Third Party Liability (TPL)

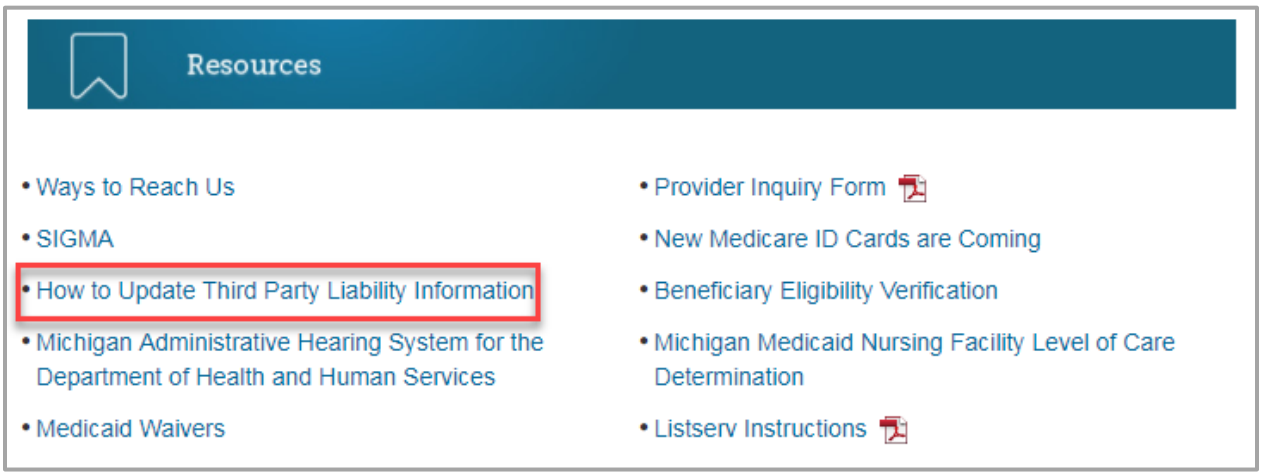
Adding, Removing, and Updating TPL Files within CHAMPS

There will be times when a provider disputes information in a beneficiary's TPL file. Providers can utilize the Insurance Coverage Request Form (DCH-0078) to add, remove, or update TPL files within CHAMPS. Below are the steps for locating the Insurance Coverage Request Form.

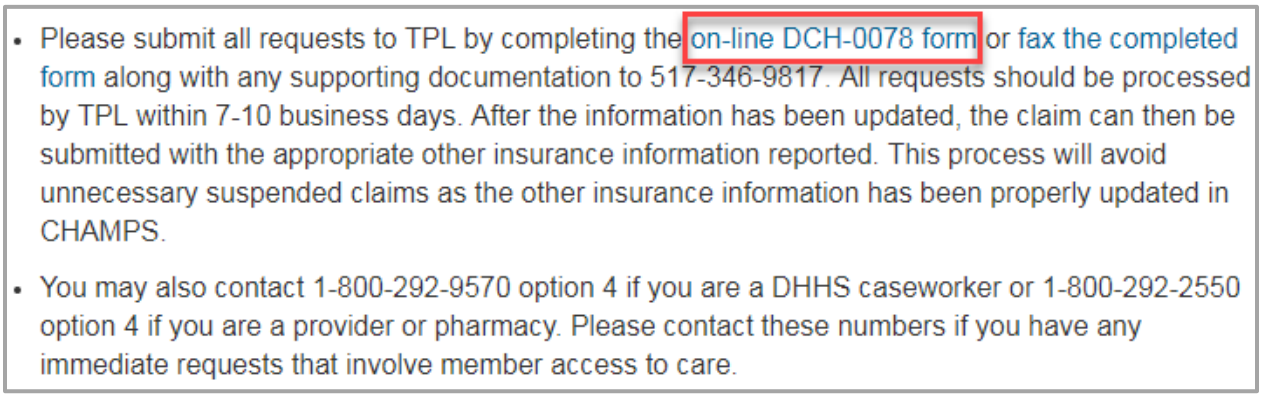
Please note: This form is not accepted for BCBSM, BCN or Delta Dental.

Step 1: Go to the following website: http://www.Michigan.gov/MedicaidProviders

Step 2: Scroll down to Resources, click How to Updated Third Party Liability Information



Step 3: Click on the online **DCH-0078 form**



Step 5: Fields marked with an asterisk are required. Providers are encouraged to use the highest level of demographic information available (e.g., policy name, policy number, policyholder etc.). This allows Third Party Liability (TPL) to validate the policy information reported for possible addition, removal, or updates to the beneficiary's TPL file.

Please Note: It is very important for providers to select the correct **Request Type** and **Insurance Company Name** on the online form.

MDHHS Michigan Department of Health and Human Services

Insurance Coverage Request Form

This form is utilized to add, terminate or change multiple insurance policy information for a beneficiary. **Please add all beneficiary information, as well as all policy holder information.** Multiple beneficiaries can be added to this request, as long as the changes are identical for the beneficiaries included on this form. Please complete as much information as possible to ensure timely completion. All required information is needed in order for this form to be submitted. Submitted forms that are missing information may not be reviewed.

