CHAMPS FAQ

Contents

ACCESS AND CHAMPS OVERVIEW

How do I access CHAMPS?

CHAMPS can be accessed through the MILogin web portal at
https://milogintp.michigan.gov.

All users must apply for a MILogin username and password then subscribe to the
CHAMPS application.

MILogin and CHAMPS Instructions

What is a CHAMPS Domain Administrator?

The CHAMPS Domain Administrator is a user within an organization that controls
access to a Provider Domain (NPI) and determines who has access and what profiles
users will be granted for that Domain. The Domain Administrator profile is assigned to
the user who completed the Provider Enrollment Application for an organization and its
rendering providers.

Who would the Domain Administrator be for my organization?

Typically, a user from the Credentialing or Provider Enrollment Department would be the
Domain Administrator(s). Check with the organization's management to find out who
completed the agency and individual's applications. This user(s) would be the Domain
Administrator.

What if the user that completed the application(s) has left the organization?

If the user(s) who completed the Provider Enrollment application has left the
organization and did not transfer domain rights to another individual, or if management is
not sure who has domain rights, the MDHHS Provider Enrollment Unit may grant
Domain Administrator rights to a user. Please contact Provider Enrollment 1-800-292-
2550 to have your domain rights reset. This user would then be able to grant staff
access to various Domains.

**If a user's access never expires or locks from an enrollment after they have left the
organization, will their access ever automatically expire?**

Access to a provider's domain in CHAMPS will automatically expire after 2 years of
inactivity.

What is the difference between a Domain and a Profile?

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

For example, if a user wanted to check the status of a claim, the user would select the billing provider's domain and applicable profile to view the Claims Tab. If a user wanted to update the license of one of their rendering/servicing providers, the user would select that specific provider's domain and the applicable profile to view the Provider Tab.

Can a Domain Administrator profile be end dated?

Yes, if there is at least one other active Domain Administrator for the provider. Users can follow these steps to end date a Domain Administrator.

- Click on the Admin Tab and choose "Select User List"
- In the "Filter By" drop-down, select Domain Name
- Enter %NPI% (for example, %1234567899%) in the box
- Once the list of users who have access displays select the user needing an end date and enter the end date (end date may not be prior to the CHAMPS system date)
- Click save

Can I copy and paste into CHAMPS?

Yes. This functionality is allowed in each CHAMPS subsystem or tab. Users can copy and paste using either of the following methods: highlight text and hold down CTL+C (copy) and then CTL+V (paste) or by highlighting text and using a mouse to right-click and select "copy" and then right-click and select "paste".

Will CHAMPS time out?

Yes. CHAMPS will time out after 30 minutes of inactivity five minutes before a pop-up box will display: allowing the user an option to extend the current session for 15 minutes.

How much data is in CHAMPS?

There is currently three years of data stored within CHAMPS.

Is it true that I should not click the 'X' to close a page?

Yes. Clicking the "X" button will lock the CHAMPS system in many circumstances requiring the user to log back in.

Can I run any reports out of CHAMPS?

Yes. After completing a search from within CHAMPS, Save To XLS will display at the bottom of the page. By clicking on the 'Save To XLS' button, a report can be created and exported to a Microsoft Excel Spreadsheet.

Is it true I can use a wildcard when conducting a search in CHAMPS?

Yes. A percentage (%) sign can be used as a wildcard when using the filter by function in CHAMPS. This wildcard cannot be used for the first filter by within Claim Inquiry.

Can I save a commonly used "filter by" criteria within CHAMPS?

Yes. If you are constantly using the same filter by options, you can save those by selecting the filter by criteria and selecting "Save Filter" the criteria will then be added to your "My Filters" selections.

What are "My Favorites" within CHAMPS?

My favorites are functions within CHAMPS that can be added to the CHAMPS sign-in page allowing quick access to your most-used functions.

How can I find the definition of the claim adjustment reason and remark codes showing on my remittance advice?

Claim adjustment reason code (CARC) and remittance advice remark code (RARC) definitions are located from the Washington Publishing Company website or through the CHAMPS external links feature and select Washington Publishing Company.

