



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Adjusting a claim to add or remove other insurance information

“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

Contents

- Information needed prior to adjusting the paid claim
- How to find other insurance information within CHAMPS
- How to add other payer information to a paid claim ([pages 15-37](#))
- How to add other payer denial information to a paid claim ([pages 38-53](#))
- How to remove other payer information from a paid claim ([pages 54-64](#))
- How to change or update existing other payer information on a paid claim ([pages 65-80](#))
- How to add other payer information to an institutional claim([pages 81-98](#))

Information

Information needed prior to adjusting a claim with other insurance

Information cont.

- **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 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 insurance for a beneficiary within CHAMPS

https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/
SOM - Login

File Edit View Favorites Tools Help

Home Help MI.gov

MILogin

Login to your account

* = Required Fields

*User ID

*Password

Login

[Forgot your User ID?](#)
[Forgot your password?](#)
[Need Help?](#)

Don't have an account? [Create New Account](#)

[MILogin Home](#) [Michigan.gov Home](#) [Policies](#) [Contact Us](#)

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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.



Login to your account

* = Required Fields

*User ID



*Password



Login



[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

Don't have an account?

[Create New Account](#)

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- Enter your User ID and Password.
- Click Login.



Home Page

[Need Help?](#)

Your password will expire in **365** days.

Manage your account

 Request Access

 Update Profile

 Change Password

 Update Security Q&A

Access your applications

- [CHAMPS](#) 

[MILogin Home](#)

[Michigan.gov Home](#)

[Policies](#)

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- You will be directed back to your MILogin home page.
- Click the CHAMPS hyperlink



The screenshot shows the MI Login portal interface. At the top right, there are links for Home, Help, Logout, and MI.gov. The main content area is partially obscured by a white dialog box titled "Terms & Conditions:CHAMPS". The dialog box contains the following text:

The Michigan Department of Health and Human Services (MDHHS) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health and Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

At the bottom of the dialog box, there are two buttons: "Acknowledge/Agree" and "Cancel". A red arrow points to the "Acknowledge/Agree" button. In the background, the MI Login portal shows a sidebar with "Manage your account" options (Request, Change) and "Access your applications" with a link for "CHAMPS".

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



→ Select Domain *

→ Select Profile *

Select Favorite

- Choose the Domain(Billing NPI) and Profile from the dropdown menu

CHAMPS

My Inbox Provider Claims **Member** PA

Note Pad External Links My Favorites Print Help

Provider Portal

NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 →

My Reminders

Filter By [] [] Go Save Filters My Filters

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

- Once logged into CHAMPS, select the Member tab

CHAMPS

My Inbox Provider Claims Member PA

External Links My Favorites Print Help

Provider Portal

NPI:

Latest updates

System Notification
 Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM Sunday, January 11th, the Benefit Inquiry and Response (Core 270/271) Real-time system will be unavailable from 10:00am on Saturday January 10th. This outage will affect all providers.

ELIGIBILITY INQUIRY
 Eligibility Inquiry

NFLOC DETERMINATION
 Nursing Facility Level Of Care Determination

Calendar
 3:07 PM 12 January 2015 Monday
 2015 January

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	

My Reminders

Filter By [] [] [Go] [Save Filters] [My Filters]

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

- Select Eligibility Inquiry

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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 ▾ ←

LAST NAME:

DATE OF BIRTH: 📅

Gender: ---SELECT--- ▾

MICHILD Case Number:

INQUIRY START DATE: 01/01/2015 📅 *

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: 01/26/2015 📅 ←

- Filter by Member ID and enter the 10 digit beneficiary ID number
- Enter the inquiry start and end date

CHAMPS < My Inbox > Provider > Claims > Member > PA >

Provider Portal > Member Eligibility Inquiry > Member Benefit Level

Member ID: [REDACTED] Name: [REDACTED]

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/01/2015 - 01/26/2015
 GENDER: FEMALE
 DATE OF BIRTH: [REDACTED]
 CASE NUMBER: [REDACTED]
 CASE PHONE: [REDACTED] EXT:
 CASE EMAIL:
 COUNTY OF RESIDENCE: 82-WAYNE
 MAGI CATEGORY: [REDACTED]
 WORKER LOAD NUMBER: [REDACTED]

COMMERCIAL / OTHER: Y
 CSHCS RESTRICTIONS: N
 MHP PCP: N
 BMP PROVIDER RESTRICTION: N
 PE INDICATOR: N
 DHS PHONE: [REDACTED]
 DHS COUNTY: [REDACTED]
 CITIZENSHIP:
 MA PROGRAM CODE:

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
MA	FEE FOR SERVICE		Click To View Service Types	02/15/2012	02/15/2012	01/01/2015	01/26/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	02/15/2012	02/15/2012	01/01/2015	01/26/2015
PIHP	MANAGED CARE	2813568	Click To View Service Types	12/24/2013	12/24/2013	01/01/2015	01/26/2015

View Page: 1 [Go] [Page Count] [SaveToXLS] Viewing Page: 1 << First < Prev > Next >> Last

- Select the Commercial/Other hyperlink

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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

