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed*
- Once all other payer information has been added to the claim click Save

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Claim Cutbacks
Claim Enhancement Amounts
Claim Header Detail
Claim Notes
Codes List
Diagnosis Codes
Indicators
Related Causes
Service Line List
Situational Information

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	$500.00	P-Primary		
									Adj:
									Adj:

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *
Payer ID: *
Claim Filing Indicator: *
Group: *
Policy Number:
Amount Paid: *
Responsibility: *
Remittance Date:

Adjustment Summary

1.Quantity:
Amount:
Adj. Reason Code:
Add Another

Add/Update Cancel

- Click the Show menu
- Select Claim Header Detail

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN:	4 00	Claim Type:		Source:	Web
Original TCN:	3 00	No Of Lines:	9	Related Cause:	NO
Bill Type:	0 * 1 * 3 * 7 *	Medicare:	N	Commercial:	Y
Adjustment Source:		Pricing Rule:		Claim Status:	In Process

Beneficiary ID:	*	Last Name:		First Name:	
Gender:	*	DOB:	*	Age:	0
Patient Control Number:	*	Medical Record Number:			
Benefit Plan:					

Billing Provider ID:	*	Type:	NPI *	From Date:	09/22/2017 *	To Date:	09/22/2017 *
Billing Provider Taxonomy:							
Attending Provider ID:	*	Type:	NPI *	Referral #:		PRO #:	
Attending Provider Taxonomy:							
Pay To Provider ID:		Type:	NPI	Auth #:		DRG Code:	
Operating Provider ID:		Type:				Total DRG OutLier Payment:	
Other Provider ID:		Type:				Total APC OutLier Payment:	
Rendering Provider ID:		Type:					
Referring Provider ID:		Type:					

Adjust Void Save Cancel

- Make any other necessary changes to the claim
- Click Save
- Click Adjust

MDHHS

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Show

Header Details

Upload/View Documents

TCN:
Original TCN:
Bill Type:
Adjustment Source:
Beneficiary ID:
Gender:
Patient Control Number:
Benefit Plan:
Billing Provider ID:
Billing Provider Taxonomy:
Attending Provider ID:
Attending Provider Taxonomy:
Pay To Provider ID:
Operating Provider ID:
Other Provider ID:
Rendering Provider ID:
Referring Provider ID:
Type:

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Header TCN: 4 00
Beneficiary ID:
Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example "Added primary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

MDHHS

Error messages

- If attempting to exit the other payers screen without saving:

  Please save the information to complete the data validation after adding or updating data.

  - To correct, ensure you are clicking save prior to exiting the other payers screen.

- If the submitted charges on the claim header and the other payer amounts do not balance:

  Close

  VM_BVM.403220:Total submitted charges is not equal to the sum of paid and adjustment amounts at line(s) for Payer1.

  Details | Copy To Clipboard

  - To correct, ensure all other payer information balances to the submitted charges.

- If both the header an service line are selected at the same time and edit is clicked:

  Multiple selections not allowed, only one record can be edited at a time.

  - To correct, ensure you are only selecting one line to edit at a time.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts and Biller "B" Aware
  - Quick Reference Guides
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions

- **Provider Support:**
  - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

MDHHS