

2018 Biller B Aware Archives

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

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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.

CMS bulletin: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib060118.pdf>

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
OR
- 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.
- **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

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 EST (MILogin for Workers will be available at 9:00 AM EST). This outage will impact all MILogin Production Worker, Third party, and Citizen System's functionality. We apologize for any inconvenience.

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 -Darbepoetin 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 in regard to 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-909365.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.

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>

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

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>

Instructions on how to verify other insurance information within CHAMPS: 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).

Instructions on how to attend this open forum: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/02062018SODFAgenda.pdf>

Providers readiness fact sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>

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. MDHHS will identify affected claims and adjust or resurrect 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>

Providers readiness fact sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.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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