Member ID: [redacted] Name: [redacted]

Close no access

SEARCH BY: MEMBER ID: [redacted] no access

MEMBER

MEMBER ID: [redacted] NAME: [redacted] DOB: [redacted]

INSURANCE DETAILS

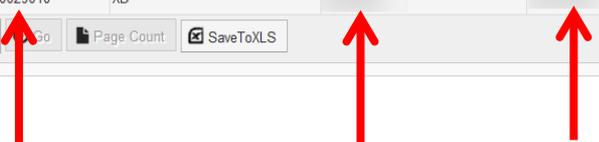
All ▾ Active ▾ Go

Save Filters My Filters ▾

PAYER NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCBSM	00029010	XD	[redacted]	[redacted]	[redacted]	09/11/2014	03/01/2014	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 as this will be needed to add the other insurance information to the claim

How to add other payer information to a paid claim

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

How to add other payer information to a paid claim cont.

- 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

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 →

My Reminders

Filter By [] [] Go Save Filters My Filters ▾

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

- Once logged into CHAMPS, select the Claims tab

CHAMPS

My Inbox Provider Claims Member PA

Provider Portal

NPI: [Redacted]

Latest updates

System Notification
Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. Benefit Inquiry and Response (Core 270/271) will be unavailable between 6:00am and 10:00am on Saturday January 10th. This will affect all functionality.

MANAGE CLAIMS

- Adjust/Void Claim Provider

INQUIRE CLAIMS

- Claim Inquiry

RA LIST

- RA List

Calendar

11:56 AM 12 February 2015 Thursday

2015 February						
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	
		Today				

- Select Adjust/Void Claim Provider

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

Close

Adjust Claims

TCN: 3 00 Go

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

Print Help

Header TCN: 3[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

TCN Error Description Erroneous Data
 ▲ ▼ ▲ ▼ ▲ ▼
 No Records Found !

Header Details Upload/View Document

TCN: 3[redacted]00 Claim Type: J - Professional Source
 Original TCN: Adjustment Source: Claim Status
 No Of Lines: 2 Medicare: Commercial
 Related Cause: NO

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

Billing Provider ID: [redacted] * Type: NPI [redacted] * Pay To: [redacted] Type: NPI [redacted]
 Billing Provider Taxonomy: Referring Provider ID: [redacted] Type: NPI [redacted]
 Rendering Provider ID: [redacted] Type: NPI [redacted] Referring Provider Taxonomy:
 Rendering Provider Taxonomy:

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, select Other Payers Information from the show dropdown menu

Print Help

Header TCN: 3[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

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

Add Cancel

- Choose New Payer to add other payer information to the claim

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer											
	3 00										
	3 01										

+ Add - Cancel

- Select the Header TCN which ends in 00 from the dropdown

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010							Adj:		

Add Cancel

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

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010									

- 11-Other Non-Federal Program
- 12-Preferred Provider Organization
- 13-Point of Service
- 14-Exclusive Provider Organization
- 15-Indemnity Insurance
- 16-Health Maintenance Organization
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employee Program
- HM-Health Maintenance Organization
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- MC-Medicaid
- OF-Other Federal Program
- TV-Title V
- VA-Veteran Administration Plan
- WC-Workers Compensation Health
- ZZ-Mutually Defined

Add Cancel

- Choose the Claim Filing Indicator from the dropdown, which will coincide with the payer

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00			Adj:		

Step 1 Step 2 Step 3 Step 4

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

Add 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 \$0.00
- Choose the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary				



- Select Add to add the other payer information to the claim

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary				

Save Delete

Add Payer and Adjustment Details

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

+ Add - Cancel

- After selecting Add, the other payers information will be added to the top of the other payers box
 - Also note that the TCN number now begins with a 4, this is the new TCN number

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
<input type="checkbox"/>	4 [] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary	[]			

Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4 [] 01	[]	[]	[]	[]	[]	[]	[]	Adj:	[]	[]

Payer1

Add Cancel

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

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	1234567	99999999	\$100.00	P-Primary				

Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4 01	Payer1				\$50.00			Adj:	\$100.00	45

Step 1

Step 2 and 3

Step 4 Add Cancel

- Enter the amount paid for the service line
- Enter the amount that coincides with the Claim Adjustment Reason Code (CARC) you are entering
 - Example shows \$100.00 with CARC 45
- Select Add

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	1234567	99999999	\$100.00	P-Primary					
Payer1	4-01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	P-Primary					
										Adj:	\$100.00	45
											Save	Delete

Add Payer and Adjustment Details

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

Add Cancel

- The line information will then be added to the top in the other payers information box

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	1234567	99999999	\$100.00	P-Primary					
Payer1	4-01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	P-Primary					
										Adj:	\$100.00	45
Save Delete												

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
ExistPayer	4-01	Payer1								Adj: \$23.00	2

Step 1 Step 2 Step 3 and 4

Step 5 → Add Cancel

- Select from the payer dropdown box Existing Payer, as the payer has already been reported at the service line
- Select the line TCN number and payer 1
- Enter additional CARC and amounts based on the EOB
- Select Add to add the additional CARC and amounts to the other payers information box at the top

