

## Plan First! Family Planning Waiver Information

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Plan First! Family Planning Waiver is designed to provide **family planning services to women of child bearing age 19-44. The eligibility scope of coverage code is 1Y.** The Family Planning Waiver applies to:

Provider type 23 Family Planning Clinics  
Provider type 10, 11, and 77 MD, DO, Certified Nurse-Midwives, Nurse Practitioners  
Provider type 16 Laboratory  
Provider type 40 Outpatient Hospital, and Pharmacies

For billing purposes the **V25 diagnoses code range must be on the claim to receive reimbursement.** The Family Planning Waiver Plan First! procedure codes can be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders), click on Provider Specific Information, then go to Family Planning Waiver Codes Plan First! Reimbursement rates can be found under the respective provider type fee screens, for example, Laboratory reimbursements are under Clinical Laboratories. Also, the Family Planning Plan First! Medication coverage, specific diagnoses codes, and procedure codes again can also be found at the above web address, then click on Pharmacy Benefits Program.

More information can be found at the above web address in the Provider Manual under Family Planning Waiver.

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## Medicaid Pended Claims

The Medicaid system has multiple edit checks that search for different criteria on all claim submissions. Edits may result in a claim rejection or pend. Pending claims will appear on

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February 1<sup>st</sup>, 2007

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

the electronic 277U or on the paper Remittance Advice (RA) as a "PEND" in the Source/Status Column.

A pending claim is considered active in the Medicaid processing system, therefore the claim should not be resubmitted unless you are certain the claim will reject. Frequently, a pend will occur when documentation review is required to adjudicate the claim correctly.

## Provider Consultant Help Sessions

On March 22, 2007 the Provider Consultants will be holding a Help Session for Providers Type 10, 11, and 77, at the Michigan Library & Historical Center in Lansing. These sessions are for providers to meet one-on-one with our new Provider Consultant Unit to review any problem claims.

When meeting with the Provider Consultants you can bring specific examples and the Consultants will help you to resolve any issues that you may be having. There will be no formal presentation. All providers interested must register and set up an appointment time. Walk-ins will not be able to meet with the Consultants, appointments are required.

To register please send an e-Mail to [Providersupport@michigan.gov](mailto:Providersupport@michigan.gov), with a subject line of "Provider Consultant Help Sessions". A Consultant will contact you with a appointment time. Availability will be on a first registered first serve basis

A pend requires manual review by a processor. It is not possible to give a time frame for resolution of pending claims since each situation is dependent on the reason and the number of steps required for processing of the claim.

A claim pending over six months may be reported to Provider Inquiry. When contacting Provider Inquiry you must have the last remittance advice where the pend appeared and the claim reference number. Only contact Provider Inquiry if it has been over six months.

If a claim contains multiple pends, the claim will reappear on a remittance advice after each pend has been resolved. An approved pend will appear on the remittance advice with an asterisks (\*) after the pend code. In the case of multiple pends, your claim will reappear on the remittance advice after each pend is resolved.

MDCH is processing pended claims as efficiently as possible with the number of claims received. It is very important for providers to track claims on the

remittance advice. Outstanding accounts should never be submitted on a routine basis. When this happens it causes duplicate pended claims within our system, which will result in unnecessary delays.

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## NPI Countdown Column



### **80 Business Days before MAY 23, 2007! Have you reported your NPI to Medicaid?**

Medicaid has begun internal NPI testing for Professional and Dental electronic claims. Institutional claim testing is scheduled to begin shortly. Please make sure when submitting claims to include your legacy Medicaid Provider ID number along with your NPI number so your claim can be properly adjudicated. MDCH is currently accepting NPI numbers on Professional and Dental claims but adjudicating off of the legacy Provider ID number.

Medicaid has also updated the NPI website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >>Providers >>National Provider Identifier >>837 Reporting for the NPI to include all of the loops and segments for entering NPI's on electronic claim forms.

A Medicaid Provider bulletin with a proposed release date of February 1, 2007, will be published to providers with special claim completion instructions specific to meet the claim processing needs for MDCH in addition to following the NUCC instructions.

If you have not already applied for an NPI number, please do so soon. It is important that you report your NPI numbers to Medicaid as soon as possible. Without your NPI numbers on file, Medicaid may not be able to crosswalk your claims back to your Medicaid Provider ID number, which could cause a potential lapse in payment.

You can apply for your NPI with NPPES online at <https://nppes.cms.hhs.gov/> or call toll free at 1-800-465-3203. You may also contact NPPES for NPI questions regarding the status of an application, forgotten or lost NPI numbers, lost NPI notification letters, trouble accessing NPPES, forgotten NPPES password/user ID or if you need to request a NPI paper application.

Please continue to watch our website for frequent updates with NPI information. Any questions may be directed to the Provider Inquiry Unit at 1-800-292-2550 or you can email your NPI questions to [npi@michigan.gov](mailto:npi@michigan.gov).

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## THE CORNER

Community Health Automated Medicaid Processing System

### Design Phase...Still in Session

MDCH is still in the design phase for the **CHAMPS** system. Medicaid has asked providers to submit any suggestions to [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov). Any suggestions provided will be taken to the design team to incorporate into **CHAMPS**.

As the design phases come to an end, the next process for MDCH will be to work on testing for the new system. The contractors will take the suggestions and design ideas that were implemented during the design sessions to create and make changes to the **CHAMPS** system. Once the system is set up according to the design process, testing will begin.

MDCH will implement an intensive testing process to make sure the **CHAMPS** system functions properly and according to the design. MDCH will be spending the most time on testing to make sure all changes are incorporated correctly.

During that time suggestions for design will still be taken into account, but MDCH asks that you submit any suggestions as soon as possible.



Is there something about **CHAMPS** you want to know about but we haven't mentioned? Please let us know. MDCH is always looking for input from the provider community, so please submit any suggestions or comments to [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov).