Biller “B” Aware and Updates Archive
2009-2019

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Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov
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January

January 25, 2019: MIlogin Outage: Due to system maintenance, MIlogin will be unavailable on Sunday, January 27, 2019, from 6:00 AM EST to 7:00 AM EST. MIlogin services will be unavailable during that time. This outage will impact all MIlogin portals including those for Citizens, Third Party and Worker. We apologize for any inconvenience this may cause.

January 23, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS archived documents function will be down between 6:00 PM EST Friday, January 25th through 6:00 PM EST Sunday, January 27, 2019.

The CHAMPS system will be unavailable between 6:00 AM through 11:00 AM EST Sunday, January 27th, 2019. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 16, 2019: Quarterly Newborn Recoveries: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date.

Please review the following for information on how to verify the Adjustment Source of your claim.

January 16, 2019: Professional Providers: Claim adjustments for non-physicians: Attention Professional Providers: Claims with dates of services on or after 1/01/16 for professional non-physician providers (Psychologists, Social workers, Marriage/Family Therapists, and Professional Counselors) were paying incorrect rates. This has been corrected in CHAMPS as of the December 14, 2018 release to allow claims to properly pay the correct rates, per MSA 15-44 and MSA 15-14.

MDHHS will adjust the impacted claims beginning on pay cycle date 1/17/2019 until complete. The claims can be identified with claim note “Correcting overpayments for non-physicians”.

January 16, 2019: FQHC and RHC Providers 2019 All-Inclusive Rate: Attention FQHC and RHC Providers: The 2019 All-Inclusive (PPS) rates have not been updated via CHAMPS to date, resulting in all claims with dates of service beginning 1/1/2019 to be denied. Once the rates have been updated in CHAMPS, the claims will be reprocessed for appropriate claim adjudication.

January 16, 2019: Inpatient Hospital Providers: DRG Grouper 36: Attention Inpatient Hospital Providers: The MDHHS updated its software on December 14, 2018, to the new APR DRG grouper 36. Claims that were paid under the previous DRG or denied due to the system not being updated have begun to be reprocessed by MDHHS. These claims can be identified by the claim note “Adjusting with DRG version 36 update”. If after 30 days providers identify claims that were not resurrected through this process they can adjust or resubmit the claim for correct processing.

January 15, 2019: Certain Providers one day delay for January 17, 2019 payment: Attention Providers: Certain hospital or professional providers could see a one-day delay in their CHAMPS payments for pay cycle 3, pay date 1/17/19, delayed to 1/18/19. We apologize for any inconvenience this may cause.
January 8, 2019: Outpatient Hospital Providers U6 modifier update: Attention Outpatient Hospital Providers: Update to BBA posted August 24, 2018. For dates of service January 1, 2018, and ongoing MDHHS was continuing to reject claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare’s Addendum B. This was fixed in the system update on December 14, 2018 and MDHHS will resurrect all affected claims. Claims with dates of service prior to December 31, 2017 began to process correctly in the last software update on September 21, 2018.

January 8, 2019: Provider-initiated claim adjustments denied for duplicate: Attention All Providers: MDHHS identified an issue with provider-initiated claim adjustments submitted December 14, 2018, through December 20, 2018, that caused claims and service lines to be denied as duplicates (CARC 18 and RARC N522). The issue has been resolved and MDHHS will begin to resurrect and adjust the impacted claims on the January 17, 2019 pay cycle date. The impacted claims can be identified with the claim note “Claim initially denied as duplicate due to system issue. Issue has been resolved and should process as appropriate.”

Not all provider-initiated claim adjustments with duplicate denials were incorrectly denied during this time, it is advised that providers use the CHAMPS claim limit list function to determine if their claim or service line was processed correctly or not.

January 7, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, January 12th through 9:00 AM EST Sunday, January 13, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

January 4, 2019: CHAMPS Outage: Due to system release, the CHAMPS system will be down between 10:00 PM EST Friday, January 4th through 12:00 AM EST Saturday, January 5, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

January 4, 2019: ASR coverage loaded directly into CHAMPS TPL file: Attention ALL Providers: Effective January 7, 2019, coverage that is received from Administration Systems Research (ASR) will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in ASR’s web portal after the last load date of eligibility from the National Roster File.

Providers are asked to please contact ASR for any questions related to loaded coverage. Phone 1-800-968-2449 or web portal https://www.asrhealthbenefits.com

January 2, 2019: Outpatient Hospital Providers ESRD Reporting Reminder: Attention Outpatient Hospital-based ESRD providers and Independent ESRD providers: MDHHS would like to remind providers that we continue to follow Medicare’s guidelines in reference to reporting requirements for ESRD claims. All applicable information needs to be reported to ensure that the correct grouper sets on the claim. This includes and is not limited to: value codes, occurrence span codes, condition codes etc.

Detailed reporting information can be found within the Medicare Claims Processing Manual > Chapter 8- Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims > Section 50.3 Required Information for In-facility Claims Paid Under the Composite Rate and the ESRD PPS.

January 2, 2019: Claims for Medicaid Beneficiaries Eligible for Medicare: Attention All Providers: Per MSA policy bulletin MSA 18-50 effective for dates of service on and after January 1, 2019 MDHHS will begin to pay claims for Medicaid beneficiaries who are eligible and NOT ENROLLED with Medicare,
this includes beneficiaries that are only partially Medicare enrolled (i.e. enrolled in Medicare Part A and not Medicare Part B). The claims will be paid as Medicaid primary, once the beneficiary obtains Medicare coverage Medicare should be billed and the Medicaid claim should be adjusted by the provider to reflect the primary payer processing. If claim adjustments are not performed by providers, then MDHHS Third Party Liability (TPL) will initiate claim voids.

2018

December

December 13, 2018: Medicaid Managed Care Plan Provider Enrollment Deadline: Health care providers that serve Medicaid beneficiaries are facing an upcoming enrollment deadline that is necessary for them to continue to receive payments from Medicaid.

While the Michigan Department of Health and Human Services (MDHHS) has revised the timeline to give providers more time to enroll, the department is urging providers to complete the screening and enrollment process as soon as possible.

For dates of service on or after Jan. 1, 2019, MDHHS will prohibit contracted Medicaid Health Plans and Dental Health Plans from making payments to typical providers not actively enrolled in Community Health Automated Medicaid Processing System (CHAMPS) – the state’s online Medicaid enrollment and billing system.

Typical providers are health care professionals that provide health care services to beneficiaries. They must meet education and state licensing requirements and have assigned National Provider Identifiers (NPI). Examples include, but are not limited to, physicians, physician assistants, certified nurse practitioners, dentists and chiropractors.

At this time, contracted Integrated Care Organizations (ICOs), Prepaid Inpatient Health Plans (PIHPs) and MI Choice Waiver agencies are exempt from this requirement.

CHAMPS enrollment neither requires nor mandates providers in a managed care network to accept Fee-for-Service Medicaid beneficiaries. CHAMPS enrollment is used solely to screen providers participating in Medicaid.

Resources:

- MSA 18-47
- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step by Step Instructions:
  - Individual/Sole Provider Type
  - Rendering/Servicing Provider Type
- CHAMPS Provider Verification Tool
- Providers who have questions about the enrollment process or require assistance may contact the MDHHS Provider Enrollment Help Desk at 1-800-292-2550.

December 10, 2018: CHAMPS Facility Settlement Outage: The CHAMPS Facility Settlement subsystem will be down Thursday, December 13, 2018, at 6:00 PM EST through Sunday, December 16, 2018, at 11:59 PM EST to allow for system updates and incorporate hospital settlements within the CHAMPS Facility Settlement subsystem.
December 10, 2018: CHAMPS Outage: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, December 14th through 6:00 AM EST Saturday, December 15, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 6, 2018: Nursing Facility LOCD Reminder: Attention Nursing Facility Fee For Service Providers: Effective January 1, 2019, per MSA 18-48, all Level Of Care Determinations (LOCD), including those conducted by a nursing facility, must be conducted prior to or on the day of an individual’s admission. The LOCD must be conducted face-to-face by a qualified and licensed health professional.

- Nursing facilities will continue to have 14 days from the conducted date to enter the LOCD in CHAMPS.
- If there is a significant change in condition prior to entering the admission date LOCD in CHAMPS, then a new LOCD should be conducted.
- Both LOCDs must be entered in CHAMPS with the appropriate conducted dates.

In addition, nursing facility providers should be aware that the lookback period requirements for the LOCD are defined differently from the observation period requirements for the MDS (Minimum Data Set). Per MSA policy, the nursing facility provider can utilize many different methods on the day of admission for assessing LOCD criteria, including but not limited to; outside medical documentation, day of observations, and resident and caregiver interviews.

Future training dates will discuss additional CHAMPS LOCD system changes. Training dates and times will be posted on the Medicaid Provider Training website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--.00.html

December 6, 2018: Hospital Providers TPL Credit Balance Reminder: Attention Hospital Providers: As a reminder, Hospitals are responsible for submitting Third Party Liability (TPL) credit balances in CHAMPS per Section 3.2. of the Coordination of Benefits Chapter in the Michigan Medicaid Provider Manual. Providers must refund credit balance overpayments by submitting claim adjustments or claim voids through CHAMPS or submitting them via an electronic claim vendor. Providers are required to include a comment on the claim adjustment or claim void that reads “Credit Balance MM/DD/YYYY” where MM/DD/YYYY is the date the overpayment was identified.

December 3, 2018: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, December 8th through 9:00 AM EST Sunday, December 9, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 3, 2018: File Transfer Service Maintenance Please be advised: The File Transfer Service (FTS) performed scheduled maintenance 8:00 am EST to 4:00 pm EST which began Monday, November 26, 2018, through Thursday, November 29, 2018, which provided a testing window for FTP/SSL submitters to be compliant with TLSv1.2. Services were restored at 4:00 pm EST on each day of the maintenance to prevent any TLSv1.2 support issues for submitter file transfers overnight. Submitters may have received an error attempting to connect via FTP/SSL services during the test.

On Friday, November 30, 2018, at 9:00 am EST, TLSv1.2 only support will be disabled only if submitter connectivity is an issue. Connection impacted: FTP/SSL, 136.181.135.38 port 11250.

November
November 21, 2018: All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 25, 2018, from 8:00 AM to 12:00 PM EST to perform maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

November 13, 2018: Attention Institutional Providers: It was found that the Michigan Department of Health and Human Services (MDHHS) has incorrectly been reimbursing claims secondary to Medicare when a negative dollar amount is reported as payment. MDHHS has taken back claims with dates of service from 2014 to current, these claims can be identified with the claim note “OICU Recovery due to incorrect reporting of Medicare (negative OI payment are not allowed)” on the credited TCN.

Any newly submitted claims with a negative payment amount reported from Medicare will be denied per the Medicaid policy below:

Medicaid Provider Manual >>> Billing and Reimbursement for Institutional Providers >>> Section 6.2.G

For Medicaid reimbursement, the amount billed for services does not equal the sum of the coinsurance and deductible items. It must be calculated as the gross hospital charges minus all Medicare payments, minus other insurance payments, and minus any patient-pay and/or copayment amount. If a claim is submitted with the amount billed equal to zero, other payment greater than or equal to Medicaid’s payment, or a negative amount, Medicaid does not make a payment. If there is a balance to be billed to Medicaid, the hospital may bill Medicaid for covered services only.

November 5, 2018: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, November 10th through 9:00 AM EST Sunday, November 11, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 31, 2018: The purpose of this communication is to inform providers of the appropriate process to use to request payment of claims during a beneficiary appeal process. It is also intended to reinforce existing federal regulations pertaining to the appeal process.

Pursuant to 42 CFR 431.230, the state cannot reduce or terminate services, and must maintain services, if a request for a hearing is made before the effective date of the adverse action. Per 42 CFR 431.221, an individual has no more than 90 days to appeal an adverse action.

Recently, there were system changes in CHAMPS affecting Door 0 (zero) LOCD records (ineligible LOCD). Door 0 (zero) LOCD records are non-payable records. Therefore, a provider cannot receive Fee-for-Service claims payments when a Door 0 (zero) LOCD is active for the claim dates of service. Please see below for the requirements and steps to take when a beneficiary is found ineligible.

An individual does not meet LOCD:

1. The beneficiary is currently receiving Medicaid-reimbursable services.
2. Action notice is provided by the Nursing Facility to include information about immediate review process and information for requesting a hearing through the Michigan Administrative Hearing System (MAHS).
3. The effective date of the adverse action should be 90 days from the notice date of the action letter. This is the date that Medicaid will no longer pay for services.

If the individual does NOT request an appeal:
Provider Relations

1. The individual has 90 days from the adverse action notice to request an appeal through MAHS. On day 91, if the individual has not appealed the adverse action, the provider may request payment for the allowable appeal timeframe (up to 90 days).

2. Claims must be submitted for the dates covered only under the Door 0 (zero) LOCD, for up to a 90-day period. Do not include dates of services where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.

3. To request payment, the provider must email provider support with the following information;
   a. Beneficiary name and Medicaid ID number
   b. Billing NPI number
   c. Door 0 (zero) conducted on date
   d. TCN’s provider is requesting payment on

4. Once the information is reviewed, a gross adjustment will be issued if applicable.

If the individual requests an appeal:

1. If the individual appeals an adverse action, Medicaid will reimburse for services until a final determination is reached or the effective date of the adverse action whichever is later.

2. The provider must submit claims for the dates covered only under the Door 0 (zero) LOCD. Do not include dates of service where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.

3. Once a determination is made, the provider must email provider support for payment with the same information as above. In addition, a copy of the decision order must be attached.

NOTE: If the Decision and Order are unfavorable to the individual, they are allowed 30 days to request an appeal in Circuit Court or request a rehearing/reconsideration from MAHS. Therefore, the provider should wait an additional 30 days following the Decision and Order to request payment.

October 29, 2018: Attention All Providers: As the result of a system interruption, Predictive Modeling Letters, for claims flagged between September 5, 2018, to September 20, 2018, were delayed. As a workaround, providers are encouraged to use the CHAMPS “Archived Document” function within “My Inbox” to pull the letters. Any claims that are affected by this delay will be allotted additional time to submit the medical records to accommodate for the delay.

October 26, 2018: The File Transfer Service (FTS) will replace the Comodo SSL Certificates for FTP/SSL on Sunday, October 28, 2018, 8am-10am EST. Providers should refrain from sending files during this time. Providers and trading partners that are using FTP/SSL will need to accept the new certificate(s). The FTS web client will also be unavailable on Sunday, October 28, 2018, from 10am-11am EST. Please contact AutomatedBilling@Michigan.gov if you need further assistance.

October 24, 2018: Due to the release of the CHAMPS system will be down between 7:00 PM through 11:00 PM EST Friday, October 26, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 22, 2018: Effective November 5, 2018, coverage that is received from Priority Health will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in Priority Health’s web portal after the last load date of eligibility from the National Roster File.

Providers are asked to please contact Priority Health for any questions related to loaded coverage phone 1-800-942-4765 or web portal www.priorityhealth.com

October 22, 2018: Attention All Providers The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were
Provider Relations

October 17, 2018: Attention Home Health Providers: As a reminder Medicaid Policy standard coverage for home health therapies (PT & OT) allows up to a maximum of 24 therapy visits (for each PT & OT) within 60 consecutive calendar days per year without prior authorization. Prior authorization (PA) is required for treatment that exceeds this visit limitation or for continued treatment beyond the initial 60 days. Home health speech therapy is only covered for CSHCS beneficiaries and always require PA. Claims that exceed these parameters without PA will be denied with Claim Adjustment Reason Code (CARC) 119 and Remittance Advice Remark Code (RARC) N640. Due to processing guidelines, it is critical that claims are billed in sequential order to avoid claim denials.

October 17, 2018: Attention Nursing Facility, MI Choice, PACE, and ICO Providers: Effective November 1, 2018, the first of a series of quality improvement measures designed to improve the Level Of Care Determination (LOCD) process for beneficiaries and providers will go into effect as outlined in MSA 18-39.

MDHHS is offering the following virtual trainings to discuss in further detail the LOCD system and policy changes.

- Tuesday, October 23, 2018 10:00 AM - 12:00 PM
- Thursday, October 25, 2018 1:00-3:00 PM
- Tuesday, October 30, 2018 10:00 AM - 12:00 PM & 1:00-3:00 PM
- Thursday, November 1, 2018 10:00 AM - 12:00 PM & 1:00-3:00 PM

To register for one of the above training dates and times please visit the Medicaid Provider Training website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--00.html

October 17, 2018: All Providers: Aliens not enrolled for Medicare: Medicare coverage is not available to a Medicaid beneficiary who is 65 years or older and is an alien who has been in the country less than five consecutive years. The TPL information will be listed in CHAMPS as Payer Name - Aliens not enrolled for Medicare and Payer ID - 7777777. If the beneficiary is listed as Alien not enrolled for Medicare, providers should bill Medicaid or the Medicaid Health Plan and do not have to report Medicare on the claim. If the TPL file was updated after the date(s) of service, providers should rebill the claims to either Medicaid or the Medicaid Health Plan.

October 16, 2018: 270/271 requests are currently experiencing connectivity issues. We are currently working to analyze and resolve this issue. Additional notification will be sent once the issues have been resolved. We apologize for any inconvenience. Please contact Automatedbilling@michigan.gov with any further questions.

October 15, 2018: All Providers: Due to necessary system maintenance, CHAMPS will be down between 7:00 PM through 10:00 PM EST Monday, October 15, 2018, to address system performance issues. This outage will affect the CHAMPS system access for all functionality. We apologize for the inconvenience.

October 12, 2018: The CHAMPS system experienced connectivity issues affecting real-time 270/271 transaction processing on October 11, 2018. MDHHS has resolved the issue and continues to monitor the system. We apologize for any inconvenience. Please contact Automatedbilling@michigan.gov with any further questions.

October 4, 2018: Attention All Providers: The Centers for Medicare & Medicaid Services (CMS) is required to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new, unique
Medicare Beneficiary Identifier (MBI) Number is replacing the SSN-based Health Insurance Claim Number (HICN) on each new Medicare card. Beginning October 1, 2018, CMS will begin mailing new Medicare Cards to people with Medicare in the state of Michigan.

Beginning October 1, 2018 providers may begin to see the Medicare Beneficiary Identifier (MBI) in CHAMPS member eligibility screens. The MBI will also display in the 270/271 eligibility response if the beneficiary has an MBI on file in CHAMPS.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

**October 2, 2018: Attention Outpatient Hospital Providers:** MDHHS is aware of a system issue that caused claim lines with drugs purchased through the 340B program to be incorrectly underpaid. This may have also affected a small volume of claims that have claim lines with submitted charges that are less than the payment rate. The issue was resolved with the July 2018 quarterly updates that went into the system on September 21, 2018. All affected claims have been identified and adjusted for correct payment. If claims were missed during the resurrection process, providers should adjust them with the claim note “340B underpayment defect”. Any claims billed ongoing will be reimbursed accurately.

**October 2, 2018: Attention Providers:** Certain hospital or professional providers could see a one-day delay in their CHAMPS payments for pay cycle 40, pay date 10/04/18, delayed to 10/05/18. We apologize for any inconvenience this may cause.

**October 2, 2018: Attention Hospital Providers:** This is a notification that the October 2018 Quarterly APC & ASC software, as well as the annual APR DRG grouper 36 updates, are scheduled to be loaded into the CHAMPS system December 14, 2018. Until the system is updated Outpatient claims will be processed under the previous quarter’s software, and Inpatient claims will be processed under grouper 35. Providers should expect to see an increase in claim denials when new codes are reported as well as incorrectly paid claims. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be resurrected/adjusted.

**October 1, 2018: Attention Outpatient Hospital Providers:** The July 2018 quarterly APC/OPPS software was successfully uploaded into the CHAMPS system as of September 21, 2018, and MDHHS will attempt to reprocess all claims that were processed under the previous quarter’s software. If providers find claims that were not captured by MDHHS during the recycling process, we suggest that providers rebill or adjust the claims and add claim note “Previous TCN XXXXXXXXXXXXXXXXX rebilling July 2018 quarterly updates”

**October 1, 2018: Hospital and Professional Providers:** Effective for dates of service on and after October 1, 2018 MDHHS will be reimbursing hospitals for immediate postpartum Long-Acting Reversible Contraception (LARC) implants and intrauterine devices (IUDs) separate from the maternity Diagnosis Related Group (DRG). To receive reimbursement hospitals will be required to bill a separate invoice on the electronic professional 837P or CMS-1500 paper claim form using the hospital NPI as the billing and the rendering NPI of the physician that performed the insertion reporting place of service 21 Inpatient hospital. It is also required that all rendering providers be associated to the hospital NPI within their CHAMPS provider enrollment file.

Reporting Requirements:

- NDC
Provider Relations

- POS
- HCPCS
- All appropriate modifiers
  - 340B Drug Pricing Program use modifier U6
- Professional 1500 claim form

Professional providers will continue to bill for the insertion of the device with their group NPI and rendering NPI being reported on the electronic professional 837P or CMS-1500 paper claim form.

September

**September 26, 2018: Attention Providers:** Certain hospital or professional providers could see a one-day delay in their EFT CHAMPS payments for pay cycle 39, pay date 9/27/2018, delayed to 9/28/18. We apologize for any inconvenience this may cause.

**September 19, 2018: Attention Providers:** Providers who share a tax ID with a Hospital, Skilled Nursing Facility, or other Facilities will see a one-day delay in their CHAMPS payments for pay cycle 38, pay date 9/20/2018, delayed to 9/21/18. This impacts interim payments, settlements, and special financing pools. This impacts providers who receive both EFT and Warrants but does not impact all provider types.

**September 19, 2018: Attention Dental Providers:** This serves as a reminder to dental providers that Medicaid Health Plans (MHP) are responsible for pregnant beneficiaries during their pregnancy and 3 months postpartum. Refer to policy bulletin **MSA 18-18**.

August

**August 29, 2018:** As a reminder, per **MSA 18-12** effective July 1, 2018 services provided by a home health aide require prior authorization (PA) for all Medicaid beneficiaries after the initial 90 days of services, and every 90 days thereafter for continuation of service. The Program Review Division requires the submission of PA requests for home health aide services provided on or after August 1, 2018.

**August 29, 2018:** Healthcare providers that serve Medicaid beneficiaries are facing an upcoming enrollment deadline that is necessary for them to continue to receive payments from Medicaid. While the Michigan Department of Health and Human Services (MDHHS) has revised the timeline to give providers more time to enroll, the department is urging providers to complete the screening and enrollment process as soon as possible.

**For dates of service on or after Jan. 1, 2019,** MDHHS will prohibit contracted Medicaid Health Plans and Dental Health Plans from making payments to typical providers not actively enrolled in CHAMPS. Typical providers are health care professionals that provide health care services to beneficiaries. They must meet education and state licensing requirements and have assigned National Provider Identifiers (NPI). Examples include, but are not limited to, physicians, physician assistants, certified nurse practitioners, dentists and chiropractors.

At this time, contracted Integrated Care Organizations (ICOs), Prepaid Inpatient Health Plans (PIHPs) and MI Choice Waiver agencies are exempt from this requirement.

**For dates of service on or after July 1, 2019,** MDHHS Fee-for-Service and Medicaid Health Plans will prohibit payment for prescription drug claims written by a prescriber who is not enrolled.

CHAMPS enrollment neither requires nor mandates providers in a managed care network to accept Fee-for-Service Medicaid beneficiaries. CHAMPS enrollment is used solely to screen providers participating in Medicaid.
Provider Relations

Resources:
- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step by Step Instructions:
  - Individual / Sole Provider Type
  - Rendering/ Servicing Provider Type
- CHAMPS Provider Verification Tool
- Providers who have questions about the enrollment process or require assistance may contact the MDHHS Provider Enrollment Help Desk at 1-800-292-2550.

August 24, 2018: Attention Outpatient Hospital Providers: Update to BBA posted April 13, 2018: MDHHS continues to reject claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare’s Addendum B. This was projected to be fixed with our April quarterly updates that took place June 22, 2018 and this did not occur as planned. Additional communication will be issued when the issue is resolved.

August 23, 2018: Attention Dental Providers: Per the ADA guidelines and CDT (Current Dental Terminology) procedure code descriptions, MDHHS no longer reimburses claims where a full mouth debridement (D4355) is completed on the same day as a comprehensive oral evaluation (D0150). Dentists must report procedures using the appropriate dental procedure codes and descriptions defined in the CDT manual. Dentists are expected to maintain documentation in the beneficiary’s file that supports the requirements of the procedure code billed.

August 22, 2018: Rural Health Clinic (RHC) Providers: It has been determined that the reduction factor for Medicaid secondary and tertiary claims has not been properly adjudicating payments. MDHHS is aware of the issue and will keep providers updated, when corrected.

August 20, 2018: Attention ALL Providers: Update: Posted June 11, 2018: MDHHS has completed the voids of the identified Medicare primary claims. Providers should appeal the claims effected with Medicare to receive the correct CARC. Once the correct CARC has been obtained, rebill Medicaid including the claim note “TCN Takeback (include the voided TCN)”. 

August 20, 2018: Attention ALL Providers: To better provide you with the information you need, the Michigan Department of Health and Human Services (MDHHS) will be updating the look and feel of this Medicaid Alerts webpage. If you have any questions, please email ProviderOutreach@Michigan.gov

August 16, 2018: Suspended Claims Tip

August 7, 2018: Attention Home Health Aide: Services are covered only when ordered by the attending physician and performed in conjunction with direct ongoing skilled nursing care and/or PT.
When submitting claims and reporting aide services along with skilled nursing care or physical therapy, it’s recommended to report the services in the following sequential order to allow for proper processing. The nursing and/or PT HCPCS code on the first claim line, followed by the Aide HCPCS codes. CHAMPS logic looks for a PAID nursing or physical therapy HCPCS service line during the same calendar month. Therefore, when billing both services on the same claim, aide services could be denied if the service line is billed out of order.

August 7, 2018: Attention All Providers: MDHHS is aware of a system issue that caused a delay in Predictive Modeling medical request letters being sent out between July 16, 2018 through July 19, 2018. Providers with claims flagged for predictive modeling during this time that received delayed request for medical records will be allotted additional time to submit the requested documents.
August 7, 2018: Attention Nursing Facility and Hospice Providers: As a reminder it is the responsibility of the Hospice provider to enter the admission record in CHAMPS, when Hospice services are being rendered to a beneficiary in a Nursing Facility.

July

July 18, 2018: Attention All Providers: This serves as a reminder of MDHHS timely filing policy effective January 1, 2017. All claims must be submitted within a year of the date of service. For institutional invoices this would be the header “To/Through” date of service; for professional invoices, this would be the claim line “From” date of service. Any claims with dates of service greater than a year old are REQUIRED to have a claim note to be considered for reimbursement, claims that do not have a claim note will be suspended/denied with CARC 16 and RARC N307. Reporting of a claim note does not guarantee reimbursement; the claim will be manually reviewed to determine if it meets one of the exceptions to the timely filing policy.

- MSA 16-37 Timely Filing Billing Limitations
- MSA 17-44 Clarification to MSA 16-37
- Timely Filing Provider Tip

July 18, 2018: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 3, 2018: Attention Outpatient Hospital Providers: This is an update to the notification posted April 13, 2018. MDHHS has resolved the system issue affecting claims that have a payment status indicator K or G on Medicare’s Addendum B and the supporting payable procedure is on MDHHS wrap around list with an assigned MDHHS status indicator. This issue was fully resolved for all providers and all dates of service with the April 2018 OPPS/ASC quarterly updates implemented on June 22, 2018. Providers with affected claims are advised to re bill claims for correct adjudication. For claims that are outside of timely filing providers will need to append the claim note “OCE 99”

July 3, 2018: Attention Outpatient Hospital Providers: The April 2018 quarterly APC/OPPS software was successfully updated as part of the CHAMPS system update on June 22, 2018. MDHHS will attempt to reprocess all claims that were processed under the previous quarter’s software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers re bill or adjust the claims with claim note “Previous TCN XXXXXXXXXXXXXXXX rebilling April 2018 quarterly updates”

July 2, 2018: The Michigan Department of Health and Human Services (MDHHS) has recently updated the CHAMPS web-page [www.Michigan.gov/medicaidproviders](http://www.Michigan.gov/medicaidproviders) >> CHAMPS. The page has a new look and feel while preserving the previous materials. If you have any questions, please email ProviderOutreach@Michigan.gov

June

June 28, 2018: Attention Rural Health Clinic Providers: Beginning on July 1, 2018 MDHHS will begin voiding claims where the T1015 visit code is being billed without a qualifying visit code. MDHHS will continue to void claims on a quarterly basis until a system fix can be put in place.

June 22, 2018: MiLogin Outage: Due to a scheduled system maintenance, the MiLogin Production system users may experience intermittent service interruptions on Sunday, June 24th, 2018, from 6:00 AM EST to 12:00 PM EST. This will impact all MiLogin Production Worker, Third party, and Citizen Systems functionality. We apologize for any inconvenience this may cause.
June 20, 2018: Attention All Providers: The Center for Medicare & Medicaid Services (CMS) has issued additional guidance regarding the Bipartisan Budget Act of 2018 which was signed into law February 9, 2018. Previously, the law required that state Medicaid Agencies make payments for prenatal services, including screening and diagnosis, within 30 days without regard to third party liability, and if a third party is found to be liable, seek reimbursement after payment is made. For dates of service on or after February 9, 2018, Michigan Medicaid will use standard coordination of benefits cost avoidance when processing prenatal services claims.

Providers must bill prenatal service to the primary payer per MSA policy outlined in the provider manual, Coordination of benefits Chapter, Section 1.3 Verification of Other Insurance. Once the claim has been processed by the primary payer, providers can bill their claim to Medicaid reporting the primary payer information.

In the future MDHHS will void prenatal claims with dates of service on or after February 9, 2018 that paid and reported no primary insurance.


June 20, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, June 22nd through 2:00 AM EST Saturday, June 23rd, 2018. This outage will affect the system access for all functionality. We apologize for any inconvenience.

June 18, 2018: Attention SNF, Hospice, Hospital Providers: As a reminder when emailing Provider Support regarding an Admission, Discharge, PET code missing, or LOCD inquiry please ensure the email contains all the following information:

- NPI
- Beneficiary ID
- Transaction ID
- Admission Date
- Discharge Date
- A brief description of what needs to be corrected or the issue

Skilled Nursing Facility (SNF) providers:

- If the beneficiary received Hospice services while in the Nursing Facility, include date range(s)
- LOCD Created Date

This will allow Provider Support to adequately review the inquiry and provide a quicker response.

June 13, 2018: System Outage: Due to MILogin system maintenance, the CHAMPS system will be down between 9:00 PM EST until 10:00 PM EST on Thursday, June 14th, 2018. This outage will affect the system access for all functionality. We apologize for any inconvenience.

June 13, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) would like to remind providers of their obligation to adjust claims when a primary or other insurance payer recovers a payment. The claim should be adjusted to update the other insurance dollar amounts or remove the other insurance information completely if no longer applicable. A claim note indicating the reason for the recovery or negative payment amount from the other insurance should be submitted for the claim to be considered for payment.

Providers cannot bill beneficiaries for services except for the situations outlined in the MSA Provider Manual, General Information for Providers Chapter, Section 11-Billing Beneficiaries.

June 11, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has identified claims that adjudicated on or after 2015 that reported Medicare primary in the other payer’s information and processed and paid incorrectly.

The identified claims reported:

- Medicare primary with CARC 2, Coinsurance Amount, and no Medicare primary payment
- Medicare primary with CARC 1, Deductible Amount, over the yearly Medicare Deductible amount for the date of service:
2015=$147.00  
2016=$166.00  
2017 and 2018= $183.00

Providers should review their paid claim(s) and adjust the claim(s) to make the necessary corrections to the CARC or dollar amount. Providers should include a claim note indicating why the claim(s) are being adjusted.

MDHHS will begin voiding the identified claims on pay cycle 29, July 19, 2018, until complete. The voided claims can be identified with claim note “OICU Recovery due to incorrect OI reporting of Medicare”.

May

May 29, 2018: System Outage: Due to system maintenance, the CHAMPS system will be down between 8:00 PM EST Friday, June 8th through 8:00 PM EST Sunday, June 10th, 2018. This outage will affect the CHAMPS system access for all functionality. Due to this extended outage, the 270/271 batch, real-time and online transactions will be unavailable until Monday, June 11, 2018. We apologize for any inconvenience.

May 22, 2018: Attention ALL Providers: As outlined in L-Letter 17-61 the Michigan Department of Health and Human Services (MDHHS) will be making changes to the Level of Care Determination (LOCD) tool. The system changes will take place in CHAMPS as part of the June 22, 2018 update. MDHHS will offer virtual training dates to discuss in further detail these LOCD system changes:

- LOCD screen will have a new search by NPI feature
- Completed LOCD’s will have an end date of 365 days from the conducted-on date
- Conducted on date will be a visible field in the LOCD tool screen
- Ability to view the LOCD from the admission screen

To register for a virtual training date please visit our Medicaid Provider Training webpage.

May 15, 2018: Attention ALL Submitters: The DTMB File Transfer Service (FTS) portal is incorrectly allowing submitters to log in with a lower case DEG ID or username, DCHXXXX. Submitters are reminded that the DEG ID username should be entered in all uppercase when logging into the FTS as outlined in the electronic submission manual, section 4.1.3 Logging onto the MDHHS Internet Connection.

Electronic files submitted using a lower case DEG ID will fail to load into CHAMPS and submitters will need to resubmit the file using the correct uppercase DEG ID.

May 14, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services is in the process of removing Social Security Numbers (SSN) from Medicare cards to prevent fraud, fight identity theft, and keep taxpayer’s dollars safe. The current Health Insurance Claim Number (HICN) will be replaced with a new unique Medicare Beneficiary Identifier (MBI). Providers can use the MBI as soon as it’s received.

April 2018 – April 2019: Removal of SSN and distribution of New Medicare Cards with MBI.

April 2018 – December 2019: Confirm system acceptance and transmission of the new MBI.

January 1, 2020: Providers are required to use the new MBI.

Three Ways Providers Can Locate a New MBI:

- **Ask your Medicare patients:** Medicare is mailing the new Medicare cards in phases by geographic location to people with Medicare. Ask your Medicare patients for their new Medicare card when they come for care. If they’ve received a new card, but do not have it with them at the time of service, remind them they can use MyMedicare.gov to get their new Medicare number.
Provider Relations

- **Use** the Medicare Administrative Contractors’ (MAC) secure MBI look-up tool: Learn about and sign up for the Portal to use the tool when it’s available in June 2018. Providers can look up MBIs for their Medicare patients who don’t have their new cards when they come for care.
  - Michigan MAC https://mycgswebportal.cms.gov/
- **Check the remittance advice:** Starting in October 2018 through the end of the transition period, Medicare will return the MBI on every remittance advice when providers submit claims with valid and active HICNs.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

**May 7, 2018:** System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, May 12th through 9:00 AM EST Sunday, May 13th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**May 3, 2018:** UPDATE to Non-Clinic Dental Providers BBA posted April 12, 2018: The dental issue resulting in claims being underpaid has been corrected. MDHHS has adjusted the claims and providers should see these claims appear on their remittance advice within the next 2 pay cycles. The adjusted claims can be identified with claim note “Dental Paying $0 Adjustments”.

**May 2, 2018:** Outpatient Hospitals and End-Stage Renal Disease (ESRD) Providers: Effective for dates of service on or after January 1, 2017, procedure code G0491, dialysis procedure at a Medicare-certified ESRD facility for acute kidney injury without ESRD, has been added to MDHHS wrap-around list as a covered service. MDHHS will follow CMS guidelines for reporting and billing of beneficiaries with the CMS approved Acute Kidney Injury diagnosis codes. MDHHS will reprocess affected claims retroactively up to January 1, 2017, scheduled for June 22, 2018, along with the April 2018 APC/OPPS quarterly updates.

**April 25, 2018:** Institutional Providers: MDHHS is aware of the issue on the FD 622 Report for pay cycle 14, pay date 4/05/2018; it is not reflecting the specific “Funding Source”. MDHHS is currently working to resolve the issue. Once the issue is resolved, the corrected FD 622 Report will be reposted. A subsequent notification will be sent once the issue is resolved.

**April 25, 2018:** Inpatient and Outpatient Hospital Providers: As outlined in MSA policy bulletin MSA 17-47 the Inpatient and Outpatient Short Hospital Stay Rate of reimbursement has increased to $1608 effective for dates of service or inpatient discharges on and after January 1, 2018. The CHAMPS system was updated April 20, 2018, to pay the new rate. Claims billed prior to CHAMPS being updated will be adjusted by MDHHS. Future adjustments to the Short Hospital Stay rate of reimbursement and applicable diagnosis codes will be published on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> “Inpatient Hospitals” or “Outpatient Hospitals.”

**April 23, 2018:** ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Fee for Service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

**April 23, 2018:** System Outage: Due to system release the CHAMPS system will be down between 7:00 PM EST until 11:00 PM EST Friday, April 27, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**April 20, 2018:** MIlogin Outage: Due to scheduled system maintenance, MIlogin system users may experience intermittent service interruptions on Sunday, April 22nd, 2018, from 6:00 AM EST to 10:00 AM
Biller B Aware – Updated 2/04/19

www.Michigan.gov/MedicaidProviders

Provider Relations

April 13, 2018: Attention Non-Clinic Dental Providers: Currently, the CHAMPS system is paying multiple dental codes at $0.00 resulting in underpayments. MDHHS is working on the issue and will keep providers updated.

April 13, 2018: Attention Rural Health Clinic (RHC) Providers Only: Currently the CHAMPS system is only paying the rate associated to the T1015 line, resulting in underpayments. MDHHS is currently working on the issue and will keep providers updated.

April 13, 2018: Attention Outpatient Hospital Providers: MDHHS is aware of claims that are being denied with claim adjustment reason code A8 when reporting drugs that were acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676 and J7682) have assigned status indicator M on Medicare’s Addendum B This is projected to be fixed with our April quarterly updates scheduled for June 22, 2018, at that time MDHHS will resurrect affected claims.

April 13, 2018: Attention Outpatient Hospitals and End Stage Renal Disease Providers: Update to BBA posted January 18, 2018: MDHHS has corrected the system issue that was causing procedure code J0882 -Darbopoetin Alfa, ESRD to process incorrectly. For dates of service April 1, 2016, through December 31, 2016, the code was inadvertently terminated in the Medicaid system and removed from the MDHHS wrap-around code list causing claims to deny. The CHAMPS system and wrap-around code list were both March 23, 2018, and MDHHS has begun to reprocess affected claims.

April 13, 2018: Attention Outpatient Hospitals: The January 2018 Quarterly APC & ASC software was loaded into CHAMPS March 23, 2018, and MDHHS has begun to adjust and reprocess claims that were processed under the previous quarter’s software.

April 13, 2018: Attention Outpatient Hospital providers: Update to BBA posted January 18, 2018: The CHAMPS system was updated to fix claims that were being denied with claim adjustment reason code A8 that have services with status indicators K or G on Medicare’s addendum B and the supporting payable procedure is on MDHHS wrap-around list with an assigned MDHHS status indicator. Providers will see claims with dates of service 1/01/2018 adjudicate appropriately. There are some providers that will continue to see denials for claims with dates of service prior to January 1, 2018. MDHHS will contact those affected providers directly with additional information and is currently working to correct the system.

April 9, 2018: System Outage: Due to system maintenance the CHAMPS system will be down between 6:00 PM EST Saturday, April 14th to 9:00 AM EST Sunday, April 15th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

April 4, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018.

Providers systems and business processes must be ready to accept the new MBI number by April 2018 for transactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html
March

March 28, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has made an update to the CHAMPS system to allow certain limited licensed professionals to enroll. These enrollment types will enroll as managed care only providers and will not be eligible to bill Medicaid Fee for Service (FFS).