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$100.00	P-Primary ▾	[redacted] 🗑️				
Payer1	4 [redacted] 01 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$50.00	P-Primary ▾	[redacted] 🗑️				
									Adj:	[]	\$100.00	45
									Adj:	[]	\$23.00	2
										Save 🗑️	Delete 🗑️	

Add Payer and Adjustment Details

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

+ Add ⓧ 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

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary				
Payer1	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	P-Primary				
									Adj:	\$100.00	45
									Adj:	\$23.00	2
Save Delete											

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4 [redacted] 02	Payer1				\$50.00			Adj:	\$50.00	45

Step 1 Step 2 Step 3 Step 4 Step 5

Step 6 Add Cancel

- Other payer information must be reported for each service line billed on the claim
- To add the other payer information for line #2, select new payer and line #2 from the TCN dropdown
- Enter the CARC and amounts and select Add

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$100.00	P-Primary ▾	[redacted] 🗑️			
Payer1	4 [redacted] 01 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$50.00	P-Primary ▾	[redacted] 🗑️			
									Adj:	\$100.00	45
									Adj:	\$23.00	2
Payer1	4 [redacted] 02 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$50.00	P-Primary ▾	[redacted] 🗑️			
									Adj:	\$50.00	45
									Adj:	\$43.00	3
											

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer ▾	[redacted] ▾	[redacted]	[redacted] ▾	[redacted]	[redacted]	[redacted]	[redacted] ▾	[redacted] 🗑️	Adj:	[redacted]	[redacted]

Add Cancel

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

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show

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	1234567	99999999	\$100.00	P-Primary	
Payer1	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	P-Primary	
Payer1	4 [redacted] 02	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	P-Primary	

- 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

Add Payer and Adjustment Details

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

+ Add - Cancel

- Select Claim Header Detail from the Show select dropdown

Print Help

Header TCN: 4-0000
 Beneficiary ID: Name:

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details Upload/View Documents 0 0

TCN: 4-0000 Claim Type: Source: Web
 Original TCN: 3-0000 Adjustment Source: Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

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

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

Step 2 Step 1

Adjust Void Save Cancel

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

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example "Adding primary payer information."

OK Cancel

Page ID: dgAdjustClaimDoc(Claims)

Trusted sites | Protected Mode: Off | 125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated ADJ from the Adjustment Source dropdown box
- Enter a note as to why the claim is being adjusted
- Select OK and your adjustment is complete and you will be returned to where you first entered your paid TCN number

How to add other payer denial information to a paid claim

Adding other payer denial information

How to add other payer denial information to a paid claim cont.

- 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
 - If claim was originally billed to Medicaid and has been voided by TPL and the primary payer has already been billed
- The following slides show an example claim with primary payer denial information being added to a claim

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [] [] [Go] Save Filters My Filters ▾

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

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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, select the Claims tab

CHAMPS

My Inbox Provider Claims Member PA

Provider Portal

NPI: [Redacted]

Latest updates

System Notification
Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. Benefit Inquiry and Response (Core 270/271) will be unavailable between 6:00am and 10:00am on Saturday January 10th. This will affect all functionality.

CLAIM SUBMISSION

- Submit Professional ★
- Submit Institutional ★
- Submit Dental ★
- Search Template ★

MANAGE CLAIMS

- Adjust/Void Claim Provider ★

INQUIRE CLAIMS

- Claim Inquiry ★

RA LIST

- RA List ★

11:56 AM 12 February 2015 Thursday

2015 February

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	
← Today →						

- Select Adjust/Void Claim Provider

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo on the left and menu items: My Inbox, Provider, Claims (highlighted), Member, and PA. Below this is a dark blue header with a user profile icon, a search bar, and utility links: Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal' and contains a 'Close' button. Below that is a section titled 'Adjust Claims' with a grid icon and an upward arrow. Underneath, there is a form with the label 'TCN:' followed by a text input field containing '3' and '00'. A red arrow points to a 'Go' button with a circular arrow icon, which is positioned to the right of the input field.

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

Print Help

Header TCN: 3[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

TCN Error Description Erroneous Data
 ▲ ▼ ▲ ▼ ▲ ▼
 No Records Found !

Header Details Upload/View Document

TCN: 3[redacted]00 Claim Type: J - Professional Source
 Original TCN: Adjustment Source: Claim Status
 No Of Lines: 2 Medicare: Commercial
 Related Cause: NO

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

Billing Provider ID: [redacted] * Type: NPI [redacted] * Pay To: [redacted] Type: NPI [redacted]
 Billing Provider Taxonomy: Referring Provider ID: [redacted] Type: NPI [redacted]
 Rendering Provider ID: [redacted] Type: NPI [redacted] Referring Provider Taxonomy: [redacted]
 Rendering Provider Taxonomy: [redacted]

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, select from the Show dropdown menu Other Payers Information

Print Help

Header TCN: 3[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

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

Add Cancel

- Currently there is no other payer information reported as the claim was billed as Medicaid primary
- Choose New Payer to add other payer information to the claim