You will receive a confirmation message and confirmation number indicating that your information has been received. Please allow up to 10 business days for information to be verified and updated in the system. **If you include your e-mail address under the Requestor Information section** you will receive an e-mail along with the confirmation number and the status of your request, once it has been reviewed and completed.

To report this information by phone, please contact Provider Support at 1-800-292-2550.

Requestor Information

Reset Requestor Information

Remember Me

First Name *	Requestor First Name
Last Name *	Requestor Last Name
Organization Type *	Select a Organization Type
Organization Name	Requestor Organization Name
Phone Number *	Requestor Phone Number
Email Address	Requestor Email Address

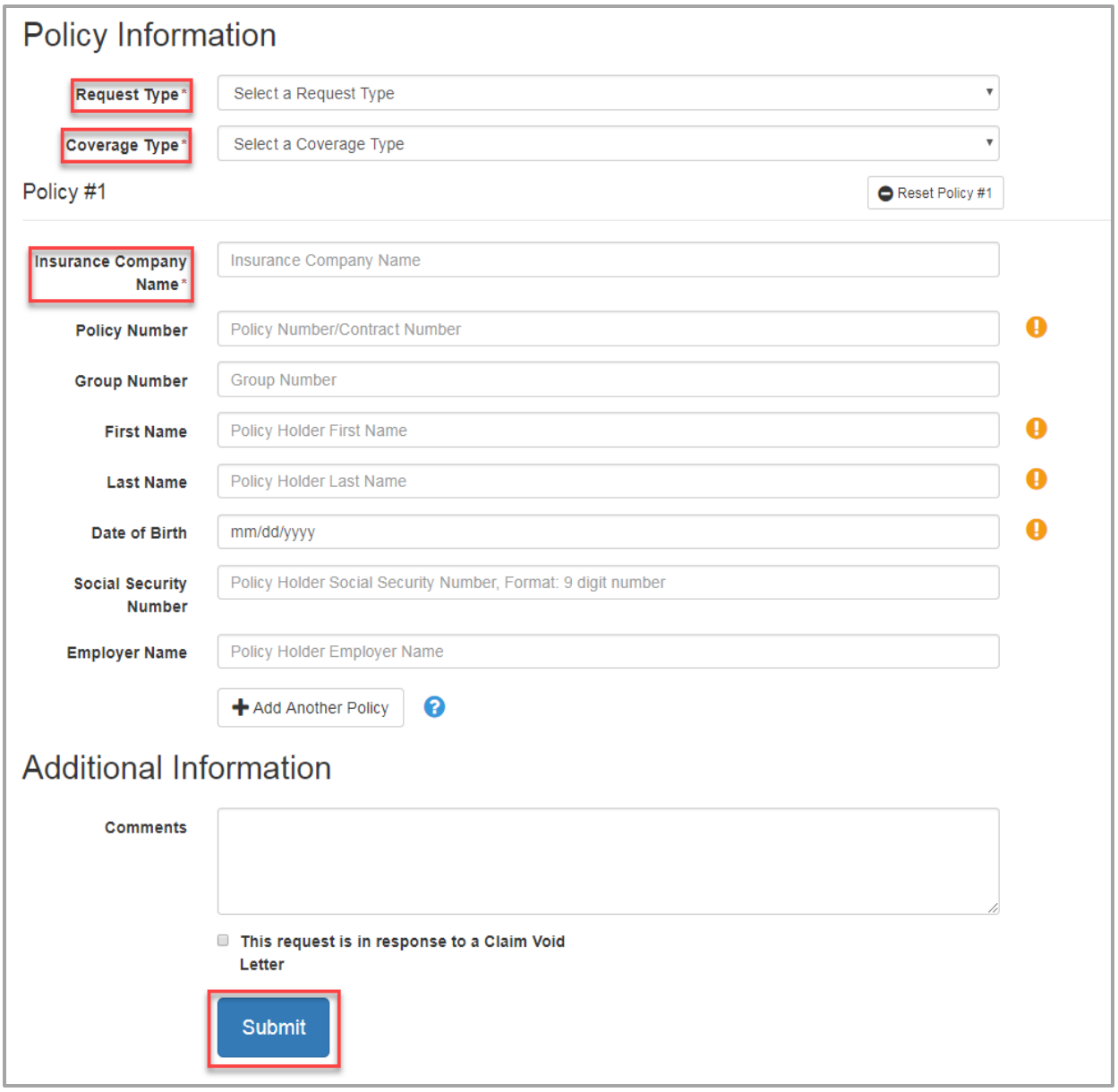
Member Information

Member #1

Reset Member #1

First Name *	Beneficiary/Client First Name
Last Name *	Beneficiary/Client Last Name
Date of Birth *	mm/dd/yyyy
MiHealth ID *	Beneficiary/Client MiHealth ID Number, Format: Up to a 10 digit number
Case Number	Beneficiary/Client Case Number

+ Add Another Member



Step 6: Once the form is complete the provider will need to click **Submit** at the bottom of the form.

Please allow up to 10 business days for the information to be verified and updated in the system. If you include your e-mail address under the Requestor Information section you will receive an e-mail along with the confirmation number and the status of your request, once it has been reviewed and completed.