Effective immediately, individuals with the following license types may enroll in CHAMPS:

- Limited License Professional Counselor
- Limited License Psychologist
- Limited License Social Worker (Master’s Level)
- Limited License Marriage & Family Therapist

Providers needing to enroll in CHAMPS are encouraged to review the Provider Enrollment webpage for further resources.

March 28, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is aware of a delay in newborns being retroactively enrolled in the appropriate managed care plan. We are actively working to correct the system. Under normal circumstances, the automated newborn enrollment process takes up to 60 days to complete. We ask that providers allow additional time for the managed care plan to be retroactively added. Providers should work directly with the managed care plan prior to contacting provider support with enrollment issues.

March 28, 2018: Attention Clinic (FQHC and THC) Dental Providers: Beginning after March 26, 2018, providers will begin seeing takebacks for clinic dental claims where more than one (1) dental qualifying visit was paid for the same beneficiary, same date of service. As of 3/26/2018 dental claims will only be reimbursed for one (1) dental qualifying visit per beneficiary, per date of service. The Alternative Payment Methodology (APM) will also be applied when appropriate. Please refer to MSA 17-10 and MSA 17-24 for further clarification.

March 21, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is aware of multiple issues regarding PET code and Benefit Plan segments missing, updating and not assigning in real time.

Until these are resolved MDHHS will be performing correction files to:
- Identify the impacted beneficiaries
- Assign the appropriate benefit plans and PET codes based on the admission record
- Add missing PET codes or benefit plan segments

Providers are encouraged to continue to view CHAMPS frequently to verify if the PET and Benefit Plans have been updated. We will continue to provide updates as they become available.

March 20, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, March 23rd to 2:00 AM EST Saturday, March 24, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 15, 2018: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 18, 2018, from 6:00 AM EST to noon EST for maintenance. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov if you require further assistance.
March 7, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) Provider Support is in the process of upgrading our Call Center experience. Over the next couple of weeks, you may experience higher than normal wait times and slower response times. We apologize for any inconvenience and frustration this may cause during our transition, but we are confident this upgrade will lead to shorter hold durations and an overall better customer service experience. While we will continue to do our best to answer all calls coming in, we would like to remind providers that the option to email ProviderSupport@Michigan.gov with your inquiries still exists. MDHHS will send an update to this notice when the upgrade has been completed.

March 7, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018.

Providers systems and business processes must be ready to accept the new MBI number by April 2018 for transactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-903965.pdf

Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

March 6, 2018: Attention ALL Providers: To better provide you with the information you need, Michigan Department of Health and Human Services (MDHHS) have created a new Provider Enrollment (PE) webpage. Access the new webpage by using the link below. If you have the previous webpage bookmarked, you will need to re-link to the new page.

Provider Enrollment webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

If you have any questions, please email ProviderOutreach@Michigan.gov

March 5, 2018: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, March 10th through 9:00 AM EST Sunday, March 11th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 2, 2018: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 4, 2018, from 6:00 AM EST to noon EST for maintenance. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov if you require further assistance.

February

February 23, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) requirement of Managed Care Organization (MCO) typical providers needing to be enrolled in CHAMPS by March 1, 2018, has been delayed. Additional communication will be issued when a date has been finalized.
Provider Relations

We continue to encourage all typical rendering, referring, ordering, prescribing and attending MCO providers to enroll in CHAMPS. As at a future date, MDHHS will prohibit MCOs from making payments to all typical non-enrolled providers.

Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Fee-for-Service Medicaid beneficiaries. Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid.

Resources:

- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step By Step Instructions:
  - Individual/Sole Provider Type
  - Rendering/Servicing Provider Type
- CHAMPS Provider Verification Tool

February 21, 2018: Attention ALL Providers: Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, February 25, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 8, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified an issue with Patient Pay Amount (PPA) not displaying within the CHAMPS member eligibility screen. Until this is resolved providers should report the known monthly PPA on their claim or if unknown contact the MDHHS county worker.

It is not necessary for providers to contact Provider Support to have these records corrected. Additional MCC resources can be found on the MCC portion of this webpage.

February 7, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018.

Providers systems and business processes must be ready to accept the new MBI number by April 2018 for transactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf)


February 6, 2018, and January 16, 2018: Attention ALL Providers: In preparation for the CMS New Medicare Card project, beginning in February 2018, Third Party Liability (TPL) will be removing the Social Security Number (SSN) or policy number from the monthly Pending Void Report when the payer is Medicare. The appropriate policy number per beneficiary will be available directly in CHAMPS if needed. Learn more about the CMS New Medicare Card Project: [https://www.cms.gov/medicare/new-medicare-card/nmc-home.html](https://www.cms.gov/medicare/new-medicare-card/nmc-home.html)
Instructions on how to verify other insurance information within CHAMPS: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-344079--.00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-344079--.00.html)

February 6, 2018: Attention ALL Providers: On January 16, 2018, the Michigan Department of Health and Human Services (MDHHS) removed the associated age restriction of 0-18 years to diagnosis code F98.8: Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence and the associated age range. Claims billed prior to the CHAMPS system being updated may have been affected if the beneficiary was not within the age range of 0-18 years. Providers should rebill or adjust any affected claims for correct processing.

February 5, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, February 6, 2018, 2:00-3:00 PM EST.

CMS’s Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS’s approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI).


Feedback and questions on the New Medicare Card Project can be sent to: NewMedicareCardSSNRemoval@cms.hhs.gov

February 5, 2018: Attention ALL Providers: CHAMPS Direct Data Entry (DDE) issues have been resolved and the screens restored for providers. We apologize for any inconvenience.

February 5, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified not all Managed Care (MA-MC, MA-HMP-MC etc.) benefit plan segments are displaying in CHAMPS eligibility screens correctly. Providers can use the 270/271 eligibility transaction to verify eligibility as a workaround until this issue is resolved.

February 5, 2018: System Outage: Due to system release and maintenance the CHAMPS system will be down between 6:00 PM EST Saturday, February 10, 2018, through 9:00 AM EST Sunday, February 11, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 2, 2018: System Outage: Due to system maintenance the CHAMPS system will be down between 7:00 PM through 9:00 PM EST Saturday, February 3, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 2, 2018: Attention ALL Providers: Due to system issues, the CHAMPS Direct Data Entry (DDE) function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

February 2, 2018: Attention Outpatient Hospital Providers: Providers may notice an increase of claim adjustment reason code A8 denials as the MDHHS CHAMPS system is processing current claims with the October 2017 quarterly APC/OPPS software and wrap around codes list. The implementation of the software for the January 2018 quarter is planned for March 23, 2018 and will resolve this issue. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be processed in April and may be identified by the claim note: APC January 2018 quarterly updates.

February 1, 2018: Attention FQHC Dental Providers: Currently the CHAMPS system is not paying the APM rates associated with qualifying dental procedure codes. A system fix is currently scheduled for the end of March 2018. Once the fix is implemented previous incorrectly processed claims will be adjusted for
proper claim adjudication. In addition, after the fix, these claims will pay the PPS rate plus the APM rate at the time of claim adjudication.

January

January 31, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) would like to remind Individual Providers when completing their enrollment within CHAMPS the ‘Associate MCO Plan’ step does not require the Managed Care Organization (MCO) or Medicaid Health Plan (MHP) Contract Agreement to be uploaded. This step is optional and is used to associate the provider with their participating or networked MCO or MHP.

Step by step CHAMPS enrollment instructions can be found on the Provider Enrollment website:
http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html

January 25, 2018: Attention ALL Providers: Due to scheduled MIlogin maintenance on Production MIlogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, January 28, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 24, 2018: Attention Clinic Providers (FQHC, RHC, and THC): It has been determined that the reduction factor for Medicaid secondary and tertiary claims is only working for Medicare primary claims. When billing with another primary payer, the primary payment is not being subtracted from the Medicaid PPS rate, resulting in overpayments.

MDHHS is currently working on this issue and will update providers when a resolution has been determined.

January 24, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified an issue when an admission record is created for a beneficiary which does not have current eligibility or a beneficiary applying for coverage. Once the eligibility has been established and sent to CHAMPS, the benefit plans and PET codes are not updating.

Until this is resolved MDHHS will be performing a weekly correction file to:

- Identify the impacted beneficiaries
- Assign the appropriate benefit plans and PET codes based on the admission record
- Update the admission record status from ‘Completed-waiting for MA’ to ‘Completed’.

It is not necessary for providers to contact Provider Support to have these records corrected as MDHHS will be internally correcting these records.

Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

January 24, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, January 26, 2018, to 2:00 AM EST Saturday, January 27, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 19, 2018: Attention Outpatient Hospital and End Stage Renal Disease Providers: MDHHS is aware of a system issue with procedure code J0882-Darbepoetin Alfa, ESRD. For dates of service April 1, 2016, through December 31, 2016, the code was inadvertently terminated in the Medicaid system and removed from the MDHHS wrap-around code list causing claims to deny. The CHAMPS system and wrap-around code list are both projected to be updated in the next system release scheduled for March 23, 2018. An update will be posted once the system has been updated.

January 18, 2018: Attention Hospital Providers: This is an update to the notification posted on October 26, 2017. The October 2017 Quarterly APC & ASC software and APR DRG grouper 35 were both loaded into the system on December 29, 2017. MDDHS will identify affected claims and adjust or resubmit accordingly.
January 18, 2018: Attention Outpatient Hospital Providers: This is an update to the Biller “B” Aware posted on July 13, 2017. MDHHS recognizes that claims continue to be denied with CARC A8-ungroupable incorrectly. The affected claims have services that are assigned a payment status indicator G or K on Medicare’s Addendum B and the supporting payable procedure is on MDHHS wrap-around code list with an assigned MDHHS status indicator. The issue is projected to be fixed in the system update scheduled for March 23, 2018. A subsequent Biller "B" Aware will be posted once the issue is resolved with information for rebilling affected claims.

January 18, 2018: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 18, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, January 23, 2018, 2:00-3:00 PM EST.

CMS’s Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS’s approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI).

Instructions on how to attend this open forum: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/01232018SODFAgenda.pdf


Feedback and questions on the New Medicare Card Project can be sent to NewMedicareCardSSNRemoval@cms.hhs.gov

January 16, 2018: Attention ALL Providers: The CHAMPS system issues have been resolved and the Archived Documents function has been restored and is functioning properly. We apologize for any inconvenience.

January 10, 2018: Attention ALL Providers: Due to system issues, the CHAMPS Archived Documents function is still not accessible. MDHHS is continuing to work on resolving the issues. Notification will be posted when resolved. We apologize for any inconvenience.

January 9, 2018: Attention ALL Providers: MDHHS would like to remind providers when adding other insurance information in the MCC Admission screens to enter the greatest demographic information available (e.g. policy name, policy number, policyholder etc.). Provide all known information so that Third Party Liability (TPL) can validate the policy information reported for possible addition to the beneficiaries TPL file. Providers should only report other insurance information not found on the CHAMPS TPL coverage file. Information regarding coverage already on file can be found using the ‘View TPL’ hyperlink in the MCC Admission screens.

January 8, 2018: System Outage: Due to system maintenance, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, January 13, 2018, through 9:00 AM EST Sunday, January 14, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 4, 2018: Attention ALL Providers: Due to system issues the CHAMPS Archived Documents function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

January 4, 2018: Attention Hospice Providers: MSA policy bulletin MSA 17-46, issued December 1, 2017, requires that hospice providers print the admission form in CHAMPS and obtain the beneficiary (or
authorized representative) signature and hospice provider personnel signature on the form. For hospice providers unable to print the admission form generated by CHAMPS (due to admissions during home visits, after hours etc.), hospice providers may instead utilize an alternative form the “Hospice Election Statement” that meets the Medicare requirements outlined in MLN Matters Number SE1631, issued December 13, 2016.

As of January 2, 2018, the hospice beneficiary’s or authorized representative’s signature and hospice provider personnel completing the admission must be present on the Hospice Election Statement form. It is the hospice provider’s responsibility to upload a copy of the signed Hospice Election Statement form to the Document Management Portal (DMP) in conjunction with the completion of the hospice admission or discharge in CHAMPS. The printed admission generated by CHAMPS and the signed Hospice Election Statement form must be retained in the beneficiary’s record. This clarification will also be issued in the April 2018 Michigan Medicaid Provider update bulletin.

When uploading the Hospice Election Statement form to DMP, follow the guidelines as listed below:

- **Document Type:** Claim
- **Document Title:** Forms
- **Date of Service From:** Enter the hospice election date
- **Date of Service to TCN:** Enter the hospice election date
- **Message:** Hospice Election Statement

After the alternative form is uploaded, providers may verify receipt by searching the beneficiary ID number in DMP. First-time users of Document Management Portal please review the DMP users guide.

**January 2, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has been notified that Patient Pay Amounts (PPA) are not displaying in the CHAMPS eligibility screen. MDHHS is working to resolve this issue and further notification will be posted when resolved.

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**2017**

**December 28, 2017: Attention ALL Providers:** As part of updating the Medicaid Alerts page MDHHS has created a combined Provider Tips Archived document. The provider tips document is organized by provider type and will continue to be updated as new provider tips are created or updated.

**December 27, 2017: Attention ALL Providers:** As part of the December 29, 2017, CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. As part of this upgrade, the Other Insurance screens will be updated with a new look and feel. These screens will be accessible within CHAMPS as of January 2, 2018. Providers can familiarize themselves with these new screens by reviewing the CHAMPS how to adjust a claim with other insurance presentation.

**December 26, 2017: Attention ALL Providers: CHAMPS Outage:** As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 6:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST. CORE 270/271 Real-Time Transactions will be unavailable Thursday, December 28, 2017, from 6:00 PM EST to 10:00 PM EST and Monday, January 1, 2018, from 3:00 PM to 7:00 PM EST.

During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted. Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted during the outage period.

**December 19, 2017: Attention ALL Providers: Website update:** In the coming weeks the Michigan Department of Health and Human Services (MDHHS) will be working to reconfigure the look and feel of the Medicaid Alerts, Provider Enrollment and CHAMPS webpages.
December 18, 2017: Attention ALL Providers: As part of MCC, January 2, 2018, provider’s that need to add or view admission records (required for certain provider types as outlined within MSA 17-46) will need to select the applicable profile when logging into CHAMPS.

January 2, 2018, MDHHS will manually add one of the below-listed specialty-driven admission profiles to all CHAMPS Full Access Profile users. The CHAMPS profile options available will be determined by a providers NPI enrollment information in CHAMPS. Admission profile options are: Hospital Admission, Hospice Admission, MI Choice Enrollment, PACE Enrollment or SPF Admin.

Providers who need to have an admission profile added after January 2, 2018, will need to work with their domain administrator to obtain the appropriate access.

For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage.

Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

December 18, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 4:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST.

As part of this outage:
- Cut-off for pay cycle 2 (pay date January 11, 2018) will be Thursday, December 28, 2017, at 4:00 pm EST.
- During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted during the outage period.

Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted. Please reference the Michigan Department of Health and Human Services (MDHHS) pay cycle date calendar.

December 14, 2017: System Outage: Due to MILogin system maintenance for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, December 16, 2017, through 12:00 AM EST Sunday, December 17, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 14, 2017: Attention ALL Providers: The DTMB File Transfer Service (FTS) portal was updated as of December 10, 2017. As part of this update, the FTS is incorrectly allowing submitters to log in with a lower case DEG ID or username, DCHXXXX. Submitters are reminded that the DEG ID username should be entered in all uppercase when logging into the FTS as outlined in the electronic submission manual, section 4.1.3 Logging onto the MDHHS Internet Connection.

Electronic files submitted using a lower case DEG ID will fail to load into CHAMPS and submitters will need to resubmit the file using the correct uppercase DEG ID.

December 14, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. As part of this upgrade, the Prior Authorization (PA) screens will be updated with a new look and feel. These screens will be accessible within CHAMPS as of January 2, 2018.

Providers can familiarize themselves with these new screens by reviewing the CHAMPS PA Presentation.

December 13, 2017: Attention ALL Providers: CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, for pay cycle 50, pay date 12/14/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 12/15/2017.

December 13, 2017: Attention All Providers: This is a reminder to all providers sending documents to Children’s Special Health Care Services (CSHCS) that all required documentation must be uploaded or faxed into the Document Management Portal (DMP). Please do not send required documentation via regular mail. Using DMP will allow faster processing time by CSHCS staff. When using DMP for CSHCS it is required that the system be changed from “FFS” to “CSHCS” for proper routing of the forms. When using
DMP to fax documentation for multiple CSHCS beneficiaries a new fax cover sheet is required for each beneficiary.

A complete guide to using DMP for CSHCS is available on MDHHS website: CSHCS – Document Management Portal

**December 12, 2017: Attention ALL Providers:** CHAMPS EFT payments for pay cycle 50, pay date 12/14/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 12/15/2017.

**December 7, 2017: Attention All Providers:** This serves as a reminder Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS. Medicaid rules prohibit payment to providers not appropriately screened and enrolled. Beginning March 1, 2018, MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering and attending providers not enrolled in CHAMPS. Additional information can be found in MSA 17-48 policy bulletin.

A CHAMPS Provider Verification tool is available for providers to verify if a provider is enrolled/registered within CHAMPS. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the provider and select Verify.

**December 5, 2017: Attention ALL Providers:** Due to scheduled year-end maintenance and system upgrade activities, CHAMPS Provider Enrollment Screens will be view only starting at 6:00 PM EST, Friday, December 22, 2017, to 4:00 PM EST, Thursday, December 28, 2017. During this time, Providers will not be able to enroll or make enrollment modifications.

Beginning Thursday, December 28, 2017, 4:00 PM EST, the entire CHAMPS system will be unavailable until Tuesday, January 2, 2018, 12:00 AM EST.

**December 5, 2017: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, December 9, 2017, through 9:00 AM EST Sunday, December 10, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**December 4, 2017: Attention ALL Providers:** As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 4:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST.

As part of this outage:

- Cut-off for pay cycle 2 (pay date January 11, 2018) will be Thursday, December 28, 2017, at 4:00 PM EST.
- During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted during the outage period.

Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted.

Please reference the Michigan Department of Health and Human Services (MDHHS) pay cycle date calendar.
December 4, 2017: Attention ALL Providers and Trading Partners: The DTMB File Transfer Service (FTS) portal will be unavailable on Sunday, December 10, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

December 1, 2017: Attention All Providers: This serves as a reminder to policy bulletin MSA 16-37 Timely Filing Billing Limitation effective January 1, 2017, that all claims with dates of service prior January 1, 2017, must be submitted no later than December 28, 2017 (CHAMPS will be down December 28, 2017, to January 2, 2018) . Claims with dates of service prior to December 31, 2016, must have been kept active as required in the previous policies guidelines. Claims that were not kept active will not be considered unless they meet one of the exceptions to the NEW MSA 16-37 Timely Filing policy or MSA 17-44 which includes a clarification of MSA 16-37.

November

November 30, 2017: Attention ALL Providers: Effective January 1, 2018, any individual or entity that provides services to, or orders, prescribes, refers or certifies eligibility for services for, individuals who are eligible for medical assistance under the State Plan participating in a managed care organization’s provider network are required to be screened and enrolled in the Michigan Medicaid Program.

Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS. Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Additional information can be found in MSA 17-48 policy bulletin.

A CHAMPS Provider Verification tool is available for providers to verify if a provider is enrolled/registered within CHAMPS. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the provider and select Verify.

November 20, 2017: Attention SNF and Hospice Providers: As part of the Modernizing Continuum of Care (MCC) project CHAMPS will become the record of source for beneficiary admissions and enrollments. After MCC implementation, January 2, 2018, the current paper MSA 2565-C will be repurposed and the DCH-1074 paper process eliminated. The MDHHS county caseworker will no longer update the admission or enrollment information via the Bridges eligibility system. Providers should submit their MSA 2565-C and DCH-1074 paper forms to the MDHHS county caseworker by December 15, 2017.

Beginning in January 2018 Providers will be required to enter the admission, enrollment and discharge notice through CHAMPS via the admission/enrollment and discharge screens.

For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage.

Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

November 16, 2017: MiLogin Outage: Due to system maintenance, MiLogin will be unavailable on Saturday, November 18, 2017, from 6:00 PM EST to 12:00 AM EST. We apologize for any inconvenience this may cause.

November 16, 2017: Attention Clinics and School Based Services Providers: January 2018, the Michigan Department of Health and Human Services (MDHHS) Facility Settlement process will be changing from a paper process to an electronic process within the Community Health Automated Medicaid Processing System (CHAMPS). MDHHS currently has four virtual presentation dates available and is in the process of creating educational materials for a smooth transition.

Check back frequently for additional resources to be available under Provider Tips and the CHAMPS webpage.

Current Trainings Available:

- December 6, 2017 – Local Education Agency (LEA) and Intermediate School District (ISD) Facility Settlement Virtual Training (10:00-11:00AM)
Provider Relations

- December 13, 2017 – Local Public Health Department (LPHD) Facility Settlement Virtual Training (10:00-11:00AM)
- December 14, 2017 – Federal Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Facility Settlement Virtual Training (10:00-11:00AM)
- December 20, 2017 – Tribal Health Center (THC) Facility Settlement Virtual Training (10:00-11:00AM)

To register please visit our Medicaid Provider Training webpage.

November 9, 2017: Attention ALL Providers: MDHHS Website update: The Michigan Medicaid website is changing its look! To better provide you with the information you need, Michigan Department of Health and Human Services (MDHHS) has reconfigured our web pages and given them a new look and feel. If you have pages bookmarked, you may need to re-link them to the new pages.

Look for the new website to be released in the next few days. It can be accessed by going to www.michigan.gov/medicaid or www.michigan.gov/medicaidproviders.

November 9, 2017: Attention Clinic Providers (FQHC, RHC, and THC): this serves as a reminder that when reporting other insurance on the Institutional format the information must be reported on the header and line levels. If you need assistance on which loop and segment this information goes in please refer to the HIPAA Companion Guides.

November 8, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 12, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

As a reminder during this outage, the FTS web interface will be updated to process only TLS 1.2 or higher encryption.

November 7, 2017: Attention All Providers: Due to CHAMPS maintenance, claim adjudication and loading within CHAMPS will be stopped beginning 3:00 PM EST Friday, November 10, 2017, through 9:00 AM EST Sunday, November 12, 2017.

- Claims submitted in CHAMPS via electronic batch or Direct Data Entry (DDE) will generate a TCN but will not display within CHAMPS claim inquire until loading is restored.
- HIPAA transactions (837,270, and 276) submitted through the File Transfer Service (FTS) will not receive a 999 acknowledgment. Once CHAMPS loading and adjudication has been restored, 999 and response files will generate.

Due to the volume of transactions received, providers should wait until at least Tuesday, November 14, 2017 to ensure all submitted transactions have been loaded and adjudicated prior to contacting Provider Support.

November 6, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, November 11, 2017, through 9:00 AM EST Sunday, November 12, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 1, 2017: Attention ALL Providers: As part of the December 29, 2017 CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. This will increase the CHAMPS functionality and performance. As part of this upgrade, the prior authorization screens and other insurance screens will be updated with a new look and feel.

Continue to check the CHAMPS website or the Medicaid alerts page for further updates associated with this change.

October

October 31, 2017: Attention Trading Partners: The File Transfer Service (FTS) portal will replace the Comodo SSL Certificate(s). FTP/SSL and SFTP services will be unavailable Saturday, November 4, 2017.
from 7:00 AM EST to 9:00 AM EST while the certificate(s) is replaced. Trading partners that are using FTP/SSL will need to accept the new certificate(s). We apologize for any inconvenience this may cause.

October 26, 2017: Attention Hospital Providers: This is notification that there will be a delay in uploading the October 2017 Quarterly APC & ASC software as well as the annual APR DRG grouper 35. Both updates are scheduled to be loaded into the CHAMPS system December 29, 2017. Until the system is updated Outpatient claims will be processed under the previous quarter’s software, and Inpatient claims will be processed under grouper 34. Providers should expect to see an increase in claim denials when new codes are reported as well as incorrectly paid claims.

MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be resurrected/adjusted.

October 25, 2017: Attention ALL Providers: Third Party Liability (TPL) will be performing scheduled updates to our web server. Between the hours of 5:00 PM EST on October 25, 2017 and 8:00 AM EST on October 26, 2017, the form to report Other Insurance Adds, Terminations and Updates at www.michigan.gov/reportTPL will not be available. Please enter your request after this period or report the change using an alternate method.

October 25, 2017: Attention ALL Providers: On November 12, 2017 the State of Michigan (SOM) will reconfigure the File Transfer Service (FTS) web interface, URL https://dxgweb.state.mi.us, to process only TLS 1.2 or higher encryption to align with security and data integrity requirement.
Web users are encouraged to check their browser settings to ensure TLS 1.2 is enabled prior to the date above to prevent any possible disruption to your ability to connect.

October 24, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 24, 2017: System Outage: Due to system maintenance, The CHAMPS system will be unavailable between 6:00 PM EST Friday, October 27, 2017 through 11:59 PM EST Sunday, October 29, 2017. Real-Time 270/271 Transactions will be unavailable from 6:00 PM EST to 11:00 PM EST on Friday, October 27, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 24, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, October 29, 2017 from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

October 19, 2017: MILogin and CHAMPS Outage: Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, October 21, 2017 until 12:00 AM EST on Sunday, October 22, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 19, 2017: Attention ALL Providers: CHAMPS EFT payments for pay cycle 42, pay date 10/19/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 10/20/2017. CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, will be generated as scheduled today, Thursday 10/19/17.

October 18, 2017: Attention ALL Providers: Due to maintenance activities, the FileNet system will be down between 9:00 PM and 10:00 PM today, October 18, 2017. Providers will not be able to search Archived Documents, Complete EHR applications, View Paper Claims and/or use DMP application/faxes during this time. We apologize for any inconvenience.
October 12, 2017: Attention ALL Providers: Third Party Liability (TPL) will be performing scheduled updates to our web server. Between the hours of 5 PM EST on October 25, 2017 and 8 AM EST on October 26, 2017, the form to report Other Insurance Adds, Terminations and Updates at www.michigan.gov/reportTPL will not be available.

Please enter your request after this period or report the change using an alternate method.

October 12, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, October 15, 2017 from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

October 11, 2017: Attention ALL Providers: As part of the transition to Statewide Integrated Governmental Management Application (SIGMA), a very small number of providers will experience a one day or two-day delay in payment for combined 40 & 41 pay cycles from Michigan Department of Health and Human Service (MDHHS).

Please note: MDHHS will make all efforts to directly contact providers impacted by this delay.

CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, will be generated as scheduled on Thursday 10/12/17.

We appreciate your patience during this transition. If you have not received your payment from pay cycles 40 & 41 by pay cycle 42 please contact Provider Support.

Additional SIGMA resources and Provider information can be found at Michigan.gov/MedicaidProviders

For more information on SIGMA’s major improvements, visit Michigan.gov/SIGMAVSS

October 10, 2017: Attention ALL Providers: In January 2018 the Michigan Department of Health and Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project. As part of MCC, Medicaid Health Plan (MHP) Providers will need to enroll in CHAMPS (MSA 17-04).

Additional resources can be found on the Michigan Medicaid Provider Enrollment website: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--00.html

October 10, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down from 6:00 PM EST Saturday October 14, 2017 through 9:00 AM EST Sunday, October 15, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September

September 28, 2017: Attention Nursing Facility Providers: Revised Medicaid Enrollment Checklist (New or Currently Enrolled Facilities Undergoing Change of Ownership). The Medicaid Enrollment Checklist has been revised to include information on:
1) Cost Reporting – Request for use of Alternative Statistical Basis”. A new provider wishing to change the allocation basis for a particular cost center, or the order in which the cost centers are allocated, must submit a written request to DARS@Michigan.gov. The request must include reasonable justification and supporting documentation that the new basis is more accurate and appropriate for allocation of the cost activity for Medicaid reimbursement determination. The request must be made at the time of the request of Medicaid enrollment.

2) Under a change of ownership, a nursing facility does not have to notify the local MDHHS office if there is a change in the facility’s NPI/Medicaid Provider ID number. Rather, the Medical Services Administration will have the old LOC 02 NPI/Provider ID transferred over in BRIDGES to CHAMPS to the new NPI/Provider ID. The checklist is posted online at www.michigan.gov/medicaidproviders.>>Billing and Reimbursement>>Provider Specific Information>>Nursing Facilities.

September 28, 2017: Attention Clinic Providers (FQHC, RHC, and THC): This serves as a reminder per the Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 9.3.A Definitions,
Attending/Treating Physician: “The physician (MD or DO) may be either a primary care doctor or a specialist whose scope of practice enables the interventions necessary to treat the serious condition.”

Providers listed within MSA 15-44 (Social Worker, Professional Counselor or Psychologists), who have rendered services can only be reported within the Rendering Provider Field of the UB claim form.

September 25, 2017: System Outage: Due to system release, the CHAMPS system will be down from 8:00 AM EST through 2:00 PM EST Saturday September 30, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September 19, 2017: MiLogin Outage: Due to system maintenance, MiLogin will be unavailable on Sunday, September 24, 2017, from 7:00 AM EST to 1:00 PM EST. We apologize for any inconvenience this may cause.

September 18, 2017: Attention ALL Providers: This serves as a reminder of current Medicaid Policy as outlined in the Medicaid Provider Manual, in both the Billing & Reimbursement for Professionals and Billing & Reimbursement for Institutional Providers, Section Remittance Advice:

“A Remittance Advice (RA) is produced to inform providers about the status of their claims. RAs are available in paper and electronic formats, and utilize the HIPAA-compliant national standard claim adjustment group codes, claim adjustment reason codes, and remarks codes, as well as adjustment reason codes, to report claim status. Code definitions are available from the Washington Publishing Company.”

It is a provider’s responsibility to review the claim adjustment reason codes (CARC) and remittance advice remark codes (RARC) on their RA to determine why a claim(s) denied or paid.


Claim status and paper RA navigation steps within CHAMPS.

September 15, 2017: Attention Trading Partners and Billing Agents: The File Transfer Service (FTS) portal will be unavailable on Sunday, September 17, 2017 from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

September 13, 2017: Attention Inpatient Hospital Providers: MDHHS is aware that there is a system issue causing claims to deny for newborns that are born in one hospital and subsequently transferred to another hospital the same day. NUBC rules state that only the initial hospital claim should have the newborn admit type reported, and the subsequent claim should be reported with the “true” admit source 5- Transfer. The CHAMPS system is currently incorrectly denying the second admission if the admit date and the date of birth are the same and the admit type is anything other than 4-Newborn. Until the system is updated, it is advised that providers report admit type 4- Newborn and notate within the remarks “Newborn Admit Type Defect”.

There is currently no projected fix date for this issue. Another notification will be sent to providers after the system fix with instructions for identifying and adjusting affected claims.

September 12, 2017: Attention ALL Providers: In January 2018 the Michigan Department of Health and Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project.

Features of the MCC project include:
- Admissions, Enrollments, Discharges, and Dis-enrollments will be completed within CHAMPS (only required for certain provider types).
- Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes.
- Patient Pay Amounts (PPA) will be displayed separately in a new ‘Patient Pay’ section at the bottom of the CHAMPS Eligibility response page.
- Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract. An LOC to PET crosswalk table can be found on our Provider Tips webpage.

For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage.

**September 12, 2017: Attention Billing Agents and Trading Partners:** As part of the SIGMA transition the electronic HIPAA Remittance Advice (835) will display the Vendor ID in existing loop 1000B – Payee Identification, REF02 Additional Payee Identifier segment.

Example 835, vendor ID outlined in red box:

*Please note the vendor ID is not required to be reported on the 837 file.*

For more information on SIGMA’s major improvements, visit [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS).

Additional SIGMA resources and Provider information can be found at [Michigan.gov/MedicaidProviders](http://Michigan.gov/MedicaidProviders).

Additional Billing Agent and Trading Partner resources can be found at [Michigan.gov/MedicaidProviders](http://Michigan.gov/MedicaidProviders) >> Billing and Reimbursement >> Electronic Billing.

**September 5, 2017: System Outage:** Due to system maintenance, the CHAMPS system will be down from 6:00 PM EST Saturday September 9, 2017 through 9:00 AM EST Sunday, September 10, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**September 5, 2017: Attention Outpatient Hospitals:** The July 2017 Quarterly APC & ASC software was loaded into CHAMPS August 12, 2017 and MDHHS will begin to adjust claims that were processed under the previous quarter’s software.

**August**

**August 28, 2017: Attention Professional Providers:** This serves as a reminder to all providers that bill for emergency room charges. Per Medicaid Policy Bulletin 04-03 and Section 1.2 of the Practitioner Chapter, effective for dates of service on or after January 1, 2004, the two-tiered fee screen for emergency department (ED) attending physician services is based on whether the beneficiary is treated and released from the ED or treated and admitted to the hospital/transferred to another hospital.

Treated and Released: When billing for the attending ED physician E/M service, the modifier UD must be used with the appropriate E/M procedure code to designate that the beneficiary was released (discharged) from the ED. This modifier must be placed in the first modifier position on the claim line to ensure correct processing. The UD modifier indicates the physician billing for the ED E/M service was the attending ED physician and allows the appropriate fee screen to be used. E/M services provided by other physicians in the ED must not use the UD modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UD modifier.
Treated and Admitted/Transferred: When billing for the attending ED physician E/M service, the modifier UA must be used with the appropriate E/M procedure code to designate that the beneficiary was admitted to the hospital or transferred to another hospital from the ED. This modifier must be placed in the first modifier position on the claim line to ensure correct processing. The UA modifier indicates the physician billing for the ED E/M service was the attending ED physician and allows the appropriate fee screen to be used. E/M services provided by other physicians in the ED must not use the UA modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UA modifier.

August 23, 2017: Attention Outpatient Hospital Providers: This is an update to the Biller “B” Aware posted on July 19, 2017. MDHHS identified a system issue that was causing services on MDHHS wrap around list with status indicator A8-Healthy Michigan Plan only to incorrectly pay $0.00. The affected procedure codes were; G0104, G0105, G0121, G0297 and G0328. MDHHS has updated the system effective August 12, 2017. MDHHS will identify and reprocess the affected claims.

August 17, 2017: System Outage: Due to scheduled MIlogin maintenance, the CHAMPS system will not be accessible from 7:00 AM EST until 1:00 PM EST on Sunday, August 20th, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 17, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, August 20, 2017, from 8:00 AM to 10:00 AM. We apologize for any inconvenience this may cause.

August 14, 2017: Attention ALL Providers: In January 2018 the Michigan Department of Health and Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project. Features of the MCC project include:

- Admissions, Enrollments, Discharges, and Dis-enrollments will be completed within CHAMPS (only required for certain provider types).
- Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes.
- Patient Pay Amounts (PPA) will be displayed separately in a new ‘Patient Pay’ section at the bottom of the CHAMPS Eligibility response page.
- Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

Additional information and details to follow.

August 14, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 20, 2017 from 6:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 11, 2017: Attention ALL Providers: Effective September 3, 2017, coverage that is received from McLaren Health Advantage will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in McLaren Health Advantage’s web portal after the last load date of eligibility from the National Roster File. Providers are asked to please contact McLaren Health Advantage for any questions related to loaded coverage.

August 10, 2017: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, August 12, 2017 through 9:00 AM EST Sunday August 13, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

August 3, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, August 6, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

August 2, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 6, 2017 from 6:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.
July 28, 2017: MiLogin Outage: Due to system maintenance, MiLogin will be unavailable on Sunday, July 30, 2017, from 8:00 AM to 4:00 PM. We apologize for any inconvenience this may cause.

July 19, 2017: Attention Outpatient Hospital Providers: This is an update to the Biller B Aware posted on June 29, 2017. MDHHS recognizes that claims continue to be denied with CARC A8-unassignable incorrectly. The affected claims have services that are assigned a payment status indicator G or K on Medicare’s Addendum B and the supporting payable procedure is on the MDHHS wrap around list with an assigned MDHHS status indicator. MDHHS is working to correct the system, there is no projected fix date at this time. A subsequent Biller B Aware will be posted once the issue is resolved with information for rebilling affected claims.

July 19, 2017: Attention Outpatient Hospital Providers: MDHHS has identified a system issue that is causing services on MDHHS wrap around list with status indicator A8-Healthy Michigan Plan only to incorrectly pay $0.00. The affected procedure codes are; G0104, G0105, G0121, G0297 and G0328. MDHHS is working to update the system, there is no projected fix date at this time. A subsequent Biller B Aware will be posted once the issue is resolved with information for rebilling affected claims.

July 19, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, July 23, 2017 from 6:00AM to 9:00AM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

July 18, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 2:00 PM until 6:00 PM EST on Saturday, July 22, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

July 12, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 11, 2017: Attention ALL Providers: Please be advised: As part of the transition from the current State of Michigan (SOM) financial system, Michigan Administrative Information Network (MAIN), to Statewide Integrated Governmental Management Application (SIGMA), there will be a delay in payment and Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, from the Michigan Department of Health and Human Services (MDHHS).

CHAMPS Pay cycle 40 payments (pay date 10/5/2017) and RAs will be delayed and pushed into pay cycle 41 (pay date 10/12/2017). Please be mindful as there will be no payments and RAs generated on 10/5/2017; pay 40 and 41 payments and RAs from CHAMPS will be combined on pay date 10/12/2017.

In the event issues may arise given the transition from MAIN to SIGMA, MDHHS will immediately notify providers.

SIGMA Key Dates:
• July 31, 2017: Providers converted to SIGMA VSS
• September 22, 2017: C&PE no longer available for update
• October 3, 2017: SIGMA Go Live
• October 5, 2017: No Payments and RAs from CHAMPS
• October 12, 2017: Combined 40 & 41 pay cycles from CHAMPS

Benefits Include:
• Manage account information, view invoice and payment information for checks and EFTs 24 hours a day, 7 days a week!
Provider Relations

- Improved communication through automated e-mails
- Unique Vendor/Customer ID improves privacy
- Provides more detailed spending analysis and robust report options

For more information on SIGMA’s major improvements, visit Michigan.gov/SIGMAVSS
Additional SIGMA resources and Provider information can be found at Michigan.gov/MedicaidProviders
For questions please contact the SIGMA Vendor Customer Support Center (VCSC) at SIGMA-Vendor@Michigan.gov

July 11, 2017: MiLogin Outage: Due to system maintenance, MiLogin will be unavailable on Sunday, July 16, 2017, from 7:00 AM to 1:00 PM. We apologize for any inconvenience this may cause.

June

June 29, 2017: System Outage: Due to monthly maintenance, the CHAMPS system will be down between 6:00 PM Saturday July 8, 2017 through 9:00 AM Saturday July 9, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 29, 2017: Attention Outpatient Hospital Providers: This message is an update to the Biller “B” Aware posted on May 24, 2017, alerting providers of erroneous claim rejections. The CHAMPS system was updated on June 24, 2017, and MDHHS will begin resurrecting and reprocessing any of the affected claims.

June 27, 2017: Attention Clinic Providers (FQHC, RHC, THC): Michigan Department of Health and Human Services (MDHHS) will be delaying implementation of policy Bulletin MSA 17-10. The bulletin indicated the change was effective for dates of service on or after July 1, 2017, the change has been delayed until August 1, 2017. A bulletin announcing the delay in implementation of the institutional billing format will be forthcoming.

June 23, 2017: Attention Clinic Providers: Please note the Clinic Revenue Codes for FQHC/RHC/THC’s have now been added to the Medicaid Provider Webpage, which can be accessed by going to www.michigan.gov/medicaidproviders >> Provider Specific Information >> Inpatient Hospital >> Revenue Code Requirement Table.

June 23, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Saturday, June 24, 2017 from 10:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.


