My Inbox - Windows Internet Explorer

CHAMPS | My Inbox | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | ContractMC

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> MyInbox

INQUIRE CLAIMS
- Inquire Claims

RA LIST
- RA List

NON CLAIM ADJUSTMENTS
- Gross Adjustments
- Recurring Payments
- GA Codes

ADMINISTRATION
- Error Codes
- RA Messages

My Reminders

Filter By | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
Link Message	MiChild ID 0001437328 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001367440 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0000981665 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001389213 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001408492 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001040586 is succe	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001420473 is successfully Linked to Medicaid ID 1098995265	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001377499 is successfully Linked to Medicaid ID 1109494505	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001392824 is successfully Linked to Medicaid ID 1053049328	03/02/2015	04/01/2015	N
Link Message	MiChild ID 0001380812 is successfully Linked to Medicaid ID 1043204855	03/02/2015	04/01/2015	N

Delete | View Page: 2 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Notification

User1 sent you message *Yesterday*

User1 sent you message *Yesterday*

User1 sent you message *Yesterday*

Calendar

07:58 AM — 30 March 2015, Monday

2015 March

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

Quick Find

Select | Go

Instructions to query Healthy Michigan Days with 100% Federal Match in CHAMPS

1. Log into the State of Michigan Single Sign On website.
2. Open CHAMPS
3. Under the Claims tab choose Inquire Claims

Welcome to MHIS - Windows Internet Explorer

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MyInbox > Inquire Claims

Close

Inquire Claims

Filter By | And | Filter By | And | Filter By | And

Filter By | And | Filter By | With Claim Status | With Processing Status | In | Claim | Last 6 Months | Go

Save Filters | My Filters

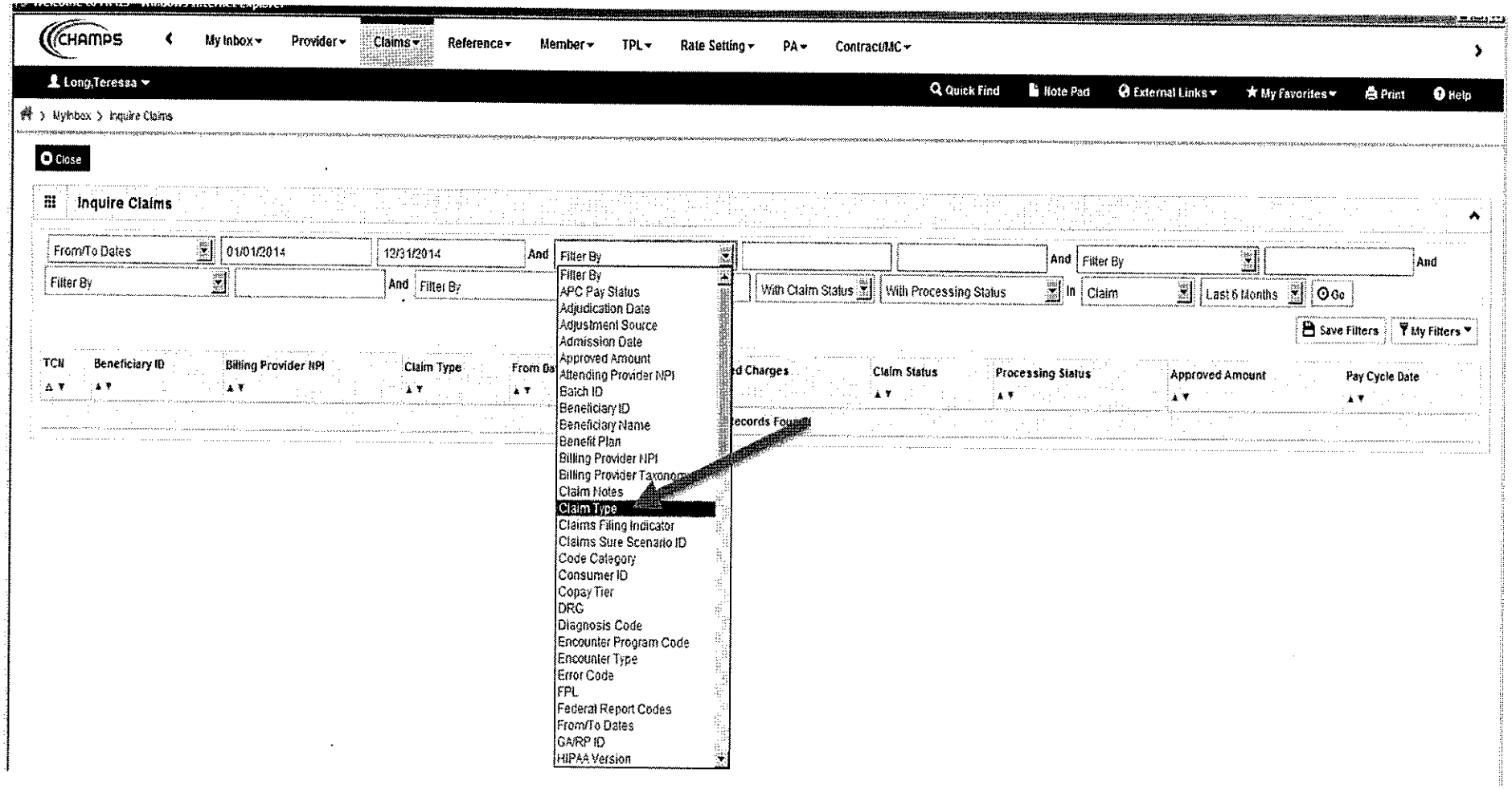
Filter By
Admission Date
Approved Amount
Batch ID
Beneficiary ID
Billing Provider NPI
Claim Notes
Claim Type
Consumer ID
DRG
From/To Dates
Mass Adjustment Number
Medical Record Number
MiChild ID
Original TCN
Patient Account Number
Pay Cycle Date
Prior Authorization Number
Recipient ID
Referral Number
Rendering Provider NPI
Submitted Charges
TCN Load Date
TCN