How do I obtain a MILogin password reset?

Access the MILogin application login page at https://milogintp.michigan.gov and enter your User ID. Select, Forgot your password? and answer your security questions.

When do I contact Provider Support?

Contact us with any CHAMPS related questions or concerns Monday through Friday 8:00 am to 5:00 pm EST. Provider Support is closed on all State of Michigan and major holidays. Include the required information as outlined in the provider support template.

When using the wildcard is it always for the whole field or can it be partial, like "JOH%" to find all names beginning with those letters?

The wildcard feature can be used when the filter by attribute is unknown to return all results. The wildcard feature can also be utilized with a partial word or number. The wildcard filter cannot be utilized in date fields.

Can you search a procedure code to see if it is a covered benefit?

Providers can utilize the Medicaid Code Rate and Reference tool in CHAMPS under external links to verify code coverage. Instructions and resources on how to utilize the tool can be found on www.Michigan.gov/MedicaidProviders >> CHAMPS >> External Links or directly at https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471925--,00.html

Return to top

MY INBOX TAB

Do you have to go into your inbox to know you have a message or is it linked to an e-mail to get notifications?

> CHAMPS does not issue email notifications to users. Messages can be viewed by logging into CHAMPS and accessing the My Inbox tab.

How can I quickly navigate between the claim and the corresponding remittance advice details?

> To navigate between the paper remittance advice details and the claims tab users will need to close the paper remittance advice pop-up window, return to CHAMPS and access the claims tab. It is suggested that users save the paper remittance advice for use while utilizing the claims tab to allow for ease of use.

How can we stop getting a paper remittance advice in the mail?

> Providers can add a end date next to their Remittance Advice address in their enrollment information by submitting a modification. From the Provider Tab select modification, locate the location step, select the primary practice location hyperlink, under the address list, select the remittance advice hyperlink, add an end date, click save. Continue with any other enrollment modifications that are needed and submit the modification to the state for review.

When trying to download an older remittance advice how do I filter for a specific date?

> There is a filter by option. Users can select the date of a specific paper remittance advice. After selecting the document type in the first filter by drop-down box, from the second filter by box select Received Date, enter in the date, and click Go.

How often is the paper remittance advice posted? When are they available for providers to access?

> A remittance advice, both paper and electronic, are issued weekly on Thursdays. CHAMPS utilizes the pay cycle calendar to determine claim cutoff times and payment dates.

How far back can paper remittance advices be obtained?

> Currently, providers can access seven years of remittance advice data within the Archived Documents function.

How can you enlarge the font size when printing the paper remittance advice?
> CHAMPS is a web-based platform so when printing from CHAMPS the printer settings would be changed through your web browser.

PROVIDER TAB

Is there any way to remove servicing providers from our list, like terminated employees?

Yes, servicing providers can have their association end dated to a group or Facility/Agency/Organization (FAO) enrollment. This does not end date the servicing provider's enrollment, only their association to the group or FAO.

How do we find out who our domain administrator is?

Providers can contact the Provider Support hotline at 1-800-292-2550 to find out who their domain administrator is.

I use a Provider ID, not NPI. Do we have domain administrators also?

Yes, domain administrator quick reference guides can be found on the Provider Enrollment webpage.

Is the enrollment type different for a sole provider than a provider being enrolled as part of a group?

Yes, the enrollment types are different.

- An Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Servicing providers may associate to an Individual/Sole Proprietor.
- A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization, or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider.

Why is the modification checklist step showing incomplete?

The complete enrollment checklist step will always show incomplete. This step is required each time a modification is made to the enrollment information. Once the step is complete the status of the step will change to complete; however, once the modification has been approved this step will revert to incomplete for next time. By it showing incomplete it requires it to be answered each time a modification is made.

How often must providers revalidate?

Per current MSA policy all providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS.

How do we know the enrollment effective date for a new provider once approved by MDHHS?

The effective date of an NPI is displayed in step 1 of a provider's enrollment application. Listed under the business eligibility date range.

If a Nurse Practitioner is eligible per the provider verification tool in CHAMPS and we bill with a supervising physician who is also eligible per CHAMPS, do both providers have to be associated to the group NPI?