June 19, 2017: System Outage: Due to CHAMPS system release, the CHAMPS system will be down between 7:00 PM Friday June 23, 2017 through 2:00 AM Saturday June 24, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 14, 2017: Attention Private Duty Nursing Agencies: Michigan Department of Health and Human Services (MDHHS) reminds providers of current Michigan Medicaid Policy within the Provider Manual, Billing and Reimbursement for Institutional Providers, section 10-Private Duty Nursing Agency Claim Submission/Comletion. Service Dates “Each date of service must be reported on a separate service line”. In the instance two nurses provide services on the same day to the same beneficiary, the services must be combined and reported on one claim service line. Providers will no longer be able to bill each
June 14, 2017: System Outage: Due to MILogin maintenance, CHAMPS will be unavailable on Sunday, June 18, 2017, from 7:00 AM to 1:00 PM. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 14, 2017: Attention All Providers: As we approach the one year mark of MILogin implementation users may be prompted to update their MILogin password. Current MILogin password requirements call for users to reset their password every 365 days. For instructions on how to reset your MILogin password please refer to MILogin instructions.

June 13, 2017: Attention Outpatient Hospital Providers: Providers may have noticed an increase in claims denied with Claim Adjustment Reason Code 23 "The impact of prior payers adjudication including payments/and or adjustments”. If the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payers actions.

June 13, 2017: Attention All Providers and Trading Partners: CHAMPS has noticed intermittent delays in returning 271 transactions. This delay is due to the volume of requests being submitted with 5,000 or more transaction sets in a single group header and each transaction set only containing one beneficiary. To help avoid the delay MDHHS would like to remind trading partners that 270 transactions can be submitted with multiple group headers and multiple transaction sets within those headers and each transaction set can contain up to 1,000 beneficiaries.

June 7, 2017: Attention Clinic Providers: Please note the Clinic codes for FQHC/RHC/THC’s have now been added to the Medicaid Provider Webpage, which can be accessed by going to www.michigan.gov/medicaidproviders >> Provider Specific Information >> Clinic Institutional Billing. Please save this webpage as a favorite as additional information is posted here. These codes are not related to the OPPS Hospital defect.

June 7, 2017: System Outage: Due to CHAMPS system release, the CHAMPS system will be down between 6:00 PM Saturday June 10, 2017 through 9:00 AM Sunday June 11, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 7, 2017: Attention ALL Providers: The State of Michigan is upgrading its financial and business systems to a new system, SIGMA. SIGMA, Statewide Integrated Governmental Management Application, will improve the way Michigan performs all financial activities, including budgeting, accounting, payments, and business and grant opportunities. SIGMA Vendor Self-Service (VSS) improves how we work with vendors, payees and grantees, replacing Contract & Payment Express (C&PE) and Buy4Michigan. If you have an active account in the C&PE system on June 30, 2017, you will be converted to the user-friendly SIGMA VSS.

Key Dates:
- July 31, 2017: Claim your account and verify information
- October 2, 2017: C&PE no longer available for update

Benefits Include:
- Manage account information, view invoice and payment information for checks and EFTs 24 hours a day, 7 days a week!
- Improved communication through automated e-mails
- Unique Vendor/Customer ID improves privacy
For more information on SIGMA's major improvements, visit [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS) For questions please contact the SIGMA Vendor Customer Support Center (VCSC) at SIGMA-Vendor@Michigan.gov

**ADDITIONAL DETAILS TO FOLLOW**

**June 2, 2017:** MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, June 4, 2017, from 8:30 AM to 9:30 AM. We apologize for any inconvenience this may cause.

**May**

**May 24, 2017:** Attention Outpatient Hospital Providers: MDHHS has identified an issue that began with claims received on and after 5/13/2017. Any “new” claim that came in was affected as well as any suspended claim that was processed on and after 5/13/2017. It appears within the latest quarter’s OPPS release there were some procedure codes that were loaded incorrectly and are causing an incorrect status indicator to set making service lines or in many cases making the entire claim reject with A8.

Please do not take any action until the system has been updated, rebilling prior to the system being corrected will cause additional denials. Once the system has been corrected providers will be notified.

Providers with further questions can contact Provider Support by email. Please include in the subject: Attention OPPS Claim Question.

**May 23, 2017:** Attention Home Health Providers: Michigan Department of Health and Human Services (MDHHS) reminds provider of current Michigan Medicaid Policy within the Medicaid Provider Manual, Home Health Chapter, section 8 “Home health aide services are covered only when ordered by the attending physician and performed in conjunction with direct, ongoing skilled nursing care and / or PT”.

MDHHS will void identified claims received on or after January 2011 which were paid in error. Provider’s will see these recoveries beginning with June 2017 pay cycle dates. The voided claims can be identified by the claim note “aide service billed without skilled nursing or PT”.

**May 23, 2017:** Attention All Providers: Update to message posted on April 25, 2017: There will be a delay in the implementation of enhanced pharmacy claim processing edits to deny prescriptions or refills written by a prescriber NPI that is not actively enrolled with Michigan Medicaid. The Michigan Department of Health and Human Services (MDHHS) does not want to create access to care issues for Medicaid beneficiaries. In the future, to ensure there is not a lack of payment due to claim denials prescribers need to enroll with MDHHS via CHAMPS as soon as possible.

Please refer to policy bulletin [MSA 13-17](http://MSA-13-17) for further details. Enrolled pharmacies can verify whether a prescriber is enrolled with Michigan Medicaid by using the CHAMPS provider verification tool.

To enroll with Michigan Medicaid, prescribers can review provider enrollment information on the [Provider Enrollment MDHHS website](http://ProviderEnrollmentMDHHS) or contact Provider Enrollment at 1-800-292-2550.

**May 18, 2017:** MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, May 21, 2017, from 8:00 AM to 9:00 AM. We apologize for any inconvenience this may cause.

**May 17, 2017:** Attention Hospice Providers: Michigan Department of Health and Human Services (MDHHS) is aware of incorrect reimbursement rates for routine care (revenue code 0651) for dates of service on and after October 1, 2016. MDHHS is working to resolve this issue. An update will be posted when the issue has been resolved. We apologize for any inconvenience.

**May 12, 2017:** Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Saturday, May 13, 2017 from 10:00 AM to 2:00 PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

May 11, 2017: Attention All Providers: Effective June 1, 2017 Provider Support will no longer give beneficiary eligibility information to providers. Providers may verify eligibility information through a variety of resources. Please refer to the Michigan Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 3 for further information and exceptions. In addition, MDHHS has created Virtual Training Resources and Provider Tips to aid providers in learning how to verify beneficiary eligibility. Providers will receive assistance from Provider Support to learn how to verify beneficiary eligibility within CHAMPS.

May 8, 2017: System Outage: Due to CHAMPS system release, the CHAMPS system will be down between 6:00 PM Saturday May 13, 2017 through 9:00 AM Sunday May 14, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May 4, 2017: MiLogin Outage: Due to system maintenance, MiLogin will be unavailable on Sunday, May 7, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

April

April 28, 2017: Attention ALL Providers: Due to a system issue the Document Management Portal (DMP) was down yesterday, Thursday April 27, 2017 from 6:00PM through Friday April 28, 2017 at 7:48AM. If any documentation was faxed through DMP during this time frame the information was not received by MDHHS. The issue has been resolved, please resubmit any documentation submitted during this outage to ensure it is received by MDHHS.

April 27, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, April 30, 2017 from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

April 25, 2017: Attention All Providers: Pharmacy claims adjudicated on or after June 1, 2017, Michigan Department of Health and Human Services (MDHHS) will be enforcing enhanced claim processing edits to deny prescriptions or refills submitted through Medicaid’s Pharmacy Benefit Manager (Magellan) when the prescription is submitted with a type 2 (Group NPI) or any non-enrolled NPI as the prescribing provider. This editing will affect all pharmacy claims paid under the Fee For Service (FFS) Medicaid Program, including Medicaid Health Plan carve out drugs. Claims billed with a Type 2 NPI or an NPI that is inactive or non-enrolled in CHAMPS in the NCPDP Field: #411-DB Prescriber ID will deny.

It is the prescribing physician’s responsibility to ensure they are actively enrolled within CHAMPS to in order to prevent beneficiary access to care issues.

Further technical questions regarding this requirement please contact Magellan Technical Helpdesk at: 1-877-624-5204.

April 25, 2017: Attention Hospital Providers: Pharmacy claims adjudicated on or after June 1, 2017, Michigan Department of Health and Human Services (MDHHS) will be enforcing enhanced claim processing edits to deny prescriptions or refills submitted through Medicaid’s Pharmacy Benefit Manager (Magellan) when the prescription is submitted with a type 2 (Group NPI) or any non-enrolled NPI as the prescribing provider. Hospital interns, residents or students should not prescribe hospital discharge medications for Medicaid or other MDHHS pharmacy program beneficiaries unless they are actively enrolled in CHAMPS. MDHHS encourages participating hospital providers to review their internal protocols to ensure the attending physician’s NPI and name are identified on discharge prescriptions in order to prevent access to care issues. Claims billed with a Type 2 NPI or an NPI that is inactive or non-enrolled in CHAMPS in the NCPDP Field: #411-DB Prescriber ID will deny.

It is the prescribing physician’s responsibility to ensure they are actively enrolled within CHAMPS.

Further technical questions regarding this requirement please contact Magellan Technical Helpdesk at 1-877-624-5204.

April 21, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 10:00 PM Friday, April 21, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.
April 20, 2017: Attention Outpatient Hospital Providers: This is an update to the message posted on February 23, 2017. The January 2017 quarterly APC/OPPS software and wrap around codes list were successfully uploaded to CHAMPS as of March 24, 2017, and all claims adjudicated with dates of service January 1, 2017 through March 24, 2017 for outpatient hospitals are currently being reprocessed. The next software update for the April 2017 quarter is scheduled to be loaded to CHAMPS on May 13, 2017.

April 18, 2017: Attention Clinic Providers: MDHHS would like to encourage Clinic providers review MSA policy bulletin 17-10 regarding Clinic billing changes to the Institutional claim format. MDHHS Provider Relations is currently working on training materials and would appreciate provider input. Please email ProviderOutreach@Michigan.gov with topics or questions and refer often to the Medicaid Provider training page for upcoming informational and billing specific training sessions.

April 13, 2017: Attention ALL Providers: The January 2017 quarterly APC/OPPS software and wrap around codes list were successfully uploaded to CHAMPS as of March 24, 2017, and all claims adjudicated with dates of service January 1, 2017 through March 24, 2017 for outpatient hospitals are currently being reprocessed. The next software update for the April 2017 quarter is scheduled to be loaded to CHAMPS on May 13, 2017.

April 18, 2017: Attention Clinic Providers: MDHHS would like to encourage Clinic providers review MSA policy bulletin 17-10 regarding Clinic billing changes to the Institutional claim format. MDHHS Provider Relations is currently working on training materials and would appreciate provider input. Please email ProviderOutreach@Michigan.gov with topics or questions and refer often to the Medicaid Provider training page for upcoming informational and billing specific training sessions.

April 13, 2017: Attention ALL Providers: The January 2017 quarterly APC/OPPS software and wrap around codes list were successfully uploaded to CHAMPS as of March 24, 2017, and all claims adjudicated with dates of service January 1, 2017 through March 24, 2017 for outpatient hospitals are currently being reprocessed. The next software update for the April 2017 quarter is scheduled to be loaded to CHAMPS on May 13, 2017.

April 13, 2017: Attention ALL Providers: The January 2017 quarterly APC/OPPS software and wrap around codes list were successfully uploaded to CHAMPS as of March 24, 2017, and all claims adjudicated with dates of service January 1, 2017 through March 24, 2017 for outpatient hospitals are currently being reprocessed. The next software update for the April 2017 quarter is scheduled to be loaded to CHAMPS on May 13, 2017.

April 13, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 13, 2017: Attention ALL Providers: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, April 16, 2017, from 8:00 AM to 10:00 AM. We apologize for any inconvenience this may cause.

April 13, 2017: Attention ALL Providers: Effective April 3, 2017 the name of Fidelis SecureCare of Michigan Integrated Care Organization (ICO) will be known as Michigan Complete Health (MCH) ICO. Providers may notice this name change when verifying eligibility and the beneficiary is enrolled with this ICO-MC plan. MCH provider IDs and customer number phone numbers will remain the same. Updated website address: https://mmp.michigancompletehealth.com/2017.html Providers with further questions should contact Michigan Complete Health at 844-239-7387

April 12, 2017: Attention ALL Providers: MDHHS Provider Relations would like to remind providers of the opportunity to register your email-address or update your ListServ subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include: training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty specific alerts. Click here to subscribe or update your listserv subscription and receive updates and announcements delivered to your registered email address. You may unsubscribe at any time.

April 11, 2017: Attention All Providers and Trading Partners: Due to system response times the batch 271 response may be delayed by one business day. Providers or Trading Partners with further questions can contact AutomatedBilling@Michigan.gov.

April 4, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, April 8, 2017 through 9:00 AM Sunday, April 9, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March

March 30, 2017: Attention Clinic Providers: Professional Claims submitted by a clinic provider type on or after April 1, 2017 must include the Rendering Provider NPI for proper adjudication. Failure to comply will result in claim denials and could cause lack of payment in the future.

March 30, 2017: Attention ALL Providers: For dates of service on or after April 1, 2017, co-pays for certain Healthy Michigan Plan beneficiaries are going up. MSA Policy 17-02 includes the revised co-pay amounts and describes how this change will impact Healthy Michigan Plan beneficiaries and providers. Beginning April 1, 2017, the eligibility response within CHAMPS will provide the tiered co-pay amounts applicable to the beneficiary. Beneficiaries have been notified of these changes by MDHHS. The Healthy
Michigan Plan list of chronic health conditions that are exempt from beneficiary co-pay requirements has also been updated for dates of service on or after April 1, 2017. It is located at www.michigan.gov/healthymichiganplan.

Finally, consistent with MSA letter L 14-52, the handout “Information on HMP Co-pays” has been updated to reflect the revised co-pay structure. It is located at http://www.michigan.gov/healthymichiganplan under the Healthy Michigan Plan Provider information page.

**March 30, 2017: MILogin Outage:** Due to system maintenance, MILogin will be unavailable on Sunday, April 2, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

**March 24, 2017: Attention ALL Providers:** Effective Sunday April 2, 2017 the MI Login for Third Party link will receive an update which will change the look and feel for Providers and advocates. Overall functions and access to applications will remain the same.

Further MI Login instructions can be found on the CHAMPS webpage

**March 23, 2017: System Outage:** Due to system maintenance, MILogin will be unavailable on Sunday, March 26, 2017, from 8:00 AM to 12:00 PM. This outage will impact all system functionality. We apologize for any inconvenience this may cause.

**March 22, 2017: System Outage:** Due to system release, the CHAMPS system will be down between 7:00 PM Friday, March 24, 2017 through 2:00 AM Saturday, March 25, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**March 6, 2017: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, March 11, 2017 through 9:00 AM Sunday, March 12, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**March 1, 2017: Attention ALL Providers:** Due to administrative error, fees for procedure codes 99381-99387 and 99391-99397 were altered within CHAMPS. This caused claims billed with dates of service January 1, 2017 to February 23, 2017 to process incorrectly within CHAMPS. MDHHS has corrected the error and will be adjusting the affected claims.

February

**February 28, 2017: Attention Dental Providers:** MDHHS has identified a system error, Dental Providers were sent out a Third Party Liability (TPL) void letter for claims with dates of services prior to May 1, 2016. Please disregard the void letters for these claims as the take backs will not be processed. We have a resolution in place to eliminate this system error from occurring in the future. For dates of service on or after May 1, 2016 TPL will process take backs.

**February 23, 2017: Attention Outpatient Hospital Providers:** Providers may notice an increase of claim adjustment reason code A8 denials as the MDHHS CHAMPS system is processing current claims with the December 2016 quarterly APC/OPPS software and wrap around codes list. The implementation the software for the January 2017 quarter is planned for March 24, 2017, and will resolve this issue.

MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be processed in April and may be identified by the claim note: APC January 2017 quarterly updates.

**February 22, 2017: Attention ALL Providers:** MDHHS no longer accepts the paper MSA-1380 835-Electronic Remittance Advice Request for Billing Agent Change/Update. Providers wanting to change their billing agent information need to submit a provider enrollment modification within CHAMPS. Please refer to Associate new billing agent and authorize 835 instructions.

**February 22, 2017: System Outage:** Due to MILogin system maintenance, users may experience intermittent outages while accessing the CHAMPS system between 7:00 AM and 1:00 PM on Sunday, February 26, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.
February 16, 2017: Attention ALL Providers: Beginning on RA date 02/02/2017 Providers may have claims incorrectly being denied with CARC 204 and RARC N448 when the beneficiary is enrolled in the QMB benefit plan. MDHHS has resolved the issue and will resurrect affected claims.

February 7, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, February 11, 2017 through 9:00 AM Sunday, February 12, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 1, 2017: Attention ALL Providers: Providers submitting batch 270 eligibility transactions may experience a delay in receiving their 271-response file; providers submitting real time 270 transactions may receive error ‘AAA*42’ if the 271 is unable to be generated. This is due to beneficiaries having an invalid zip code on file in either their address information or their Third-Party Liability (TPL) information. MDHHS is working to resolve this issue and will continue to monitor the system. We apologize for any inconvenience.

January

January 26, 2017 Attention Inpatient Hospital Providers: This is to remind providers per the MSA Policy Bulletin 14-37 and effective 10/01/2014, the following revenue codes will be covered for nursery related charges: 0170, 0171, 0172, 0173, 0174, 0179

Prior to 10/01/2014, revenue code 0173 was not payable and providers should be advised that this code is only to be used for admissions on or after 10/01/2014. Designated providers with an alternate weight assignment, per Medicaid policy, may continue to use Revenue Code 0174 for Neonatal Intensive Care Unit admissions and proper reimbursement.

January 26, 2017 Attention Skilled Nursing Facility Providers: Instructions on Inactive Level of Care Determination (LOCD) Completed waiting for LOC/MA

January 19, 2017 Attention Private Duty Nursing Providers: MDHHS has identified a processing issue. Claims that were submitted with dates of service for December 25, 2016 and/or December 26, 2016 were paid at the incorrect rate. MDHHS is working on a resolution. Once resolved, MDHHS will adjust the effected claims.

January 19, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, January 22, 2017 from 10:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

January 17, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 9, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, January 14, 2017 through 9:00 AM Sunday, January 15, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 6, 2017: System Outage: Due to MIlogin system maintenance, users may experience intermittent outages while accessing the CHAMPS system between 7:00 AM and 1:00 PM on Sunday, January 8, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 5, 2017: Attention All Physical and Occupational Therapy Providers: Effective January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) has issued updated physical and occupational therapy evaluation codes.
• PT code 97001 is now replaced by one of the following codes: 97161, 97162 or 97163
• PT code of 97002 is now replaced with 97164
• OT code 97003 is now replaced by one of the following codes: 97165, 97166 or 971637
• OT code 97004 is now replaced by 97168

Please refer to this CMS resource for additional information.

2016
December

December 22, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function issues have been resolved and both should be functioning as expected. We apologize for any inconvenience. Providers still experiencing problems should contact Provider Support.

December 20, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function are currently experiencing issues. MDHHS is working to resolve this issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

December 20, 2016: Attention Free Standing Dialysis Centers: MDHHS has identified a system issue causing claims for dialysis services to inadvertently deny with CARC A8. The CHAMPS system is not setting the correct status indicator when reporting a pass through or non-pass through drug or biological along with an OPPS payable procedure when billing for dialysis services. This is projected to be fixed in a system release scheduled for 03/24/2017. At that time, MDHHS will recycle affected claims. MDHHS apologies for any inconvenience this may cause.

December 20, 2016: Attention All Providers: Due to planned 2016 year-end system maintenance activities, the CHAMPS system will be down between 8:00 PM Saturday, December 31, 2016 through 12:00 AM Sunday, January 1, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 13, 2016: Attention Hospice Residence Facilities with Licensed-Only Nursing Facility Beds: Reimbursement of room and board for Medicaid-eligible beneficiaries should be submitted on a separate claim from other charges. Please be reminded to report the taxonomy code 315D00000X on these Hospice Residence room and board services only. Other services should be billed on a separate claim with no reported taxonomy code.

December 12, 2016: System Outage: Due to a system release, the CHAMPS system will be down between 7:00 PM Friday, December 16, 2016 through 6:00 AM Saturday, December 17, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 07, 2016: Attention Nursing Facilities: To reduce the unnecessary duplication of CHAMPS-based Michigan Medicaid Nursing Facility Level of Care Determinations (LOCD), MDHHS is instructing providers to open the LOCD LIST page and utilize FILTERs before conducting another LOCD to determine if an online LOCD already exists for a beneficiary.

FILTERS: Filter first by the beneficiary’s First Name. Including the wild card (%) after the first name will provide better search results. The second filter is the beneficiary’s Last Name. Again, include the wild card (%) after the last name to bring back the best results. Select ‘ALL’ from the drop-down arrow, then select GO. All LOCDs conducted for a beneficiary, including Active and Inactive LOCDs, will be listed.
If your search does not provide expected results, filter by First Initial for both the first and last name, and use the wild card (%) before and after each initial (Example: Last Initial %H% and First Initial %L%).

December 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, December 10, 2016 through 9:00 AM Sunday, December 11, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 23, 2016: Attention LTC Providers: MDHHS received notification this morning that LTC provider’s November 2016 monthly interim Quality Assurance Supplement (QAS) Payments, scheduled for payment this week, has been delayed one week due to a processing issue within CHAMPS. These interim monthly payments has now been processed and sent to Treasury for warrant generation dated December 1, 2016. The payments will appear on the provider’s Remittance Advice and FD 622 Report for pay cycle #48 dated Thursday, December 1, 2016. MIP providers will receive both their MIP payment and their November interim QAS payment on this pay cycle. We apologize for the late notification and the payment delay.

November 23, 2016: Attention Ambulance Providers: Effective for Dates of Service (DOS) on or after October 1, 2016, CMS has assigned Medically Unlikely Edits (MUE) to procedure code A0425 with a value of 250. For ambulance runs requiring over 250 miles, prior authorization (PA) from the Medicaid Program Review Division will be required for the entire run. Ambulance runs billed in excess of 250 miles without PA will deny with CARC 273 and RARC N362. Mileage can only be reimbursed for loaded miles. Refer to MSA 16-16 for PA requirements for Medicaid-enrolled providers.

November 21, 2016: Attention Providers: MDHHS Third Party Liability (TPL) is in the process of receiving the National Roster File directly from Delta Dental via the PA593 format. Effective December 1, 2016, coverage that is received from Delta Dental via the PA593 format. Effective December 1, 2016, coverage that is received from Delta Dental will be loaded directly into CHAMPS. TPL has received written notification that the Delta Dental PA593 is considered to be the record of source. Therefore, if a provider contacts MDHHS regarding coverage that loaded via the PA593, MDHHS will be informing the provider to contact Delta Dental.

November 17, 2016: System Outage: Due to MLLogin system maintenance, the CHAMPS system will not be accessible between 8:00 AM and 12:00 PM on Sunday, November 20, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.
November 7, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: This is an update to the message posted on November 3, 2016 regarding a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS has corrected the issue and all affected claims will be recycled.

November 7, 2016: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 12, 2016 through 9:00 AM Sunday, November 13, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 3, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: MDHHS has identified a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS is currently working to remedy the issue and once completed, affected claims will be recycled.

November 2, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: As a reminder, when billing for Room and Board, the service line from and to date (if reported) must match that of the claim header from and through dates and be reflected in the units billed. Please ensure the room and board revenue code being billed for the resident is accurate for the bed type as MDHHS is seeing an increase of both Revenue Code 0110 and 0120 being billed on two separate claims for same beneficiary and same/overlapping services dates. These claims will be denied or recouped if paid incorrectly. For further clarification please refer to the National Uniform Billing Committee (NUBC) Manual when preparing Nursing Facility room and board claims.

November 1, 2016: Attention Hospital Providers: Effective 10/01/2016, 2,400 new diagnosis codes and more than 4,300 new PCS codes have been loaded into the CHAMPS system.

Outpatient hospital providers may notice an increase in OPPS claim denials with Claim Adjustment Reason Codes (CARC) A8 and 146 for dates of service on and after 10/01/2016 when using any of these new diagnosis codes. MDHHS asks for your patience as it loads grouping and pricing software for the 4th Quarter 2016 OPPS Outpatient claim type.

Inpatient hospital claim types may notice an increase in APC/DRG claim denials with CARC A8 for discharges with dates of service on and after 10/01/2016 when using any of the new diagnosis or surgical procedure codes. MDHHS ask for your patience as it loads Grouper Version 34 software.

Providers are reminded to use diagnosis coding to the highest level of specificity. Projected implementation date for the 4th Quarter 2016 OPPS and Grouper Version 34 software is Mid November 2016. All claims affected by these diagnosis coding denials will be reprocessed and notification of such action will be made in the near future.

November 1, 2016: System Outage: Due to system updates, the CHAMPS system will be down between 7:00 PM Friday, November 4th, 2016 through 2:00 AM Saturday, November 5th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October

October 19, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: Effective October 17, 2016 providers emailing MDHHS Provider Support for Level of Care Determination (LOCD) inquiries will receive a Service Request (SR) Number and information on how to check the status of their inquiry online.

This LOCD Status Inquiry will be updated each Monday beginning Monday October 24, 2016 and will provide the SR Created on Date, Facility NPI, SR Status (Open/Closed) and Disposition.
(Approved/Denied/Pending/Documentation Requested). If Final Disposition is DENIED, Provider Relations will contact you with further details.

The LOCD Status Inquiry is being implemented to effectively allow providers to check the status of their own inquiry without contributing additional LOCD inquiry volume to Provider Support. Provider Support will have no additional information related to these LOCD inquiries. Please allow up to 45 business days from the SR Number Created Date to status your LOCD inquiry. Thank you for your continued patience.

**October 19, 2016: Attention Providers:** Due to server system maintenance, the CHAMPS File Transfer application will be down between 5:00 PM Wednesday October 26, 2016 through and 12:00 AM Thursday October 27, 2016. This down time will affect access to the File Transfer application the application should be accessible again on October 27, 2016. We apologize for any inconvenience.

**October 18, 2016: System Outage:** Due to MiLogin system maintenance, the CHAMPS system will be down between 7:00 AM and 1:00 PM on Sunday, October 23, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**October 13, 2016: Attention Inpatient Hospital Providers:** MSA Bulletin 15-30 announced the MDHHS conversion of the inpatient reimbursement episode of care grouping structure from the MS-DRG system to the APR-DRG system. This bulletin informed providers final APR-DRG relative weights, Hospital DRG rates, per diem rates, and cost to charge ratios would be published on the MDHHS Inpatient Hospital website at [www.Michigan.gov/medicaidproviders](http://www.Michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Inpatient Hospitals. MDHHS uses the APR-DRG Grouper Version effective nationally on October 1, 2015, with updates to the most recent version schedule to occur annually on October 1.

MDHHS is currently working to post the APR-DRG Grouper Version 34 technical information to our website and will notify providers with an update as soon as the information is available.

**October 13, 2016: Attention Providers:** MDHHS has scheduled an enhancement to the Document Management Portal effective with the next release on December 16, 2016. The system will be updated to accept documents up to 30MB size so that users can upload one single document rather than sending multiple documents. The Predictive Modeling Medical request letter will appear attached to the TCN in CHAMPS as well as in the archived documents of the providers NPI#. The View Message Icon will be hidden if there is no message attached to the documents and only appear if there is a message.

**October 12, 2016: Attention Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

**October 5, 2016: Attention Ambulance Providers:** UPDATE: MDHHS is rescheduling the Ambulance provider virtual training to December 8, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
Provider Relations

- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our Medicaid Provider Training page to register.

**October 5, 2016: System Outage**: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 8th through 9:00 AM Sunday, October 9th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**October 4, 2016: Attention Providers**: The Core 270/271 real-time eligibility transaction timeout issue has been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

**October 4, 2016: Attention Providers**: The CHAMPS system has been experiencing connectivity issues affecting real-time 270/271 transaction processing. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

**October 4, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers**: As relayed in the MDHHS messages dated August 23, 2016 and September 21, 2016, claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member’s eligibility file does not match the nursing facility’s National Provider Identification Number (NPI)/Provider ID on the LOCD. This is effective October 4, 2016. Please refer to letters L 16-13, L 16-16, and L 16-53 for further information.

**October 3, 2016: Attention Inpatient Hospital Providers**: This is an **UPDATE** to the message posted on September 26, 2016 regarding the MDHHS Inpatient Hospital Updates virtual training scheduled for October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates. The updated agenda is listed below:

- Eligibility Verification
- Top Inpatient Claim Suspend/Rejection Reasons
  - TIPS how to resolve denials
- CHAMPS Recently Corrected Items/Impacts
- Policy Updates
- Questions
- Provider Resources

Please visit our Medicaid Provider Training page to register.

**October 3, 2016: Attention Ambulance Providers**: MDHHS is offering an Ambulance provider virtual training on October 13, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our Medicaid Provider Training page to register.
September 30, 2016: Attention Providers and Trading Partners: This Sunday October 2, 2016 from 10:00 AM – 12:00PM, the SFTP/SSL connections will be replacing the current SSL certification. Please refrain from submitting any files during this time. All must accept the new certification (fingerprint) prior to the submission of files.

September 30, 2016: Attention Providers: October 2016 is ‘Breast Cancer Awareness Month’ and the state is going “Pink” to raise awareness. As part of this effort, various screens and text within CHAMPS will appear pink, instead of the normal blue.

September 28, 2016: Attention Outpatient Hospitals: July 2016 Quarterly APC & ASC software was loaded into CHAMPS and MDHHS has begun to adjust claims that were processed under the previous quarter's software. In addition, MDHHS has begun adjusting claims with CPT codes G0477-G0483 with dates of service between January 01, 2016-March 31, 2016 that may have inadvertently paid $0.00. These claims can be identified by the claim note “APC July 2016 quarterly updates. G04XX”.

September 27, 2016: Attention Outpatient Hospital Providers: Effective September 30, 2016 MDHHS will change the error disposition from suspend to DENY for claims that are split billed, duplicates, or are not those approved by Medicare for repetitive billing. Current Medicaid policy 7.1.E Date of Service requires all services for a single encounter be billed on one claim with the exception of the services outlined in policy. Claims can be identified with CARC 97 - RARC M86. The claim limit list function in CHAMPS can be utilized to identify the previously paid claim.

September 26, 2016: Attention Inpatient Hospital Providers: MDHHS is offering an Inpatient Hospital Updates virtual training on October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Inpatient Authorization Requirements
- Prior Authorization/PACER/Transfers/15 day readmits/CSHCS
- Claim completion/3 Day or 1 Day Window
- Newborns
- Time limit Exceptions
- Audits/Rebilling rules

Please visit our Medicaid Provider Training page to register.

September 26, 2016: System Outage: Due to CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 30th, 2016 and 2:00 AM Saturday, October 1st 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience.

September 21, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: This is an update to the messages posted August 23, 2016 and September 12, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member’s eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member’s eligibility file does not match the nursing facility’s National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters L 16-13 and L 16-16 for further information. MDHHS has also posted L 16-53 dated September 2016 to provide additional information.

September 20, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: Medicaid letter L 16-16 issued on April 28, 2016, informed nursing facilities that the Medicaid Enrollment Checklist was revised. The revision included a new MDHHS local office reminder regarding the submission of a revised MSA-2565-C by the facility if the facility’s NPI/Medicaid Provider ID number changed. This checklist has been revised again to include a reminder that a revised MSA-2565-C must be sent to the local office for all current Medicaid residents and newly admitted Medicaid beneficiaries in the event of a change in a
facility’s NPI/Medicaid Provider ID number. The revised Medicaid Enrollment Checklist is posted online.

**September 15, 2016: Attention Providers:** MDHHS Provider Relations has begun adding recordings of recently conducted virtual trainings on our Medicaid Training site. Recordings will continue to be added and providers are encouraged to check this site regularly to listen to past presentations or to register for upcoming scheduled virtual trainings.

**September 12, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers:** This is an update to the message posted August 23, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member’s eligibility file and the facility who conducted the Level of Care Determination (LOCD). Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member’s eligibility file does not match the nursing facility’s National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters L16-13 and L16-16 for further information.

A MDHHS Medicaid virtual training entitled “Institutional Level of Care and Patient Pay” is scheduled for September 13, 2016, that will include information about this update. Please visit the MDHHS Medicaid Training site to register for this training.

**September 9, 2016: Attention Nursing Facility Medicaid Fee for Service Providers:** Instructions for the Facility Admission Notice (MSA-2565-C) have been revised to indicate: If there is a change in the nursing facility’s NPI/Medicaid Provider ID number the local MDHHS office must be notified via a revised MSA-2565-C. A revised MSA-2565-C must be completed for all current and newly admitted Medicaid beneficiaries. The NPI field must contain the effective date of the NPI. An MSA-2565-C is not submitted for beneficiaries receiving hospice services in a nursing facility. The revised MSA-2565-C is posted.

**September 9, 2016: Attention Skilled Nursing Facility Providers:** MDHHS is offering a Skilled Nursing Facility Document Management Portal (DMP) virtual training on September 14, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation related to the Level of Care Determination (LOCD) process. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Messaging
- Provider Resources

Please visit our Medicaid Provider Training page to register.

**September 2, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, September 10th through 9:00 AM Sunday, September 11th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**September 1, 2016: Attention Outpatient Hospital Providers:** MDHHS has identified a system issue causing secondary and tertiary claims to Medicaid to inadvertently pay $0.00. This is primarily happening when the other insurance has no payment amount at the header or the line level but there is beneficiary liability indicated (example: CARC 1, 2, or 3) and MDHHS has liability. This is projected to be fixed in a system release scheduled for December 16, 2016. At that time, MDHHS will identify affected claims and adjust them for correct processing. We apologize for any inconvenience.
August

August 29, 2016: Attention Providers and Trading Partners: September 10, 2016 MDHHS will change the disposition for the below 837 and 835 EDIFECs edits to normal, which means reject. With the exception of 0x3939447(zip-plus-four zip codes cannot end in four “0”s or four “9”s) will remain as a warning.

The specific edit codes and their descriptions are:
- 0x3939447: Zip-plus-four zip codes cannot end in four “0”s or four “9”s
- 0x39393D1: Validation of Canadian zip code (N403) will only allow a value of 6 characters
- 0x39394BB: The N404 Country Code cannot be one of the US Territories
- 0x393967E: A description is required for NOC procedure codes
- 0x39394BF: The K3 segment can be submitted with an original NDC code
- 0x3938C91: Restricted usage of ICD-10 codes for External Cause of Injury can only be from code range V00-Y99
- 0x3938C8F: The ICD-10-CM Primary/Principal Diagnosis cannot be an External Cause code
- 0x3938C8F: Usage is restricted for certain External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis: for codes starting with "V0" and codes starting from V-Y
- 0x3939685: Usage is restricted for certain UB-04 "Payer-Only" codes (reserved for payer internal use only and should not be used on a claim). "Payer-Only" codes for NUBC UB-04 ECLs are:
  - 132 Condition:12-16, 62-65, M0-M9, MA-MZ, UU;
  - 132 Occurrence:23, 48-49;
  - 132 Occurrence Span:79; and
  - 132 Value:17-20, 62-65, 70-79, Q0-Q9
- 0x3939386: Updated function for the date format for the date format (expected date format CCYYMMDD/CCYYMMDD-CCYYMMDD when = D8/RD8 qualifier).
- 0x393941C: The ST02 value format is restricted to numeric characters on the 835.
- 0x39393FA: Certain CARCs may be used more than once: the list of these CARCsis shown in User Global Declaration CARC and should be unique only exclusion CARC 137,237.
- 0x39393FA: Use of duplicate CARCs is restricted within the claim/service line.

Now that the edits have changed to reject, the following will occur:
- If one of the edits set in a single-transaction file, the entire file will be rejected
- If one of the edits sets for a multiple transaction file, only the failed transactions will be rejected; any other transactions that pass all edits will be accepted and loaded into CHAMPS.

August 29, 2016: Attention Providers: MDHHS Third Party Liability (TPL) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare enrollment and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After receiving Medicare adjudication information, the provider may submit the claim to Medicaid for adjudication within 120 days from the date that Medicare paid the claim. Please submit the claim and report the following in the remarks section: “Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed.”

August 22, 2016: System Outage: Due to a CHAMPS Emergency Release, the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 26th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 23, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: MDHHS would like to remind providers of the importance of their Medicaid Provider Identification (ID) Number with the LOC
02 segment in the member’s eligibility file and the facility who conducted the Level of Care Determination (LOCD). Medicaid will continue to remind facilities of this information as claims may deny in the future if the LOC 02 segment in the member's eligibility file is not that of the facility that conducted the LOCD and/or match the claim NPI. Please refer to L-Letter 16-13 for additional information.

August 18, 2016: Attention Trading Partners and Providers: Due to a system issue, electronic files submitted after 4:55AM on 08/17/2016 through 11:00AM on 08/18/2016 will see duplicate 999’s. This system issue has been resolved and there is no need to resubmit any files. If you do NOT receive a 999, please contact AutomatedBilling@Michigan.gov.

August 16, 2016: Attention Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 21, 2016 from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 11, 2016: Attention Providers: MDHHS is continuing to see a high volume of claim denials where the ordering/referring provider is not enrolled in CHAMPS. Ordering/referring providers are encouraged to share their individual NPIs with rendering providers, so they may submit the information required for payment of claims. A CHAMPS Provider Verification screen is available for providers to verify if an ordering/referring provider is enrolled/registered with Michigan Medicaid. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the referring/ordering provider and select Verify. Ordering/referring and attending providers must be enrolled and active in the Michigan Medicaid program on the date of service. Please refer to MSA 12-55 and MSA 13-17 for additional guidance.

August 10, 2016: Attention Providers: MDHHS Provider Relations has created a new Provider Inquiry Email Form for Medicaid Providers. This form includes information that Medicaid Provider Relations needs to answer most inquiries. Once you have downloaded this document, complete and save the form to your computer and attach it to your email to ProviderSupport@Michigan.gov.

August 9, 2016: Attention Ambulance Providers: MDHHS is seeing an increase of emergency ambulance transport claims denying CARC 50 for a non-supporting emergency ambulance diagnosis code. Providers are not utilizing the highest specificity of the diagnosis code, when possible. For example, using DX S82899A: Unspecified fracture of unspecified lower leg. The more specific DX code could be S82891A: Other fracture of right lower leg or S82892A: Other fracture of left lower leg. The Medicaid Code and Rate Reference Tool can be used to verify which diagnosis codes support Emergency Transport by having an ambulance indicator. Also, many providers are not utilizing the emergency in Loop 2400, SV109 segment or the CMS 1500, 24C to indicate emergency services. If left blank, the indicator defaults to N, which indicate no.

August 03, 2016: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, August 13th, 2016 through 9:00 AM Sunday, August 14th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 03, 2016: Attention ALL Providers: This is an update to the message posted July 25, 2016 regarding Children’s Special Health Care Services (CSHCS) migration from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. A user guide for providers is now available to assist in this migration.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

July

July 27, 2016: Attention All Providers: MDHHS now receives weekly files from BCBSM and BCN. All Policy Changes (adds, terminations and other changes) are reported on the file. Therefore, in most cases you will not need to notify TPL of a Policy Change. However, please report Policy Changes that occur:

- within the last 30 days if there are access to care issues
- more than 30 days ago

Please Note:
Provider Relations

- Changes reported to [http://www.michigan.gov/reportTPL](http://www.michigan.gov/reportTPL) with an email address will receive an email confirmation when TPL completes the review.
- If a change is not made, your Blue Cross provider consultant can ensure that the coverage on web-DENIS is correct and can help get BCBSM and BCN records updated when necessary.
- TPL may close the request due to a system (file) update made after the request was received. If your confirmation states that the system has been updated and you feel a change is still needed, please report the change again.