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer											
	3 00										
	3 01										

+ Add - Cancel

- Select the Header TCN which ends in 00 from the dropdown

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010							Adj:		

Add Cancel

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

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010									

11-Other Non-Federal Program
 12-Preferred Provider Organizati
 13-Point of Service
 14-Exclusive Provider Organizati
 15-Indemnity Insurance
 16-Health Maintenance Organiza
 17-Dental Maintenance Organiza
 AM-Automobile Medical
 BL-Blue Cross/Blue Shield
 CH-Champus
 CI-Commercial Insurance Co.
 DS-Disability
 FI-Federal Employee Program
 HM-Health Maintenance Organiza
 LM-Liability Medical
 MA-Medicare Part A
 MB-Medicare Part B
 MC-Medicaid
 OF-Other Federal Program
 TV-Title V
 VA-Veteran Administration Plan
 WC-Workers Compensation Hea
 ZZ-Mutually Defined

Add Cancel

- Choose the Claim Filing Indicator from the dropdown, which will coincide with the payer

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010	BL-Blue Cross/Blue Shield	1324567	99999999	\$0.00					

Step 1 (points to Claim Filing Indicator)
Step 2 (points to Group)
Step 3 (points to Policy Number)
Step 4 (points to Amount Paid)
Step 5 (points to Responsibility dropdown menu)
Step 6 (points to Add button)

Responsibility dropdown options:
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

Buttons: Add, Cancel

- Enter the group and policy number which can be found within the member eligibility screen
- In this example, the other payer made no payment on the claim as the service was denied so \$0.00 was reported
- Choose the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted] 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 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$0.00	P-Primary				

Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4 [redacted] 01	Payer1				\$0.00			Adj:	\$150.00	204

Step 1 Step 2 Step 3 Step 4 Step 5 and 6

Step 7 → Add Cancel

- Add the other payer denial information for the service line
- Enter the amount paid on the line and the appropriate CARC based on the EOB denial
- Select Add to add the other payer information to the service line
 - Also note that the TCN number now begins with a 4, this is the new TCN number

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$0.00	P-Primary ▾					
Payer1	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$0.00	P-Primary ▾					
										Adj:	\$150.00	204
												

Add Payer and Adjustment Details

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

Adj: [] [] []

 Add  Cancel

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

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

Show ▾

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	1234567	99999999	\$0.00	P-Primary	
Payer1	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$0.00	P-Primary	

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
NewPayer								

- 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

- Choose Claim Header Detail from the Show select dropdown



Print Help

Header TCN: 4-0000
 Beneficiary ID: Name:

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details Upload/View Documents 0 0

TCN: 4-0000 Claim Type: Source: Web
 Original TCN: 3-0000 Adjustment Source: Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

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

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

Step 2 Step 1

Adjust Void Save Cancel

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

Header TCN: 4...00
Beneficiary ID: ... Name: ...

TCN
Error

Header Details

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:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ *

Comment: Note example: "Added primary payer information,not a contract benefit under BCBS policy."

Step 1

Step 2

Step 3

Page ID: dlgAdjustClaimDoc(Claims)

Done

Trusted sites | Protected Mode: Off

125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated Adj from the Adjustment Source dropdown
- Enter a note as to why the claim is being adjusted
- Select OK and your adjustment is complete and you will be returned to where you first entered your paid TCN number

How to remove other insurance information from a paid claim

Removing primary insurance from a paid claim

How to remove other insurance information from a paid claim cont.

- When and why should a claim be adjusted to remove or delete other payer information?
 - If the primary payer has adjusted their claim 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

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 →

My Reminders

Filter By [] [] Go Save Filters My Filters ▾

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

- Once logged into CHAMPS, select the Claims tab

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo and tabs for My Inbox, Provider, Claims, Member, and PA. The Claims dropdown menu is open, displaying the following options:

- CLAIM SUBMISSION
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS
 - Adjust/Void Claim Provider
- INQUIRE CLAIMS
 - Claim Inquiry
- RA LIST
 - RA List

A red arrow points to the 'Adjust/Void Claim Provider' option. The background shows a system notification about a system maintenance on Saturday, January 10th, and a calendar for February 2015.

- Select Adjust/Void Claim Provider

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

Close

Adjust Claims

TCN: 3 00 Go

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

Print Help

Header TCN: 3[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details Upload/View Document

TCN: 3[redacted]00 Claim Type: J - Professional Source: [redacted]
 Original TCN: [redacted] Adjustment Source: [redacted] Claim Status: [redacted]
 No Of Lines: 2 Medicare: [redacted] Commercial: [redacted]
 Related Cause: NO

Beneficiary ID: [redacted] * Last Name: [redacted] First Name: [redacted]
 Gender: [redacted] * DOB: [redacted] * Age: [redacted]
 Patient Account Number: [redacted] Admit Date: [redacted]