Yes, the supervising physician and the Nurse Practitioner need to be associated to the group NPI billing for services.

When a provider revalidates, how long does it typically take for them to gain an active status?

If a provider revalidates during the initial revalidation timeframe, they will remain active.

What happens if you miss your revalidation time frame?

If a provider misses their revalidation time frame, they will be end dated with the date of the revalidation cycle terminates. For example, if the cycle end date is 9/30/2020 the end date in CHAMPS will be 9/30/2020.

Do providers receive notification when it is time to revalidate?

Yes, providers receive a letter in the mail sent to their correspondence address on file in CHAMPS. A copy of the letter is also located in the My Inbox tab under archived documents.

How do we have a new provider added?

New providers need to enroll in CHAMPS, instructions for the multiple enrollment types can be found on the Medicaid Provider Enrollment webpage, www.Michigan.gov/MedicaidProviders >> Provider Enrollment or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

Will a license renewal be downloaded into a provider's information automatically, if so, how long does it take?

Yes, if the license is updated with Michigan Licensing and Regulatory Affairs (LARA) CHAMPS will receive that update. The time frame varies depending on when the information is sent to CHAMPS from LARA.

Should the details under the provider verification in the My Inbox match the provider details in the provider tab?

Yes, the provider verification tool is a simplistic display of the provider details screen.

Is there a way to identify when each provider's revalidation date is?

Providers can see the revalidation period in Step 1 Basic Information.

If we are registered in CHAMPS, do we have to complete paperwork with individual Medicaid Health Plans?

Yes, providers would need to enroll in CHAMPS and need to contact the Medicaid Health Plan to determine what additional information is needed to participate or contract with a Medicaid Health Plan.

Claims Tab

When I log into CHAMPS, I do not see a claims tab, how do I get access to the tab?

If a user does not see certain tabs, this is based on their CHAMPS profile. To gain access to additional tabs or functions in CHAMPS users would need to contact and work with their domain administrator for the provider domain in which they need the access.

How do I find claims or payment information?

Claim status information is found within the claim inquiry function. Instructions on how to utilize the claim inquiry function can be found on CHAMPS webpage www.Michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471918--,00.html

How do I submit refunds?

Claims can either be adjusted, for a partial claim payment refund, or voided for a complete claim refund. A void/cancel claim must be completed exactly as the original claim.

How do I submit a claim?

Claims can be submitted either directly in CHAMPS utilizing the Claims Direct Data Entry (DDE) function or in the ASC X12N 837 electronic format. Additional resources on how to submit claims and adjustments can be found on the CHAMPS webpage, www.Michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471918--,00.html

If claims do not cross over automatically from Medicare to Medicaid, is there a way to fix that?

Per current MSA policy outlined in the Medicaid Provider Manual, Coordination of Benefits Chapter, section 4.

MDHHS accepts Medicare Part A institutional claims (inpatient and outpatient) and Medicare Part B professional claims processed through the CMS Coordinator of Benefits Contractor, Group Health, Inc. (GHI). Claim adjudication will be based on the provider NPI number reported on the claim submitted to Medicare.

When a claim is crossed over to MDHHS, a remittance advice (RA) will be generated from the fiscal intermediary with the details of the Medicare payment and Remark Code MA07 (the claim information has also been forwarded to Medicaid for review). If this remark does not appear on the fiscal intermediary's RA, a separate claim will have to be submitted to MDHHS.

How do I find claim denial reasons?

Claim adjustment reason codes (CARC) and remittance advice remark codes (RARC) are returned for each claim on the paper remittance advice, electronic remittance advice (835) or displayed within CHAMPS claim inquiry. CARC and RARC definitions are located on the [Washington Publishing Company website](#).

How can you tell with a denial for non-covered services if this is patient responsibility even if it shows they have active coverage?

The only way the services would be the beneficiary's responsibility is if the service is non-covered through Medicaid and the beneficiary was told prior to services being rendered that it was their responsibility. Please see link for provider tip: https://www.michigan.gov/documents/mdhhs/Insti_Billing_Tip_Hospital_Billing_Beneficiary_new_05152017_572898_7.pdf

Do I need to wait until a void has a credit and date before billing again, or just until the void has a date?