**July 27, 2016: Attention Nursing Facility Providers:** MDHHS is aware of delays in updating Provider IDs and Level of Care (LOC). We are currently working on addressing the issue to expedite these updates. Thank you for your patience.

**July 25, 2016: Attention All Providers:** Children’s Special Health Care Services (CSHCS) will be migrating from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. Electronic document submissions for eligibility, renewal, and provider additions for CSHCS clients will only be received through DMP beginning August 1, 2016. Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

**July 20, 2016:** This is an update to the message posted on June 19, 2016 regarding Document Management Portal (DMP) and the messaging function for claims suspending for Predictive Modeling. This messaging function is only available for medical documentation submitted via the DMP or FAX. This function is not available for medical documentation submitted via mail.

**July 19, 2016:** Beginning July 22, 2016, the messaging function within the Document Management Portal (DMP) will be available for claims suspending for Predictive Modeling. This messaging function will allow providers and MDHHS staff the ability to communicate when it is determined that certain documentation is missing or not legible after an initial review of submitted documentation has been completed. This messaging function does not replace the initial documentation request letter that providers receive when the claim initially suspends for Predictive Modeling.

MDHHS will send a message to the provider indicating which document(s) is needed and the provider will have **10 business days** to upload additional requested documentation and respond back to MDHHS via DMP messaging. 

There are two ways to access messages within DMP:

1: Message Tab within DMP:

![Message Tab](Image)

2: Message Icon within search messages:

![Message Icon](Image)

When a new message is available in DMP, an email will be sent to the provider’s email associated to the MiLogin account that was created when you signed up for CHAMPS. For detailed instructions for this messaging function, click on [DMP/Messaging](#).

**July 19, 2016:** System Outage: Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Friday, July 22nd, 2016 and 2:00 AM Saturday, July 23rd 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.
July 12, 2016: **Attention Professional Providers:** This is an update to the June 14, 2016 message related to the MUE on Subsequent Hospital Care 99231-99233 updated to reflect 1 visit per day per same rendering/servicing provider. The affected claims from DOS 10/1/2015 forward will be recycled and the recycled claims will appear on a future remittance advice. Claim adjustments on incorrectly paid claims may also be initiated by the provider.

Initial Hospital Care 99218-99223 will remain one visit per day per same group/billing provider.

July 11, 2016: **Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

July 07, 2016: **Attention Outpatient Hospital Providers:** This is an update to the messages posted June 28, 2016 and April 7, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016-March 31, 2016 billed with codes G0477-G0483 may have incorrectly paid zero dollars. The codes rates will be updated in the July 2016 quarterly APC/OPPS software updates which will be completed on September 30, 2016. MDHHS will adjust any paid claims that were affected. We apologize for any inconvenience.

July 07, 2016: **Attention Trading Partners:** Electronic claim submission files submitted in June 2016 may have been accepted and a 999 acknowledgement was returned through the File Transfer Service (FTS) connection. The 999 acknowledgements were not stored in Champs and the file was not loaded through claims adjudication. The missing 999s have been re-loaded by MDHHS and files are now in claim adjudication process and will appear on a future remittance advice. Trading Partners may see two duplicate 999 acknowledgement files if they retrieved them through the FTS connection. Any Affected Trading partners will be contacted via e-mail by MDHHS.

July 06, 2016: **Attention ALL Providers:** MDHHS is offering a CHAMPS Document Management Portal (DMP) virtual training on July 21, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation for Medicaid claims filed electronically through CHAMPS, submit consent forms, and submit records requested for Predictive Modeling requirements. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Beginning July 22, 2016, MDHHS use of the messaging function to providers to communicate requests for additional documentation on claims suspending for Predictive Modeling.
- Provider Resources

Please visit our [Medicaid Provider Training page](#) to register.

July 05, 2016: **Attention ALL Providers:** As part of the most recent update within CHAMPS, providers will now see a change in how claim adjustment reason code (CARC) 23 is reported on the 835/Electronic Remittance Advice (ERA). Claims will be impacted by prior payer’s adjudication, including prior payment and/or adjustments, which are contractual CARC amounts and will be reported back to providers as CARC 23. Any Medicaid liability CARCs will be reported back to providers in CARC 45.

July 01, 2016: **System Outage:** Due to CHAMPS release deployment, the CHAMPS system will be
down between 6:00 PM Saturday, July 9th, 2016 through 6:00 AM Sunday, July 10th 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June

June 29, 2016: Attention ALL Providers and Trading Partners: CHAMPS has been updated to EDIFECs version 8.6.2 as part of the most recent CHAMPS system update, 6/24/16. A number of 837 and or 835 edits have been updated, added, or deleted since this last upgrade. For reject edits that may have a significant impact on Fee for Service (FFS) submission, MDHHS is delaying turning the disposition to reject until the end of August 2016 (60 days after 6/24/2016).

The edits are as follows:

- Description is required for NOC procedure code
- Updated edit for validation of Canadian zip code (N403) to allow value of 6 characters only.
- Added new edit for N404 Country Code not to be one of US territories.
- Added new edit for ICD-10-CM Primary/Principal diagnosis: it cannot be External Cause code.
- Added new edit allowing to send K3 segment with original NDC code.
- Added new edit restricting usage of UB-04 "Payer-Only" codes. These codes are reserved for payer internal use only and should not be used on a claim. "Payer-Only: codes for NUBC UB-04 ECLs are:
  -132 Condition: 12-16, 62-65, M0-M9, MA-MZ, UU;
  - 132 Occurrence: 23, 48-49;
  - 132 Occurrence Span: 79;
- Updated edit restricting usage of External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis from codes starting from "V0" and codes having V-Y to codes starting from V-Y.
- Added new edit restricting usage of ICD-10 codes for the purpose of External Cause of Injury.
- Updated edit to provide infrastructure to specify the list CARCs that may be used more than once. The list of such CARCs can be edited in User Global Declaration.
- Updated edit to restrict usage of duplicate CARCs within claim/service line.
- New edit for zip plus four zip codes cannot end in four "0"s or four "9"s
- Updated function for the date format
- New edit to restrict ST02 value format to numeric character (on 835).

Please review your audit files with extra scrutiny to ensure that you have accounted for these new edits prior to the status changing to reject. If one of these edits sets after they are turned to reject, your entire file will be rejected in only one transaction. If multiple transactions within the file are rejected then only that transaction will be rejected and not loaded.

June 28, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted April 7, 2016 and May 04, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016 through March 31, 2016, billed with codes G0477-G0483, may be paying at zero dollars. Claims with dates of service on or after April 1, 2016, billed with these codes are paying appropriately. MDHHS will notify providers with an update as soon as the rates records issue is resolved.

June 23, 2016: Attention Providers: Beginning June 27th MiLogin will be replacing Single Sign-On. If you are a current SSO user, you will use your same User ID and Password to access MiLogin. DO NOT register as a new user. You will access CHAMPS through MiLogin at: https://milogintp.Michigan.gov
There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27th 2016, you will not see CHAMPS on your list of applications, just the link through MIlogin. You may want to bookmark the MIlogin link in preparation for this change. Further information that explains this change can be accessed on the MIlogin informational site.

**June 23, 2016: Attention ALL Providers:** This is an update to the message posted August 27, 2015 related to systems issues that caused some beneficiaries to not receive timely Medicaid coverage. Guidance on how affected beneficiaries and providers could obtain appropriate reimbursement was provided. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groups as outlined in Letter 15-48 were directed to resubmit those claims for consideration by March 31, 2016.

MDHHS has experienced some delays in the processing and letter notification to individuals and families who were eligible for Transitional Medical Assistance (TMA) and Special N Support (SNS) from March 2014 through March 2015. Providers have up to 6 months from the beneficiary deadline date listed on the beneficiary notice to submit claims. Claims with dates of service greater than 12 months from the date of submission need to have “MAGI Corrective Action” reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly.

MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

**June 20, 2016: System Outage:** Due to a CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 24th, 2016 and 2:00 AM Saturday, June 25th, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

**June 16, 2016: Attention Inpatient Hospital Providers:** MDHHS is receiving multiple inquiries regarding authorization guidelines for care in a Long-Term Acute Care Hospital (LTACH). Bulletin MSA 15-30 addressed the reimbursement methodology changes made by the Hospital Reimbursement Reform Initiative (HRRI) Technical Workgroup. There were no changes nor was there any intent to change authorization/PACER requirements. All inpatient hospital services require authorization.

**June 14, 2016: Attention Professional Providers:** The MUE on Initial and Subsequent Hospital Care, Procedure Codes 99218-99233, have recently been updated and limited to reflect 1 visit per day per same group/billing provider. These claims will deny with CARC 18, 119. This service is “per day”, as such, all visits from the same group would be encompassed into the payment regardless of the number of times the patient was seen on that day.

**June 09, 2016: Attention ALL Providers:** Beginning June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently, if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password, please refer to the Electronic Submissions Manual.

**June 07, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 11, 2016 through 9:00 AM Sunday, June 12th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**June 03, 2016: Attention ALL Providers:** June 2016 is ‘Alzheimer’s Awareness Month’ in Michigan and the state is going “Purple!” to raise awareness of this effort. As part of this effort various screens and text within CHAMPS will appear purple, instead of the normal blue.

Those seeking more information about Alzheimer's disease and the free support and services the Alzheimer's Association offers are encouraged to call the 24/7 helpline at 1-800-272-3900 or visit [http://www.alz.org](http://www.alz.org) to find out how to contact the Chapter that serves their community.
June 02, 2016: **Attention ALL Providers:** Beginning June 27th MILogin will be replacing Single Sign-On. You will access CHAMPS through MIlogin at: [https://milogintp.michigan.gov](https://milogintp.michigan.gov)

There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27th 2016, you will not see CHAMPS on your list of applications, just the link through MIlogin. You may want to bookmark the MIlogin link in preparation for this change. Further information that explains this change can be accessed on the MIlogin informational site.

May

**May 25, 2016: Attention ALL Providers:** Blue Cross Blue Shield of Michigan (BCBSM) has recently begun sending Third Party Liability (TPL) voided coverage to remove coverage which had previously loaded and was later identified as invalid. TPL has made efforts to identify any voids that have been missed; those records were removed in April and May. Beginning in June 2016, BCBSM will be sending all necessary coverage records, including adds, terms, updates and voids.

**May 25, 2016: Attention ALL Providers:** This is an update to the message posted on May 24, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

**May 24, 2016: Attention ALL Providers:** CHAMPS Real-time 270/271 Eligibility transactions are experiencing network connectivity issues. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

**May 24, 2016: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has recently updated the Predictive Modeling FAQ resource document on the provider website.

**May 16, 2016: Attention ALL Providers:** On June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password please refer to the Electronic Submissions Manual.

**May 09, 2016: System Outage:** Due to system maintenance, the CHAMPS system will be down Saturday, May 14, 2016 6:00 PM EST through Sunday May 15, 2016 6:00 AM EST. This outage will
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affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2016: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2016 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 18 (4-28-2016 Remittance Advice (RA)). Adjusted claims can be identified by the claim note “APC Jan 2016 quarterly updates.”

May 09, 2016: Attention ALL Providers: A new ICD-10 Resource Tool, "ICD-10 Code Lookup," has been posted to the Michigan Department Health and Human Services (MDHHS) ICD-10 Webpage. This helpful conversion tool provides quick access to frequently used codes. Please note that this tool should not be used as a final mapping for ICD-10 Codes and all codes should be verified via Centers for Medicare and Medicaid Services (CMS).

May 06, 2016: Attention ALL Providers: The Michigan Departments of Health and Human Services (MDHHS) will initiate claim adjustments on pay cycle 5/12/2016 for HCPCS and CPT codes that have a lifetime limit. Beginning with dates of service from 2011 and continuing adjustments until completed.

Previously, lifetime limits were not storing correctly within CHAMPS and claims may have processed incorrectly. The adjustment claims can be identified by the claim note “Lifetime Limit Adjustments to set flag”. The Medicaid Code and Rate Reference Tool can be used to verify which HCPCS and CPT codes have a lifetime limit. Please review the following for information on how to verify the “Adjustment Source” of your claim.

May 04, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted April 7, 2016 related to APC/OPPS quarterly software updates. Analysis of claims processed on or after March 25, 2016 show certain service lines are setting incorrect status indicators. Providers may notice an increase in the amount of claims that are suspending for dates of service on or after January 1, 2016. The correction to this issue is scheduled to be installed May 14, 2016. MDHHS will release any suspending claims affected by this issue. MDHHS asks that providers not send in duplicate claims but wait for their suspending claim to be resolved.

May 03, 2016: System Outage: Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Saturday, May 7th 2016 and 2:00 AM Sunday, May 8th 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April

April 21, 2016: Attention ALL Providers: This is an update to the messages posted October 30th, 2015 and November 10, 2015 related to Predictive Modeling (PM). The Michigan Department of Health and Human Services (MDHHS) will be requesting medical records for any claim that is flagged for PM. Providers may notice an increase in the volume of affected accounts. MDHHS wants to remind providers that they must attach their medical records to the suspending TCN within 45 days from the date of the medical records request letter. Please do not upload documentation until the letter is sent. Please do not submit duplicate claims until the suspending claim is resolved. Providers can expect their claim to be resolved within 60 days from the date medical records are uploaded through the Document Management Portal (DMP). Please refer to our PM Frequently Asked Questions for more details.

April 12, 2016: Attention ALL Providers: This is an update to the message posted on April 11, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS are still working to analyze this issue and we will continue to monitor the system. We apologize for any inconvenience.

April 12, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice (RA) date. Please review the following for information on how to verify the Adjustment
April 12, 2016: Attention Hospice Providers: The Centers for Medicare & Medicaid Services (CMS) has clarified that the hospice day-count begins when a beneficiary becomes Medicaid eligible and not before. Therefore, the Michigan Department of Health and Human Services (MDHHS) cannot count days in hospice when the member was self-pay or under another insurance payer. Once the beneficiary becomes Medicaid eligible, Occurrence Code (OC) 27 will need to contain the hospice start date of when the individual became Medicaid eligible and then higher tiered hospice rate for days 1-60 will be paid to the provider.

April 11, 2016: Attention ALL Providers: Core 270/271 Real-time Eligibility transactions are currently experiencing session time-outs. MDHHS is currently monitoring the system to identify the problem. We apologize for any inconvenience and will provide an update once the issue is resolved.

April 11, 2016: Attention PDN Providers: MDHHS has identified a database issue. Claims that were submitted with date of service falling on Easter were paid at the regular rate instead of the holiday rate. MDHHS is working on creating a resolution for this issue and once the issue is resolved, MDHHS will adjust the claims to pay at the correct rate.

April 7, 2016: Attention Outpatient Hospital Providers: Due to delays in coding updates, claims with dates of service on and after January 1, 2016 billed with codes G0477-G0483 will deny with reason code A8. Once the April 2016 APC/OPPS quarterly software updates are completed on June 26, 2016, MDHHS will identify affected claims and resurrect them.

April 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down Saturday, April 9, 2016 6:00 PM EST through Sunday April 10, 2016 9:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March

March 21, 2016: Attention All Providers: MDHHS is experiencing technical difficulties with the File Transfer Service (formerly known as the Data Exchange Gateway-DEG). Additional information will be sent as we receive it. We apologize for this inconvenience.

March 18, 2016: Attention All Providers: On Sunday, March 20th, 2016, the File Transfer Service (FTS) will undergo screen revisions. All functions will remain the same but screens will look different only when accessing the web interface using the HTTPS Connection. **Please DO NOT SEND files through the HTTPS web Internet connection Sunday, March 20th, between 8:00 A.M. and 6:00 P.M. EST**

Please review the important information below. You must refer to the Electronic Submission Manual, Section 4, for new information on the FTS.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL – must all be in CAPS)
- Effective March 20, 2016 at 6:00 P.M., the Transfer Mode defaults to binary – previously, the transfer mode defaulted to text.
- You must refer to the new Electronic Submissions Manual for changes related to the new download file extension .msg, transfer mode.
- No changes are planned for your current password: refer to Section 7 of the Electronic Submissions Manual for password change information.

March 18, 2016: Attention Nursing Facilities: TPL (Third Party Liability) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After submitting claims to Medicare and if there is a balance that has to be submitted to Medicaid, please rebill and report the following in the remarks section: “Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed”.

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2009-2019 Biller B Aware–Updated 2/04/19

www.Michigan.gov/MedicaidProviders
March 3, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, March 12, 2016 12:00 PM EST through Sunday March 13, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 2, 2016: Attention Nursing Facility Providers: When creating the LOCD tool, please enter the member’s Medicaid ID when available. By entering the member’s Medicaid ID, the system will pre-populate the member’s information. If the Medicaid ID is not available, please verify and enter the correct spelling of the member’s first and last name into the system. If a member’s spelling of their name is not entered correctly, the Medicaid ID cannot be captured to that LOCD even if a member’s Medicaid ID exists. CHAMPS is in the process of creating a warning message for providers to prompt them to review a member’s first name, last name, DOB, and SSN. It is tentatively scheduled to release after June 3, 2016.

February

February 26, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 27, 2016 6:00 PM EST through 9:00 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 22, 2016: Attention ALL Providers: On an ongoing basis, MDHHS will be clearing duplicate ‘Suspending’ claims off of CHAMPS claim inquire and keeping only the most recently submitted claim that has a ‘Suspending’ status. These claims will be denied with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) N35. Providers who receive this claim denial are encouraged to perform a search within the CHAMPS claim inquire function to identify the other TCN that is ‘Suspending’. If your claim status shows ‘In Process’ or ‘Suspending’ within the CHAMPS claim inquiry, DO NOT resubmit another claim.

February 16, 2016: Attention Nursing Facility Providers: When completing the MSA-2565-C, the facility’s seven-digit Medicaid Provider ID number is required in box (12. b.) of the form. The Medicaid Provider ID number associated to the LOC 02 segment in the member’s eligibility file must be that of the Medicaid Provider who conducted the LOCD. If these two do not match, the LOCD tool remains incomplete. Claims may deny with the following CARC/RARC codes: CARC B7, CARC 96 with RARC N216. These codes indicate that the submitting billing NPI does not match to Member LOC 02 authorization in CHAMPS or the LOCD record is not active/not complete/not met. You may contact Provider Support to obtain the seven-digit Medicaid Provider ID.

February 8, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 13, 2016 6:00 PM EST through Sunday February 14, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 8, 2016: The Data Exchange Gateway will be unavailable from 9:00 A.M. EST – 12:00 P.M. EST on Sunday, February 7, 2016. Please do not submit files during this outage. We apologize for this inconvenience.

February 2, 2016: Attention Dental Providers: MDHHS has identified a CHAMPS defect with dental claims. Instead of the system deducting a $3.00 copay for prior authorized services, the system is paying a $3.00 copay. This defect is projected to be corrected in the CHAMPS June 2016 update, after which time MDHHS will adjust identified claims.

January

January 29, 2016: Attention Trading Partners: This is an update to the message posted on January 19, 2016 related to the File Transfer Service (FTS), previously referred to as the Data Exchange Gateway (DEG). Beginning February 1, 2016, user screens will look different, but all functions will remain the same.
when accessing the Web Interface utilizing an HTTPS Connection. Please review the below information.

- Destination Mailbox is now called “Recipient” (ex. DCHEDI or DCHBULL – must all be in CAPS);
- Transfer Mode defaults to Binary – in the past, the transfer mode defaulted to Text;
  - Refer to the [Electronic Submissions Manual (ESM)] for changes related to the new download file extension .msg, transfer mode; and
  - There are NO changes to the current password. Please refer to the [ESM], Section 7 for password information.

Please refer to the [ESM], Section 4 for updated FTS information. Additional FTS Web Client information, including how to connect and log-in, can be accessed here.

**January 29, 2016: Attention Trading Partners:** Web Interface Connection HTTPS for the File Transfer Service (FTS) will be unavailable on Sunday, January 31, 2016 between 9:00 AM through 2:00 PM EST. Please do not submit any files through the HTTPS connection during this time. All other access connections (SFTP, FTP/SSL), will remain available for submission of files. We apologize for any inconvenience.

**January 21, 2016: Attention Hospice Providers:** This is a reminder to the message posted on October 19, 2015. Effective January 1, 2016, the following billing requirements are being required for all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

**January 21, 2016: Attention ALL Providers:** CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Friday January 22, 2016 at 6:00 PM until Monday January 25, 2016 at 12:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

**January 20, 2016: Attention ALL Providers:** The Plan First! Program is coming to an end. In the next couple of weeks, MDHHS will be reviewing Plan First! recipients’ eligibility for other Medicaid programs. MDHHS would like to remind Plan First! recipients to update their mailing address and phone number. MDHHS is requesting this poster (<<hyperlink to this poster for BBA and the word “below” for the pdf embedded in the list-service>> be printed on 8.5 by 14-inch paper and prominently displayed in your waiting or reception area(s). An all provider bulletin regarding the termination of the Plan First! Program will be issued shortly. Providers with further questions can contact Provider Support.

**January 19, 2016: Attention Inpatient Hospital Providers:** MDHHS has identified a CHAMPS defect with Inpatient Hospital claims span billing the ICD-10 implementation date that are not triggering the alternate NICU DRG rate. These inpatient claims billed with the revenue code 0174 are paying at the normal DRG rate. This defect is projected to be corrected in the March 25, 2016 CHAMPS update, after which time MDHHS will adjust identified claims to ensure they assign the alternate NICU DRG rate.

**January 19, 2016: Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous
quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

**January 12, 2016: Attention All Providers:** This is an update to the message posted on January 11, 2016, related to technical issues with outbound files. The electronic file technical difficulties are now resolved. Please check frequently for files that you normally receive from MDHHS Michigan Medicaid. Please do NOT resubmit a file to MDHHS Michigan Medicaid unless you have received an acknowledgement file indicating that your file was rejected. We apologize for any inconvenience and will continue to monitor file traffic and provide any updates as necessary.

**January 11, 2016: Attention All Providers:** MDHHS Medicaid EDI is experiencing a technical difficulty with the SFTP for inbound and outbound files. Please expect delays with the receipt of 999 acknowledgement files. This affects all Data Exchange Gateway (DEG) submissions including HTTPS and SFTP connections. We apologize for the inconvenience and will post an update when the issue is resolved.

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**December 22, 2015: Attention Home Health and Hospice Providers:** In alignment with CMS and effective January 1, 2016, the CHAMPS system will recognize new G-Codes to differentiate levels of nursing services provided during a hospice stay and a home health episode of care.

- **G0299** Service is provided by an RN
- **G0300** Service is provided by an LPN

Effective for hospice dates of service on and after January 1, 2016 and for home health episodes of care ending on or after January 1, 2016, the previous code G0154 will be retired.

**December 22, 2015: System Outage:** Due to system maintenance, the CHAMPS system will be down Thursday, December 31st, 2015 between 8:00 PM EST and 11:59 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**December 18, 2015: Attention All Providers:** Per MSA-15-49 Cost-Sharing Limits, the eligibility response within CHAMPS includes the following cost-sharing information: Cost-Share Met (Y or N); Cap Amount Remaining; and Copayment (for various services). Please see Cost-Share Examples for further information including CHAMPS screen-shots. Cost-sharing information will be reported within the MSG section found under each beneficiary on the 271-eligibility response file. Providers with further questions can contact Provider Support.

**December 15, 2015: Attention Nursing Facility Medicaid Fee for Service Providers:** As part of the December 11, 2015 CHAMPS system update, the final phase of the Medicare Advantage Coinsurance Pricing Logic was implemented. For claim dates of service 2010 and prior, please refer to the Medicaid Provider Manual under General Information for Providers Chapter, Section 12.4 Provider Returning Overpayments.

For claim dates of service 2011 and forward, MDHHS will be initiating the claim adjustment within the next few weeks. Providers with further questions can contact Provider Support.

**December 15, 2015: Attention Hospice Providers:** CHAMPS will be ready to process and reimburse claims for the two-tiered routine hospice rates beginning January 1, 2016. However, CHAMPS will not be able to process the new SIA payment until an upgrade is completed in late March 2016. Starting January
1, 2016, providers may bill for the SIA with G codes G0299 and G0155, but these will reject in CHAMPS until the system updates are functional. Once functionality is in place, MDHHS will resurrect any claims with G-codes G0299 and G0155 from January 2016 onward and process SIA payments to providers. Providers with further questions can contact Provider Support.

**December 10, 2015:** Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Thursday December 10, 2015 at 6:00 PM until Monday December 14, 2015 at 8:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

**December 9, 2015:** System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 2:00 PM Saturday, December 12th, 2015 and 6:00 AM Sunday December 13th, 2015. This outage will affect the system access for all functionality. We apologize for any inconvenience this maycause.

**December 01, 2015:** Attention Nursing Facility Medicaid Fee for Service Providers: **UPDATE:** This is an update to the message posted November 18, 2015, related to the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) migration from the Legacy LOCD System into CHAMPS. MDHHS has identified rejected claims that were denied incorrectly and are re-processing these denied claims. The re-processing will include only those denied claims affecting LOCDs that were conducted more than once within the Legacy system whereby the incorrect migrated LOCD was end-dated. MDHHS is aware the end dates remain incorrect and are working to resolve this issue. Newly submitted claims will no longer be denied for LOCD end dates.

**November 20, 2015:** Attention ALL Providers: Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to provide notification that we will begin using Adobe Connect for virtual Medicaid trainings. Adobe Connect is a web-based program that offers many features and will be beneficial in providing better customer service to providers.

There will be some minor changes with registration and accessing the trainings. The information within this guide will provide assistance. We ask that you please take the time before the training to review the guide to best assist us in this transition. We will begin using this new tool immediately. December trainings are now available and additional virtual trainings will be posted on our website on or around January 1, 2016.

**November 19, 2015:** Attention ALL Providers & Trading Partners: Due to the State of Michigan Holiday (Thursday, November 26, 2015 and Friday, November 27, 2015), the date for warrants and Electronic Fund Transfers (EFTs) will be moved to Wednesday, November 25, 2015.

**November 18, 2015:** Attention All Providers: MDHHS will no longer reimburse claims for a newborn when CHAMPS identifies the mother is enrolled in a Medicaid Health Plan (MHP). Initial informational claim editing will begin with claims adjudicated on or after December 11, 2015. Providers will see the Claim Adjustment Reason Code (CARC) 128 – Newborn’s services are covered in mother’s allowance on their remittance advice. Initial claim editing will result in informational editing only. At a future determined date, claims billing to the incorrect payer will result in denial.

Providers are encouraged to review L-letter 15-66 for further information and to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.
November 18, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: Due to system issues in the migration of the Level of Care Determination (LOCD) from the Legacy into CHAMPS, two issues have been identified:

1. The LOCDs that migrated from Legacy to CHAMPS and did not contain the member ID number were not included in the nightly match process. To address these affected LOCDs, we are requesting the provider to enter a copy of the Legacy LOCD into CHAMPS and include the member ID number. If the LOCD date does not go back to the date of the Legacy LOCD, please email copies of BOTH the Legacy LOCD and the CHAMPS-based LOCD Freedom of Choice (FOC) forms to ProviderSupport@Michigan.gov. Provider Support will adjust the CHAMPS-based LOCD start date to the LOCD start date that was registered in the Legacy system.

REMININDER: For any new Level of Care Determination (LOCD) tool created in the CHAMPS system, the NPI number in the LOC 02 segment must match that of the NPI conducting the LOCD tool. The LOCD tool will remain incomplete until they match with the following status: LOCD complete waiting LOC.

November 10, 2015: Attention ALL Providers: UPDATE: This is an update to the message posted October 30, 2015 related to access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents being temporarily unavailable. Effective November 9, 2015, Requests for Documentation Letters can be accessed within CHAMPS archived documents.

November 10, 2015: Attention ALL Providers: Due to maintenance activities, the FileNet system will be down between 6:00 PM and 11:59 PM Thursday, November 12th, 2015. Providers will not be able to search Archived Documents, Complete EHR applications, View Paper Claims and/or use DMP application/faxes during this time. We apologize for any inconvenience.

November 10, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 14th and 6:00 AM Sunday, November 15th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 9, 2015: Attention Dental Providers: Effective January 1, 2016, the Michigan Department of Health and Human Services (MDHHS) is converting the MIChild program to a Medicaid expansion program. Although individuals will be enrolled in a Medicaid expansion program, the program will continue to be referred to as the MIChild program.

All MIChild eligible children will receive dental services only through Delta Dental/Healthy Kids Dental program. MIChild dental benefits will be identical to the current Healthy Kids Dental benefits. Beneficiaries currently receiving dental services through Golden Dental will be transitioned to the Delta Dental/Healthy Kids Dental program and will receive a letter about this transition. Providers are to complete any dental procedures that are in progress. If you are not currently enrolled with Delta Dental, please contact Delta Dental for enrollment and billing requirements. Please be reminded, Michigan Medicaid policy requires verification of a beneficiary’s eligibility information prior to rendering services.

MDHHS will continue to provide update notices throughout this conversion. Please visit the MIChild Provider website for more information.

November 02, 2015: Attention ALL Providers: Currently the hyperlink within CHAMPS to view “Commercial/Other” Third Party Liability (TPL) information is disabled in error for beneficiaries who do not have an active Medicaid (MA) benefit plan but have active coverage through another benefit plan (example, beneficiaries with Children's Special Health Care Service (CSHCS) only coverage). This defect will be corrected at a later date and until resolved, providers can use alternate tools to verify other insurance information for these beneficiaries.
October 30, 2015: **Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) is currently reviewing Predictive Modeling processes. Due to this review, access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents are temporarily unavailable. Additional information will be posted as it becomes available. We apologize for any inconvenience.

October 29, 2015: **Attention Nursing Facilities, PACE, MICHOICE and MIHealth Link Plans:** The Michigan Medicaid Nursing Facility Level of Care (LOCD) will not be available at its current location beginning Thursday, October 29th, 2015 at 5:00 PM. The LOCD application will be migrated to the CHAMPS system. All online LOCDs created in the current legacy system as of October 29th, 2015 will be migrated to the CHAMPS LOCD system over the weekend. Providers may begin entering online LOCDs on Monday, November 2nd, 2015 and must have an LOCD profile to complete an LOCD. Please do not recreate online LOCDs in CHAMPS that you created in the legacy LOCD system.

October 28, 2015: **System Outage:** Due to a CHAMPS system release, the CHAMPS system will be down between 7:00 PM Friday, October 30th, 2015 and 2:00 AM on Saturday, October 31st, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

October 26, 2015: **Attention Outpatient Hospital Providers:** In alignment with MSA policy bulletin 15-38: Effective for dates of service on and after October 1, 2015, the outpatient hospital non-emergency room visit copayment requirement will no longer apply to outpatient hospital claims billed with Revenue Code 0451 without Revenue Code 0452. CHAMPS system updates to the claim editing will not take place until the December 11, 2015 release. After the December release, MDHHS will adjust any affected claims to allow them to correctly adjudicate and no longer apply a copayment.

October 21, 2015: **Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to hear from you. In an effort to plan for upcoming training webinars and provide the best resources to suit your needs, your assistance is needed. Please participate in a short survey to indicate your topics of interest. This survey will remain open until Friday, November 6, 2015.

October 21, 2015: **Attention ALL Providers:** Effective September 25, 2015, a change was made to the CHAMPS system. This change modified the provider view for the Member Eligibility Inquiry screen. If a member no longer has active Medicaid, the hyperlink to view “Commercial/Other” Third Party Liability (TPL) information is disabled. Because TPL does not always maintain TPL/Other Insurance information for members that do not have active Medicaid coverage, this information was disabled to prevent inaccurate information from being reported.

October 20, 2015: **Attention ALL Providers:** Effective October 26, 2015, the MDHHS Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. You will now receive a confirmation number when you submit your request. If an email address is added within the Requestor Information section, once TPL completes your request, you will receive an email with the confirmation number and the status of your request. Please allow up to 10 business days for information to be verified and updated in the system. Please check your spam or junk email folders if you do not receive the email after 10 business days.

October 19, 2015: **Attention Hospice Providers:** Effective January 1, 2016, the following billing requirements are being recommended to all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence.
order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

October 14, 2015: Attention ALL Providers: MDHHS would like to remind providers to check CHAMPS or DEG inboxes weekly for 835/ERA files. 835/ERA files are posted weekly and remain posted for a period of ten days.

October 7, 2015: Attention All Providers: In compliance with CMS guidance, any Predictive Modeling Request for documentation letter will now advise providers that the time frame allowance to submit the required medical records has been increased from 30 days to 45 days.

October 7, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 10th, 2015 and 6:00 AM Sunday, October 11th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 1, 2015: Attention Hospice Providers: Effective October 1, 2015, four Michigan Core Based Statistical Area (CBSA) codes (24340, 99923, 26100, 47644) will be eliminated. Providers will need to report a new CBSA code assigned by the Centers for Medicare & Medicaid Services (CMS). This is due to changes in the fiscal year (FY) 2016 Hospice Wage Index and a transition to revise geographic area delineations.

September

September 24, 2015: Attention ALL Providers: Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (MDHS) has recently merged to form Michigan Department of Health and Human Services (MDHHS). Effective October 1, 2015, the merge of MDCH and MDHS websites will be completed. There may be a time period where links are broken, and pages may not function correctly during this merger process. MDHHS will be working ongoing to correct these issues during this website merge. Thank you in advance for your patience.

If you are unable to find something on the new website, please contact ProviderOutreach@Michigan.gov or MSAPolicy@Michigan.gov for assistance.

September 22, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 25th 2015 and 2:00 AM Saturday, September 26th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 09, 2015: System Outage: Due to CHAMPS Interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, September 12th, 2015 and 6:00 AM Sunday, September 13th, 2015. This outage will affect the system access for all functionality.

August

August 27, 2015: Attention ALL Providers: Due to unanticipated systems issues, some beneficiaries did not receive timely Medicaid coverage. While this issue has been resolved, MDHHS is notifying affected beneficiaries and providers and is providing further direction on how both may receive appropriate reimbursement. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the
groups as outlined in L-letter 15-48, are directed to resubmit those claims for consideration by March 31, 2016. Claims with dates of service greater than 12 months from the date of submission need to have “MAGI Corrective Action” reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly. MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

**August 26, 2015:** **Attention Ambulance Providers:** The system issue that is currently denying claims with CARC 18, exact duplicate claim/service, has been corrected. The system has been updated and the claims can now be rebilled. Please provide the appropriate Patient Account Number (Run number) on each claim when billing for two exact separate transports on the same date of service. The Ambulance Multiple run billing policy can be reviewed in the Medicaid Provider Manual under Billing and Reimbursement for Professionals Chapter, Section 7.2.B. Multiple Transports per Beneficiary; and Billing and Reimbursement for Institutional Providers Chapter, Section 7.3.B. Multiple Transports per Beneficiary.

**August 20, 2015:** **Attention Inpatient Hospital Providers:** Inpatient Hospital confinements that contained a “from” 2013 date of service spanning to a “through” 2014 date of service, may have inadvertently reflected an inaccurate reimbursement amount. Claims affected have been recycled and will begin to appear on your remittance advice by September 3, 2015. Please review the following for information on how to verify the Adjustment Source of your claim.

**August 19, 2015:** **Attention ALL Providers:** Core 270/271: Real-time Eligibility transactions were experiencing session time-outs between 6:00 and 7:30pm on August 18, 2015. The issue has been resolved and we currently monitoring the system to ensure all services are running normal. We apologize for any inconvenience.

**August 14, 2015:** **Attention ALL Providers:** Intermittent Delays: Due to CHAMPS system maintenance, 270/271 files are experiencing intermittent delays. Our system continues to be monitored closely and additional information will be posted as it becomes available. We apologize for any inconvenience.

**August 11, 2015:** **Attention Outpatient Hospital Providers:** April 2015 Quarterly APC & ASC software was loaded to CHAMPS on May 9, 2015. There will be a delay in loading the July 2015 Quarterly APC & ASC software until September 12, 2015. Claims with dates of service on or after July 1, 2015 will be adjusted or resurrected to process using the appropriate software version.

**August 11, 2015:** **Attention Hearing Providers:** The Michigan Early Hearing Detection and Intervention (EHDI) program collaborates with professionals to promote newborn hearing screening, diagnostic hearing testing, and early intervention for newborns and young children with hearing loss. The Michigan Medicaid State Plan is an agreement between the state and federal government that identifies the general health care services, reimbursement, and eligibility policies in effect under Michigan Medicaid.

Currently, Medicaid is offering virtual training sessions to help hearing providers navigate the billing system to help decrease errors in billing and to help ensure a smooth reimbursement process. Please take the time to provide your input and training needs by responding to this [survey link](#) by September 1, 2015.

**August 11, 2015:** **Attention ALL Providers:** MDHHS would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Practitioner Chapter, Section 3.13.A. Coverage of the Injectable, “When administering a dose drawn from a multi dose vial, only the amount administered to the beneficiary is covered. If a drug is only available in a single use vial and any drug not administered must be discarded, the amount of the drug contained in the vial is covered.”
August 04, 2015: **System Outage:** Due to a CHAMPS interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, August 8th, 2015 and 6:00 AM Sunday, August 9th, 2015. This outage will affect the system access for all functionality. We apologize for any inconvenience this causes.

August 04, 2015: **Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers:** UPDATE: In regard to the message posted July 28, 2015 related to the April FD622 MC (for Managed Care Encounter Data) reports for April 5, 12, 19, and 26th, 2015 pay cycle dates, most of these reports for April payroll are now complete. However, due to system issues, the FD622 MC Outpatient report for April 5, 2015 payroll date is still in the process of being re-run with an expected completion date of August 5, 2015.

July

July 28, 2015: **Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers:** Due to a system issue, the April FD622 MC (for Managed Care Encounter Data) reports will be purged and reloaded for April 5, 12, 19, and 26th, 2015 paycycle dates. These reports will be completed by August 4th, 2015.

July 27, 2015: **System Outage:** Due to a CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM Friday, July 31st, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

July 16, 2015: **Attention ALL Providers:** Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows:

- **Main Menu:**
  - Option 1: Medicaid Beneficiaries Only
  - Option 2: Adult Foster Care and Home Help (Chore) Services
  - Option 3: All claims status and payment related questions
  - Option 4: All non-claims questions including assistance with Provider Enrollment

July 13, 2015: **Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 07, 2015: **Attention ALL Providers:** Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows:

- **Main Menu:**
  - Option 1: Medicaid Beneficiaries Only
  - Option 2: Adult Foster Care and Home Help (Chore) Services
  - Option 3: All claims status and payment related questions
  - Option 4: All non-claims questions including assistance with Provider Enrollment

July 07, 2015: **System Outage:** Due to a CHAMPS major release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 2:00 PM Saturday, July 11, 2015 and 6:00 AM Sunday, July 12, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.
July 01, 2015: Attention ALL Providers: As part of the Document Management Portal (DMP) update on June 26, 2015, DMP is now compatible with different browsers and versions including: IE 8-11, Mozilla Firefox and Google Chrome. If you are experiencing issues with these changes in DMP, please follow these instructions to delete your browser’s cache: DELETING CACHE INSTRUCTIONS.

June

June 23, 2015: Attention Inpatient and Outpatient Hospital Providers: MDHHS misidentified Title XIX as Title XVIII claims on the FD-622 reports for both Fee for Service (FFS) and Managed Care (MC). MDHHS will be re-running FD-622 reports beginning June 22, 2015 until completed for both the CVS and PDF versions beginning with the May 7, 2015 pay cycle date up to the current pay cycle date.

June 23, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 26th, 2015 and 2:00 AM Saturday, June 27th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 03, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 13th through 6:00 AM Sunday, June 14, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May

May 28, 2015: Attention Inpatient Hospital Providers: As part of the CHAMPS update on April 24, 2015, inpatient hospital claims processed and denied with RARC N47 (15-day readmission). Providers can now view the paid inpatient claim that is causing their current claim to deny if the paid claim was to a different or the same facility by utilizing the claim limit list function within CHAMPS.