Place of Service: 22-Outpatient Hospital

Billing Provider ID: [redacted] * Type: NPI [redacted] * Pay To: [redacted] Type: NPI [redacted]
 Billing Provider Taxonomy: [redacted] Provider ID: [redacted] Type: NPI [redacted]
 Rendering Provider ID: [redacted] * Type: NPI [redacted] Referring Provider ID: [redacted] Type: NPI [redacted]
 Rendering Provider Taxonomy: [redacted] Referring Provider Taxonomy: [redacted]

Adjust Void Save Cancel

- From the Claim Header Detail page, select from the Show dropdown menu Other Payers Information

Header TCN: 3 00

Beneficiary ID:

Name:

Show

Other Payers

<input checked="" type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	3 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$31.58	P-Primary				
Payer1	3 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$15.79	P-Primary	12/31/2014			
									Adj:	\$14.18	45
									Adj:	\$4.03	2
Payer1	3 02	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$15.79	P-Primary	12/31/2014			
									Adj:	\$34.18	45
									Adj:	\$4.03	2

Save Delete

Add Payer and Adjustment Details

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

Add Cancel

- Select the check box above the payer information

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
Payer1	3 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$31.58	P-Primary				
Payer1	3 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$15.79	P-Primary	12/31/2014			
									Adj:	\$14.18	45
									Adj:	\$4.03	2
Payer1	3 02	00029010	BL-Blue Cross/Blue					12/31/2014			
									Adj:	\$34.18	45
									Adj:	\$4.03	2

Save Delete

Add Payer and Adjustment Details

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

Step 2

Step 1

Add Cancel

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

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Add Payer and Adjustment Details									
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Adj
NewPayer ▾	[redacted] ▾	[redacted]	[redacted] ▾	[redacted]	[redacted]	[redacted]	[redacted] ▾	[redacted]	[redacted]

- 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

- Choose Claim Header Detail from the Show select dropdown
 - Also note that the TCN number now begins with a 4, this is the new TCN number

Print Help

Header TCN: 4-0000
 Beneficiary ID: Name:

TCN Error Description Erroneous Data

No Records Found!

Header Details Upload/View Documents 0 0

TCN: 4-0000 Claim Type: Source: Web
 Original TCN: 3-0000 Adjustment Source: Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

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

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

Step 2 Step 1

Adjust Void Save Cancel

- Make any other necessary changes to the claim at this time
- Select Save
- Select Adjust

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note example "Removed primary payer information."

Step 1 Step 2 Step 3

Page ID: dlgAdjustClaimDoc(Claims)

Adjust Void Save Cancel

- Select PIA-Provider Initiated AdJ from the Adjustment Source dropdown
- Enter a note as to why the claim is being adjusted
- Select OK and your adjustment is complete and you will be returned to where you first entered your paid TCN number

How to change or update existing other insurance on a paid claim

Editing existing other payer information on a paid claim

How to change or update existing other insurance on a paid claim cont.

- When and why should a claim be adjusted to edit existing other payer information?
 - If the other payers information was reported incorrectly in error according to the EOB
 - If the other payer has adjusted their claim and their payment information has changed
 - 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

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [] [] [Go] Save Filters My Filters ▾

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

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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, select the Claims tab

CHAMPS

My Inbox Provider Claims Member PA

Provider Portal

NPI: [Redacted]

Latest updates

System Notification
Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. Benefit Inquiry and Response (Core 270/271) will be unavailable between 6:00am and 10:00am on Saturday January 10th. This will affect all functionality.

CLAIM SUBMISSION

- Submit Professional ☆
- Submit Institutional ☆
- Submit Dental ☆
- Search Template ☆

MANAGE CLAIMS

- Adjust/Void Claim Provider ← ☆

INQUIRE CLAIMS

- Claim Inquiry ☆

RA LIST

- RA List ☆

11:56 AM 12 February 2015 Thursday

2015 February

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	
← Today →						

- Select Adjust/Void Claim Provider

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims (selected), Member, and PA. Below this is a dark blue header with utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal' and contains a 'Close' button. The primary section is 'Adjust Claims', which includes a text input field for 'TCN:' containing the value '3' followed by a greyed-out field containing '00'. A red underline is positioned under the '3'. To the right of the input field is a 'Go' button, which is pointed to by a red arrow.

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

Print Help

Header TCN: 3 00
Beneficiary ID: Name:

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details Upload/View Docu

TCN: 3 00
Original TCN:
No Of Lines: 2
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare: Y

Source:
Claim Status:
Commercial:

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-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:

Pay To Provider ID: Type: NPI
Referring Provider ID: Type:
Referring Provider Taxonomy:

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, select from the Show dropdown menu Other Payers Information

Header TCN: 3 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

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	3 [redacted] 00	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary				
Payer1	3 [redacted] 01	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary	10/29/2014			
									Adj:	\$77.44	45
									Adj:	\$17.11	2
									Adj:	\$1.37	253
Payer1	3 [redacted] 02	08202	MB-Medicare Part B		[redacted]	\$0.00	P-Primary	10/29/2014			
									Adj:	\$32.00	96

Save Delete

Add Payer and Adjustment Details

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

Add Cancel

- The current other payer information reflects Medicare was reported as the primary payer
- The beneficiary also has a secondary BCBS policy which would need to be reported

