

PROVIDER INQUIRER

May 1st, 2008

www.michigan.gov/mdch

Featured Articles

Page 1-2:

- ❖ Reading The Medicaid Remittance Advice

Page 3:

- ❖ New Policy Bulletins

Page 4:

- ❖ Proposed Medicaid Changes

Page 5-6:

- ❖ The CHAMPS Corner: Tips on the Revalidation Process

Reading The Medicaid Remittance Advice

Currently, the Remittance Advice is the only method the State Of Michigan has to status claims. When contacting the Provider Inquiry line (1-800-292-2550) about a specific claim your Remittance Advice is required in order for the customer service representative to assist you and provide adequate information. Here are some key points of reference on the Remittance Advice:

- 1) In the upper right hand corner, above the page number is your Tax ID#, as it appears in our Provider Enrollment system.
- 2) The top line provides Provider ID#; Type Code, Providers Name, Pay Cycle, and Pay Date.
- 3) Under the second set of headings: Beneficiary ID#, Beneficiary Name as it appears in the Medicaid system.

Individual Claim Information:

- 4) Provider Reference Number (a number or letters the provider assigns to this claim to assist in identification).
- 5) Claim Reference Number; a unique number given to each claim that is sent into the system. The first digit indicates the year submitted, the next 3 digits is the Julian date, the next 6 digits are numbers assigned by the State Of Michigan. The last digits, after the dash indicates the type of transmission, 1 or 4 is a paper claim, any other number or letters represent your electronic vendor.
- 6) Invoice Date; the date the provider placed on the claim. If electronic, the date the claim was authorized to transmit.
- 7) Date of service.
- 8) Diagnosis Code; only the primary diagnosis code will appear on the Remittance Advice.
- 9) Procedure Code; the procedure code that appears on the claim and the first modifier indicated on the claim.
- 10) Quantity; this is the quantity of services provided, if provider bills over the quantity, only the quantity allowed by MDCH will appear on the RA.
- 11) Amount Billed; this is the usual and customary amount the provider has charged for this service.

PROVIDER INQUIRER

May 1st, 2008

www.michigan.gov/mdch

- 12) Amount Approved; the amount paid by the State Of Michigan per our fee screen.
- 13) Source Code; this code indicates from which Medicaid fund the payment is paid. MA- straight Medicaid, CC- Children Special Health Care Services, Co-Ded- Co-insurance and/or deductible, GA-Adult Benefit Waiver Program or MOM's.
- 14) Explanation Codes, these codes indicate the reason a claim that is paid, pending or rejected. The explanation can be found on our website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement.

At the bottom of each page is the Page Total. This is the total of all paid claims on that page per claim reference number; remember a \$0.00 payment is still considered a paid claim. If a GADB or GACR appears on the first page of the remittance advice, this will also be reflected in the page total. GADB (gross adjustment debit) a payment granted to the provider. GACR (gross adjustment credit) money being adjusted from the provider.

The next to the last page will be a Remittance Advice Message page; this is important up-to-date information or information targeting a specific problem that is occurring within the system.

The last page of your Remittance Advice is the Totals Page. This will provide a dollar amount summary of your Remittance Advice. At the top of the page it will provide Payroll Status, indicating the number of approvals and the amount (including negative amounts and zero dollar amounts), pending edits and rejections. It also provides a Total of Pends in the system, Previous YTD (Year to Date) payment Total, Payment made this Payroll, *Balance owed by Provider to MDCH (if any) and a New YTD payment total this payroll.

*This is an amount the provider owes the State Of Michigan. It can be found (most often) within the body of the Remittance Advice, as a negative adjustment from a claim replacement. Generated from the provider or an internal Medicaid take back; if this is the case a 23 will appear at the end of the Claim Reference Number. If the negative amount is not found on the current Remittance Advice; you must look back thru previous Remittance advice until this "Balance Owed by Provider to MDCH" no longer appears. The negative amount should be on the first Remittance Advice requesting the balance. This line will appear until the amount can be satisfied from the source status of where it was paid. At the end of the page will appear the providers name and address (on the left) and the Tax ID# (on the right).