To find the paid claim, locate the current denied claim within CHAMPS claim inquire and select the TCN number and the service line ending in ‘01’ of the denied claim and choose claim limit list from the show drop-down box. The current claim displayed will be the current denied claim and the history claim displayed will be the paid claim. For further instructions follow the Claim Limit List tutorial.

May 28, 2015: Attention ALL Providers: Effective June 1, 2015 MDHHS Third Party Liability (TPL) has updated the Pending TPL Void Letter and Report. The content of the letter and report remains the same, only the view has changed. As part of the update, one report will now be generated for BCBS, Commercial and Medicare primary beneficiaries. These were previously separate generated reports. Providers can still access the Pending TPL Void Letter and Report within CHAMPS archived documents. For further instructions on finding the information within CHAMPS please visit: http://www.Michigan.gov/mdch/0,4612,7-132-2943-343541--.00.html.

May 28, 2015: Attention ALL Providers: The Data Exchange Gateway (DEG) will be unavailable on Saturday, May 30, 2015 from 10:00 AM to 4:00 PM EST. Please refrain from submitting files during this maintenance period.

May 21, 2015: Attention ALL Providers: MDHHS would like to remind providers of current Medicaid policy for newborn billing. Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 7: Newborn Child Eligibility: If the mother is enrolled in a Medicaid Health Plan (MHP) at the time of delivery, the newborn’s services are also the responsibility of the MHP unless the child is placed in foster care. Providers are encouraged to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.
May 19, 2015: **Attention ALL Providers:** As part of the June 26 update within CHAMPS, starting with Remittance Advice July 2: To comply with ACA guidelines, MDHHS will change the way the Claim Adjustment Reason Code (CARC) is reported on the 835 and Paper Remittance Advice. CARC 22 will be replaced with CARC 23 - the impact of prior payer(s) payments and/or adjustments. CARC 22 will continue to be reported for when a claim denies for Other Insurance that was not reported on the claim. Providers are encouraged to review their internal systems to see if changes are needed for automatic posting of remittance advices.

May 19, 2015: **Attention Vision Providers:** MDHHS would like to remind providers of current Medicaid policy for vision frames and lenses. Medicaid Provider Manual, Vision Chapter, Section 1: Vision providers (e.g., opticians, dispensing ophthalmologists, optometrists) must order frames and lenses from the contractor. A list of lenses is available on the MDHHS Vision Services Fee Schedule located on the MDHHS website. A list of available frames is available from the contractor which is currently Classic Optical Laboratories. This policy applies to beneficiaries that do not have current primary insurance coverage from either Medicare and/or other commercial insurance and are not enrolled in a Medicaid Managed Care Plan.

May 14, 2015: **Attention Inpatient & Outpatient Hospital Providers:** MDHHS will void Outpatient Hospital claims for 2012 dates of service to recover paid claims which were not processed in compliance with MSA policy bulletin 10-60 and L-letter 14-25. Beginning on pay cycle 21 (05/28/2015), the voided claims can be identified by the claim note “OPH 72 hrs rule, DOS 2012 void batch”. Providers wanting to adjust their paid Inpatient claim to add the Outpatient charges will need to include “72 hour rule and the Outpatient credited TCN” in the notes or remarks of the Inpatient adjustment in order to bypass timely filing.

May 05, 2015: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, May 9th, 2015 thru 6:00 AM Sunday, May 10th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 01, 2015: **System Outage:** Due to system maintenance on the State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 2:00 AM and 12:00 PM Sunday, May 3rd, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April

April 24, 2015: **Attention ALL Providers:** Due to a system error, some providers who receive Electronic Funds Transfer (EFT) payments may have only received an 835 file and remittance advice (RA) showing denied claims for pay cycle 16 (4/23/15). Affected providers did receive their EFT payment but payment information was missing from the 835 file and RA. MDHHS has now completed 835 files and RAs for the paid claims information.

April 20, 2015: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system downtime will be down between 7:00 PM Friday, April 24, 2015 and 2:00 AM on Saturday, April 25, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 17, 2015: **Attention Adult Home Help Services:** MSA L-Letter 15-22 was inadvertently mailed to all Adult Home Help Services Providers. This L-Letter only pertains to Adult Home Help Services providers in the current MI Health Link demonstration counties: Alger, Baraga, Barry, Berrien, Branch, Calhoun,
Provider Relations

Cass, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Kalamazoo, Keweenaw, Luce, Mackinac, Macomb, Marquette, Menominee, Ontonagon, Schoolcraft, St. Joseph, Van Buren and Wayne. If you are an Adult Home Help Services Provider not within one of these demonstration counties, please disregard this L-Letter as you are not affected by this change.

April 15, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 07, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, April 11th thru 6:00 AM Sunday, April 12th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 31, 2015: Attention Nursing Facility and Waiver Agency Providers: UPDATE: In regards to the message posted March 10, 2015 related to the Level of Care Determination (LOCD) tool, the CHAMPS system issue with adding the beneficiary identification number to a LOCD tool where the beneficiary’s active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCD’s affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

March 31, 2015: Attention ALL Providers: As part of the April 24th update within CHAMPS, MDCH will no longer report Claim Adjustment Reason Codes (CARC) with a zero dollar amount on the electronic 835 and Remittance Advice. Claims denied for multiple CARC’s will only have one CARC reported at the line level but will have all Remittance Advice Remark Codes (RARC) reported. Providers are encouraged to review their internal systems to see if changes are needed for automatic posting of remittance advices. Providers with further questions can contact Provider Support

March 27, 2015: Attention ALL Providers: Due to the State of Michigan network maintenance activities, the following periodic outages may cause a delay for electronic files:

Core 270/271 Real-time transactions: Saturday March 28, 2015 5:00 PM - 9:00 pm EST

Sunday March 29, 2015 Beginning at 6:00 AM EST and ending Monday, March 30, 2015 at 2:00 AM EST Batch 270/271: There may be a delay in receiving batch 271 response files for 270 files submitted after 7:00 PM EST, Friday March 27, 2015. We apologize for this inconvenience.

March 24, 2015: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2015 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 13 (4/02/15 remittance advice). Adjusted claims can be identified by the claim note “APC Jan 2015 quarterly updates.” For further information, providers can review how to verify the Adjustment Source of your claim. Providers with further questions can contact Provider Support

March 16, 2015: Attention Professional Providers: MDCH would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Billing & Reimbursement for Professionals Chapter, Section 6.4 Ancillary Medical Services, “Immunizations must be reported using the administration fee code(s) and the code identifying the type of vaccine given”. In April 2015, MDCH will begin voiding paid claims that reported the administration code without the corresponding immunization code. Medicare primary claims will not be included in these voids. Providers with further questions can contact Provider Support
March 10, 2015: **System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 14, 2015 thru 6:00 AM Sunday, March 15, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 10, 2015: **Attention Nursing Facility and Waiver Agency Providers UPDATE:** When attempting to add the beneficiary identification number to a Level of Care Determination (LOCD) tool where there is eligibility other than MA, MA-HMP or Spend-down, the following error code is once again being displayed: “LOCD may not be conducted for private pay individual; MA not active as of the date of this LOCD.” Until the issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in current policy.

March 05, 2015: **System Outage:** Due to CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, March 6th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February

February 19, 2015: **System Outage:** Attention All Providers: Due to CHAMPS system maintenance, the CHAMPS system will be down between 7:00 PM Friday, February 27, 2015 through 2:00 AM on Saturday, February 28, 2015 with the exception of Core 270/271 real-time transactions which will be down between 7:00 PM and 11:00 PM on Friday, February 27, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 11, 2015: **System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, February 14th through 6:00 AM Sunday, February 15, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 04, 2015: **Attention Nursing Facility and Waiver Agency Providers: UPDATE:** In regards to the message posted January 8, 2015 related to the Level of Care Determination (LOCD) tool, the CHAMPS system issue with adding the beneficiary identification number to a LOCD tool where the beneficiary’s active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCD’s affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

February 04, 2015: **Attention Home Health Providers:** Home Health Agencies are reminded that in accordance with the Medicaid Provider Manual, HCPCS code G0154 (Direct skilled Nursing Services of a Licensed Nurse in the Home Health Setting) cannot be billed when a Medicaid beneficiary is receiving private duty nursing (PDN) services (HCPCS code T1000). Specifically, the Medicaid Provider Manual, Home Health Chapter, Section 6 states; “Intermittent nurse visits are not covered for a beneficiary receiving Private Duty Nursing Services.” When PDN is authorized, the expectation is that all skilled nursing services will be rendered by the PDN, and therefore, intermittent nurse visits by a home health agency would be duplicative. An enhancement to CHAMPS is under development to prevent the ability to bill HCPCS code G0154 when PDN has been authorized. Recoveries will be initiated to address this duplication of service.

February 03, 2015: **Attention Vision Providers:** Providers who order services must be listed correctly on the DCH-0893 submitted to the MDCH Vendor (currently Classic Optical). Box 3 of the DCH-0893 requires the provider to enter the Ordering Provider NPI Number. Providers must enter the individual NPI of the provider that is ordering the glasses/lenses or other equipment from Classic Optical. Please refer to policy bulletins MSA 12-55 and MSA 13-17 for further information.

January
January 30, 2015: Attention Ambulance Providers: Effective for claims submitted on and after February 1, 2015, MDCH is implementing new claim submission requirements that apply to claims for multiple ambulance transports rendered to the same beneficiary on the same date of service. Multiple transports provided on the same date of service must be reported on separate lines and include the origin and destination modifier with both the base rate and mileage procedure codes. Modifier 22 is no longer required. The use of modifier 22 will result in claim suspension and may delay in resolution. Providers are encouraged to review MSA 14-65 for further information.

January 28, 2015: Attention Nursing Facility and Waiver Agency Providers: After the CHAMPS December 12, 2014 update, when Nursing Facility and Waiver Agencies attempt to add the beneficiary identification number to a Level of Care Determination (LOCD) tool and the beneficiary’s active benefit plan is other than Medicaid Fee for Service (FFS), the following error code is displayed: “LOCD may not be conducted for private pay individual; MA not active as of the date of this LOCD.” Until the issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in current policy.

January 28, 2015: Attention ALL Providers: Effective January 5, 2015, the United States Postal Service (USPS) announced that the standard for first class mail delivery has changed from 1-2 days to 2-3 days for all regions of Michigan. MDCH will make every effort to mail paper warrants and paper remittance advices as early as possible. However, this change in the standard for the first-class mail delivery may increase the likelihood that some providers may experience a delay in receiving paper warrants and paper remittance advices. MDCH would like to encourage providers to sign up for Electronic Funds Transfer (EFT) and receive electronic remittance advices by end dating the paper RA location address within their CHAMPS enrollment information. Providers with further questions can contact Provider Support.

January 26, 2015: Attention Professional Providers: As part of the December 12, 2014 CHAMPS update, there is an update to the Children’s Special Health Care Services (CSHCS) editing of claims. For professional claims, if the rendering provider NPI is enrolled as a Nurse Practitioner or Physician Assistant, the rendering provider NPI does not need to be authorized by CSHCS if the referring, ordering, or supervising NPI is an authorized provider within the client file. These claims will no longer deny for the rendering NPI not being authorized.

January 21, 2015: Attention All Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, January 24, 2015. The scheduled down time is between 8:00 A.M. and 5:00 P.M. There will also be a brief period of down time on Sunday, January 25, 2015 between 9:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

January 16, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 15, 2015: Attention Outpatient Hospital Providers: CMS has approved G0463 as a payable HCPCS code within the Plan First benefit plan. The CHAMPS system has recently been updated to reflect this change. For dates of service on or after January 1, 2014, MDCH will resurrect Outpatient Hospital claims billing HCPCS code G0463 that were denied due to the beneficiary being enrolled with the Plan First benefit plan on the date of service. The resurrected claims will begin to appear on pay cycle 4 dated January 29, 2015 and identified with the claim note “OPH Claims with G0463 proc. code and Plan First benefit plan”.

January 06, 2015: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS
system will be down between 6:00 AM Saturday, January 10th, 2015 through 9:00 PM Sunday, January 11th, 2015 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Saturday January 10th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

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2014
December

December 23, 2014: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down Wednesday, December 31, 2014 between 6:00 PM and 11:59 PM EST. Service will resume at 12:01 AM on Thursday, January 1, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2014: **Attention ALL Providers:** As part of the December 12, 2014 CHAMPS update, there is an update to the Children’s Special Health Care Services (CSHCS) editing on claims. For professional claims, if the rendering provider NPI is a physician provider type and has one of the following specialties within their enrollment information: Anesthesiology, Pathology, Radiology, MRI or CAT scan; the rendering provider NPI does not need to be authorized by CSHCS if the referring or ordering or supervising NPI is an authorized provider on the client file. These claims will no longer deny for the rendering NPI not being authorized.

December 17, 2014: **Attention Nursing Facility Providers:** UPDATE: In regard to the message posted December 12, 2014 related to Medicare Advantage Plan Coinsurance claims, Third Party Liability is in the process of identifying and adding the Medicare Advantage Plan Coinsurance rates. Until this process is complete, if a provider chooses to adjust an incorrectly paid claim, and it pays the same, please understand that the rate may not yet be verified and/or loaded.

December 15, 2014: **Attention Inpatient Hospital Providers:** Effective for discharge dates on or after January 1, 2015, claims that fail the newborn claim reporting edits for newborn priority (type of) admission or visit and newborn birth weight will be denied. Providers are encouraged to review current MSA policy bulletins 14-34 and 14-59 for reporting information. Claims denied for incorrect type of admission can be identified with claim adjustment reason code (CARC) 16 and remittance advice remark code (RARC) MA42 or MA41. Claims denied for incorrect, invalid or non-reporting of the newborn birth weight can be identified with CARC 16 and RARC N207.

December 15, 2014: **Attention Outpatient Hospital Providers:** MDCH has resurrected Outpatient Hospital claims billing the L1 modifier for dates of service 1/1/14 which adjudicated on or after July 2014 remittance advice date. These claims can be identified with the claim note “APC July 2014 quarterly updates. Modifier L1 resurrects” and will begin processing on pay cycle 52 (12/23/14 remittance advice). How to verify the adjustment source of your claim

December 15, 2014: **Attention ALL Providers:** Health Savings Accounts (HSAs) are not considered to be commercial health insurance. Therefore, this type of asset does not need to be reported to Third Party Liability (TPL). Since these are counted as “assets,” the beneficiary should report this to their DHS worker.

December 12, 2014: **Attention Nursing Facility Providers:** As part of the December 12, 2014 CHAMPS system update, Medicare Advantage Plans Coinsurance claims that do not mirror Medicare Fee-for-Service will correctly adjudicate. To ensure proper adjudication of these Medicare Advantage Plan Coinsurance claims, other insurance information must be reported as listed in the member’s Third Party Liability (TPL) file under Medicare Part C.
December 11, 2014: Attention ALL Providers: This is a reminder that effective December 12, 2014, EZ Link portal and Fax numbers will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation, and Predictive Modeling. Please refer to MSA Policy Bulletin 14-06 for more information and instructions on the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid for electronic claims.

December 09, 2014: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 2:00 PM on Saturday, December 13th, 2014 to 6:00 AM on Sunday, December 14th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 03, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, December 13, 2014. The scheduled down time is between 9:00 A.M. and 5:00 P.M. Please do not submit any files during this period.

November

November 21, 2014: Attention Dental and Professional Providers: Beginning January 1, 2015 MDCH will begin enforcing claim processing edits on payments for provider services rendered in appropriate places of service. Claims denied for inappropriate place of service can be identified by claim adjustment reason code (CARC) 5 and remittance advice remark code (RARC) M77. Providers are encouraged to refer to appropriate provider-specific chapters of the Medicaid Provider Manual for further information.

November 21, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Sunday, December 7, 2014. The scheduled down time is between 8:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

November 21, 2014: Attention Hearing Providers: MDCH is requesting input regarding your interest in the development of a virtual training specific to the needs of hearing providers. Please respond to this survey link by Friday December 19, 2014.

November 18, 2014: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be unavailable between 6:00 AM Friday, November 28th, 2014 to 6:00PM on Saturday, November 29th 2014 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Friday November 28th. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

November 12, 2014: Attention ALL Providers: A tutorial containing screenshots has been created to provide clarification in determining beneficiary participation with Michigan Medicaid Healthy Michigan Plan (MA-HMP), Michigan Medicaid Healthy Michigan Managed Care (MA-HMP-MC), or a Prepaid Inpatient Health Plan (PIHP). Once beneficiary participation is identified, providers must contact the appropriate plan for any additional assistance or questions. View the tutorial here!

November 05, 2014: UPDATE: In regard to the message posted on September 23, 2014 for ALL Providers: MDCH Third Party Liability (TPL) will no longer add, update, or term records to match web-DENIS. Providers are asked to please contact Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) for any questions related to loaded coverage. If CHAMPS and/or web-DENIS indicate active BCBSM or BCN coverage, please follow all Coordination of Benefits (COB) rules when submitting Medicaid claims.

November 05, 2014: System Outage: Due to system maintenance, CHAMPS will be down 6:00 PM Saturday, November 8, 2014 thru 6:00 AM Sunday, November 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 28, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 7:00 PM through 11:00 PM Friday, October 31st, 2014. This outage will affect CHAMPS system access for all
functionality. We apologize for any inconvenience this may cause.

**October 09, 2014: Attention ALL Providers:** A CHAMPS defect has been identified within Archived Documents for providers working in Internet Explorer (IE) Version 9. Providers are encouraged to [click here for Adobe setting instructions](#) to allow the CHAMPS Archived Documents to function properly while working in IE9 as well as multiple web browser platforms. Providers with further questions can contact Provider Support.

**October 08, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11th, 2014 through 6:00 AM Sunday, October 12th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**October 02, 2014: Attention ALL Providers:** A defect has been identified within the new CHAMPS Eligibility Inquire screen. When users attempt to print eligibility information using the Print Member Summary hyperlink, the page does not print all displayed information. As a work around, users are encouraged to use the Print tool in the blue ribbon across the top of CHAMPS.

**October 01, 2014:** Attention ALL Providers: The new look of CHAMPS has encountered problems when users are working in Internet Explorer version 8 through 11. Providers using these versions of Internet Explorer are encouraged to clear the cache which should allow the screens to function properly. [Click here for instructions](#).

**October 01, 2014:** Attention ALL Providers: Due to a system issue with the CHAMPS interface file to MAIN during the current Pay Cycle 40, EFT’s will be delayed by one day and issued on Friday October 3, 2014. Checks will be issued on schedule on Thursday October 2, 2014.

**October 01, 2014:** Attention ALL Providers: Due to a system issue, some Fee-for-Service Healthy Michigan Plan (HMP) beneficiaries were incorrectly enrolled retroactively (instead of prospectively) into Health Plans for the months of April, May and June 2014. Claim voids will be initiated by MDCH and should appear on pay cycle 42 (10/16/2014). Providers will need to verify eligibility for these dates of service to determine which HMP Health Plan these beneficiaries are enrolled and submit the claim to that Health Plan within 60 days from the MDCH take back Remittance Advice date. Please note MSA L-letter 14-28 was only mailed to affected providers.

**September**

**September 30, 2014:** Attention ALL Providers: Effective October 2, 2014, MDCH Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. While the look and feel of the form will be different, the information the requestor will submit on the form will remain the same. Some new added features include allowing the submission of information for multiple individuals and a drop-down menu of options for who is submitting the form. The form can be accessed at [www.michigan.gov/ReportTPL](http://www.michigan.gov/ReportTPL).

**September 26, 2014:** Attention ALL Providers: Effective Monday September 29th, 2014 the CHAMPS system will receive an update to screens which will change the look and feel. CHAMPS training is offered by MDCH and is posted on the MDCH Provider Training website. Providers are encouraged to visit the website to register for upcoming trainings or schedule a one on one appointment.

**September 23, 2014:** Attention ALL Providers: Effective September 21, 2014, coverage that is received from Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) will be loaded directly into the CHAMPS TPL Coverage File. MDCH Third Party Liability (TPL) will no longer update these records unless changes are available in web-DENIS after the last load date of eligibility from the National Roster File. Providers are asked to please contact BCBSM/BCN for any questions related to loaded coverage.

**September 23, 2014:** System Outage: Due to CHAMPS major release, the CHAMPS system will be down between 7:00 PM on Friday, September 26th through 2:00 AM Saturday September 27th, 2014.
This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**September 15, 2014: Attention ALL Providers:** Michigan Medicaid would like to remind providers of the opportunity to register your email-address or update your listserv subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include: training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty specific alerts.

Click here to subscribe or update your listserv subscription and receive updates and announcements delivered to you registered email address. You may unsubscribe at any time.

**UPDATE:** **Attention FQHC Providers:** In regard to the message posted on August 27, 2014 related to dental claims where the beneficiary does not have commercial dental insurance coverage on the claims date of service that were voided in error - MDCH will be unable to resurrect these claims on a future pay cycle. Provider must resubmit claims voided in error and enter the comment “TPL take back done in error.”

**September 09, 2014:** **Attention ALL Providers:** Due to a Champs system issue, there is a delay in the posting of the acknowledgements (999). Any files that were submitted after 1:00 p.m. on September 9, 2014 were affected. MDCH is working to resolve this issue as soon as possible.

**September 09, 2014: System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, September 13, 2014 thru 6:00 AM Sunday, September 14, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**September 09, 2014: Attention ALL Providers:** Effective December 12, 2014, the EZ Link portal will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation and Predictive Modeling. Please refer to MSA policy bulletin 14-06 for more information and instructions about the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid electronic claims.

**August**

**August 27, 2014: Attention FQHC Providers:** MDCH has identified dental claims reported on the Michigan Department of Community Health Pending TPL Void Reports where the beneficiary does not have commercial dental insurance coverage on the claim date of service. MDCH has canceled the dental claims on the pending TPL void reports affected by this error with report date of August 6, 2014. In addition, dental claims that were previously voided in error will be resurrected on a future pay cycle.

**August 14, 2014: System Outage:** Due to system maintenance the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 15, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**August 04, 2014: System Outage:** Due to system maintenance the CHAMPS system will be down between 6:00 PM Saturday, August 9, 2014 through 6:00 AM Sunday, August 10, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**July**

**July 24, 2014: System Outage:** Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, July 25th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

**July 21, 2014: Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is
currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 16, 2014: Attention Hospital Providers: In compliance with MSA policy bulletin 10-60 and L-Letter 14-25, MDCH has initiated void claims for 2013 and 2014 dates of service for Outpatient Hospital claims which were billed within 3 days of the Inpatient claim. These void claims will begin to process on pay cycle 31 (07/31/14) and can be identified by claim note "OPH within 3 days of IPH".

July 09, 2014: Attention ALL Providers: Effective August 1, 2014, the prior informational edits for providers who do not have their billing agent associated to their NPI within CHAMPS will be set to deny and denial of claims may occur. The claim adjustment reason code used to communicate this issue was non-covered charges (CARC 96) and remittance advice remark code procedure for billing with group/referring/performing providers were not followed (RARC N55). Providers that receive this denial will need to update their Associated Billing Agent step within their Champs Enrollment.

July 09, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, July 12, 2014 thru 6:00 AM Sunday, July 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 08, 2014: Attention ALL Providers: The 2012 PERM error results have been updated and posted on the MDCH website. Please visit the Medicaid Provider Support website at www.michigan.gov/medicaidproviders and select the PERM PROVIDER EDUCATION hyperlink.

July 01, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 5:00 PM and 9:00 PM Sunday, July 6th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June

June 20, 2014: Attention ALL Providers: Due to a system issue the Medicaid Health Plan Primary Care Physician (MHP PCP) information is not being returned on the 271-eligibility response file for individuals enrolled with MME-MC, MA-HMP-MC and CSHCS-MC benefit plans. Until this is resolved please verify eligibility via CHAMPS when verifying MHP PCP information for a beneficiary in one of the above-mentioned plans. If there is no PCP currently listed for the beneficiary, then the hyperlink for the MHP PCP will be N and not display any PCP information.

The MHP PCP information for individuals with MA-MC benefit plan is returning on the 271 correctly. We apologize for any inconvenience that this may cause, and we are working to get this corrected.

June 17, 2014: System Outage: Attention ALL Providers: Due to MDCH Single Sign-On (SSO) maintenance, the CHAMPS application will not be accessible Wednesday June 18th, 2014, Thursday June 19th, 2014 and Friday June 20th, 2014 between the times of 2:00am and 5:00am. This Outage will affect CHAMPS front end systems access via the MDCH Single Sign-On. We apologize for any inconvenience this may cause.

June 11, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 4/01/2014 will be adjusted with the newly loaded April APC software updates and will appear on pay cycle 26 (6/26/14). Adjusted claims can be identified by the claim note "APC April 2014 quarterly updates." For further information, please review how to verify the Adjustment Source of your claim.

June 11, 2014: Attention Inpatient & Outpatient Hospital Providers: As part of the most recent CHAMPS update, claims are now processing in alignment with current MSA policy bulletin 10-60. Effective for DOS on and after January 1, 2011, MDCH will follow Medicare’s policy for all preadmission diagnostic services and other preadmission services. All non-diagnostic services rendered in the three-day window prior to the inpatient hospital admission may not be billed separately and must be bundled into the inpatient stay, unless the hospital can document they are unrelated services. Claims can be identified with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) M2.
June 10, 2014: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 14th through 6:00 AM Sunday, June 15th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 06, 2014: **Attention ALL Providers:** Due to a system update and the MDCH Other Insurance Claims Unit (formerly Third-Party Liability Claims Processing Unit) claims review process, some providers may experience a delay in payment.

June 03, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 5:00 PM Saturday, June 7, 2014 thru 1:00 AM Sunday, June 8, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May

May 21, 2014: **ATTENTION TRADING PARTNERS AND BILLING AGENTS:** Automated Billing for Michigan Medicaid announces an opportunity to register your email address for immediate updates. This is a great way to receive direct, immediate communication. Common updates will include: training opportunities, CHAMPS system updates and outages, and other important automated billing specific alerts. Click here to subscribe and receive updates for Automated Billing announcements delivered to your registered email address. You can unsubscribe at any time.

May 20, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 7:00 PM Friday, May 30, 2014 thru 2:00 AM Saturday, May 31, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2014: **Attention Nursing Facility Providers:** When billing for days that include coinsurance, all Medicare insurance payments and CARC information must be reported as listed on the Explanation of Benefits (EOB) received by Medicare. Refer to the Medicaid Provider Manual – 8.16 MEDICAID NURSING FACILITY CROSSOVER CLAIMS WITH GROUP HEALTH INCORPORATED (GHI) (COORDINATION OF BENEFITS). Claims reported with missing or incomplete Medicare payment information will be denied.

May 06, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday May 10th, 2014 thru 6:00 AM Sunday, May 11th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 06, 2014: **Attention ALL Providers:** Due to a CHAMPS system issue, The Fee for Service (FFS) Remittance Advice (RA) and Electronic Funds Transfer (EFT) payments will be delayed by one day. Warrants are unaffected by this issue and will remain on schedule.

April

April 16, 2014: **Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 15, 2014: **Attention ALL Providers:** MDCH Third Party Liability (TPL claims processing) has identified and will adjust claims which were incorrectly over paid in CHAMPS by not reducing payment correctly when there was more than one service line of other insurance information reported. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter, “MDCH payment liability for beneficiaries with other insurance is the lesser of the beneficiary's liability (including coinsurance, copayments, or deductibles), the provider’s charge minus contractual adjustments, or the maximum Medicaid fee screen minus the insurance payments.” These claims may be identified by the following note: “adjustments – Lesser of Logic correction.”

April 15, 2014: **Attention ALL Providers:** MDCH Third Party Liability (TPL claims processing) will be
adjusting claims to correct a system defect within CHAMPS which allowed claims and service lines to process for payment in error. The other payers claim adjustment reason codes (CARC) were not appropriate for Medicaid to make reimbursement based upon current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter “MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements.” These claims may be identified by the following note: “CARC reported does not allow payment.”

April 15, 2014: Attention ALL Providers and Trading Partners: Due to the Heartbleed virus, all accounts interfacing with the State of Michigan’s Data Exchange Gateway (DEG) system are required to change their passwords by 5:00 p.m. on Friday April 18, 2014. This includes all passwords associated with individual users as well as automated systems. If you do not change your password by this date and time, your password will be disabled, and you will be unable to submit any files.

April 15, 2014: UPDATE: In regard to the message posted on April 7, 2014 for Institutional providers; providers should no longer be experiencing the DDE screen error message when entering a secondary or tertiary claim when the other payer’s information does balance on the claim.

April 10, 2014: Attention Outpatient Hospital Providers: Due to APC software updates, MDCH has resurrected claims for dates of service on or after January 1, 2014, that previously denied for procedure code G0463. Providers can identify the affected claims by reviewing the claim note which will read “G0463 resurrects.”

April 07, 2014: Attention Institutional Providers: Providers submitting secondary/tertiary claims through the CHAMPS portal using Direct Data Entry (DDE) with a claim adjustment reason code (CARC) reported at the header with a value ending in .00 are receiving the following message in error: “Total submitted charges is not equal to the sum of Payments and CARC amounts for payer” when the charges and other payers information does balance. Providers are encouraged to submit these claims through their electronic vendor until this defect has been resolved, a subsequent message will be posted once resolved.

April 07, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, April 12, 2014 thru 6:00 AM Sunday, April 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 02, 2014: Attention ALL Providers: This is an update to the Biller B Aware posted on February 25, 2014, in reference to Section 1104 of the Affordable Care Act (ACA). As of March 28, 2014, MDCH will set informational edits which will be used to alert providers when their billing agent is not properly associated to their NPI within CHAMPS. The codes used to communicate this issue will be claim adjustment reason code (CARC) 96 -Non-covered charges and remittance advice remark code (RARC) N55 -Procedures for billing with group/referring/performing providers were not followed. Providers are encouraged to resolve this as soon as possible, by updating their Provider enrollment application within CHAMPS and associate the appropriate billing agent. Another Biller B Aware will be posted in the near future to inform providers of the date these edits will be changed to a deny level edit.

April 02, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 1/01/2014 will be adjusted with the newly loaded January APC software updates and will begin to appear on pay cycle 14 (4/03/14). Adjusted claims can be identified by the claim note “APC Jan 2014 quarterly updates”. Please review the following for information on how to verify the Adjustment Source of your claim.

April 02, 2014: Attention ALL Providers: Beneficiaries may have Medicare Advantage Plans with an additional Traditional or PPO BCBSM policy that includes medical and hospital coverage. “Federal regulations require that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries.” In most cases, the beneficiary has coverage with a Medicare Advantage plan and a BCBSM Traditional or PPO plan that covers medical and hospital services. Providers must bill all resources prior to billing Medicaid. Any questions on how to report other insurance information on your claims, please contact the Provider Hotline at 1-800-292-2550.
March 20, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down Friday March 28, 2014, between 7:00 PM through 11:00 PM. This outage will affect CHAMPS system access for all functionality, we apologize for any inconvenience.

March 20, 2014: **Attention Dental Providers:** Since the initial release of CHAMPS in 2009, procedure code D9240 has paid in error when billed for places of service that are not appropriate based on the CDT description. The system has been corrected and MDCH will be performing adjustments to recover the incorrect payments as of 04/15/2014. To avoid financial hardship, providers are encouraged to adjust their claims prior to this date and include the following note “rebilling for change in place of service.”

March 05, 2014: **Attention ALL Providers:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 8 thru 6:00 AM Sunday, March 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 03, 2014: **Attention Nursing Facility Providers:** Medicare Coinsurance rates for 2014 will not be loaded in CHAMPS until March 28, 2014. This is resulting in Coinsurance day claims, reporting value code 82, to be reimbursed at zero dollars in error. Once the 2014 Coinsurance rates have been loaded into CHAMPS MDCH will adjust any incorrectly paid claims.

March 03, 2014: **Attention ALL Providers:** Michigan Department of Community Health (MDCH) will be converting to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will be implementing a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. Providers are encouraged to review MSA 14-07 for further information and guidelines.

February 25, 2014: **Attention ALL Providers:** Due to a problem with the eligibility system, eligibility for some beneficiaries was incorrectly showing SPENDOWN and Medicare primary indicating that the beneficiary was enrolled within the Special Low-Income Medicare Beneficiary (SLMB) benefit plan. If a claim denial with claim adjustment reason code (CARC) 31 was received, providers should re-verify eligibility for that date of service and re-bill any claim(s) if necessary.

February 25, 2014: **Attention ALL Providers:** Per Section 1104 of the Affordable Care Act (ACA), MDCH will begin enforcing providers who submit Fee for Service (FFS) electronic claims to verify eligibility or claim status.

Within CHAMPS Provider Enrollment, providers will need to verify that all appropriate Billing Agents who submit any electronic transactions on their behalf are listed. Billing Agents have received a letter regarding this association requirement which included their CHAMPS Billing Agent/Provider ID, as well as how they can review which providers currently are associated to them within CHAMPS. However, this association can only be made by the provider. Providers must go into their CHAMPS Provider Enrollment information and verify that they have ‘Billing Agent’ under the “Mode of Claim Submission” step. The correct CHAMPS Provider ID associated to the billing agent needs to be listed in the “Associate Billing Agent” step. If the correct billing agent is not listed within the Provider Enrollment information, it will need to be added and updated and the “Submit Modification Request for Review” step must be completed.

Failure to comply could result in claim denials and lack of payment in the future.

February 25, 2014: **Attention Nursing Facilities and Hospice Providers:** REPORTING OCCURRENCE SPAN CODE 80 WHEN BILLING FOR ADMISSIONS NOT COVERED BY CMS DENIAL OF PAYMENTS FOR NEW MEDICAID ADMISSIONS Effective April 1, 2014, when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban, the nursing facility must report Occurrence Span Code 80 and the from/through dates the beneficiary resided in the same nursing facility prior to the payment ban. Medicaid policy and guidelines for the definition of a new admission are published in the Medicaid Manual, Nursing Facility
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Chapter, Certification, Survey, and Enforcement Appendix, Section 5.7 Denial of Payment for New Admissions (DPNA). Hospices must also report in the above manner when billing for “room and board” when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban. Hospices can obtain Information regarding a CMS denial of payments for new Medicaid admissions from the nursing facility.

February 10, 2014: Attention ALL Providers: Per the Affordable Care Act the 271-eligibility transaction no longer reports the Special Low-Income Medicare Beneficiary, SLMB, Benefit Plan. On the 271, it will return within the EB04 segment the SPENDOWN Benefit Plan, and within another EB04 segment it will return Medicare. This will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. In order to remain compliant CHAMPS eligibility also no longer shows the SLMB Benefit Plan. The SPENDOWN benefit plan will be displayed with the other insurance hyperlink active showing the Medicare policy information; this will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. Policy guidelines can be found within the Provider Manual, COB chapter section 2.6.E. MEDICARE BUY-IN/MEDICARE SAVINGS PROGRAM.

February 4, 2014: Attention Hospice Providers: Effective March 29, 2014 the Michigan Department of Community Health in compliance with NUBC (National Uniform Billing Committee) will require all Hospice claims to report the ADMISSION/START OF CARE DATE on their claim. Failure to report date of admission will result in the claim re/jecting with reason/remark code 16/N46.


January

January 28, 2014: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 1, 2014. The scheduled down time will be from 10:00 a.m. to 12:00 p.m. During this downtime please do not submit any files for the above time period.

January 28, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) is in the process of remapping many of the following code sets: Claim Adjustment Reason Codes (CARC) and Remittance Remark Codes (RARC) Claim Status Codes, Group Codes, and Claim Status Category Codes due to the Affordable Care Act (ACA) Section 1104. Primarily CARC/RARC code combinations of existing edits are being expanded to accommodate new business rules per the ACA requirements. Effective immediately, some of these codes changes will be reported to providers via the 835-electronic remittance advice and the 277-claim status response. For more information on the ACA Operating Rules, please refer to the CAQH-CORE website at www.CAQH.org > Core > Core Rules > Code Combinations.

January 21, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. The Pay Cycle date in Champs Inquiry will show 01/09/2014 and 01/13/2014. The RA and 835 file date will continue to have the original date of 01/09/2014. MDCH has resolved all RAs and 835 files as well as checks and/or EFT payments.

January 21, 2014: Attention OPH Providers: All paid claims with dates of service from 10/01/2013 through current will be adjusted with the newly loaded October APC software updates and should start to appear on pay cycle 5 (01/30/14). The adjusted claims can be identified by the claim note “APC Oct. 2013 quarterly updates”.

Please review the following for information on how to verify the Adjustment Source of your claim.

January 14, 2014: Attention OPH Providers: Effective January 1, 2014 CMS has implemented their
guidelines regarding HCPCS code G0463 and MDCH will be following those CMS guidelines:

G0463 *(Hospital outpatient clinic visit for assessment and management of a patient), for hospital use only representing any clinic visit under the OPPS and to assign new HCPCS code G0463 to new APC 0634. This replaces CPT codes 99201 through 99205 and 99211 through 99215.* Please keep in mind that MDCH is currently adjudicating Outpatient Hospital claims with October 2013 quarter version APC software. MDCH, upon receipt of the CMS finalized January 2014 quarter APC software, will test and load the new software in late March. MDCH will claim adjust any claims that may be impacted by a delayed quarterly update implementation. The Medicare Addendum B is posted on the following CMS website: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html

**January 09, 2014:** **Attention ALL Providers:** Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. MDCH expects to resolve all RAs and 835 files early next week as well as checks and/or EFT payments.

**2013**

**December 30, 2013:** **Attention ALL Providers:** Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 52 dated 12/26/2013 may not balance. MDCH will recreate new RAs and 835 files that will process this week. Please avoid posting double payments.

**December 17, 2013:** **Attention Community Mental Health Services Programs (CMHSPs):** The psychiatric E&M codes (99201 – 99205 and 99211 – 99215) were added to the CWP and SED databases in August, effective for dates-of-service on/after January 1, 2013. As we are approaching the 12-month timely billing deadline for January services, we are providing this as a reminder that CMHSPs, enrolled as specialty providers for the CWP and SED, can now bill using these codes. The databases are posted at http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-272724--00.html. Select “Jan 2013” for the Serious Emotional Disturbance (SED) database and “Apr 2013” for the Children’s Waiver Services database.

**December 17, 2013:** **Attention ALL Providers:** Providers are reminded that immunizations are covered services by Medicaid Health Plans (MHPs) when provided to health plan beneficiaries and should be billed to the MHPs. Immunization related claims for health plan beneficiaries will not be paid by fee for service. See the Medicaid Provider Manual, Medicaid Health Plan Chapter at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

**December 13, 2013:** **Attention ALL Providers:** Due to Section 1104 of the Affordable Care Act (ACA), effective December 16, 2013, Electronic Funds Transfer (EFT) payments for Health Care Providers will be sent from the State of Michigan to respective financial institutions in the compliant CCD+ format. If you accept EFT payments and experience any issues with receiving payment, please contact provider support.

**December 09, 2013:** **Attention Home Health Providers:** In the case of a dually eligible beneficiary, if the primary insurance denies payment of home health services due to not meeting the primary insurance’s homebound requirement, Medicaid will cover services. Medicaid does not require a beneficiary to be entirely restricted to their home (i.e. “homebound”) to receive home health services. When billing Medicaid secondary, a claim note is required stating “not covered by primary, as patient was not homebound.”

**December 04, 2013:** **Attention ALL Providers:** We are experiencing connection errors with our Data
Exchange Gateway (DEG). We are working to resolve this situation as quickly as possible. If you receive an error, please try again later.

