

PROVIDER INQUIRER

May 1st, 2007

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NPI Countdown Column MDCH NPI Contingency Plan



On April 2, 2007 CMS announced the option for covered entities not fully able to comply with the NPI regulations by May 23, 2007 to develop a contingency plan. The contingency plan is to allow continued acceptance of legacy provider identifiers on claim forms for a certain period of time after the compliance date of May 23, 2007.

On April 25, 2007, MSA issued bulletin **MSA 07-22** with the contingency plan for MDCH. In this bulletin, MDCH has extended the NPI only deadline from May 23, 2007 to October 1, 2007.

Key Points of the Bulletin:

- ❖ May 23, 2007 to October 1, 2007- MDCH will require the NPI and the legacy ID on all claim forms.
- ❖ October 1, 2007- NPI will be mandatory and accepted as the only form of identification on claim forms. If the

NPI is not on a claim form, the claim will be rejected.

For a detailed description of the MDCH contingency plan, please log on to www.michigan.gov/medicaidproviders >> Medicaid Policy Bulletins >> MSA 07-22.

MDCH is currently accepting the ADA 2006 paper claim form, and will be accepting the UB 04 claim form on May 23. MDCH acceptance of the new CMS 1500 (08/05) has been delayed until June 1, therefore paper claims for professional services submitted prior to June 1 must report only the Medicaid legacy ID number. After June 1, the CMS 1500 must have both the NPI number and the legacy ID number.

If you have not reported your NPI to Medicaid yet, do it today! It is important that you report your NPI numbers to

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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.

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.

Refunding Money

When refunding money to the State Of Michigan, **please do not send a check.** A check should only be forwarded when a provider is no longer enrolled in the Program, or if you receive a letter from the Department of Community Health requesting a refund.

CLAIM REPLACEMENTS

If after receiving payment from Medicaid, you determine services were not submitted appropriately or another carrier makes payment, a replacement claim must be submitted. The claim will "replace" the original claim therefore it is important to include all services. Claim completion instructions can be found in the Billing and Reimbursement chapter of the Medicaid Manual.

VOID/CANCELS

If all payment is to be returned, a void/cancel must be submitted. Claim completion instructions are located in the Billing and Reimbursement chapter of the Medicaid Manual. When the claim is processed a negative will appear on the remittance advice and monies will be deducted from future payments.

When a check is forwarded, the original payment is not deducted and the money remains tied to the beneficiary and provider. If you encounter a situation where Medicaid generates a recovery and payment was previously returned with a check, please forward a copy of the check (front and back) along with a copy of the remittance advice where the recovery occurred to: MDCH/MSA, Provider Consultants, P.O. Box 30731, Lansing, MI 48909.

For any additional questions, please contact the Provider Inquiry Unit at 1-800-292-2550 or ProviderSupport@michigan.gov.

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THE CORNER

Community Health Automated Medicaid Processing System

Provider Enrollment Subsystem Design

As 2007 approaches the halfway point, the design stage of Provider Enrollment (PE) nears an end. MDCH estimates a release of early 2008 for the first segment, revalidation.

Upon implementing the revalidation portion of PE, individual providers and provider groups will need to review and confirm their enrollment information in CHAMPS, and add some additional information that the current PE system has never been able to store. The new automated PE system in CHAMPS will eliminate some of the need for paper transactions that currently make enrollment a lengthy process.

Once providers confirm their information in the PE portion of CHAMPS, they will then be able to make changes to their enrollment information such as, changing the practice address, adding locations and adding provider specialties.

In the months preceding the implementation of the PE subsystem, MDCH Provider Outreach and Education will be offering Providers informational sessions on how to access, confirm and change their information on the Provider Enrollment portion of CHAMPS. Watch your mail for Green letters and postcards regarding CHAMPS and the training session portion of the MDCH website www.michigan.gov/medicaidproviders >> Medicaid Provider Training Sessions, for dates, locations and times of the Provider Revalidation trainings in your area.

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.