The credited claim must have a pay cycle date prior to billing a new claim or the new claim will deny for a duplicate.

When claim status states paid and has a pay cycle date in CHAMPS, does that mean the payment was issued on that date?

Yes, the pay cycle date listed in the CHAMPS claim inquire screen indicates the payment date. This is also the date of the remittance advice for the claim.

How do we report a national drug code (NDC) on a claim?

NDC codes are reported on the claim service line along with the HCPCS for the drug being billed. For additional assistance review the CHAMPS Claim resources and guides located on the CHAMPS webpage, under claims and encounters.

Return to top

Member Tab

Who do we contact for a beneficiary name mismatch or incorrect benefit plans showing for a beneficiary?

Providers will need to contact the beneficiary's caseworker directly to update the benefit plan or make changes to eligibility information.

When an individual gets private insurance, is it automatically listed in CHAMPS?

CHAMPS receives monthly files from many insurance companies and the coverage is loaded into the beneficiaries TPL file in CHAMPS. To dispute beneficiaries insurance information please follow the following link https://www.michigan.gov/documents/mdhhs/Adding_Removing_and_Updating_TPL_files_in_CHAMPS_618478_7.pdf.

How often is eligibility updated within the CHAMPS system? Is eligibility only updated when there is a system maintenance or is it more often than that?

Eligibility is updated nightly in CHAMPS with the information from the Bridges. CHAMPS performs monthly maintenance, typically the second Saturday of each month.

How do we determine which type of Medicaid a member has?

When checking eligibility providers can utilize the Benefit Plan & Service Type Codes Table to determine the coverage and services allowed. Another option is by selecting the hyperlink under service type details for the benefit plan in question. This is located on the members eligibility screen under benefit plans.

How do we find out how much a spenddown is?

Providers will need to contact the beneficiary's DHHS caseworker.

If an individual has a Medicare HMO, and we verify eligibility in CHAMPS, do we use Medicare Part B payor ID?

Yes, if the beneficiary has a Medicare advantage plan, providers should report the claim filing indicator and payor ID based on what is reported in the CHAMPS TPL file for the beneficiary.

How does the managed care/Medicaid Health Plans receive eligibility updates?

> The Health Plans receive a monthly list of all their members for the next month near the end of each month. The Health Plans also receive daily enrollment updates.

Who do we contact if there is a discrepancy in coverage between Medicaid and the Health Plan?

> Providers may contact Provider Support and we can work internally with the eligibility department to verify coverage and if necessary, contact the Medicaid Health Plan contract manager.

When a patient has incarcerated coverage and is not housed in a facility how do we get that updated?

> Incarceration coverage needs to be updated through the beneficiary's DHHS caseworker.

How can we tell from the member eligibility screen if the beneficiary is pregnant?

> A provider can see whether a beneficiary has reported a pregnancy to the caseworker by looking up their eligibility within CHAMPS under the Member Tab and looking at the Member Display base page.

What does it mean when redetermination dates are blank or set out into the far future?

> Certain types of eligibility cases do not have redetermination dates set which would cause a blank redetermination date to display. In general redetermination is once a year.

When a member is listed as Children's Special Health Care Services (CSHCS), what is the procedure to updating their account to reflect a new NPI?

> The provider will need to contact the CSHCS within their local health department to have the provider authorized.

When looking up member eligibility, is the created date on a managed care/Medicaid Health Plan line considered the date it was updated in CHAMPS?

> No, the transaction date on the Medicaid Health Plan would be the date the eligibility information was updated.

How do I check eligibility on a member service that is available every 6 months? Is there a way to show within CHAMPS that they have not used these services at a different provider office for example hearing aid batteries?

> Providers can email Provider Support and we can verify that information if the beneficiary has not received services within your office within that allowed time. Currently providers are not able to see other provider information within CHAMPS.

Do residents that are pending Medicaid show up in CHAMPS?

Yes, if users search in CHAMPS by pending then if a member has pending eligibility they will show.