**December 04, 2013:** Attention ALL Providers: **ICD-10 Testing is now available:** MDCH has created a survey-based tool that allows providers to review common medical scenarios and assign the ICD-10 diagnosis codes that they feel are appropriate. The survey is applicable to both medical professionals, such as physicians, nurse practitioners, and physician assistants, as well as coding and billing professionals. The survey link and instructions have been posted at [www.michigan.gov/5010ICD10/](http://www.michigan.gov/5010ICD10/). Should you have any questions, please feel free to contact our ICD-10 testing support team at MDCH-B2B-Testing@Michigan.gov. We look forward to testing with you!

**December 04, 2013:** Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Medicare coverage and it was not reported on the claim, as outlined in MSA Policy Bulletin 12-01. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. Providers will receive a TPL recovery letter on January 6, 2014 (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. [http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf](http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf)

Note: When adjusting claim, please note in remarks “TPL recovery, adding OTHER INSURANCE.”

**November**

**November 14, 2013:** Attention Maternal Infant Health Program (MIHP): Effective October 1, 2013 the Current Procedural Code 99402 has had a change in the MUE (daily allowable units). The MUE on the procedure code 99402 has been changed to 1 unit per day. Please be aware that the claims will deny for exceeding the MUE when the units of 2 are billed.

**November 12, 2013:** Attention Durable Medical Equipment Providers: The Michigan Medicaid DME Liaison meeting scheduled for Monday, December 9, 2013 is cancelled. The 2014 DME Liaison schedule will be posted soon. To view the DME Liaison schedules, agendas and minutes, visit: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific>>Medical Suppliers, scroll down to DME Meetings.

**October**

**October 31, 2013:** Attention ALL Providers: Due to Rule 1104 of the Affordable Care Act (ACA) effective January 1, 2014, MDCH will make changes to the Electronic Funds Transfer (EFT) format. It will be changed to the Cash Concentration/Disbursement plus Addenda (CCD+). Please contact your Financial Institution to make sure they are ready and able to accept this new format. Batch Agency Identification will be changing from 39S to 38S on all EFT or check receipts.

**October 28, 2013:** Attention Orthotics and Prosthetic Providers: MDCH has updated the orthotics and prosthetic rates listed on the Medical Supplier database, effective for dates of service on and after October 1, 2013. A revised database will be posted to reflect the revised rates. MDCH will perform adjustments to claims with dates of service on and after October 1, 2013, within the next few weeks. Orthotic and Prosthetic providers should consult their remittance advices, which will reflect the adjustments.

**October 09, 2013:** Attention OPH Providers: All paid claims with dates of service from 07/01/2013
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through current will be adjusted with the newly loaded July APC software updates and should start to appear on pay cycle 42 (10/17/13). The adjusted claims can be identified by the claim note “APC July 2013 quarterly updates”. Please review the following for information on how to verify the Adjustment Source of your claim.

October 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 08, 2013: UPDATE: CHAMPS has now been updated and providers should now be able to access their Archived Documents.

October 08, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function is currently unavailable. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience and an updated message will be posted once access has been restored.

October 04, 2013: Attention ALL Providers: This stands as a reminder to providers that beneficiaries with the MI Choice-MC Benefit Plan are approved for the home and community-based services (HCBS) waiver. The provider listed under the MI Choice-MC Benefit Plan should only be billed for the HCBS waiver services authorized by that provider. All other non-HCBS waiver services covered by Medicaid should be billed by the appropriate provider type through CHAMPS.

October 03, 2013: Attention Professional Providers: Due to a CHAMPS defect paper claims submitted with a CLIA number correctly reported in box #23 were incorrectly denied with reason code 16 and remark code MA120-Missing/incomplete/invalid CLIA certification number. This defect has been resolved and providers will need to re bill the affected claims, MDCH would like to encourage providers to re bill electronically or utilizing the CHAMPS direct data entry claim function. For providers re billing older dates of service please include the following claim note to ensure that the claims get correctly process for timely filing: “CHAMPS CLIA defect.”

October 01, 2013: Attention ALL Providers: Third Party Liability (TPL) has identified overpayments on professional invoices which adjudicated between 9/09/2011-4/20/2012 which bypassed TPL editing incorrectly due to the claim adjustment reason code reported on the claim. To allow these claims to correctly process and price they will be adjusted by MDCH beginning on pay cycle 41 (October 10, 2013). Claims not adjustable due to additional claim editing will have to be voided. These adjusted and voided claims can be identified with the claim note “TPL claims processing – CARC adjustments”.

September 17, 2013: Attention Professional Providers: Pursuant to federal guidance, providers enrolled in the Physician Adjustor program are not eligible to participate in the Affordable Care Act (ACA) Primary Care Incentive Payment Program. MDCH will begin adjusting claims on pay cycle date 09/12/2013 to recoup the ACA incentive payment amount made on claims with rendering providers who are enrolled in the Physician Adjustor program. Additional void batches will be submitted on a later pay cycle date for claims that are not able to be adjusted due to additional claims editing. Providers are encouraged to review the MSA L Letter 13-41.

September 17, 2013: Attention Professional Providers: MDCH has identified professional claims billed with modifier 26 and a non-facility place of service which paid at the incorrect rate causing an overpayment. MDCH will adjust these claims beginning on pay cycle 38 (9/19/13) to allow the claims to process and pay the correct rate. Providers with further questions can contact provider support.

September 12, 2013: Attention ALL Providers: This serves as a reminder to providers that as of October 1, 2013 all Ordering/Referring/Attending NPI’s MUST be enrolled with Michigan Medicaid when reporting Ordering/Referring/Attending NPI’s on a claim that requires them with dates of service on or
after 7/1/2013. MDCH would like to encourage current billing providers to work with their Ordering/Referring/Attending providers to get them enrolled to avoid claim denials and non-payment. Providers are encouraged to review the current policy bulletins MSA 12-55 and MSA 13-17. Providers with further questions or concerns in regard to claims can contact Provider Support.

September 11, 2013: REPOSTING from June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH beginning on PC 36 to recover the incorrect duplicate payments.

August

August 21, 2013: Attention ALL Providers (who use MPHI to verify Eligibility): MPHI is scheduling a maintenance window this weekend from Saturday, August 24, 2013 at 6:00pm to Sunday, August 25, 2013 at 6:00am; while we conduct a major upgrade to our network infrastructure. The Medicaid Eligibility services offered by MPHI may be available sporadically during this period but are generally expected to be offline. Please contact MedicaidEligibility@mphi.org if you have any questions or concerns.

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when claims were billed with the reason code of A1. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter “MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements.” MDCH will be adjusting these claims to allow them to properly adjudicate and deny the service line reported with A1. If the claim is not able to be adjusted MDCH will be voiding the claim, these adjustments and voids will be on pay cycle 33 (August 15, 2013)

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported on the claim. The majority of these claims paid in error when the Other Insurance payment information did not balance, or the other insurance information is not correct according to the TPL file for the beneficiary. Providers can adjust these claims to correctly report the Other Insurance information or the claims will be voided by MDCH beginning on pay cycle 34 (August 22, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state “Other insurance info is incorrectly reported, unable to adjust properly.”

August 07, 2013: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, August 11, 2013. The scheduled down time will be from 9:00 a.m. to 5:00 p.m. During this downtime please do not submit any files for the above time period.

July

July 17, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function will unavailable beginning Friday, July 26th at 6pm until Monday July 29, 2013. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

July 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 09, 2013: Attention ALL Providers: System maintenance for CHAMPS is scheduled for Saturday, July 13 beginning at 7am and ending on Sunday July 14th at 9pm. During this maintenance period CHAMPS will be unavailable for use. We apologize for any inconvenience this causes your organization.

June
June 27, 2013: Attention All Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, June 30, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files for the above time period.

June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH in the near future to recover the incorrect duplicate payments.

June 20, 2013: Attention Professional & Dental Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported at the header and not at the line level. Per Medicaid Policy, Professional and Dental invoice type claims have to report the Other Insurance information at each service level. Providers can adjust these claims to correctly report the Other Insurance information at the service line level or the claims will be voided by MDCH beginning on pay cycle 30 (July 25th, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

June 12, 2013: Revised: Attention ALL Providers: System maintenance windows for the DEG (Data Exchange Gateway) are scheduled for Sunday, June 23, 2013 and Sunday, July 21, 2013. The scheduled down time will be from 10:00 a.m. to 1:00 p.m. each day. Also Wednesday, July 24, 2013, the scheduled down time will be from 12:00 p.m. to 4:00 p.m. During this downtime please do not submit any files during the above time periods.


May

May 22, 2013: Attention ALL Providers: If your practice/organization receives requests for Medical Records per Medicaid Policy Bulletin 12-65, please submit all requested materials without an invoice for reimbursement. For further information please refer to www.michigan.gov/medicaidproviders >>Policy and Forms >> Medicaid Provider Manual >> General Information for Providers >> Section 15.4.

May 21, 2013: Attention ALL Providers: If you are using Internet Explorer version 10, please follow the steps below to ensure that the CHAMPS system will properly function.

Open Internet explorer >> Tools >> Compatibility View Settings. Then enter in the website URL https://sso.state.mi.us click the Add button or torn piece of paper and then close the screen. After completing these steps open a new Single Sign On (SSO) and login to the CHAMPS system.

May 20, 2013: Attention Hospice Providers: MDCH has identified Hospice claims that have duplicate payments for the same month. MDCH will be initiating voids in the next couple of weeks to return monies that were incorrectly paid.

May 15, 2013: Attention Outpatient Hospital Providers: MDCH will be adjusting approximately 4,000 claims due to April APC software and pricing update. The adjusted claims will start to appear on pay cycle date 5/23/2013

May 14, 2013: Attention All Providers: Due to a system update, the CHAMPS Archived Documents function will be down from Friday, May 24th at 7pm until Tuesday, May 27th at 6am. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

May 06, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who
are residing in a Nursing Facility and who also have Commercial Insurance coverage with a nursing facility benefit. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort.

The recovery process will begin May 1, 2013, providers will receive a TPL recovery letter identifying the commercial insurance (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

May 02, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) are scheduled for Sunday, May 5, 2013. The scheduled down time will be from 10:00 a.m. to 1:00 p.m. During this downtime please do not submit any files for Sunday, May 5, 2013 only. System upgrades for the DEG (Data Exchange Gateway) is scheduled for Thursday, May 9, 2013. The scheduled window will be from 9:00 a.m. until 3:00 p.m. During this time period you might receive some minimal delay in uploading or downloading files. We apologize for any inconvenience this causes your organization.

April

April 30, 2013: Attention ALL Providers: MDCH has identified manually priced claims or service lines that did not correctly report the Other Insurance information which resulted in overpaid claims. MDCH will be voiding these claims beginning on pay cycle 20 (May 16th, 2013) and providers will have the opportunity to rebill correctly reporting the Other Insurance information. Current Medicaid policy requires that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. The affected claims can be identified by reviewing the claim note within CHAMPS which will state "manually priced claim/lines bypassing OI".

April 29, 2013: Attention ALL Providers: MDCH will adjust incorrectly paid claims for voluntary sterilizations when the beneficiary was enrolled in the MOMS Benefit Plan. Voluntary sterilizations are not a benefit under the MOMS benefit plan. Current Medicaid Policy is outlined within the provider manual, Maternity Outpatient Medical Services Program Chapter, Section 2.2 NONCOVERED SERVICES.

April 22, 2013: Attention Professional Providers: MDCH has identified a high volume of claims that received overpayments as part of a CHAMPS defect which caused claims to pay above the billed amount. Current policy can be found within the Coordination of Benefits chapter, section 2.6.F. MEDICAID LIABILITY. These claims will be adjusted or voided by MDCH in the near future for proper adjudication.

April 16, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 04, 2013: Attention ALL Providers: Due to CHAMPS server issues the archived documents function is currently unavailable. Providers can continue to check archived documents for documents such as Remittance Advices.

April 03, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, April 21, 2013. The scheduled down time will be from 9:00 a.m. to 12:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

April 02, 2013: Attention OPH Providers: All claims paid with dates of service from 01/01/2013 through now will be adjusted with the newly loaded January APC updates and should start to appear on RA 04/04/2013. (Approximately 44,000 TCN's)
March 26, 2013: **Attention Professional Providers:** (Update to the Biller B Aware posting on February 5, 2013) Beginning on pay cycle 14 MDCH will start adjusting professional claims for dates of service on or after January 1, 2013 which were eligible for the Primary Care Rate Increase per MSA 12-66. Due to the volume of claims these adjustments will take place over multiple pay cycles.

March 20, 2013: **Attention DMEPOS Providers:** Effective April 1, 2013, Health Care Procedure Codes (HCPCS) E2373, K0733 and L3600 fees will be reduced below Medicare fees to align with Medicaid policy referenced in the Medicaid Provider Manual, Medical Supplier Chapter, Section 1.7.H. A formal announcement of these changes will not be indicated in a policy bulletin. Please refer to policy and the Medical Supplier Database for standards of coverage and code parameters. The new reimbursement rates are as follows:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Rate Effective 04/01/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2373</td>
<td>$560.10</td>
</tr>
<tr>
<td>K0733</td>
<td>$20.75</td>
</tr>
<tr>
<td>L3600</td>
<td>$52.43</td>
</tr>
</tbody>
</table>

March 13, 2013: **Attention ALL Providers:** System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, March 24, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

March 11, 2013: **Attention In-Hospital Providers:** This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s).


March 11, 2013: **Attention Nursing Facility Providers, PACE and MI Choice Program Agencies:** This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for "Medicaid eligible, Medicaid pending, and Dually eligible beneficiaries" regardless of primary payer source. The LOCD must be conducted within the time frames stated in Medicaid policy.

Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at [http://www.michigan.gov/mdch > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual](http://www.michigan.gov/mdch > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual)

March 11, 2013: **Attention ALL Providers:** MDCH is announcing new Medicaid training sessions. Please review the website for a training near you: [http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--00.html). Please note, additional trainings will be posted as they are scheduled. If you are unable to attend a session and would like assistance or training, please contact a MDCH provider consultant at Provider Outreach.

March 07, 2013: **Attention In-Hospital Providers:** This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s).

March 06, 2013: Attention ALL Providers: MDCH would like to remind providers billing claims for Plan First beneficiaries that the diagnosis code reported as the primary diagnosis code must be within the V25 series. This is outlined within current policy in the Medicaid Provider Manual, Plan First! Family Planning Waiver chapter. As provider's bill on multiple claim forms MDCH encourages providers to review the billing guidelines for their specific claim type to find the appropriate field to report the primary diagnosis. Claims not billed with the Plan First qualifying diagnosis as the primary diagnosis will be denied. Providers with further questions can contact provider support.

February

February 26, 2013: Attention ALL Providers: On February 23rd, Takeda and Affymax voluntarily recalled all lots of OMONTYS. In addition to the recall, they have instructed health care professionals that no new or existing patients should receive OMONTYS. Affymax and Takeda Announce a Nationwide Voluntary Recall of All Lots of OMONTYS® (peginesatide) Injection. Notice to Health Care Providers FDA Press Release

February 26, 2013: Attention ALL Providers: MDCH has identified certain claims denied in error when billing for the copayment for a beneficiary with a private health plan insurance and the capitation amount was reported and considered as a payment. Per current policy outlined in the Medicaid Provider Manual, Beneficiary Eligibility Chapter 9.10.C. HEALTH PLAN AS A PRIVATE INSURANCE (OTHER INSURANCE CODE 89), the monthly capitation payment must not be reflected on the Medicaid claim. In most instances, the provider is billing Medicaid for the copayment amount only. Medicaid only reimburses the provider for the Medicaid fee screen or copayment amount, whichever is less. Providers are encouraged to resubmit or replace any claims previously billed incorrectly.

February 11, 2013: Attention ALL Providers: While doing an internal review of submitted claims, it has been identified that a high volume of claims are being submitted with Not Otherwise Specified (NOS) diagnosis codes. This serves as a reminder that all claims submitted to MDCH should be coded to the highest possible specificity based on the disease/condition/illness/injury for which the patient was seen.

February 05, 2013: Attention Professional Providers: MDCH has identified a problem paying the Primary Care Rate Increase as per MSA 12-66. A portion of this pricing was corrected within CHAMPS and claims should now correctly pay the rate increase for claims submitted after February 5th. Secondary claims eligible for the Primary Care Rate Increase will begin paying correctly after the next CHAMPS update, which is currently scheduled for February 22rd. After the update MDCH will adjust these claims on behalf of providers so claims eligible for the primary rate increase should then pay the additional amount.

January

January 31, 2013: Attention Hospice Providers: MDCH has seen an increase in Hospice claims with the incorrect value code reported with the Core Based Statistical Area (CBSA) code. The reporting of the wrong value code can cause incorrect reimbursement. The National Uniform Billing Committee (NUBC) Manual states when reporting the CBSA code that Value Code of 61 must be reported. The billings instructions are contained in the National Uniform Billing Committee (NUBC) Manual as well as the Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers, Section 11 - Hospice Claim Completion.

January 24, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.
January 24, 2013: Attention Private Duty Nursing, Children’s Waiver and SED Waiver: The previous posting dated January 14th has been resolved within the CHAMPS system. The affected claims have been identified and are in the process of being adjusted by MDCH to correct reimbursement of billing New Year’s Day 2013.

January 24, 2013: Attention Professional Providers: Per Bulletin MSA 12-42 Medicaid Enrollment of Physician Assistants and Nurse Practitioners; Billing Provider must be associated to both the Rendering and Supervising Provider in Champs for correct adjudication. CLICK HERE for claim reporting Information.

January 22, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 2, 2013. The scheduled down time will be from 10:00 a.m. to noon. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

January 22, 2013: Attention ALL Providers: MDCH has developed an online DCH-0078 form to Add, Change or Terminate Other Insurance. The form can be found at: https://michigan.gov/mdch/0,4612,7-132-2943--4860-286772--SS.00.html In order for the form to be accepted the provider must fill out all of the required fields. This will remove the need to fax or email the completed DCH 0078 paper form.

January 17, 2013: Attention Outpatient Hospital Providers: MDCH has identified Outpatient Hospital secondary claims which were overpaid. MDCH has adjusted these claims and providers will begin seeing the adjustments starting on pay cycle number 4, dated 1/24/13, the Adjustment Source will be System Correction.

January 14, 2013: Attention Private Duty Nursing, Children’s Waiver and SED Waiver: MDCH has identified a problem paying holiday rate for New Year’s Day. MDCH is currently working on identifying and resolving this issue, once further information is available there will be a message posted.

2012
December

December 20, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: The CHAMPS problem previously posted on December 19th has been resolved and MDCH is planning to resurrect the denied claims which processed prior to this issue being resolved.

December 19, 2012: Attention ALL Providers: After the current CHAMPS update which took place over the weekend, providers will now see both “In Process” and “Suspended” claim status in CHAMPS claim inquire screens. When filtering using the filter by option, providers still only have the “In Process” selection but will return you both “in process” and “suspended” claim statuses permitting the NPI has claims in both statuses. Claims can be suspended for a multitude of reasons such as other insurance information reported on the claim, reviewing a prior authorization or EZ link documentation on file etc. Providers can use additional filter by options of Reason code % and Remark code % to view what could be causing their claim to suspend.

December 19, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: MDCH has identified a rate issue effecting the above noted provider types which may result in a delay in payment or claim being processed. MDCH is currently working on correcting the issue by possibly implementing an emergency fix within the CHAMPS system.
PDN provider type claims will be suspending and manually processed by MDCH until this had been resolved.

*Once this issue has been resolved MDCH will post an updated Biller B Aware to notify providers*

**December 11, 2012: Attention ALL Providers:** Effective 12/14/12, Beneficiaries with Medicaid and Medicare that are enrolled in a Medicaid Health Plan will now have Benefit Plan ID MMEMC assigned instead of MA-MC to indicate the Managed Care enrollment for dates of service 10/01/12 ongoing. There are no changes to the benefits.

**December 3, 2012: Attention ALL Providers:** Due to system maintenance, CHAMPS will be down on Saturday, December 15th, 2012, from 6pm to 11pm. This outage will affect CHAMPS system access for all functionality.

**November**

**November 26, 2012: Attention ALL Providers: Pay Cycle 48:** Inpatient Hospital providers may see a significant increase in adjusted claims on their 11/29/12 remittance advice. The MIP (Medicaid Interim Payment) indicator within the providers enrollment was incorrectly end dated and allowed the identified claims to pay instead of being MIP suppressed. MDCH has adjusted these claims to correctly allow them to pay under the MIP suppression. The affected providers received a letter advising them of why the adjustments were being done. Outpatient Hospital and Long-Term Care providers may also see an increase in voided claims for the above noted pay cycle. As a large TPL (Third Party Liability) void batch was submitted as part of the normal TPL take back process for beneficiaries with other insurance which was not reported on the claim.

**November 5, 2012: Attention ALL Providers:** MDCH has identified claims reported with Claim Adjustment Reason Code 151 (Payment is adjusted because the payer deems the information submitted does not support this many/frequency of services) have been processed incorrectly. MDCH will be adjusting paid claims with this Claim Adjustment Reason Code submitted on or after 9/18/2009. You will begin to see these adjusted claims on future RA’s.

**November 1, 2012: Attention Nursing Facility and Hospice Providers:** When a beneficiary has a monthly patient pay amount (PPA) and a level of care (LOC) for nursing facility (02) and hospice (16) on file, the patient pay amount (PPA) will be deducted from the first claim received in CHAMPS. This will occur regardless if the PPA is located on the eligibility segment for LOC 02 or LOC 16, and the higher PPA amount will be deducted. If the PPA is greater than the amount of the first submitted claim, the difference will be applied to subsequent claims until the total PPA for that month is met. The PPA must be exhausted each month before any Medicaid payment will be made. The nursing facility and hospice must bill in sequence, according to the level of care the beneficiary was at on the first of the month. This will prevent the PPA from being deducted from the wrong claim.

**October**

**October 30, 2012: Attention Nursing Facility Providers:** This is a reminder (previously posted February 28, 2012) MDCH has identified Nursing Facility room and board claims that have duplicate and/or payments for the same month. MDCH will be initiating voids in the next couple of months to return monies on claims with dates from 2009 and forward that meet these criteria.

**October 29, 2012: Attention ALL Providers:** Any Provider or Trading Partner who currently submits their 837 HIPAA Compliant Transaction through Champs Web Upload will need to change the file name. This will become Standard formatting for files effective December 14, 2012. By changing this now, you will not have any issues when this goes into effect. If you do not use this format, you will receive an error on your screen and the file(s) will not load. Here is a listing of correct file names:

5475(837) - Health Care Claim
Here are examples of the naming convention depending on if you Log into Champs using an NPI or Champs Provider ID:

NPI.5475.CCYYMMDDhhmm (example: 1234567890.5475.201210261208.dat)

Champs ProviderID.5475.CCYYMMDDhhmm (example: 1234567.5475.201210261209.dat)

October 22, 2012: Attention ALL Providers: MDCH previously experienced problems loading the 9/27/12 paper Remittance Advices into archived documents for providers.

This was resolved over the weekend of 10/20/12 if you are still experiencing problems finding this Remittance Advice please contact Provider Support

October 18, 2012: Attention ALL Providers: FDA advises healthcare professionals to follow-up with patients who were administered any injectable medication from or produced by NECC (New England Compounding Center) including injectable ophthalmic drugs used in conjunction with eye surgery, or a cardioplegic solution purchased from or produced by NECC after May 21, 2012. Healthcare professionals and medical care organizations should inform patients who received the NECC products noted above of the symptoms of possible infection and instruct patients to contact their healthcare provider immediately if they experience any of these symptoms. The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and state health departments including the Michigan Department of Community Health (MDCH) are coordinating a multi-state investigation of cases of fungal meningitis and strokes among patients who received epidural steroid injections after July 1.

For more information please see the following links:

FDA Safety information: Click Here

CDC Official Health Advisory: Click Here

MDCH Website: http://www.michigan.gov/mdch/0,4612,7-132-8347-287681--,00.html

October 18, 2012: Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 39 (Services denied at the time authorization/pre-certification was requested) have been processed incorrectly. All claims that have been paid with this Claim Adjustment Reason Code will be adjusted and processed according to policy. You will begin to see these claims on RA 10/25/2012.


October 8, 2012: Attention ALL Providers: As previously posted on September 27th MDCH is still experiencing issues with the Remittance Advice process and the posting of the RA's into the CHAMPS archived documents system for the 9/27/12 pay cycle date. As a current work around providers can access their paid/denied claims within CHAMPS claim inquire filter by pay cycle date 09/27/2012. Once this issue is resolved and update will be posted notifying providers.

October 8, 2012: Attention ALL Providers: Due to the high volume of claims we were unable to process all claims that came in before 9/25/12 cut off. Payments for 10/04/12 payroll date have been issued, however Remittance Advices were incomplete for some providers. The providers affected will have two remittance advices dated 10/11/12. Providers will need to match the Warrant/EFT number to corresponding remittance advice to verify payments for each payroll.

October 4, 2012: Attention ALL Providers: Due to an unexpected accounting issue while processing checks, we expect a one to two day delay in delivering EFT and Paper checks. We apologize for any
inconvenience this may cause.

**October 4, 2012: Attention ALL Providers:** Due to an unexpected system issue with claim adjudication, approximately 25,000 claims will not be adjudicated on time for pay cycle 41 (10/11/12) and will now be paid in the following pay cycle 42 (10/18/12). We apologize for any inconvenience this may cause.

**October 3, 2012: Attention Nursing Facilities:** The Medicaid Provider Manual, Beneficiary Eligibility Chapter, explains that nursing facilities can obtain patient-pay amount and eligibility information from the Tentative Patient Pay Amount Notice (DHS-3227) or CHAMPS Eligibility Inquiry and/or other available eligibility options. The Medical Services Administration realizes that nursing facilities are responsible for collecting the Patient Pay Amount (PPA). A timely collection of the PPA is vital for the nursing facility as it helps eliminate the need to claim adjustment Medicaid and the need to retroactively collect the PPA from the beneficiary. A timely collection of the potential PPA is also a safeguard for the facility where problems develop with the PPAs "dropping off" Bridges. To help alleviate unneeded claim adjusting and to collect a PPA more timely, the Medical Services Administration encourages nursing facilities to determine what a potential beneficiary's PPA will be and collect that PPA prior to receiving the DHS-3227. Subsequently, the facility would bill Medicaid showing that potential PPA as determined by the nursing facility.

**September**

**September 10, 2012: Attention Primary Care Practitioners:** Providers who practice in primary care should select their primary specialty designation in CHAMPS. Providers may begin making this selection in CHAMPS beginning October 1, 2012. Michigan Medicaid will be utilizing the physician specialty designations and board certification information for the Affordable Care Act Primary Care Rate Incentive effective for dates of services beginning January 1, 2013.

**September 7, 2012: Attention Trading Partners:** The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, September 16, 2012 and September 23, 2012 at 8:00 a.m. and will be back up at 5:00 p.m. During this downtime you will not be able to submit any files. Please submit your files before or after this time frame. We apologize for the inconvenience.

**September 5, 2012: Attention ALL Providers:** Due to intermittent connection issues with the State of Michigan Single Sign On (SSO), the States SSO will be down on September 9, 2012 from 9am until 12pm for repairs. This outage will affect all SSO applications including CHAMPS. We are sorry for any inconveniences this may cause.

**August**

**August 23, 2012- Attention Trading Partners:** The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, August 26, 2012 from 9:00 a.m. until Noon. Please submit your files before or after this time frame. We apologize for the inconvenience.

**August 22, 2012- Attention ALL Providers:** Due to a migration in MDCH's FILENET database server ARCHIVED DOCUMENTS will be down and inaccessible from Friday 09/07/2012 starting at 6:00pm until Sunday 09/09/2012 at 6:00pm. We are sorry for any inconveniences this may cause.

**August 22, 2012- Attention OPH Providers:** Previously rejected Medicare Crossover claims (per July 26, 2012 message below) will be resurrected and should start to appear on RA 08/23/2012. (54,000 TCN's)

**August 22, 2012- Attention OPH Providers:** All claims paid with dates of service from 07/01/2012 through now will be adjusted with the newly loaded July APC updates and should start to appear on RA 08/23/2012. (20,800 TCN's)

**August 20, 2012- Attention ALL Providers:** MDCH has identified claims reported with Claim Adjustment Reason Code 151 have incorrectly denied starting with RA date 07/19/2012. MDCH will resurrect these denied claims to ensure proper adjudication. You will begin to see these claims on RA 08/23/2012.
Provider Relations

July

July 30, 2012- Attention ALL Providers: Important message regarding CSHCS and Medicaid dually eligible beneficiaries: ENROLLMENT INTO MANAGED CARE. Please read L-12-26.

July 26, 2012- Attention OPH Providers: Medicare Crossovers made recent changes to no longer send the line level date of service (DOS) on OPH claims when the claim is a single line DOS per NUBC/5010/TR3 guidelines. Outpatient Claims without line level DOS sent to the CHAMPS APC/OPPS software are ungroupable which currently causes the entire claim to deny. MDCH is currently working on a fix to copy the header from/to dates of service to the line dates of service to send to the grouper software and will resurrect any denied claims for this issue once the fix is in place.

July 18, 2012- Attention Nursing Facility Providers: Room and Board claims received on or after June 22, 2012 reporting the Occurrence Code 24, are currently rejecting in error. Please wait to rebill until the problem is corrected. We will notify you immediately when the problem has been fixed.

July 17, 2012- Attention ALL Providers: When reporting primary insurance information on Medicaid secondary/tertiary claims the Claim Filing Indicator must be accurately reported to reflect the appropriate type of insurance, improper reporting may cause improper payments or your claim to deny. Please note that per the 837 Implementation Guide, the OF- Other Federal Program, Claim Filing Indicator should only be used when submitting Medicare Part D claims and should not be used when reporting Commercial or Federal Employee Program coverage. The inappropriate use of Claim Filing Indicators may cause claims to overpay and MDCH will initiate voids in the near future to return monies on claims with dates 2009 and forward that meet these criteria.

July 13, 2012- Attention ALL Providers: Due to the Holiday and high volume of claims we were unable to process all claims that came in before 7/2/2012 cut off. These payments will be delayed 1 week and will appear on the 7/17/2012 RA.

July 12, 2012- Attention ALL Providers: Please be advised that Procedure Code 99402 has been corrected in CHAMPS. Any claims denied from June 26 to June 28, 2012 have been resurrected (week of July 09, 2012) and do not have to be resubmitted by the provider. All claims that were suspended, per Biller B Aware posted on June 06, 2012, have been released for payment the week of July 09, 2012. Please allow 7-14 days for your payment and remittance advice.

July 3, 2012- Attention ALL Providers: Due to Independence Day State Holiday the warrant and EFT date that would have processed Wednesday, 07/04/2012 will be processed Thursday, 07/05/2012

June

June 29, 2012- Attention Chiropractic Providers: On May 1, 2012 MDCH released Bulletin MSA 12-14; Reinstatement of Chiropractic Services for Medicaid Beneficiaries Age 21 and Older. Due to a delay in implementation, the system did not update the codes until the June 22, 2012 release. This caused claims billed between June 1, 2012 and June 22, 2012 to reject. MDCH will recycle those claims on an upcoming remittance advice.

June 28, 2012- Attention ALL Providers: Please be advised that MDCH has resolved the issue in CHAMPS regarding Member Eligibility inquiries. Providers now have complete access to running eligibility.

June 26, 2012- Attention ALL Providers: CHAMPS RA date 6/21/2012 pay cycle 25 failed in the offsetting/netting process as a result there have been many receivables created and checks going out at 100% pay. This will be corrected for pay cycle 26 RA date 6/28/2012 for providers that had any offset/adjustments that should be been recouped on the 6/21/2012 Ra.

June 26, 2012- Attention ALL Providers: Please be advised that MDCH is aware of Providers experiencing issues with Code 99402 and that payment for this code has been rejected. MDCH is working toward a swift resolution. For future claims submitted with this code, please note that the claim will automatically go into a "suspend" status until this issue is resolved.
June 26, 2012 - Attention ALL Providers: Please be advised that MDCH is aware that there is an issue in CHAMPS regarding Member Eligibility inquiries. Providers are experiencing difficulty running eligibility while utilizing filters other than the Medicaid Beneficiary ID. We are attempting to expedite a resolution and will post an update as soon as the issue is fixed. Meanwhile, MDCH recommend Providers using other web resources, Web Dennis and MIHealth, until a resolution has been generated.

June 19, 2012- Attention Dental Providers: REMINDER: Diagnosis codes are required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012. These requirements apply to all claim submission formats (837D, DDE and Paper claims) If the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information please see Policy Bulletin MSA-11-36 and the Medicaid Policy Manual >> Billing and Reimbursement for Dental Providers Section 5.4

June 05, 2012- Attention ALL Providers: Please be advised that due to system maintenance, EFT payments for pay cycle 23 (June 7, 2012) will be issued on Friday, June 8, 2012. Paper checks will be mailed on Thursday, June 7, 2012

May 24, 2012- Attention ALL Providers: MDCH has a Reimbursement Limitation on laboratory services rendered by the same provider, for the same beneficiary, on a single date of service. A processing error was allowing all laboratory services to be reimbursed beyond the above stated MDCH Policy Guidelines. The issue has been resolved and current claims are now being processed according to policy guidelines. Please be aware that MDCH will be reprocessing incorrectly processed claims and doing take backs on overpayments in the near future. For further information on this laboratory limitation policy, please refer to the MDCH Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>Laboratory >>Section 3, Reimbursement Limitations.

May 24, 2012- Attention Out-of-State Providers: MDCH reimburses out of state providers who are beyond the borderland area if the service meets one of the following criteria:

Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations; or Medicare and/or private insurance has paid a portion of the service and the provider is billing MDCH for the coinsurance and/or deductible amounts; or The service is prior authorized by MDCH. MDCH will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas. For further information pertaining to MDCH's policy on out of state providers, please refer to our Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>General Information for Providers>>Section 7.3, Out of State/Beyond Borderland Providers. A processing error allowed payments to occur on claims that failed to meet the above outlined criteria. Please be aware that these payments will be recouped on a remittance advice in the near future.

May 07, 2012- Attention ALL Providers: Payments for pay-cycle 18 have been delayed due to an internal processing issue. The payment will be issued on Monday 05/07/2012. The remittance advice for these payments will be issued on 05/10/2012. This special remittance advice may be matched to your 05/07/2012 payment by the warrant/EFT number. Regular payments and remittance for pay-cycle 19 have not been affected and are planned to be issued in a timely fashion.

May 03, 2012- *UPDATED from 3/13: Attention Maternal Infant Health Program (MIHP) Providers: A systems issue has resulted in procedure code 99402 processing and paying the home rate of $83.72, regardless of the place of services reported on the providers claim. This issue was identified in 2009 and has now been corrected. Effective March 14, 2012 CHAMPS will begin process claims at the correct rate, based on the place of services reported. MDCH is currently reviewing the claim data related to improperly paid claims and is working on a resolution to recoup any overpayments. Please check back to Biller "B" Aware periodically for any updates on the resolution. The correct rates can be found on the MDCH fee screens at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific
Information >> Maternal Infant Health Program. *There are approximately 23,500 TCNs which need to be adjusted. MDCH will adjust these claims over 3 pay periods starting next week with pay cycle 19 (5/9/12). The remaining claims will be adjusted on either pay cycle 20 (5/16/2012) or pay cycle 21 (5/23/2012).

**May 02, 2012**- Attention Home Health Agencies: CSHCS AND REPORTING OF REFERRING PROVIDER NPI - Home Health Agencies are reminded that the NPI of the CSHCS authorized referring provider must be reported on the claim and must be listed as an authorized CSHCS provider. The reporting of the authorized referring provider NPI will eliminate rejected claim setting the B7 reason code - CSHCS Has Not Authorized this Provider.

April

**April 30, 2012**- Attention PDN Providers: Billing for One Child When Two Have Been Authorized. A PDN authorized to provide services to two children at the same location may find that at times only one child is present to receive services. This may occur when the other child is in school, at a medical appointment, hospitalized, or on a family outing. When billing for services for one child (when two have been authorized), do not use the TT modifier along with the HCPCS code. Claims will not pay for one child unless the following comment is entered in the REMARKS Section of the claim: "Only one child present at time of service, documentation on file." The beneficiary record must document the reason why only one child was present to receive the service as well as the beginning and end time of the service.

**April 26, 2012**- Attention ALL Providers: There was a processing issue with Secondary claims adjudicated April 21st - April 24th that resulted in over payments due to MDCH not recognizing the Primary Insurances CARC's. The issue has been resolved and any paid claims that were impacted will be adjusted by MDCH in the near future for proper adjudication.

**April 04, 2012**- Attention ALL Providers: Several NDC codes were end dated in CHAMPS in error. This is now corrected. If you have a claim that has rejected with CARC 16 RARC M119 please verify you have the correct NDC on the claim. If all information is correct, please rebill or adjust as appropriate.

March

**March 21, 2012**- Attention ALL Practitioners: As a reminder, effective January 1, 2012, there was a modification to the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS). This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs that will be affected by this new pricing methodology:

- **Anti-Emetics**: Kytril and Zofran
- **Bisphosphonates**: Aredia
- **Colony Stimulating Factors**: Neupogen and Leukine
- **Taxanes**: Taxol

For a full listing of both higher cost agents and lower cost alternatives included in the four drug categories and for more information about the change, please see policy bulletin number **MSA 11-50** (Changes in Reimbursement for Injectables - J Code Updates) on the MDCH web site located at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders), under "Policy and Forms," then "2011."

**March 21, 2012**- Attention ALL Providers: Third Party Liability (TPL) sends out Pending Adjustment reports to providers when another insurance is found to be primary over Medicaid and the claim is
pending to be recovered by Medicaid. These reports are sent to the provider’s CORRESPONDENCE address that is listed in CHAMPS. These reports additionally are available on line in CHAMPS ARCHIVED DOCUMENTS. Many of these reports have been returned to MDCH as undeliverable. If you see that you have a report in CHAMPS and you did not receive it via Regular Mail as well, please confirm the CORRESPONDENCE address listed in the Enrollment area of CHAMPS is accurate with all information needed for proper delivery example: Dept #’s, Suite or PO BOX.

**March 20, 2012- Attention ALL Providers: MDCH Update to HIPAA 5010 Deadline:** In response to CMS’s most recent extension of the 5010-enforcement period from April 1, 2012 to June 30, 2012, MDCH will be continuing as planned and **not** be accepting 4010 claims after March 31, 2012. Effective Sunday, April 1, 2012, all transactions sent to MDCH Medicaid must be in 5010 format. Transactions submitted in 4010 format will be rejected. You will not receive payment from Michigan Medicaid on any claims submitted in 4010 format. In preparation for our final change-over to 5010, we have recognized that some claims are still being submitted in the 4010 format. Please make the necessary changes needed prior to April 1, 2012 so that your claims can be adjudicated properly in the 5010 format. You must also submit data using the appropriate Application IDs for 5010. Application IDs of 4780 (for fee-for-service claims) and 4951 (for managed care encounters) used for 4010 files will be discontinued and will reject at the Data Exchange Gateway.

*For those Providers who are not prepared for 5010, or will not be ready by April 1, 2012 we recommend that you submit your transactions through Direct Data Entry screens in CHAMPS.*

For any questions please contact us at: MDCH-5010@Michigan.gov

**March 8, 2012- Attention Nursing Facility Providers: REMINDER:** Effective 2/17/2012 Updates have been made to Nursing Facility pricing logic. Please refer to MDCH Policy Bulletin MSA 12-01 for specific pricing information.