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
Payer1	3-00	08202	MB-Medicare Part B			\$67.08	P-Primary				
Payer1	3-01	08202	MB-Medicare Part B			\$67.08	P-Primary	10/29/2014			
									Adj:	\$77.44	45
									Adj:	\$17.11	2
									Adj:	\$1.37	253
Payer1	3-02	08202	MB-Medicare Part B			\$0.00	P-Primary	10/29/2014			
									Adj:	\$32.00	96

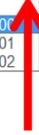
Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3-00								Adj:		



Step 1



Step 2

Add Cancel

- Select New Payer
- Select the Header TCN which ends in 00 from the dropdown

Print Help

Header TCN: 3 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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	3 [redacted] 00	08202	MB-Medicare Part B	[redacted]	\$67.08	P-Primary																												
Payer1	3 [redacted] 01	08202	MB-Medicare Part B	[redacted]	\$67.08	P-Primary	10/29/2014																											
								Adj:	\$77.44	45																								
								Adj:	\$17.11	2																								
								Adj:	\$1.37	253																								
Payer1	3 [redacted] 02	08202	MB-Medicare Part B	[redacted]	\$0.00		10/29/2014																											
								Adj:	\$32.00	96																								
Add Payer and Adjustment Details <table border="1"> <thead> <tr> <th>Payer</th> <th>TCN</th> <th>Payer ID</th> <th>Claim Filing Indicator</th> <th>Group</th> <th>Policy Number</th> <th>Amount Paid</th> <th>Responsibility</th> <th>Remittance Date (mm/dd/yyyy)</th> <th>Quantity</th> <th>Amount</th> <th>Adj. Reason Code</th> </tr> </thead> <tbody> <tr> <td>NewPayer</td> <td>3 [redacted] 00</td> <td>00029010</td> <td>BL-Blue Cross/Blue Shield</td> <td>1234567</td> <td>99999999</td> <td>\$50.00</td> <td>S-Secondary</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code	NewPayer	3 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary				
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code																							
NewPayer	3 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary																											

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

Step 3 ↑ Step 4 ↑ Step 5 ↑ Step 6 ↑ Step 7 ↑ Step 8 ↑ Step 9 →

- Enter the payer ID, 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 \$0.00
- Choose the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary				
Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary				
Payer1	4 [redacted] 01	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary	08/28/2014			
									Adj:	\$17.11	2
									Adj:	\$77.44	45
									Adj:	\$1.37	253
Payer1	4 [redacted] 02	08202	MB-Medicare Part B		[redacted]	\$0.00	P-Primary	08/28/2014			
									Adj:	\$32.00	96

Save Delete

Add Payer and Adjustment Details

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

+ Add - Cancel

- After selecting Add, the secondary other payers information will be added to the other payers box
 - Also note that the TCN number now begins with a 4, this is the new TCN number

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	08202	MB-Medicare Part B		[]	\$67.08	P-Primary	[] [] []			
Payer2	4 [] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary	[] [] []			
Payer1	4 [] 01	08202	MB-Medicare Part B		[]	\$67.08	P-Primary	08/28/2014			
									Adj:	\$17.11	2
									Adj:	\$77.44	45
									Adj:	\$1.37	253
Payer1	4 [] 02	08202	MB-Medicare Part B		[]	\$0.00	P-Primary	08/28/2014			
									Adj:	\$32.00	96

Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4 [] 01	Payer2						[] [] []	Adj:		

Step 1 Step 2 Step 3

Add Cancel

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



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	08202	MB-Medicare Part B			\$67.08	P-Primary				
Payer2	4-00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary				
Payer1	4-01	08202	MB-Medicare Part B			\$67.08	P-Primary	08/28/2014			
									Adj:	\$17.11	2
									Adj:	\$77.44	45
									Adj:	\$1.37	253
Payer1	4-02	08202	MB-Medicare Part B			\$0.00	P-Primary	08/28/2014			
									Adj:	\$32.00	96
Save Delete											

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	4-01	Payer2				\$50.00			Adj:	\$100.00	45

Step 4

Step 5 and 6

Step 7 Add Cancel

- Enter the amount paid for the service line
- Enter the amount that coincides with the Claim Adjustment Reason Code (CARC) being entered
- Select Add

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

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 [redacted] 00	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary				
Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary				
Payer1	4 [redacted] 01	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary	08/28/2014			
									Adj:	\$17.11	2
									Adj:	\$1.37	253
									Adj:	\$77.44	45
Payer2	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary				
									Adj:	\$100.00	45
									Adj:	\$13.00	2
Payer1	4 [redacted] 02	08202	MB-Medicare Part B		[redacted]	\$0.00	P-Primary	08/28/2014			
									Adj:	\$32.00	96
Payer2	4 [redacted] 02	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$0.00	S-Secondary				
									Adj:	\$32.00	1

Save Delete

Add Payer and Adjustment Details

Add Cancel

- Continue adding the secondary payer information for each service line on the claim
- Once complete, select Save