PROVIDER INQUIRER

May 1st, 2008

www.michigan.gov/mdch

New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual. To view the new policy bulletins online you can visit www.michigan.gov/medicaidproviders >> Policy and Forms. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Issue Date	Bulletin Number	Subject
May 1, 2008	MSA 08-21	Healthy Kids Dental Contract Expansion
April, 2008	MSA 08-20	Sanctioned Providers Update
April 1, 2008	MSA 08-19	CSHCS Non-Emergency Medical Transportation
April 1, 2008	MSA 08-18	Disproportionate Share Hospital Eligibility Update
March 31, 2008	MSA 08-17	Delay in Reporting Prescription Origin Code and Unit of Measure by Medicaid Health Plans

PROVIDER INQUIRER

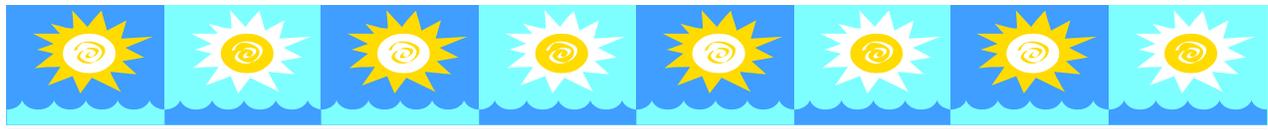
May 1st, 2008

www.michigan.gov/mdch

Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at www.michigan.gov/medicaidproviders >>Policy and Forms. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
May 27, 2008	0808-PHARM	Implementation of Partial Fill Functionality
May 24, 2008	0806-ACT	Revisions to Mental Health and Substance Abuse Chapter
May 16, 2008	0804-NF	Nursing Facility Dual Certification Requirements and Reminder on Changes in Payer Source
May 8, 2008	0711-Home Help	Agency Rates for Home Help Providers



The State of Michigan Offices will be closed:

Monday, May 26, 2008

PROVIDER INQUIRER

May 1st, 2008

www.michigan.gov/mdch



Tips on the Revalidation Process:

Now that the CHAMPS Provider Enrollment system has been accessible to Providers since March 31st MDCH has identified portions of the revalidation process that appear to generate the most questions. The following are some helpful tips to make the revalidation/enrollment process smoother.

Locations: All address locations: Primary location, Other Service Location, Pay-To, Correspondence and Remittance Advice must be validated and saved in order for the step to show as complete. The Pay-To address will only allow you to validate not save. This is because the Pay-To address can only be changed by sending the request on agency letterhead, signed by the CEO, Owner, or person of authority to the Provider Enrollment Unit.

A correspondence address **must** be added for the Primary Location and each Other Office/ Servicing Location.

Where to click in order to validate information? Whenever CHAMPS lists wording in blue in a box/field, that is a hyperlink, meaning if the user clicks on this, they will be connected to another page in which the user will need to validate information.

Why can't I validate my provider information at the MDCH website www.michigan.gov/mdch? The MDCH website is merely an informational website. This website does not post HIPAA sensitive material; therefore it is not a secure location to post the applications. The Single Sign On (SSO) is a secured location that will be viewable only to

PROVIDER INQUIRER

May 1st, 2008

www.michigan.gov/mdch

appropriate State Staff, the Provider and/or those they permit to access their information. The SSO is located at: <https://sso.state.mi.us>.

CHAMPS is located at: <https://sso.state.mi.us> where Providers will need to go to revalidate and/or enroll in Medicaid. Providers will also access the claims portion of CHAMPS through this website when the claims subsystem is released in early 2009.

Where Can I Go For Training Materials on CHAMPS Provider Enrollment?

The MDCH website has various resources available to providers regarding the Provider Enrollment system, including Reference Guides, Checklists, Webinars, Training Sessions, and much more information. Visit: www.michigan.gov/mdch >> CHAMPS.

Do I have to request retro-enrollment when I am revalidating?

For Providers coming into CHAMPS to revalidate, it is unnecessary to request retro-enrollment as they are already enrolled in Medicaid.