Billing Provider	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date
No Records Found !								

1. In first "Filter By" box select "From/To Dates" as shown above.

2. In the next open box type in the facility's fiscal year begin date. For our example we will use 01/01/2014. Please note the date must be in MM/DD/YYYY format.

3. In the next open box type the facility's fiscal year end date. For our example we will use 12/31/2014.



1. In the next "Filer By" drop down box choose "Claim Type".

2. In the next open box type T.

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | Contract/MC

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Inquire Claims

From/To Dates | 01/01/2014 | 12/31/2014 | And | Claim Type | T | And | Filter By | And

Filter By | And | Filter By | With Claim Status | With Processing Status | In

Save Filters | My Filters

TCN	Beneficiary ID	Billing Provider NPI	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Stat	Pay Cycle Date

No Records Found !

Filter By:
- ICO Indicator
- Invoice Date
- Invoice Type
- Line Approved Amount
- Line Item Control Number
- MAGI Category
- MIP Indicator
- Mass Adjustment Number
- Medical Record Number
- Medicare Indicator
- MiChild ID
- Modifier
- NDC Code
- Oral Cavity
- Original TCN
- Originator ERN
- Originator Plan ID
- Other Payer Adj Reason Code
- Other Payer ID
- PCA
- Patient Account Number
- Pay Cycle Date
- Payer ID
- Place of Service
- Prior Authorization Number
- Procedure Code
- Provider Report Group Code
- Provider Type
- RA Date
- RA Number

1. In the next "Filter By" drop down box choose the "MAGI Category".

2. In the next box type a capital I.

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | Contract/MC

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MyInbox > Inquire Claims

Close

Inquire Claims

From/To Dates | 01/01/2014 | 12/31/2014 | And | Claim Type | t | And | MAGI Category | I | And

Filter By | And | Filter By | With Claim Status | With Processing Status | In | Claim | Last 6 Months | Go

All
Last 12 Months
Last 24 Months
Last 6 Months

Save Filters | My Filters

TCN	Beneficiary ID	Billing Provider NPI	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date
No Records Found !										