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show ▾

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
Payer1	4 [redacted] 00	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary		
Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary		
Payer1	4 [redacted] 01	08202	MB-Medicare Part B		[redacted]	\$67.08	P-Primary	08/28/2014	
									Adj: []
									Adj: []
									Adj: []
Payer2	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$50.00	S-Secondary		
									Adj: []
									Adj: []
Payer1	4 [redacted] 02	08202	MB-Medicare Part B		[redacted]	\$0.00	P-Primary	08/28/2014	
									Adj: [] \$32.00 96
Payer2	4 [redacted] 02	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$0.00	S-Secondary		
									Adj: [] \$32.00 1

- 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

Save Delete

Add Payer and Adjustment Details

+ Add Cancel

- Select Claim Header Detail from the Show select dropdown



Print Help

Header TCN: 4-0000
Beneficiary ID: Name:

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details

Upload/View Documents 0 0

TCN: 4-0000 Claim Type: Source: Web
 Original TCN: 3-0000 Adjustment Source: Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

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

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

Step 2
 Step 1

Adjust Void Save Cancel

- Make any other necessary changes to the claim at this time
- Select Save
- Select Adjust

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

TCN [redacted] Error [redacted]

Header Details

TCN [redacted]
Original TCN [redacted]
No Of Lines [redacted]
Related Cause [redacted]
Beneficiary ID [redacted]
Gender [redacted]
Patient Account Number [redacted]
Place of Service [redacted]
Billing Provider ID [redacted]
Billing Provider Taxonomy [redacted]
Rendering Provider ID [redacted]
Rendering Provider Taxonomy [redacted]
Referring Provider Taxonomy [redacted]

Welcome to MMS - Windows Internet Explorer

Print Help

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ [redacted] Step 1

Comment: Note example: "Added secondary payer information." [redacted] Step 2

Step 3 [redacted] OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Done Trusted sites | Protected Mode: Off 125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated Adj from the Adjustment Source dropdown
- Enter a note as to why the claim is being adjusted
- Select OK and your adjustment is complete and you will be returned to where you first entered your paid TCN number

How to add other payer information to an institutional claim

Adjusting a paid institutional claim to add the other payer information

How to add other payer information to an institutional claim cont.

- 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 claim was originally billed to Medicaid and has been voided by TPL and the primary payer has already been billed
- The following slides show an example of how to adjust an institutional claim adding the other payer information at the header level

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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	

My Reminders

Filter By [] [] Go Save Filters My Filters ▾

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

- Once logged into CHAMPS, select the Claims tab

CHAMPS

My Inbox Provider Claims Member PA

Provider Portal

NPI: [redacted]

Latest updates

System Notification
Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. Benefit Inquiry and Response (Core 270/271) will be unavailable between 6:00am and 10:00am on Saturday January 10th. This will affect all functionality.

MANAGE CLAIMS

- Adjust/Void Claim Provider

INQUIRE CLAIMS

- Claim Inquiry

RA LIST

- RA List

Calendar

11:56 AM 12 February 2015 Thursday

2015 February						
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	
		Today				

- Select Adjust/Void Claim Provider

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

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

Print Help

Header TCN: 3 00
Beneficiary ID: Name:

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details

TCN: 3 00
Original TCN:
Bill Type: 0 * 1 * 3 * 1 *
Adjustment Source:
Claim Type: F - Outpatient OPPS
No of Lines: 2
Medicare: N
Pricing Rule: APC Pricing

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

Benefit Plan:

Billing Provider ID: * Type: NPI *
Billing Provider Taxonomy:
Attending Provider ID: * Type: NPI *
Attending Provider Taxonomy:
From Date: 12/27/2014 *
To Date: 12/27/2014 *
Referral #: *
PRO #: *

Adjust Void Save Cancel

- From the Claim Header Detail page, select from the show dropdown menu Other Payers Information

Print Help

Header TCN: 3 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer ▾	[redacted] ▾										
	3 00										
	3 01										
	3 02										

Step 1 Step 2

+ Add - Cancel

- Choose New Payer
- Select the Header TCN which ends in 00 from the TCN dropdown

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010									

Step 3

Step 4

- 11-Other Non-Federal Program
- 12-Preferred Provider Organizati
- 13-Point of Service
- 14-Exclusive Provider Organizati
- 15-Indemnity Insurance
- 16-Health Maintenance Organiza
- 17-Dental Maintenance Organiza
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employee Program
- HM-Health Maintenance Organiza
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- MC-Medicaid
- OF-Other Federal Program
- TV-Title V
- VA-Veteran Administration Plan
- WC-Workers Compensation Hea
- ZZ-Mutually Defined

+ Add - Cancel

- Enter the payer ID which can be found within the member eligibility screen
- Choose the Claim Filing Indicator from the dropdown, which will coincide with the payer

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3-00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00			Adj:		

Step 5 Step 6 Step 7 Step 8

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

Add 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 \$0.00
- Choose the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

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 Payer and Adjustment Details											
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
NewPayer	3 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary		Adj:	\$45.00	2