**March 8, 2012- Attention Outpatient Hospitals, Outpatient Rehabilitation Facilities, Practitioners:** This is a clarification in regard to MSA 12-02 Outpatient Therapy service limitations: If therapies were started **AFTER** the policy implementation date of March 1, 2012, the beneficiary will be allowed 144 units in a 12 month time period. For therapies started **BEFORE** this policy implementation date of March 1, 2012 only 36 visits in a 90-day time period will be the limitation. Please refer to MSA 12-02 along with the Medicaid Provider Manual for prior authorization requirements and further policy on Outpatient Therapy Services

**March 5, 2012- Attention In-Patient Providers:** MDCH will be reprocessing approximately 2,700 claims due to Jan/Feb 2012 DRG V29 software and pricing update.

**March 5, 2012- Attention Out-Patient Providers:** MDCH will be reprocessing approximately 61,000 claims due to Jan/Feb 2012 APC software and pricing update.

**March 5, 2012- Attention ALL Providers:** Archived documents from CHAMPS, such as Remittance Advices, will not be available for viewing or to download for a period of time beginning Friday, March 9, 2012 at 6:00 PM and ending Monday, March 12, 2012 at 7am. This is due to a system upgrade that will take place on the State of Michigan file management servers.

February

**February 28, 2012- Attention Nursing Facility and Hospice Providers:** MDCH has identified Nursing Facility and Hospice room and board claims that have duplicate payments for the same month. MDCH will be initiating voids in the near future to return monies on claims with dates from 2009 and forward that meet these criteria.
February 23, 2012- **Attention Nursing Facility Providers:** MDCH has identified an issue with Nursing Facility crossover ancillary claims (Part B). The coordination of benefits contractor for Medicare, Group Health Incorporated (GHI) is dropping the service line dates causing claims to process incorrectly at a $0 payment or to deny in error. Providers will need to submit a claim adjustment to correct claims that processed incorrectly or submit a new claim for any denied claims. As soon as this problem is corrected a new Biller "B" Aware will be posted.

February 23, 2012- **Attention DMEPOS and Hospice Providers:** The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF) most medical supplies and/or DME are considered as part of the facility's per diem rate or may be included in the hospice per diem rate. These claims for DME/supplies are subject to denial, claim adjustment, or post payment review.

February 22, 2012- **Attention Nursing Facility Providers, PACE and MI Choice Program Agencies:** Please be advised that due to a system maintenance, the LOCD (Level of Care Determination) will be down Friday 02/24/2012 at 6:00 PM until Monday 02/27/12 at 6:00 AM. During this time providers will be unable to access the LOCD tool online.

February 16, 2012- **Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

February 9, 2012- **Attention Inpatient and Outpatient Hospital Providers:** UPDATE: MDCH has re loaded the missing PDF file formats of the FD-622 reports which were previously only accessible under the CSV file type. The FD-622 should now be accessible under both file types and are loaded up to the 2/02/12 pay cycle date. The normal process for loading these files should resume with the next pay cycle date.

February 8, 2012- **Attention Nursing Facility Providers:** When reporting Value codes 80, 81 or 82, report the actual number of days without additional zeros. For example; when reporting 30 covered-days, report value code 80 with 30 (not 3000).

February 7, 2012- **Attention Nursing Facility Providers:** MDCH has identified an issue with Nursing Facility crossover therapy claims (Part B). The patient pay amount is setting against ancillary charges (Part B) in error. As soon as this issue is corrected a new Biller B Aware will be posted.

February 1, 2012- **Attention Inpatient and Outpatient Hospital Providers:** FD-622 Information

February 1, 2012- **Attention Nursing Facility Providers:** MDCH has identified an issue with crossover claims (Medicare Part A) which are paying zero dollars. Upon system correction all affected claims will be re-pro

January

January 31, 2012- **Attention ALL Providers:** Due to a migration in MDCH's email system, there may be a delay in response to emails submitted to: Provider Outreach, Provider Enrollment and Provider Support email addresses. We appreciate your patience during this transition.

January 17, 2012- **Attention ALL Providers:** Benefit Plan ID NEMT Clarification: The eligibility response now returns a Benefit Plan ID NEMT (Non-Emergency Medical Transportation) which is assigned for Medicaid beneficiaries that reside in Wayne, Oakland, and Macomb Counties. Logistica is responsible for transportation when the beneficiary qualifies and has no other means of transportation to access services. Please see bulletin: MSA 10-56 for more information.
January 12, 2012- **Attention Dental Providers:** **REMINDER:** Diagnosis codes are now required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012. These requirements apply to all claim submission formats (837D, DDE and Paper claims) if the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information please see Policy Bulletin **MSA-11-36** and the Medicaid Policy Manual>> Billing and Reimbursement for Dental Providers Section 5.4

January 04, 2012- **Attention Nursing Facility Providers, PACE and MI Choice Program Agencies:** This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for Medicaid eligible or Medicaid pending beneficiaries and it must be conducted within the time frames stated in Medicaid policy. Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at [http://www.michigan.gov/mdch > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual](http://www.michigan.gov).

January 03, 2012- **Attention Inpatient and Outpatient Hospital Providers:** MDCH is aware of a current issue with FD-622 reports not being viewable within the PDF file type format. Until the PDF file type format is available the reports are still available within the CSV file type format. Instructions for viewing the report in this format are available under the previous Biller “B” Aware message posted December 8, 2011. Outpatient Hospitals please be aware that the majority of the FD-622 report for pay cycle date 12/08/11 were unable to load into CHAMPS archived documents. MDCH is also working on reloading these reports so they are accessible to providers. Please continue to check your archived documents for updates as once the reports are reloaded they will be accessible.

December 28, 2011- **Attention ALL Practitioners:** Effective January 1, 2012, there will be a modification to the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS). This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs that will be affected by this new pricing methodology:

- **Anti-Emetics:** Kytril and Zofran
- **Bisphosphonates:** Aredia
- **Colony Stimulating Factors:** Neupogen, and Leukine
- **Taxanes:** Taxol
- For more information about the change, please see policy bulletin # **MSA 11-50** on the MDCH web site located at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> 2011

December 20, 2011- **Attention Nursing Facility Providers:** MDCH will be reprocessing over 1,600 claims that were processed incorrectly. These claims involve Medicare Coinsurance Days billed to Medicaid where Occurrence Span Code 70 (Qualifying Stay Dates for Skilled Nursing Facility- SNF) was not reported. Bulletin MSA 10-03 referenced the use of Occurrence Span Code 70 which aligns with the National Uniform Billing Committee (NUBC).

December 8, 2011- **Attention Nursing Facility Providers:** MDCH is finalizing a modification to the reimbursement methodology for Medicare Advantage Plan Co-Insurance Days. These claims may have originally been processed incorrectly. Once the modification is complete, MDCH will reprocess the affected claims on behalf of providers.
December 5, 2011- **Attention Professional Providers:** Effective January 1, 2012, there will be a modification to the reimbursement methodology for specific injectable drugs. This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. This new methodology represents an opportunity for increased reimbursement. For additional information including the drugs and the programs affected, please see [Policy Bulletin MSA-11-50](https://www.michigan.gov/Michigan.gov).  

November 30, 2011- **Attention All Providers and Billing Agents:** Though CMS recently announced it will not be enforcing penalties for non-compliance of the HIPAA 5010 version, MDCH would like to clarify Michigan Medicaid’s position. MDCH does not see this as an exception to being compliant and will be requiring a full implementation to HIPAA 5010 standards on January 1, 2012.

November 30, 2011- **Attention Outpatient Hospital Providers:** MDCH will be reprocessing approximately 18,000 claims due to October APC software and pricing update.

November 22, 2011- **Attention FQHC and RHC Providers:** When completing the Health Plan detail for your Reconciliation Reports, you must report the Medicaid or MIChild issued Beneficiary ID number so eligibility can be verified. Any claim submitted for a beneficiary not enrolled with a Health Plan during that reported date of service will be excluded from your settlement.

November 16, 2011- **Attention ALL Billing Agents:** Effective mid-August MDCH changed and reposted a new 835 Electronic Remittance Advice Request for Billing Agent Change/Update form at the following link: [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html). If you book marked or saved the form previously, prior to the dates above, please use this link to obtain the correct form. When having providers fax that form to Automated Billing for processing, please use this new version. MDCH needs to have consistent information being received from all sources regarding this new 835 form.

November 9, 2011- **Attention ALL Providers:** Due to the implementation of HIPAA 5010, CHAMPS will experience a complete system outage beginning at 12am Friday December 30, 2011. The system is scheduled to be back up and functional on Tuesday January 3, 2012 at 12am. During this 4 day outage, you will not be able to access the CHAMPS system at all. Additionally, the last opportunity to submit a HIPAA 4010 file will be on Wednesday December 28, 2011 at 3pm. After that only HIPAA 5010 claims will be accepted, and any submitted after Wednesday December 28, 2011 will be held during the outage and will be processed beginning on at 12am January 3, 2012. To check eligibility, we suggest you use web-Denis or the Michigan Public Health Institute’s (MPHI) web service for beneficiary eligibility status. An L-Letter will be published soon with further details about the CHAMPS system outage.

For questions regarding the HIPAA 5010 implementation please go to [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> HIPAA 5010/ICD10 Implementation or email MDCH5010@Michigan.gov.

November 7, 2011- **Attention ALL Providers:** All major identified CHAMPS defects have now been fixed and released into CHAMPS production in an effort to prepare for the January 1, 2012 implementation of HIPAA 5010. Please reference the CHAMPS Provider Update Table for a current list of system fixes.

The CHAMPS Provider Update Table can be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> CHAMPS Provider Update Table.

For those of you who have been holding batches of claims, due to system defects, and have now exceeded timely filing limits, please submit a request for timely filing bypass/acceptance no later than 12/1/2011 to ProviderSupport@Michigan.gov with the subject line: CHAMPS BATCH TIMELY DEFECTS. Please include in the body of the email the total claim count to be submitted, the range of dates of service, and an explanation for the request. All batch requests will be reviewed by MDCH for validity. Upon approval response from MDCH, batches may be submitted applicable to outstanding
claims previously withheld due to system defects/issues, whereby MDCH will consider for bypass of the timely filing edit.

**November 3, 2011- Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

**November 1, 2011- Attention Vision Providers:** MDCH has identified a systems issue that has caused claims for beneficiaries age 21 and older to deny incorrectly (e.g., RARC N129). This error has been corrected and claims will be adjusted by MDCH. Providers will see these claims on their remittance advice during November 2011.

**October**

**October 31, 2011- Attention ALL Providers: Reminder:** A primary care provider (i.e., MD, DO) or other Medicaid-approved provider (i.e., Certified Nurse-Midwife [CNM], Nurse Practitioner [NP]) can provide family planning/Plan First services. Beneficiaries eligible for this waiver are limited to the receipt of family planning services only. Family planning services are defined as any medically approved means, including diagnostic evaluation, medications, and supplies, for voluntarily preventing or delaying pregnancy.

Covered services include:
- Office visits for family planning related services. This includes preventive evaluation and Management office visits and other office/outpatient visits for family planning services.
- Contraceptives, including oral contraceptives and injectables.
- Contraceptive supplies and devices for voluntarily preventing or delaying pregnancy.
- Laboratory testing and pharmaceuticals related to contraceptive management or initial treatment of sexually transmitted infections (STIs).
- Sterilizations completed in accordance with current Medicaid policy.

**PLEASE NOTE:** Family planning/Plan First services are limited to the V25 diagnosis code series range. Providers must enter the appropriate V25 diagnosis code as the primary diagnosis on the claim form for services rendered.

**October 25, 2011- Attention ALL Providers:** Effective January 1, 2012, all trading partners must submit electronic healthcare transactions using the HIPAA 5010/NCPDP D.0 transaction formats. (Trading partners include: providers, clearinghouses, billing agents, vendors, and health plans.) **B2B testing is now available for all trading partners through the Ramp Manager testing website at https://sites.edifecs.com/index.jsp?michigan.** All trading partners must test and be certified through the MDCH two-stage B2B testing process in order to successfully submit 5010/NCPDP D.0 transactions to CHAMPS. If you are not certified to submit 5010 transactions, your claims will not be accepted and payments will not be processed. Please see MSA 11-36.

**October 25, 2011- Attention Nursing Facility Providers:** MDCH is now accepting institutional crossover claims from the coordination of benefits contractor, Group Health Incorporated (GHI). The institutional nursing facility crossover claim process will allow nursing facilities to submit a single claim for residents dually eligible for Medicare and Medicaid. After processing the Medicare portion, GHI will forward the claim to Michigan Medicaid for processing and reimbursement. Once Medicare payment is received by the facility and Remark Code MA07 appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days. The facility may check claim status online through the Community Health Automated Medicaid Processing System (CHAMPS). If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.
October 19, 2011- Attention DME Providers: Per Biller "B" Aware posted May 9th & August 22 2011, MDCH has issued voids for over 10,000 claims.

October 17, 2011- Attention Outpatient Hospital Providers: MDCH has identified an issue with G0434 which was paying zero dollars prior to the CHAMPS release on September 9th, 2011. After the release G0434 was denying in error as per MSA policy bulletin 10-65 this is a covered code. MDCH will be reprocessing the affected claims.

October 10, 2011- Attention Home Health Providers: MDCH will be reprocessing approximately 3700 claims that were billed with G0151, G0152 G0153, G0154, G0156, 99601 and 99602 and were not processed correctly.

The Michigan Department of Community Health apologizes for this delay and inconvenience. Medicaid Bulletin MSA 11-32, issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI). In September 2011, notice was issued on Medicaid LISTSERVE and Biller "B" Aware advising nursing facilities that effective October 1, 2011, MDCH would begin accepting crossover claims from GHI.

Any questions regarding this message can be directed via e-mail to: ProviderSupport@Michigan.gov
Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1-800-292-2550.

October 5, 2011- Attention ALL Providers- MDCH will be reprocessing approximately 12,000 PAID claims for beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS. If your claims denied for this reason, you must rebill your claim. These claims may have originally been processed incorrectly.

October 5, 2011- Attention Outpatient Providers - MDCH will be reprocessing approximately 21,000 claims due to April/July APC software and pricing update.

September

September 28, 2011- Attention Hospital Providers: MDCH is pleased to announce the availability of the FD-622 Reports in a downloadable electronic format (pdf). The reports will be available for pay date cycles after October 1, 2011. In order to achieve savings, effective October 1, 2011 MDCH will cease to mail paper copies of the FD-622 to inpatient hospital, outpatient hospital, end stage renal dialysis centers, and outpatient rehabilitation facilities. The reports are available through CHAMPS archived documents. If you have difficulty accessing the report, please call provider hotline for assistance.

September 26, 2011- Attention ALL Providers: Revised Benefit Plan Handout with Service Type Codes *Updated 9/2011

September 21, 2011- Attention Nursing Facilities: Medicare - Medicaid Nursing Facility Crossover Claims with Group Health Incorporated (GHI) (Coordination of Benefits) Medicaid Bulletin MSA 11-32, issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI).

This notice is to advise nursing facilities that effective October 10, 2011, MDCH will begin accepting crossover claims from GHI. As such, claims that include Medicare as the primary payer and Medicaid as the secondary payer, will be crossed over to Medicaid from GHI.
To avoid duplicate claim rejections and delay in payment, nursing facilities must avoid direct billing to Medicaid. Medicaid asks that nursing facilities await their Medicare RA for claim submission dates effective October 10, 2011. Once Medicare payment is received by the facility and Remark Code MA07 appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days.

The following website provides more information and frequently asked crossover question: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Medicare Crossover.

Any questions regarding this message can be directed via e-mail to: providerSupport@Michigan.gov. Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1-800-292-2550.

September 8, 2011- Attention ALL Providers: MDCH has scheduled Michigan Medicaid Trainings and Champs Navigational sessions in the Upper Peninsula, Marquette MI during the last week of September 2011.

These sessions will offer specific training to providers with an opportunity to have a one on one session with a Medicaid Provider Liaison (note: one on one session time may be limited based on number of registered providers). To register for an AM or PM session, visit our training website at www.michigan.gov/medicaidproviders >> Communication and Training >> Medicaid Provider Training Sessions.

August

August 30, 2011- Attention Outpatient Hospital Providers: Outpatient Hospital Providers with service lines denied with Reasons code 11 and Remark code N10 - may wish to adjust or re-bill their claim with documentation supporting the medical necessity of the procedure code. The documents should be sent into EZ LINK and should include: Ultrasound, MRI, CAT scan, History and Physical, ER Report.

August 30, 2011- Attention ALL Providers: Providers may wish to re-bill for TPL take backs done in error but have dates of service over one year old. Please indicate in the remarks/comments section of your invoice the TCN/pay-cycle date of the void transaction that TPL used to take back the money.

Example: (4111xxx8xxxxxxx000 / pay-cycle date 08/25/2011 TPL take back in error)

The re-bill is due within 365 days from the date of the TPL take back done in error. Information supplied on the invoice will be verified.

August 29, 2011- Attention Professional Providers: MDCH has identified an issue with the reimbursement rates for the CPT codes activated for January 2011, as listed in Bulletin MSA 10-65. Rates have been re-calculated to reflect CMS’s updated National Physician Fee Schedule Relative Value File for dates of service on or after January 1, 2011. MDCH has posted a revised Practitioner and Medical Clinic Database and will be reprocessing the affected claims on behalf of the providers. Professional Providers are also advised that payment status indicators related to CPT procedure codes (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.) can be referenced at the CMS website: http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

August 22, 2011- Attention ALL Providers and Billing Agents: With CHAMPS provision for automated/electronic processes, the Automated Billing phone number (877-672-3483) has been disconnected. You can reach Electronic Data Interchange (EDI) support services/Automated Billing for any questions or issues about electronic transactions with Medicaid by e-mail at AutomatedBilling@Michigan.gov.
August 22, 2011- Attention DME Providers: UPDATED MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02 (Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary’s plan of care are included in the Nursing Facility’s per diem rate and are not payable to DME providers. MDCH will begin voiding these claims August 22, 2011.

August 17, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

August 12, 2011- Attention Nursing Facilities: Long-Term Care Insurance- The Coordination of Benefits Chapter in the Medicaid Provider Manual states that federal regulations require all identifiable resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. If a Medicaid beneficiary has long-term care insurance, it is recognized as another resource and that resource must be billed prior to billing Medicaid. In the event the facility is aware that a beneficiary has another resource (including long-term care insurance) but the resource is not reflected on the mihealth card or the Community Health Automated Medicaid Processing System (CHAMPS) eligibility inquiry, the facility must fill out form DCH-0078. This form can be found online at www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms. The preferred method of submission is by fax to Medicaid Third Party Liability (TPL) at: 517-346-9817. While fax is preferred, the form may also be sent via e-mail to tpl@michigan.gov. The form should be submitted before billing Medicaid. If known, please include the policy's per diem payment amount in the comments section of the form. Medicaid TPL will verify the information provided and update the beneficiary’s CHAMPS eligibility information accordingly. The facility should bill the other resource first. Once payment has been received, the facility may bill Medicaid. The billing to Medicaid must include the payment amount received from the other resource.

August 5, 2011- Attention ALL Providers: MDCH will be reprocessing approximately 4000 claims that were billed with Modifier 54 and were not processed correctly.

August 4, 2011- Attention ALL Providers: Per Biller “B” Aware posted July 19 2011, MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18, B5, B13, RARC B130, N10). Claims are setting these edits against different provider types in error. MDCH has corrected this error and claims will be adjusted by MDCH on a future remittance advice.

July 29, 2011- Attention Inpatient Hospital Providers: Subsequent to the June 2011 CHAMPS release it has been reported that our MIP suppression rules have been overlooked for Medicare covered claims. Upon system correction all affected claims will be re-processed. As soon as this problem is corrected a new Biller B Aware will be posted.

July 27, 2011- Attention DMEPOS Providers: When billing equipment and supplies that must be reported as a daily rate (by entering total number of days used as units); it is recommended that providers use “span” dates. For example: S5498 (home infusion therapy catheter care/maintenance). If dates of service are July 15, 2011 through August 13, 2011; the dates should be reported using the “From” and “To” dates of 07/15/2011 - 08/13/2011 and report 30 units.

July 26, 2011- Attention ALL Providers: MDCH has identified that Providers are unable to access the TPL Recovery Letters within the Archived Documents link in CHAMPS. Please continue to check this site for an update on when this issue has been resolved. In the interim, all reports continue to be mailed.
to the correspondence address within the Provider Enrollment file.

**July 25, 2011- Attention Nursing Facility Providers:** MDCH has identified claims denying Reason Code 18 and Remark code N185 on some lines for ancillary services, once the system has been corrected the claims will be adjusted by MDCH.

**July 19, 2011- Attention ALL Providers:** MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18 B5 B13 RARC B130 N10). Claims are conflicting against different provider types in error. Please review the claim limit list at the line level in the Inquire Claim screen detail to confirm whether a claim has been affected by this error. As soon as this problem is corrected a new Biller B Ware will be posted.

June

**June 30, 2011- Attention Outpatient Hospital Providers:** MDCH has identified a system issue with codes G0380-G0384 and G0379. MDCH reprocessed approximately 4000 affected claims and providers should see those claims on their remittance advice dated June 30th.

**June 27, 2011- Attention ALL Providers:** MDCH has identified an issue with some claims from Tuesday, 6/21 which were submitted prior to the cut off time of 4 p.m. It appears the claims, were received within the correct time frame, however did not complete processing in Champs. The issue has been addressed and these claims should be released by next pay cycle. There is no need to resubmit any claims.

**June 21, 2011- Attention Inpatient Hospital Providers:** With the July 1st implementation of the Present on Admission requirement - Providers need to submit POA values on IPH claims.

**June 20, 2011- Attention ALL Providers:** Effective August 1st, 2011 the Department of Technology, Management and Budget (DTMB) will be implementing new password policies for all users that access the Single-Sign On (SSO) web portal for the CHAMPS system. All users will be required to change their passwords to the new configuration when their existing password expires. The new password configuration/requirement is:

- **Minimum password length is eight (8).**
- **Password must contain at least one letter and one number.**
- **Passwords are case sensitive.**
- **Maximum number of repeated characters is two (2).**
- **Password cannot be same as user id or user name.**
- **New password cannot be same as current password.**

The SSO New Password Configuration instructions can be found on the MDCH website www.michigan.gov/medicaidproviders >>CHAMPS >>RESOURCES

**June 16, 2011- Attention ALL Providers:** Beginning in July 2011, The Third-Party Liability (TPL) Division will be completing claim voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid.

Providers should begin to see these on the BCBS recovery reports, which will be available in early July 2011 through the Archived Documents link. Providers will have 30 days to contact TPL if you have reason to believe that the claim void should not be completed by MDCH. After 30 days, the claim will be voided in CHAMPS and providers are expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary. The recovery reports are available in CHAMPS >> MY INBOX >> ARCHIVED DOCUMENTS >> in the Document TYPE field select: TPL RECOVERY

**June 13, 2011- Attention ALL Providers:** UPDATED Archaeved documents from CHAMPS, such as Remittance Advices, will not be available for viewing or download for a period of time beginning Thursday, June 16, 2011 at 7:30 PM and ending Friday, June 24, 2011. This is due to a system upgrade that will take place on State of Michigan file management servers.

**June 8, 2011- Attention ALL Providers:** The Third-Party Liability (TPL) Division will be issuing claim
adjustments/voids on claims where they have found another payer as primary over Michigan Medicaid. Prior to these adjustments/voids being done, TPL will mail a recovery report to the providers Correspondence Mailing address on file. These letters will also be available in CHAMPS >>>MY INBOX>>> ARCHIVED DOCUMENTS >>>>in the Document TYPE field select: TPL RECOVERY

*Only contact TPL regarding adjustments if you have received a letter and are questioning the TPL recovery

If you are inquiring on an adjustment on your remittance advice, please click here for instructions on how to verify Adjustments Source.

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June 6, 2011- Attention Home Health Providers: MDCH has identified a problem with claims processing incorrectly for Home Health Visits. Overpayments have been identified on procedures G0151, G0152 G0153, G0154, G0156, 99601 and 99602. Per Michigan Medicaid Policy providers can report up to two visits on the same day (i.e., two visits on the same day must be billed on individual lines of the same claim). MDCH will be initiating adjustments in the near future for all claims that did not meet these criteria.

June 3, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with procedure code Cxxxx billed with revenue code 027x denying with Remark code N56 (Procedure code billed is not correct/valid for the services billed or the date of service billed.). MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

June 2, 2011- Attention Hospital Providers: Providers should note that without proper consent forms for sterilizations (current Medicaid beneficiary or possible retro-eligible beneficiary) they run the risk of non-payment.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with codes G0380-G0384 and G0379. MDCH will reprocess the affected claims on behalf of providers.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with codes Q2035-Q2039. MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

May

May 18, 2011- Attention Professional Providers: Subsequent observation care codes 99224, 99225, 99226 are currently non-covered services based upon current Medicaid policy. Medicaid covers physician services for beneficiaries admitted and discharged from observation status in the hospital setting for a stay less than 24 hours. All nationally recognized codes are added to the CHAMPS reference file -with activation only as applicable to the Medicaid program’s implementation of the State Health Plan and policy. Medicaid, as a state governed program, has different eligibility requirements and offers different benefits from the federally governed Medicare. While the two separate programs share many similar regulatory requirements, the Medicaid program does operate within federal guidelines.

May 9, 2011- Attention DME Providers: MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02(Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary’s plan of care are included in the Nursing Facility’s per diem rate and are not payable to DME providers. MDCH will be initiating voids in the near future for all claims that meet these criteria.

April

April 29, 2011- Attention ALL Providers: MDCH has issued voids on claims paid in error for beneficiaries that had MA-ESO (emergency services only) benefit plans. These claims did not meet the emergency criteria and originally should have been denied. Beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS may have been voided in error by MDCH. MDCH is aware there are still
claims not processing correctly with the Benefit Plans listed above and is currently working to resolve the issues in a future release. MDCH will post the information when corrected on our website and via ListServ message. For instructions on how to sign up for the LIST SERV notifications please go to the website at www.michigan.gov/medicaidproviders and click on >>> LISTSERV SUBSCRIPTION INSTRUCTIONS

April 14, 2011- Attention MIHP Providers: MDCH inadvertently initiated newborn recovery take backs on services provided by MIHP providers. Unfortunately, there is no way for CHAMPS to reverse this error, so the claims cannot be resurrected or reprocessed internally. MDCH is asking providers to re-bill the affected claims. Please add the following note to your claims to expedite processing of the affected claims: newborn void error.

April 4, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries started on Pay Cycle 13.

Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Support.

April 1, 2011- Attention DMEPOS and Hospice providers: The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF), claims for DME/supplies are subject to denial or post payment review because most medical supplies and/or DME are considered as part of the facility's per diem rate, or may be included in the hospice per diem rate.

March

March 15, 2011- Attention Professional Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries will begin on Pay Cycle 13. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Support.

March 10, 2011- Attention ALL Providers: IMPORTANT NOTICE on Claim Adjustment Reports

February

February 23, 2011- Attention Critical Access Hospital Providers: MDCH has identified an issue with duplicate paid claims in error. ISSUE: CAH Providers are billing their professional charges on the institutional claim using the Professional Fee Revenue Codes in error. MDCH is paying both the professional fee revenue code service line(s) in addition to the facility charge service lines for same the service which is causing duplicate payments. RESOLUTION: For the interim solution and to prevent duplicate payments, MDCH will be issuing VOIDS for all claims paid in error. Once the voided claim appears on your Remittance Advice, providers can resubmit the claims properly. Providers must bill professional fees on a professional claim and institutional fees on institutional claim to receive appropriate payment.
February 16, 2011 - Attention Inpatient Providers: There were some technical issues with DSH payments that have been resolved. Providers should receive their payments by the 22nd or 23rd.

February 16, 2011 - Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility Therapy claims that processed at an incorrect rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of the providers. This will affect all Nursing Facility Therapy claims from dates of service 07/01/09 and forward. These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing.

February 14, 2011 - Attention Medicaid Inpatient and Outpatient Providers: MDCH has identified an issue with duplicate claims. Providers are submitting secondary claims when Medicare is the primary payer to Michigan Medicaid and the same claim also comes to Medicaid through the Crossover process. Medicaid will process crossover claims first and deny any duplicate claim received directly from the provider. We would like to remind all providers: Please do not submit duplicate claims. If the Medicare crossover claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

January

January 27, 2011 - Attention Ambulance Providers: MDCH is reprocessing all denied transportation claims with valid diagnosis codes for Health Plan beneficiaries. Ambulance Providers are also reminded to review the policy manual for the reporting of Multiple Transports per Beneficiary, specifically the requirements regarding Modifier 22 and the detailing in remarks or via an EZ-link attachment.

January 27, 2011 - Attention Hospice Providers: Hospice claims are being submitted with Value Code 66 to report the Patient Pay Amount (PPA). Although this was acceptable under legacy, CHAMPS does not accept the use of Value Code 66 to report the PPA. Per the National Uniform Billing Committee (NUBC), Value Code 66 is only to be used when reporting the Medicaid Spend-Down Amount (Deductible). Value Code D3, Patient Estimated Responsibility, must be used to report the PPA.

January 24, 2011 - Attention ALL Providers: MDCH will be reprocessing 250,000 professional claims that were processed incorrectly due to an age calculation issue. MDCH will also be reprocessing approximately 200,000 outpatient Medicare secondary claims that were processed at an incorrect payment since CHAMPS go live. These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing. This may cause some claim lines that previously paid to reject, requiring the provider to add additional information and resubmit as new or an adjustment claim. For example: if claim paid in 2010 without an NDC and there was an issue with the age calculation; the newly reprocessed claim may now deny because the NDC was not originally reported.

January 20, 2011 - Attention Professional Invoice Providers: MDCH is attempting to resolve outstanding issues regarding the processing and payment of Medicare crossover claims in the upcoming releases. For the January 21 release, MDCH plans to implement changes to the logic which will allow procedure codes covered by Medicare but not covered by Medicaid to process through the system (CARC 204 & RRC N30 will no longer post). However, as a result of this update, some claims will deny with CARC 8 & RRC N65. These denials will be reprocessed by MDCH after Friday January 25, 2011 when the logic is updated in CHAMPS. Furthermore, MDCH will be making additional changes on March 4, 2011 to allow Medicare Crossover claims suspended with CARC 133 to process without manual review. Claims which have been paid at a decreased rate due to limit quantities will pay appropriately (CARC B5, RRC N10 or N130). Please see the provider update table for modifications to this schedule.

January 19, 2011 - Attention ALL Providers: Beginning in early spring 2011, The Third-Party Liability (TPL) Division will be completing claim adjustments/voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid. This adjustment/void process will begin with a small batch of inpatient hospital claims and providers should
begin to see these on the inpatient BCBS recovery reports, which will be mailed in early February 2011. Providers will have 30 days to contact TPL if you have reason to believe that the claim adjustment/void should not be completed by the MDCH. After 30 days, the claim will be voided in CHAMPS and providers are expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary. TPL expects to automate this process for inpatient providers beginning in March 2011, which will void claims in April 2011. Additional provider types will be added in the future as TPL moves towards this BCBS claim adjustment/void process.

January 10, 2011- Attention ALL Providers: All providers should contact Third Party Liability (TPL) to report any changes (including new coverage or terminations) in other insurance information prior to submitting a claim to Medicaid. All requests should be processed by TPL within 10 business days. After the information has been updated, the claim can then be submitted with the appropriate other insurance information reported, thus avoiding unnecessary suspends because the other insurance information has been properly updated in CHAMPS. Please submit all requests to TPL by completing the DCH-0078 form found on the TPL website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Third Party Liability >> Health Insurance. Fax the completed form along with any supporting documentation to 517-346-9817 (preferred option) or email the form to TPL@michigan.gov.

December 21, 2010- Attention Inpatient and Outpatient Providers: As per MDCH policy bulletin MSA 10-46, MDCH has received approval for institutional crossover files starting December 9, 2010 for inpatient and outpatient hospital claims. Once payment is received from Medicare and the MA07 remark code appears on the Medicare RA, providers should expect to see the claim appearing on the Medicaid RA within 30 days. The first two characters of the TCN will be 32. If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information. For more information regarding Institutional billing instructions and to access the crossover frequently asked questions (FAQ), providers may review the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Medicare Crossover.

November 29, 2010- Attention Nursing Facility Providers: All Provider rates were updated in CHAMPS. Providers can submit adjustment claims for October 2010 dates of service to receive the difference.

November 23, 2010- Attention ALL Providers: Claims Denied with REASON Code (CARC) 96 and Remark Code (RARC) N35. As a reminder, if your claim status shows IN PROCESS in CHAMPS, DO NOT resubmit another claim. MDCH will be clearing these duplicate suspending claims off of the system on an ongoing basis, keeping only the most recently submitted claim that is suspending. You will see these claims on your Remittance Advice denied with Reason code 096/Remark Code N35. Do not resubmit those claims. If you get this denial, please do a search in claim inquiry on CHAMPS to find the additional claims.

November 20, 2010- Attention ALL Providers: We have identified an issue with claims sent on 11/08/2010. They appear to be randomly processing as a denied claim for "limits exceeded"; with no original pay date. These claims should be released by next pay cycle.
October

October 26, 2010- Attention ALL Providers: MDCH has identified a system issue with providers that have multiple specialties on file within CHAMPS. The issue has affected approximately 40,000 claims. These claims are incorrectly denying with Reason Code (CARC) 185 and Remark Code (RARC) N198 or the claims are not paying at the correct rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers.

October 21, 2010- Attention All Providers: Effective October 15, 2010 MDCH is reporting the following additional Managed Care Benefit Plans for Providers in the CHAMPS eligibility screen and 270/271 transactions. PIHP (Prepaid Psychiatric Inpatient Health Plan) SA (Substance Abuse) CMH (Community Mental Health) CSHS-MH (Children’s Special Health Care Services, Medical Home) Medicaid Managed Care (MA-MC) and Adult Benefit Waiver Managed Care (ABW-MC) continue to be provided on the eligibility screen and 270/271 transactions. Please ensure that you are utilizing the correct contact information associated with the appropriate benefit plan.


September

September 14, 2010- Attention PDN Providers: IMPORTANT NOTICE: Effective October 1, 2010, the Michigan Department of Community Health (MDCH) will require Private Duty Nursing (PDN) providers to bill HCPCS codes S9123 and S9124 in one-hour increments as required in the 2010 HCPCS coding book. PDN services are prior authorized in hours. Therefore, when billing for services, the total number of hours billed - whether with S9123 and/or S9124 - must not exceed the total number authorized for that month. Since whole hours of care are authorized, only those hours of care that entail a full hour of care may be billed.

Please Note: Authorization letters for the month of October will authorize care in units but the quantity will reflect the number of hours approved for the month. One unit = one hour. Refer to Bulletin MSA 10-35 for further information.

August

August 26, 2010- Attention All Providers: Quarterly Newborn recoveries were temporarily suspended as of July 2009 while MDCH implemented the new CHAMPS system. Beginning with Paycycle 33, MDCH will resume the quarterly takeback/recoveries for newborn beneficiary claims that were paid FFS where the newborn is now enrolled in a Medicaid HMO. The first recovery batch will be to catch up for claims paid prior to 3/31/2009, and MDCH will continue these takebacks in subsequent paycycles for legacy claims paid between 4/1/2009 - 6/30/2009 as well as claims paid between 7/1/2009 - 9/30/2009. After these 3 catchup batches, the next regular quarterly scheduled takeback/recovery will resume on a quarterly basis in October 2010. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remit Advice date.

August 11, 2010- Attention IPH Hospitals: MDCH recognizes that many hospitals have aging accounts currently suspending in CHAMPS that may affect their DSH and/or MIP reconciliations. IPH claims with dates of service prior to 1/1/2009 will be identified for priority processing over the next two weeks. If after the two weeks, hospitals still have additional outstanding aging accounts; hospitals may then contact Providersupport@Michigan.gov with a listing of 25-50 TCNs for aging accounts that will be considered for priority processing. NOTE: Please only submit a list of the TCNs and as per HIPPA Privacy and Security guidelines, please do not send any Protected Health Information (PHI).

August 11, 2010- Attention Outpatient Providers: OPH claims with DOS on/after 7/1/2010 will no longer set the edit for "diagnosis code does not support procedure billed" when revenue code 450/452 is billed. Claim Adjustment Reason Code: 11 - The diagnosis is inconsistent with the procedure. Remittance
Advice Remark Code: N10 - Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.

**August 05, 2010**- Attention ALL Providers: The error that began on July 24th that restricted the allowed amount quantity to one (1) unit of service per claim line regardless of the number of units billed or normally allowed for certain procedure codes has been resolved as of August 4th. Providers should no longer experience this issue for TCNs with Julian dates greater than or equal to 10216 (yyddd). MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers. Providers may also adjust the affected claims.

**July**

**July 26, 2010**- Attention Outpatient Providers: MDCH has identified a system issue with the APC software which caused some Outpatient claims to pay $0 during the past week. Claims affected have been identified and will be mass adjusted by MDCH to correct the payment issue.

**July 21, 2010**- Attention ALL Providers: MDCH has identified an issue with a portion of the Outpatient legacy edit 743 Claims that were mass resurrected in CHAMPS in February. Some of these claims were not able to be successfully resurrected and will be denied with reason code 17/remark code N379 on the next two Remittance Advices starting with 7/15/10. Beginning in early August, MDCH will be re-resurrecting these selected denied claims to process correctly through CHAMPS.

**July 07, 2010**- Attention Professional Providers: Claims which denied for Invalid Admission Date have been reprocessed and will appear on the next RA.

**July 07, 2010**- Attention Institutional Providers: An issue has been identified for Inpatient hospital claims whereby CHAMPS is not recognizing PACER numbers submitted using the Qualifier G4 (Loop 2300 Ref Segment). This issue is being worked on and until it is corrected, all Prior Authorization and/or PACER numbers should be submitted using the 2300 REF Qualifier G1 for Admission/Readmission/Elective IPH stays until further notice on all electronic claim submissions.

**June 23, 2010**- Attention All Providers: Due to planned upgrades to the FileNet system, Remittance Advices for Pay Cycle 25 (June 24, 2010) will not be available until Friday June 25, 2010. Thank You.

**June 10, 2010**- Attention Institutional Providers: MDCH is currently working on an implementation plan for Institutional Crossover claims received directly from Medicare. We plan to have Institutional Crossovers in production by Fall 2010. The appropriate NPI for Medicaid adjudication must be reported on the initial claim sent to Medicare in order for the Crossover claim to adjudicate correctly in CHAMPS. MDCH will post additional information as it becomes available.

**June 03, 2010**- Attention All Providers: MDCH anticipates the next system update to occur on June 11th 2010. As a reminder, please do not re-submit claims if your claims are currently suspended in CHAMPS.

**June 02, 2010**- Attention All Providers: During the first week of April 2010, MDCH identified an issue with the way CHAMPS calculates a beneficiary’s age during the adjudication of some claims. This issue was corrected, and while it did not impact the actual editing or pricing of the claims, it still required that certain claims with incorrect ages be reprocessed so that reporting and statistical claims data is accurate. MDCH has reprocessed the impacted claims to correct the age calculation and these adjusted claims should appear on your next RA.

**May**

**May 26, 2010**- Attention All Providers: MDCH would like to remind Providers when billing secondary
claims to Medicaid to report the Claim Adjustment Reason Code(s) (CARC) reported by the primary payer. If the primary payer typically covers the service, however, indicates the service is non-covered (CARC 96), claim notes indicating why the service was not covered by the primary payer are recommended.

May 24, 2010- MDCH is currently processing newborn applications after 4/18/2010 into Health Plans.

May 24, 2010- MDCH is currently processing the Hospice Membership Notice (DCH1074) Forms received as of 05/03/2010.