1. In the last drop down box before the Go Button, choose All, as shown above, then press GO.

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CHAMPS | My Inbox | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | Contract/MC

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Close

Inquire Claims

From/To Dates | 01/01/2014 | 12/31/2014 | And | Claim Type | 1 | And | MAGI Category | 1 | And

And | Filter By | With Claim Status | With Processing Status | In | Claim | All | Go

Save Filters | My Filters

TCN	Beneficiary ID	Billing Provider NPI	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date	MAGI Category
2114182100101430000	0008173335		T-Nursing Facility	06/25/2014	06/30/2014	$1,164.00	Denied	RA Generated	$0.00	07/03/2014	1
2114213100093590000	0008173335		T-Nursing Facility	07/01/2014	07/31/2014	$6,014.00	Denied	RA Generated	$0.00	08/07/2014	1
2114225100100050000	0008173335		T-Nursing Facility	06/25/2014	06/30/2014	$1,164.00	Paid	RA Generated	$604.32	09/18/2014	1
2114225100165620000	0008173335		T-Nursing Facility	07/01/2014	07/31/2014	$6,014.00	Paid	RA Generated	$3,122.32	08/21/2014	1
2114244100001810000	0008173335		T-Nursing Facility	08/01/2014	08/31/2014	$6,014.00	Paid	RA Generated	$3,122.32	09/11/2014	1
2114244100001920000	0001269800		T-Nursing Facility	08/01/2014	08/31/2014	$6,014.00	Denied	RA Generated	$0.00	09/04/2014	1
2114254100028820000	0001269800		T-Nursing Facility	08/01/2014	08/31/2014	$6,014.00	Paid	RA Generated	$3,122.32	09/25/2014	1
2114274100367370000	0008173335		T-Nursing Facility	09/01/2014	09/30/2014	$5,820.00	Paid	RA Generated	$3,021.60	11/26/2014	1
2114281100024180000	1141495126		T-Nursing Facility	09/13/2014	09/30/2014	$1,358.00	Paid	RA Generated	$705.04	10/16/2014	1
2114305100003120000	0008173335		T-Nursing Facility	10/01/2014	10/31/2014	$6,014.00	Paid	RA Generated	$4,243.90	11/26/2014	1

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1. Click on the TCN Number.

Header TCN:
Beneficiary ID:
Name:

Show

Number:
Other Insurance
Benefit Plan:

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Attending Provider ID: * Type: NPI *
Attending Provider Taxonomy:
Pay To Provider ID: Type: NPI
Operating Provider ID: Type:
Other Operating Provider ID: Type:
Rendering Provider ID: Type:
Referring Provider ID: Type:
Primary Care Referring Provider ID: Type:

From Date: 07/17/2014 *
To Date: 07/29/2014 *
Referral #:
PRO #:
Auth #:
DRG Code:
Total DRG OutLier Payment: 0
Total APC OutLier Payment: $0.00

Patient Status: 02-Discharged/transferred to a short-term general hos *
Admit Source: 4-Transfer from a Hospital (Different Facility) *
Admit Type: 3-Elective
Admit Date: 07/17/2014
Discharge Hour: 19:00 (HH:MM)
Principal Diagnosis Code: 2900 * POA: *
E-Code: POA:
Other Diagnosis Code: 41400 POA:
Other Diagnosis Code: 4289 POA:
Manual Price:
Delay Reason Code:

Admit Hour: 15:00 (HH:MM)
Days Billed:
Admitting Diagnosis Code: 2900
Covered Days: 12
Non Covered Days:

Code Category: ICD-9-CM *
Reason For Visit:
Co-Insurance Days:
LR Days:

Submitted Charges: $3,120.00 *
Billed Amount: $3,120.00
Approved Amount: $2,357.16

1. After clicking the TCN a new window will open with the individual claim in it. If you scroll about ¾ down the page you will see the number of Healthy Michigan Days claimed in the "Covered Days" box.

2. Each subsequent TCN will need to be opened, as described above, to obtain the number of days billed for the beneficiary on each claim.