↑ ↑
Step 9 and 10

Step 11 → + Add - Cancel

- Enter the amount and reason code
- Enter the amount that coincides with the Claim Adjustment Reason Code (CARC) being entered
- Select Add

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary				
									Adj:	\$45.00	2

Save Delete

Add Payer and Adjustment Details

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

Add Cancel

- After selecting Add, the other payer information will be added to the other payers box at the top
 - Also note that the TCN number now begins with a 4, this is the new TCN number
- To add additional amounts and CARC 's to the claim, select existing payer

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

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
<input type="checkbox"/>											
Payer1	4 [redacted] 00 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$100.00	P-Primary ▾	<input type="text"/> <input type="button" value="📅"/>			
									Adj: <input type="text"/>	\$45.00	2
										<input type="button" value="Save"/>	<input type="button" value="Delete"/>

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
ExistPayer ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾	<input type="text"/> <input type="button" value="📅"/>	Adj: <input type="text"/>	<input type="text"/>	<input type="text"/>
	4 [redacted] 00										
	4 [redacted] 01										
	4 [redacted] 02										

+ Add ⊖ Cancel

- Select the header TCN which ends in 00 from the TCN dropdown

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	1234567	99999999	\$100.00	P-Primary				
									Adj:	\$45.00	2

Save Delete

Add Payer and Adjustment Details

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
ExistPayer	4 00								Adj:		



Add Cancel

- Select Payer 1 from the Payer ID dropdown

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	1234567	99999999	\$100.00	P-Primary					
										Adj:	\$45.00	2
<input type="button" value="Save"/> <input type="button" value="Delete"/>												
Add Payer and Adjustment Details												
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code	
ExistPayer	4 00	Payer1								\$10.00	45	



- Enter the amount associated with the CARC being reported
- Select Add

Print Help

Header TCN: 4 [redacted] 00
 Beneficiary ID: [redacted] Name: [redacted]

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 [redacted] 00 ▾	00029010	BL-Blue Cross/Blue Shield ▾	1234567	99999999	\$100.00	P-Primary ▾	[redacted] 🗑️				
									Adj:	<input type="text"/>	\$45.00	2
									Adj:	<input type="text"/>	\$10.00	45
										 <input type="button" value="Save"/> <input type="button" value="Delete"/>		
Add Payer and Adjustment Details												
Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code	
NewPayer ▾	[redacted] ▾	[redacted]	[redacted] ▾	[redacted]	[redacted]	[redacted]	[redacted] ▾	[redacted] 🗑️	Adj:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Cancel

- After selecting Add, the additional amount and CARC will be added to the Other Payers box at the top
- Continue adding additional amounts and CARC's as necessary based on the other payer EOB
- Once all amounts and CARC's have been added, select Save



Print Help

Header TCN: 4[redacted]00
 Beneficiary ID: [redacted] Name: [redacted]

Show

Other Payers

	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
<input type="checkbox"/>	4[redacted]00	00029010	BL-Blue Cross/Blue Shield	1234567	99999999	\$100.00	P-Primary		
									Adj:
									Adj:

Add Payer and Adjustment Details

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

+ Add - Cancel

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

- Once all other payer information has been added to the claim, select Claim Header Detail from the Show dropdown



Print Help

Header TCN: 4[]00
Beneficiary ID: [] Name: []

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details

Upload/View Documents 0 0

TCN: 4[]00
Original TCN: 3[]00
Bill Type: 0 * | 1 * | 3 * | 7 *
Adjustment Source:

Claim Type:
No of Lines: 2
Medicare: N
Pricing Rule:

Source: Web
Related Cause: NO
Commercial: N
Claim Status: In Process

Beneficiary ID: [] *
Gender: [] *
Patient Control Number: [] *
Benefit Plan:

Last Name: []
DOB: [] *
Medical Record Number: []

First Name: []
Age: []

Billing Provider ID: [] * Type: NPI *
Billing Provider Taxonomy: []
Attending Provider ID: [] * Type: NPI *
Attending Provider Taxonomy: []
Pay To: []

From Date: 12/27/2014 *
Referral #: []
To Date: 12/27/2014 *

Step 2
PRO #: []

Step 1

Adjust Void Save Cancel

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

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

TCN: [redacted]
Err: [redacted]

Header Details

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

Welcome to MMIS - Windows Internet Explorer

Print Help

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ * ← Step 1
Note Example: "Added primary payer information" ← Step 2

Comment: [redacted]

Step 3 → OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Done Trusted sites | Protected Mode: Off 125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated AdJ from the Adjustment Source dropdown
- Enter a note as to why the claim is being adjusted
- Select OK and your adjustment is complete and you will be returned to where you first entered your paid TCN number

Provider Resources

- [Medicaid Provider Training](#)

- One on One trainings requests
- Association requests
- Current trainings available

- [Michigan Medicaid List Serve](#)

E-mail notification alerts relative to the Michigan Medicaid Program, including specific alerts for changes to Medicaid policy, billing issues, training opportunities, etc.

- Provider Support

- www.michigan.gov/medicaidproviders
- ProviderSupport@michigan.gov
- 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program.