May 24, 2010- Attention All Providers: Per MDCH Policy, providers that are submitting secondary claims on paper must submit the Allowed Amount as the Submitted Charges on the paper claim form. If the Submitted Charges are different than the Allowed Amount from the Explanation of Benefits (EOB), MDCH will reject the claims. Please refer to the Provider Manual, Billing & Reimbursement for Professional chapter, Section 3 Claim Completion instructions, for additional information. Due to the number of secondary paper claims and the processing time, MDCH encourages all providers to submit claims electronically. If you do not have a Billing Agent, MDCH offers the free Direct Data Entry (DDE) option directly in CHAMPS.

May 20, 2010- Attention All Providers: MDCH has identified over 56,000 duplicate suspending claims in CHAMPS since go live. These duplicates are a result of multiple provider submissions of the same claim. In the next week, MDCH will be clearing these duplicate suspending claims off of the system, keeping only the most recently submitted claim that is suspending. You will see these claims on your next RA denied with Reason code 096/Remark Code N35. Please do not resubmit these denied duplicate suspending claims. As a reminder, if your claim is currently suspending in CHAMPS, please do not resubmit another claim as this will increase our backlog and the time it takes to get to resolving your initial claim.

May 19, 2010- Attention All Providers: MDCH urges Providers that send secondary claims on paper to consider submitting those claims using the CHAMPS Direct-Data-Entry (DDE) Claim Submission or through a Billing Agent using the 837 electronic claim format. Use of the DDE and/or Billing Agent offers several advantages including:

- Eliminates the need to attach the Explanation of Benefits (EOB). DDE and the 837 allow other insurance payments to be reported using Claim Adjustment Reason Codes (CARC). In the CHAMPS DDE screens these codes are referred to as "Reason Codes." The CARC Codes can be found at www.wpc-edi.com/
- Claims that are submitted DDE will appear in CHAMPS within approximately 15 minutes
- Claims received electronically on the 837 appear in CHAMPS the following day.

May 17, 2010- Attention All Providers: MDCH is currently developing a training webcast focused on Medicaid Trading Partners; specifically, Medicaid Billing Agents or provider staff who transmit HIPAA 837 electronic claims directly to MDCH via the DEG or CHAMPS screens and who receive and translate HIPAA 835 electronic remittance advice and 277U electronic claims status (pended claims) files on behalf of Michigan Medicaid providers. The webinar is expected to be released in mid-to-late June and will be available on the CHAMPS informational website.

Billing Agents are encouraged to submit questions and topics that they would like MDCH to cover during the training. All questions/comments must be submitted to Automated Billing by May 21st. The subject of the email must be "Webcast Questions/Comments - [Your Subject Here]." A listserv message will be sent when the webcast has been released on the CHAMPS informational website.

May 13, 2010- Attention All Providers: In the event you receive a denial as the result of a Champs related defect, please resubmit your claim. When the claim exceeds the one-year billing limitation, please include the TCN of the denied claim in the claim notes area.
May 13, 2010 - Attention All Providers: The resubmission of "INPROCESS" claims is causing additional backlog for the claims processing unit. Claims with a status of "INPROCESS" in CHAMPS are pending for review. Providers should not rebill claims that are in this status as it will also pend or create a new "INPROCESS" claim.

May 12, 2010 - Attention: Family Planning Clinics, FQHCs, Outpatient Hospitals, LHDs, Medical Suppliers, MH/SA, Nursing Facilities, Practitioners, RHC and THC providers: The implementation of the CHAMPS system allows MDCH to adjudicate claims compliant with the federal mandate requiring the National Drug Codes (NDC) for physician-administered drugs administered in a physician office, clinic, beneficiary home, local health department or outpatient hospital setting. MDCH policy was published effective for dates of service on or after July 15, 2007 for professional claims (MSA 07-33) and on or after July 1, 2008 for institutional outpatient claims (MSA 08-02). This information is available in the on-line MDCH Provider Manual at www.michigan.gov/medicaidproviders. In the CHAMPS system, if you bill a HCPCS code representing a physician-administered drug and your claim has one of the following conditions, then the service line will deny: service lines with an invalid HCPCS and NDC combination reported, service lines with an invalid or missing NDC at the service line and service lines with non-rebateable NDCs reported. The implementation of these edits has been phased in and will be fully operational by June 2010.

A denied service line on a claim will have these reason and remark codes:

<table>
<thead>
<tr>
<th>Adjustment Reason Code</th>
<th>Remittance Remark Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - Claim/service lacks information which is needed for adjudication</td>
<td>M119 - Missing/incomplete/invalid National Drug Code</td>
</tr>
<tr>
<td>181 - Procedure code was invalid on the date of service</td>
<td></td>
</tr>
<tr>
<td>211 - National Drug Codes (NDC) not eligible for rebate, are not covered</td>
<td></td>
</tr>
</tbody>
</table>

May 10, 2010 - Attention Outpatient Providers: MDCH has begun reprocessing all Outpatient claims paid by CHAMPS to date. This reprocessing is to correct several systems and OPH pricing issues that have now been resolved. PLEASE NOTE: MDCH will only be reprocessing those paid claims which result in a payment/processing correction - not every OPH claim that has been adjudicated by CHAMPS. Starting this week, MDCH has reprocessed all September and October pay cycles for these OPH claims and will begin working to adjust November/December claims with payment/processing differences in the upcoming weeks. Please check the CHAMPS Provider updates for more information.

May 5, 2010 - Attention All Providers: Please be advised that the Third-Party Liability will resume the Pending Claim Adjustment Report process in the near future. This will include both Medicare and Commercial claims.

April

April 28, 2010 - Attention Providers Submitting Paper Claims: Paper claims are inherently less reliable than electronic claims because paper claims require manual human intervention to adjudicate the claims. The adjudication steps for electronic claims are all automated, uniform, and therefore much more predictable. MDCH encourages all providers to either submit electronic claims or utilize the CHAMPS Direct Data Entry Claim Submission in order to avoid the unexpected and unreliable outcomes associated with paper claim submissions.

April 28, 2010 - Attention Nursing Facility Providers: A beneficiary who has a patient pay amount cannot legally be charged more than the Medicaid rate for a short stay in a facility. For example, if a beneficiary is in a long-term care facility for two days in a month, the provider must collect no more than the Medicaid rate for two days from the patient pay amount (even if the patient pay amount is great enough to cover
the higher private pay rate). The balance or unused portion of the patient pay amount must be returned to the beneficiary or his family.

April 14, 2010- Attention CMH Providers: See Letter regarding: CHAMPS SED Waiver; Children’s Waiver Program (CPW) Payment Implications.

April 13, 2010- Attention Outpatient Providers: The March CHAMPS system update resulted in a new issue with some Outpatient claims. If a provider bills zero dollars on a line of an outpatient claim, the line will now pay zero instead of using the logic to take into account the dollars from the other lines. MDCH is working on resolving this error as soon as possible. Please continue to check this website for updates.

April 13, 2010- Attention Health Plan Network Providers: Providers who are both Medicaid enrolled, and a health plan network provider can see both their claims AND encounters in CHAMPS. An encounter can be differentiated from a claim on the list page by looking at the Transaction Control Number (TCN). The first two characters of an encounter TCN will always begin with 33. If the provider clicks on the TCN hyperlink, the encounter will show a “Source” of HIPAA ENCOUNTER in the upper right-hand corner. On the list page any Claim Status value of “Accept” or “Reject” indicates encounter (claims will never have these statuses).

April 1, 2010- Attention Institutional Providers: MDCH is now able to create the FD-622 report, dating back to the first pay cycle paid from CHAMPS (pay cycle 39). This report will be mailed to the correspondence address, on file within the Provider Enrollment application. MDCH is currently mailing the Outpatient and Inpatient reports separately until pay cycle 43 (October). Please be aware that the initial FD-622 mailed for Inpatient providers was identified as Payroll 11, 3/18/2010 and contained payroll 11 information. This mailing sequence has been corrected and the report will now be mailed in date order (oldest to most recent).

Beginning with pay cycle 44 both the Outpatient and Inpatient reports will be sent in a single mailing. The FD-622 report for Long Term Care Facilities will be mailed in the near future. Please continue to check the website for updates.

April 1, 2010- Attention Hospice Providers: Recently hospice providers received a letter informing them of their seven-digit Medicaid Provider ID number in CHAMPS. This number is necessary when completing the Hospice Membership Notice, DCH-1074. Do not resend DCH-1074 forms to Enrollment Services Section (ESS) for the sole purpose of updating them with the new Provider ID number. This is not necessary and places an undue burden on the ESS causing a backlog of forms further delaying hospice enrollments.

March

March 30, 2010- Attention Nursing Facility, Private Duty Nursing, Home Health, Hospice Providers: MDCH would like to remind providers to verify the diagnosis codes being billed are valid ICD-9-CM and that the beneficiary’s age is valid for the diagnosis code being billed.

March 9, 2010- Attention Nursing Facility Providers: After the implementation of CHAMPS, the systems edit between the Medicaid Nursing Facility Level of Care Determination (LOCD) and the CHAMPS payment system was disabled. The Michigan Department of Community Health has addressed the issues between the systems and is now ready to reactivate this edit. Please be advised that beginning April 1, 2010, the CHAMPS system will reinitiate editing to ensure that the LOCD is conducted timely and in accordance with Medicaid policy, which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D.

March 4, 2010- MDCH is currently completing the gap analysis and planning for the HIPAA 5010 and ICD-10 project. MDCH expects to follow the Industry timeline and is targeting for a January 1, 2011
external trading partner testing date. The HIPAA 5010 mandate for Production transactions is January 1, 2012. MDCH will provide additional information regarding testing after the analysis has been completed. Please review the MDCH website for additional updates.

March 2, 2010- Attention All Providers: MDCH would like to remind Providers that only approved claims can be adjusted. A claim is considered approved if at least ONE line paid and paying $0.00 is considered a paid claim. Claims that have previously paid should not be resubmitted as a new claim in the system, but rather submitted as an adjustment if a change is necessary or reprocessing is in order. Claims will deny for duplicate if incorrectly submitted as a new claim rather than an adjustment claim.

March 2, 2010- Attention Home Health Providers: The Medicaid Payments Division has been seeing a large number of Home Health Agency claims for Procedure Code G0154 (Nurse Visit), that appear to be exact duplicates of a previous claim. Beginning March 1, 2010, these duplicate claims will reject with the appropriate Reason and Remark code(s). Note: If billing for more than one nurse visit on the same date of service you must bill each visit on an individual claim line, on the same claim. Duplicate claims for services on the same date of service will be rejected.

February

February 19, 2010- Attention Nursing Facility Providers: A Reminder to Nursing Facility providers to verify the beneficiary's age is valid for the diagnosis code billed. Claims will pend if the age of the beneficiary is not valid for the diagnosis code being billed.

February 19, 2010- Attention All Providers: Please be advised that the Third-Party Liability Division has begun processing the 'Pending Claim Adjustment' reports that were sent to Providers in July, August, September, October and November 2009 as well as any outstanding claim adjustment letters. The claims will be adjusted over a period of several weeks to lessen the impact on the Providers. Please refer to the 'Pending Claim Adjustment' reports or the claim adjustment letters for contact information should you have any questions or concerns.

February 19, 2010- Claims submitted via paper will suspend for processing. MDCH recommends providers use the CHAMPS Direct Data Entry (DDE) tool for claims currently being submitted via the paper claim form. Submission through the DDE system will result in a faster turnaround time. Providers can contact the CHAMPS Helpline at 888-643-2408 for assistance on how to use this tool in CHAMPS.

February 19, 2010- Attention Dental Providers: MDCH continues to receive many dental claims in which the Rendering/Servicing Provider NPI is being incorrectly reported as the Billing Provider. All dental claims must report a Billing Provider (Type 2 NPI) in F.L. 49 and a Rendering/Servicing (Type 1 NPI) in F.L. 54. Claims submitted incorrectly will be denied.

February 19, 2010- Attention Nursing Facility Providers: MDCH is current in processing the Medicare Advantage (Medicare Part C) Nursing Home claims.

February 17, 2010- CHAMPS will be unavailable March 25th-30th. During this time enrolled providers may contact the CHAMPS Helpline at 888-643-2408 to verify member eligibility.

February 9, 2010- Attention Hospital, Nursing Facility Billers: MDCH would like to remind providers that Admission Source is a required field. Claims missing the Admission Source will deny.

February 9, 2010- Attention Clinic and Special Programs (i.e. FQHC, LHD, MIHP, FP, etc.) Issues Resolved: Agencies with a single NPI for multiple clinic and/or special program specialties can bill for all services including MIHP. Agencies can bill for blood-lead related services and hearing and vision screening for children 3-6 years old whether they are enrolled in fee-for-service Medicaid or a Medicaid
health plan*. Agencies can also bill for MIHP services provided in the home and receive the appropriate rate*. Billing NPIs that experienced denials because their enrollments were changed from Group to "FAO" enrollments have been able to bill since January 22nd. Some of the rendering providers from the group enrollments were not re-associated to the new FAO enrollments so some denials occurred between January 22nd and February 2nd for that reason. MSA's Provider enrollment staff have since added the missing associations but providers are encouraged to review both their rendering and billing NPI enrollments to ensure their accuracy.

Now that these issues have all been resolved, we recommend that each agency begin billing these services slowly with a small batch first and then larger batches after those claims. If submitted through the data exchange gateway by 5pm (the way that most billing agents like Netwerkes submit their claims) the claims will adjudicate overnight. If submitted by batch upload by 5pm the claims will also adjudicate overnight. If submitted by Direct-Data-Entry via the CHAMPS screens the claims are adjudicated within 15 minutes. Pay-cycle cutoffs are generally on Tuesday at 5pm for DEG and batch upload and Wednesday at 4pm for Direct-Data-Entry.

**February 2, 2010- Attention Nursing Facility Providers:** MDCH is automatically suspending Medicare Advantage nursing home claims for manual review. MDCH understands this is a timely process, but it is required to ensure claims are paid correctly. MDCH asks for your patience and assures you that every effort is being made to process effectively and efficiently.

January

**January 29, 2010- MDCH Pay cycle Calendar**

**January 14, 2010 - Attention Outpatient Hospitals/Billers:** MDCH has completed the testing and implementation of the October APC software and pricing updates in CHAMPS. Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October1st new ICD-9-CM diagnosis codes. MDCH will be reprocessing all CHAMPS adjudicated OPH claims mid to late February to resolve numerous issues with OPH editing and pricing since CHAMPS go live. Please continue to check the CHAMPS website for upcoming information and updates.

**2009**

December

**December 7, 2009 -** LOCDs must be entered online according to Medicaid Policy which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D. The Manual is posted online at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> Medicaid Provider Manual. CHAMPS validates the LOCD creation date to the date of beneficiaries' Medicaid start date as determined by DHS. If a LOCD was created contrary to policy, you will receive an error message while trying to enter the beneficiary ID. Please note, if a beneficiary's application for Medicaid is denied, you will need to create a new LOCD when a new application is submitted.

November

**November 23, 2009 -** Urgent/Emergent Adult Dental Claims Denying with CARC 17 and RARC N379: In July, non-emergency dental benefits were eliminated for Medicaid beneficiaries 21 and over (Executive Order 2009-22). Only a few specific urgent/emergent dental services are currently billable for beneficiaries 21 and older. Claims for beneficiaries 21 and over receiving urgent/emergent dental
services were being denied in CHAMPS with the reason code 17 and remark code N379. There are three errors here:

- First, the urgent/emergent dental services should not have been denied. This has now been corrected and providers may rebill or replace any affected claims by either HIPAA 837 or via the CHAMPS Manage Claims screens.
- Second, if the services were in fact non-emergent then the claim denial should have had a different HIPAA reason and remark code explanation. The change necessary to display the correct CARC and RARC when non-urgent/emergent adult services are billed is scheduled to be corrected in December.
- Third, the only exception for continued payment of the non-emergent services was if the provider had a current prior authorization on file with MDCH prior to the implementation of Executive Order 2009-22. These claims are still being denied in error and should be held by providers until this correction is completed. Further guidance will be shared when an exact implementation date is known.

**November 23, 2009** - Dental Procedure Code Correction: The combination of procedure code D1351 and tooth number 19 was not recognized. This has now been corrected and Providers may rebill.

**November 23, 2009** - General Procedure Code Corrections: CPT 96372 (Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular) was missing a rate segment which has now been restored. Providers may rebill or replace any affected claims involving CDT D1351 or CPT 96372 through either the HIPAA 837 or via the CHAMPS Manage Claims screens.

**November 20, 2009** - Medicare crossover claims are current in CHAMPS and are being processed for the month of November 2009. These claims will be listed on remittance advices. The remittance advice(s) will reflect the paid and denied claims. If you believe there are still missing claims, please contact provider support.

**November 20, 2009** - Between the hours of 6am and 6pm on Sunday, November 22, 2009, the CHAMPS system is scheduled for routine maintenance. The system will be unavailable until the maintenance operations have been completed.

**November 6, 2009** - With CHAMPS implementation the payment to providers at tax ID level is including all Capitation payments with the Fee for Service (FFS) payments. All capitation payments can be viewed from the 820's that are produced and transmitted. The FFS payments can be viewed from the Remittance Advice found in Archived Documents in CHAMPS. If you have questions regarding your 820 information, please contact your CMH or MCO Contract Manager.

**November 5, 2009** - The CHAMPS generated paper remittance advices (RA) can be found in the "Archived Documents" link located on the Provider Portal page or "My Inbox" subsystem. Only those users with the profile of CHAMPS Full Access or CHAMPS Limited Access will have the ability to view this information. Paper RAs will be stored in CHAMPS for approximately three months. These documents are available to print or save for your records. In addition, MDCH was aware of missing RAs from remittance advice date 10/07/2009, this issue has been resolved. If providers feel they are missing a RA within this link, please contact provider support.

**November 4, 2009** - Prior Authorization Numbers in CHAMPS: Providers have been experiencing a range of issues related to the use of prior authorization numbers on their claims. There were some changes to the format of the number. Pre-existing PA numbers remained their original 9-digits (i.e. 999999999). Pre-existing PACER numbers will appear in the PA system with the letter M added to the beginning, making them 10-digits (i.e. M999999999). The M was necessary to maintain the uniqueness of the PACER numbers as they were combined into one database with authorizations from other business areas. Providers should not include the M when billing though the ‘M’ is necessary when querying the CHAMPS PA system. New Prior Authorizations and PACERs created in CHAMPS are now
10-digits, all numeric (i.e. 1111111111). These new PAs should be reported as 10-digits on claims. MDCH is also investigating issues related to billing multiple lines of prior authorized services. Currently providers are reporting that only the first line is being paid and subsequent claim lines are being denied. Providers will continue to be informed of resolutions to these issues as soon as they have been finalized.

**November 4, 2009 - Attention Institutional Billers- Updated 11/14/09:** Evaluation and management CPT codes reported on institutional outpatient claims with modifier 25 or 59 have been denied in error. After the issue has been resolved, MDCH will recycle the affected claims for proper adjudication.

**November 4, 2009 - Executive Order 2009-22 - Elimination of Certain Medicaid Benefits for Adults 21 years & older:** In July, dental benefits were restricted for adults 21 years and up to certain urgent/emergent services only. **Vision, hearing, chiropractic, and podiatry services were also eliminated for adults 21 years and over** (See MSA Bulletin 09-28 for details). Currently, there is an issue with the editing of these claims for age and date of service. MDCH will reprocess the affected claims upon correction of system logic. The Claim Adjustment Reason Code (CARC - 17) and Remittance Advice Remark Code (CARC - N379) reported for these denials was also incorrect. These issues are being addressed separately. A complete review of CARC and RARC reported on remittance advice is underway and the updates to the system are expected to be finalized in December.

**November 4, 2009 - Attention CMH Providers:** Currently, claims for psychotropic injectable are being denied in CHAMPS because the combination of billing and rendering NPI on the claim is not recognized as appropriate for the specific procedure codes being billed. This is an internal coding issue that MDCH is addressing. MDCH will add a new specialty to all fee-for-service CMH enrollments in CHAMPS so that CMHs currently enrolled as Children’s Waiver and/or SED Waiver agencies can bill for psychotropic drugs also. MDCH must also add the specialty to claims adjudication and financial management logic. All of the necessary changes are expected to be complete in early to mid- December. After completion, MDCH will reprocess all of the affected claims. Claims for psychotropic injectable submitted with a billing NPI that is enrolled as only a Medical Group are not experiencing this issue and can continue to be billed. When billing for psychotropic injectable, the rendering provider on the claim must be actively enrolled in CHAMPS as a physician and associated to the billing NPI on the claim.

October

**October 26, 2009 - CHAMPS Claims Editing- Level of Care Determination (LOCD):** MDCH is temporarily suspending the claims editing related to the LOCD that occurred with the implementation of CHAMPS. This editing was the result of an unanticipated interaction between the new system and the level of care determination tool. We are aware of the multiple issues providers are struggling with as both CHAMPS and Bridges are implemented and hope that this action will remove one of the barriers to reimbursement. It is important, however, that providers continue to perform the LOCD according to policy and enter it in the on-line system to ensure that beneficiaries do indeed meet the medical/functional level of care requirement for reimbursement. Notification will be issued prior to the claims editing for the LOCD being reactivated. The department will continue to work toward resolution of the implementation challenges and we thank all of you for your assistance and patience.

**October 19, 2009 - MDCH has identified an issue with secondary claims paying $0 in error. Once the issue has been resolved, MDCH will be reprocessing the affected claims.

**October 14, 2009 - Attention Providers:** The pay cycle number on MSA [paper] Remittance Advice and electronic 835 Remittance Advice may have been incorrect for the last two pay cycles (39 and 40). This issue will be resolved as soon as possible. In addition, during the first full pay cycle processed in CHAMPS (Pay Cycle 39), RAs were generated on several different days causing different pay dates to be listed for that week, the earliest date being 09/26/2009. To ensure that no remittance is overlooked,
providers and billing agents should use a range of pay dates to find all paid claims and remittance advices.

**October 13, 2009** - DCH has identified an issue of incorrect HIPAA Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) being reported on providers' remittance advices. The most prevalent code is CARC- 110 - (Billing date predates service date). Any questions regarding this HIPAA CARC code may be directed to the Provider Support Line at ProviderSupport@Michigan.gov. MDCH is undergoing a review of all the affected CARC and RARC codes and will resolve the issue as soon as possible.

**October 5, 2009** - MDCH has identified a difference in the way that the legacy MMIS system and CHAMPS reports the payment for providers that receive Medicaid Interim Payments (MIP) or are Warrant Suppressed. Currently, the approved amount for any MIP or Warrant Suppressed claim lines will incorrectly show as $0.00 within the 835 and Paper RA. For the 835, each individual line will report this approved amount within the CAS segment with Claim Adjustment Reason Code (CARC) 94, Processed in Excess of charges. This is the only time MDCH will use CARC 94, therefore any claim that has CARC 94 within the 835 will be for a MIP or Warrant Suppressed claim. The approved amount within the Claims Inquiry screen in CHAMPS will show the actual approved amount. MDCH will be fixing this information to have it report correctly as soon as possible and will send out another update as soon as this issue is resolved.

**September 30, 2009** - Attention Professional Billers: In accordance with the Executive Order 2009-22, the Michigan Department of Community Health (MDCH) eliminated certain covered service benefits for Medicaid beneficiaries age 21 and older and implemented program/fee reductions effective for dates of service on and after July 1, 2009. Currently claims that are affected by this Executive Order are denying incorrectly in CHAMPS. After the issue is resolved, MDCH will recycle all of the affected claims so that services are properly adjudicated. Please contact the Provider Inquiry at 1-800-292-2550 regarding cash flow concerns. For more information regarding the programs and services affected by Executive Order 2009-22, please refer to MSA Bulletin 09-28.

**September 28, 2009** - Beginning Tuesday, September 29, 2009 the Automated Voice Response System (AVRS) service through Emdeon will no longer be available. Please contact Emdeon with questions regarding the discontinuation of this service.

**September 24, 2009** - There are some remaining PDN claims in MI AuthentiCare that were exported for payment after the cutoff date of September 9, 2009. These claims will need to be resubmitted into CHAMPS. To determine if this issue applies to you, log onto CHAMPS and check your claims to identify if any of your claims are affected. If so, the affected claims will need to be resubmitted through CHAMPS.

**September 17, 2009** - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the Legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified and corrected an issue with certain void claims that providers should be aware of, though.

**September 16, 2009** - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified an issue with certain void claims that providers should be aware of, though.

As announced previously, claims that were billed in the legacy MMIS (with what is now a Rendering/Servicing-Only Individual NPI in CHAMPS) have been migrated to CHAMPS with all other
paid and denied claims for historical purposes, but they cannot be adjusted/replaced. If these claims need to be adjusted/replaced, providers must first void the original claim and then rebill the claim as a new original claim with the appropriate billing and rendering NPIs.

The void process for these types of claims has not been fully automated in CHAMPS yet and is expected to be fully functional in early November.

During the first day of adjudication in CHAMPS, MDCH staff identified a significant number of void and replacement claims that were incorrectly denied by CHAMPS for one of two reasons: the original claim was billed with a Rendering/Servicing-Only Individual NPI. (or ) the billing NPI on the adjustment/void claim did not match the original claim because the adjustment or void claim now has a proper billing NPI though the original claim only had a Rendering/Servicing-Only Individual NPI.

MDCH has now resolved the error that caused these claims to deny. If a void claim is submitted for an original claim that meets these criteria, the claim will suspend until the process has been automated, at which time MDCH will force the claims back through the adjudication process. Providers have the choice of holding back these types of void claims or submitting them now so that they will suspend until the process has been automated.

September 14, 2009 - MDCH is excited to announce that CHAMPS is now adjudicating 837 files directly. CHAMPS will not change the way that any Trading Partners submit or transfer claims. CHAMPS will communicate directly with the DEG to receive any files that have been uploaded through the DEG. Any files submitted to the DEG September 10, 2009 through September 13, 2009 have been on hold and these will now be moved to CHAMPS. You may have originally received an accepted 997 from legacy, but now that these files will be moved into CHAMPS you will receive an additional 997. Any new files submitted will receive the single 997 from CHAMPS. MDCH will be closely watching any new file transmissions into CHAMPS, therefore providers may not receive a 997 instantaneously.

September 10, 2009 - CHAMPS HIPAA File Submission Update: Due to the implementation of the CHAMPS system, all providers submitting 837 files will need to ensure that they are following HIPAA guidelines. Please review the updated CHAMPS HIPAA Companion Guides located on the CHAMPS website at www.michigan.gov/MDCH >>CHAMPS>>Resources. Failure to adhere to HIPAA guidelines will result in a rejected 997 acknowledgment file.

September 10, 2009 - Migration of Legacy Suspended Claims into CHAMPS Reminder: Projected to begin October 1, 2009 MDCH will initiate the process of resurrecting all claims that rejected with proprietary edit 743 for adjudication in CHAMPS. Claims will not be recreated in CHAMPS if any of the following occur: the claim was submitted without a reported billing NPI, the rendering/servicing only NPI was incorrectly reported in the billing NPI loop/field, or the provider has not revalidated in the CHAMPS Provider Enrollment subsystem. These resurrected claims will not be available for inquiry in CHAMPS until after the projected date.

September 10, 2009 - Attention Providers: Please view this CHAMPS Go-Live informational announcement.

September 9, 2009 - Per Policy Bulletin 09-48, as of 9/10/09 Private Duty Nurse providers will no longer be able to use MI AuthentiCare to bill Medicaid. PDN providers must be ready to bill Medicaid directly as of September 10, 2009. MI AuthentiCare will not be available after 9/9 at 12 midnight.

August

August 11, 2009 - Please be advised: Due to the transition from the legacy Medicaid Management Information System (MMIS) to the Community Health Automated Medicaid Processing System (CHAMPS) there will be no Medical Services Administration (MSA) payments made on pay cycle 38, pay cycle date 9/23/09. Pay cycle 39, pay date 9/30/09 will include payments for both pay cycle 38 and pay cycle 39. Hospital Medicaid Interim Payment (MiP) program payments and Quality Assurance
Supplement (QAS) payments for Long Term Care Facilities that were originally scheduled for pay cycle 38 will be processed on pay cycle 37, pay date 9/16/09, a week early.

In the event that issues arise during pay cycle 39, MDCH will implement and communicate a process to mitigate the impact on providers.

**August 11, 2009 - Attention:** MDCH would like to remind those providers currently submitting paper claims that it is recommended that all paper claims be submitted electronically or through the Direct Data Entry (DDE) tool in CHAMPS beginning September 18, 2009. All Institutional providers must report 4-digit (leading zero) Revenue Code and Type of Bill. MDCH will no longer accept the 3-digit codes when billed.

**July 30, 2009 - Please note:** To access the CHAMPS system, all users must have a Single Sign-On (SSO) user ID and password. Please see the SSO instructions on how to obtain this. The Provider Domain Administrator will have responsibility of assigning rights for all other users within the organization to access the provider's file. If necessary, multiple Provider Domain Administrators may be established for a single organization but a separate application must be completed and approved for each administrator.

There are several profiles that may be assigned to each user within CHAMPS. Profiles must be established to grant access to the subsystems within CHAMPS. Users may have multiple profiles if necessary.

Below is a list of the profiles that are available for assignment only, but will not have system access until September 18, 2009:

- Domain Administrator - The ability to assign or remove domain and profile access to other CHAMPS users
- CHAMPS Full Access - Full Fee for Service access to Provider Enrollment, Prior Authorization, Eligibility, and Claims subsystems
- CHAMPS Limited Access - View only access to Provider Enrollment and full Fee for Service access to Prior Authorization, Eligibility, and Claims subsystems
- Prior Authorization Access - Fee for Service access to Prior Authorization only
- MCO Provider Access - Access to Managed Care Organization Provider Enrollment only
- Eligibility Inquiry - Fee for Service access to Eligibility only
- Provider Enrollment Access - Fee for Service full access to Provider Enrollment only
- View Provider Enrollment - View only access to Provider Enrollment
- Billing Agent Access - Access to Billing Agent Provider Enrollment only
- Claims Access - Full Fee for Service access to Claims only

**July 30, 2009 - Please be advised:** As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will not allow any system changes or updates beginning August 28, 2009 through September 17, 2009. This includes any new enrollments or modifications to existing applications as well as any Domain Administrator functions. Please be aware that all changes or modifications must be completed prior to August 28, 2009 or on or after the Go-live date of September 18, 2009.

**July 29, 2009 - Please be advised:** As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will need to migrate all existing suspended claims within the current legacy system into CHAMPS. To accomplish this, a phased approach will be used to reject these claims in the legacy system and later resurrect them in CHAMPS.

Beginning August 12, 2009 (Pay Cycle 32), any suspended claims that have duplicates will be rejected with:

- Proprietary edit 713 (Claim rejected as it is a duplicate of another suspended claim. Do not resubmit.)
Provider Relations

- Claim Adjustment Reason Code (CARC) 18 and Remittance Advice Remark Code (RARC) N185
- The oldest original claim will remain suspended in the legacy system. There is no need to submit a new claim. Any remaining suspended claims in the legacy system will be rejected August 26, 2009, (Pay Cycle 34) through September 9, 2009 (Pay Cycle 26) with:
  - Proprietary edit 743 (Claim manually rejected due to technical reasons.
  - CARC 101 and RARC N185

As stated above, please do not resubmit these claims as they will be migrated into CHAMPS.

NOTE: Any claims submitted into the legacy system on or after August 20, 2009, if they suspend, will be automatically rejected with edit 743 and transferred into CHAMPS.

The legacy system will continue to accept, and process claims during this transition period until September 9, 2009 at which time the adjudication system will be closed to prepare for CHAMPS implementation.

For further details, please refer to MDCH Numbered Letter, L 09-19

July 18, 2009 - MDCH has identified a system issue with Inpatient claims incorrectly paying Patient Status 43, 62 & 65. MDCH will be initiating claim adjustments for any claim with Patient Status 43, 62 or 65 with admit dates on/after 1/1/2007. These adjustments should appear on Pay Cycle 29 - RA 7/23/09.

June

June 22, 2009 - As a result of Executive Order 2009-22 mandating State of Michigan furlough days, you could experience a delay in Medicaid payment. To avoid a delay, claims must be submitted one day earlier than the normal schedule. Please be aware, claims must be submitted by noon June 29, 2009 in order to appear on pay cycle 27, dated July 8, 2009.

June 16, 2009 - The April 15, 2009 Biller "B" Aware message instructed providers to submit the Medicare EOB when reporting the Medicare Part C deductible in error. Submission of EOBs is only required when documenting the billing time limit, non-standard payments for traditional Medicare, or for secondary paper claims. When billing electronic claims EOBs are not required when billing Medicare Part C (Medicare Advantage or HMO) or traditional Medicare claims with standard payments. Submitting EOBs will not replace the requirement for CAS codes. Claims without appropriately completed CAS codes will be rejected.

May

May 12, 2009 - Please be advised: Medicaid will no longer accept CO 42 (Contractual Obligation) for all Out-Patient Hospital (OPH) Claims as this was end dated as of June 2007. In replacement all providers should use the CO 45 when reporting Contractual Obligations. Please make the necessary changes to all OPH claims submitted regardless of the date of service.

May 6, 2009 - Attention Rendering/Servicing Providers: Many providers billing within the professional claim format are reporting the same NPI in both the billing provider and rendering provider loops/fields. This is not correct. If you are a rendering/servicing provider who renders services on behalf of a group, the biller MUST report the GROUP NPI (Type 2 NPI) in the billing provider loop. Currently, within the legacy system, rendering/servicing only providers are incorrectly receiving payment. This will not happen when CHAMPS goes live, payments will stop if the claims continue to be billed incorrectly!

Within the professional claim format, providers enrolled as rendering/servicing only must report the-group NPI of the billing provider (Type 2 NPI) in Loop 2010AA, Segment NM108, Qualifier 85 for electronic...
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claims (or) Field 33a on the CMS 1500 paper claim form. The rendering provider (Type 1 NPI) must to be reported in Loop 2310B, Segment NM108, and Qualifier 82 for electronic claims (or) Field 24J on the CMS 1500 paper claim form.

Within the dental claim format, providers enrolled as rendering/servicing only must report the group NPI of the billing provider (Type 2 NPI) in Loop 2010AA for electronic claims or Field 49 on the ADA 2006 paper claim form. The rendering provider NPI (Type 1 NPI) has to be in Loop 2310B for electronic claims or Field 54 on the ADA 2006 paper form.

May 1, 2009 - **Attention Outpatient Hospital Providers:** The MDCH has implemented Medicare specific quantity editing. Claims will reject when the reported quantity exceeds Medicare's expected allowable. Rejection code 294R will appear on the line and 841R at the header.

**April**

**April 30, 2009 - Please be advised:** Providers who have not completed their Provider Enrollment revalidation in CHAMPS will be end-dated in the Legacy System effective May 1, 2009. Any services provided on and after this date will result in claim rejections. Providers that are end-dated and wish to reactivate their enrollment will need to contact the CHAMPS helpline at 888-643-2408 or CHAMPS@michigan.gov

**April 27, 2009 -** Due to a system error the MDCH will initiate claim adjustments for Inpatient Hospital Medicare Secondary claims for dates of service back to 2007, which were paid incorrectly. Hospitals were underpaid because of incorrect logic in the Medicare payment/lesser of determination. We apologize for any inconvenience this may have caused.

**April 23, 2009 - Attention Inpatient Hospital providers:** At a recent Hospital Work Group meeting provider were informed in Community Health Automated Medicaid Processing System (CHAMPS) they would need to enumerate their Inpatient services separately to receive Medicaid Interim Payments (MIP). Due to a large provider response, MSA is pursuing an enhancement to CHAMPS which will not require NPI re-enumeration for MIP.

**April 22, 2009 -** Due to systems issues, the April Medicare reports from Third Party Liability (TPL) will not be able to be sent out. We apologize for any inconvenience this may have caused.

**April 17, 2009 - Attention Outpatient Hospital providers:** Systems changes to implement January 2009 OPPS/APC updates have been completed. Claims with February 2009 dates of service have been adjusted and will appear on the remittance advice dated 4/22/09, pay cycle 16.

**April 17, 2009 - Attention inpatient hospital providers:** A systems error has been identified which caused incorrect adjudication of secondary claims when Medicare part “A” exhausted Medicaid made $0.0 payment. This issue has been resolved. Claims may be resubmitted.

**April 14, 2009 -** Attention Practitioners, in the event a PACE number is obtained for an elective admission, the number must be reported in Item 23 of the CMS 1500 form. If authorization has also been granted by the Office of Medical Affairs for the same admission, the PA number noted in the letter must be entered in the remarks section of your claim.

**April 7, 2009 -** The MDCH would like to inform Outpatient hospital providers that systems changes to implement January 2009 OPPS/APC updates has been completed. Claims with January 2009 dates of service have been adjusted and will appear on the remittance advice dated 4/8/09, pay cycle 14. When claims with February 2009 dates of service are adjusted you will be notified.

**April 7, 2009 -** Please be advised that providers are receiving 841 and 860 rejections on inpatient claims when they bill with a primary diagnosis code that went into effect 10/1/08. Our system has an error in the logic that is not able to group the claim to price. These rejected claims are for dates of service with admission date of 10/1/08 - 12/31/08. Once this has been fixed a notification will be sent out.
April 2, 2009 - Due to systems issues, the March Medicare reports, dated March 24, 2009, from TPL were sent out in error. Please disregard. We apologize for any inconvenience this may have caused.

March

March 23, 2009 - Due to the many concerns, Third Party Liability has removed all potential claim adjustments for providers: Home Health Agency, Hospice, Private Duty Agency, Family Planning, Local Health Departments, Federally Qualified Health Centers, Tribal Health Centers and Rural Health Centers from our pending claim adjustment process. Providers will be notified of any attempt to restart this process for these providers prior to implementation. We apologize for any inconvenience we unintentionally caused with our new process.

March 19, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly.

March 17, 2009 - The following counties have been added to the Michigan Department of Community Health's Bridges program: Allegan, Berrien, Cass, Clinton, Gratiot, Ionia, Jackson, Kalamazoo, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St Joseph and Van Buren County.

February

February 20, 2009 - Please be advised, the MDCH has added Patient Discharge Status Code 70, used to report discharges or transfers to other types of health care institutions not defined elsewhere in the National Uniform Billing Committee manual.

February 18, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have not yet been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly once the implementation of the APC updates are completed.

February 17, 2009 - Ingham County has now been added to the Michigan Department of Human Services (DHS) Bridges program.

February 17, 2009 - Institutional providers billing for CPT code 90378 may have received the 099P 727R in error. The problem has been corrected and MDCH will recycle the claims that were rejected in error.

February 6, 2009 - Providers billing 36415 may encounter erroneous rejections. The error has been identified and corrected. Claims rejected with 761R, 099P and 104P may be resubmitted at this time.

January

January 28, 2009 - In August 2008, the Michigan Department of Human Services (DHS) kicked off its first pilot County for the Bridges program in Calhoun County. On 1/19/2009 Eaton and Barry counties were added to the Bridges program. Bridges is Department of Human Services' new eligibility and case management system. This on- line system will utilize beneficiary income and assets to determine all assistance programs the beneficiary is eligible for including medical assistance, food assistance, cash assistance and more.

January 26, 2009 - The 841 edit is setting erroneously on inpatient claims. As a result, claims are rejecting in error. A systems correction is required for the claims to process correctly. Providers will be notified when the correction is implemented.
January 21, 2009 - Please be advised, providers who submitted claims electronically and received an acknowledgment that their claims submitted on 1/5/09 were accepted; there was a system error which caused the claims to be dropped. The MDCH will internally submit the claims and providers can expect to see them on pay cycle 4 dated 1/28/09.

January 5, 2009 - Please be advised: Pay cycle 52 will be issued on 12/23/2008 and will be the last pay date of the year. There will be no pay cycle dated 12/31/2008. The next pay cycle will be Pay cycle 1 which will include both the 12/31/2008 and 1/7/2009 pay cycles. (Originally posted 10/13/08)