If a resident has a PET code MHP-NFAC in CHAMPS, how can I find a list of all the PET codes?

A list of PET codes can be found on the Medicaid Providers webpage www.Michigan.gov/MedicaidProviders >> Alerts>> Projects and Initiatives > Modernizing Continuum of Care or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458-476299--,00.html

Return to top

PA (Prior Authorization) Tab

Where will I see if a PA has been approved?

Providers can utilize the PA request list function to determine if a PA has been approved. Instructions on how to status a PA using the tracking number or other methods can be found on the CHAMPS webpage www.Michigan.gov/MedicaidProviders >> CHAMPS >> Prior Authorization or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471923--,00.html

How long does it typically take for a PA to be approved?

CHAMPS does not change the legislative mandated of a 15-business day turnaround. Providers can "track" their PA's through the review process and verify online the outcome of their PA request before they receive a letter in the mail. An electronic copy of the PA determination letter is stored within the CHAMPS My Inbox Archived Documents function.

What does the status Entering mean?

It means that the prior authorization has not yet been submitted and is in the process of being entered by the provider.

Are there newsletters sent to providers regarding updates to authorization requirements?

Prior authorization requirements are outlined in MSA Policy bulletins and in the Medicaid Provider Manual. Both can be found at www.Michigan.gov/MedicaidProviders >> Policy, Letters & Forms

How do we know or where do we find what services require PA?

Providers can use the Medicaid Code Rate and Reference tool to look up specific codes to determine if they require a PA. The Medicaid Code and Rate Reference tool is used for providers to view code details such as rates, limits, age restrictions, gender restrictions, modifier requirements, and prior authorization requirements. For outpatient hospitals, the Medicare Addendum B, MDHHS wraparound list, and other resources must be utilized to accommodate pertinent information not loaded within the Medicaid Code and Rate. Instructions on how to use the tool and the quick reference guide can be found on the CHAMPS webpage www.Michigan.gov/MedicaidProviders >> CHAMPS >> External Links or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471925--,00.html

Where can a dental prior authorization be submitted online?

A dental prior authorization can be submitted in CHAMPS under the PA Tab. The paper MSA-1680-B is also required along with the electronic submission.

When submitting a PA for PT, OT, or Speech. Do you use the provider NPI or the physician's NPI in SNF's?

Therapy services must be billed by the facility. Refer to Section 10.36 in the Nursing Facility Chapter of the Medicaid Provider Manual, and Section 2.4 of the Therapy Services chapter.

Return to top

Other CHAMPS Questions

I am having problems getting staff access to CHAMPS who can I contact for assistance?

Once a user has created a MILogin username and password and requested the CHAMPS application, the Domain Administrator would be responsible for assigning the appropriate access for the user. The Domain Administrator for the provider is responsible for giving all users access to the appropriate profile and domain.

Where can I find additional information about the CHAMPS external links functions?

A CHAMPS quick reference guide on how to use the external links function can be found on the CHAMPS webpage www.Michigan.gov/MedicaidProviders >> CHAMPS >> External Links or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471925--,00.html

Where do you upload sterilization or vasectomy consents?

Provider Relations

Documentation needing to be sent to MDHHS, consents, or other documentation, can be uploaded electronically in CHAMPS via the Document Management Portal (DMP) tool. Instructions on how to use DMP can be found on the CHAMPS webpage www.Michigan.gov/MedicaidProviders >> CHAMPS >> External Links or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471925--,00.html

Resources

- Domain Administrator Quick Reference Guide: http://www.michigan.gov/documents/mdch/DomainAdminquickreference-mb_291963_7.pdf

- CHAMPS Webpage: http://www.michigan.gov//mdhhs/0,5885,7-339-71551_2945_42542_42543-145006--,00.html

- Provider Enrollment

  o Phone:1-800-292-2550

  o Webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

- Provider Support

  o Phone: 1-800-292-2550

  o Email: ProviderSupport@Michigan.gov

  o Webpage: www.Michigan.gov/MedicaidProviders

- Prior Authorization

  o Phone: 1-800-622-0276

- Medicaid Alerts: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-101427--,00.html