



Adjusting a claim to add or remove other payer information

New appearance as of January 2, 2018

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Logging into MILogin and CHAMPS

If you do not have a MILogin account please register using [MILogin instructions](#)

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

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

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS 

- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

**MILogin resource links are listed at the bottom of the page*

Terms & Conditions

CHAMPS

Terms & Conditions

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

CANCEL x **Acknowledge/Agree**

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



→ Select Domain ▼ *

→ Select Profile ▼ *

Select Favorite ▼ ←

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access, etc.)

Necessary information prior to adjusting a claim

Information needed prior to adjusting a claim with other payer

Information

- **Turn off POP UP BLOCKERS** within your internet settings window.
- Within the manage claims function, there is approximately 15 minutes available to complete an adjustment before the screen times out and locks the TCN for 24 hours. Ensure all necessary information for completing the adjustment is available prior to beginning an adjustment.
- Claim Adjustment Reason Code (CARC) list and definitions can be found on the [WPC website](#).
- Prior to starting the claim adjustment, please have the following available:
 - Primary payer Explanation of Benefits (EOB);
 - Verify the Payer ID within CHAMPS member eligibility screen; and
 - Verify the TCN is in a paid status and has been issued to a remittance advice (RA) or shows a pay cycle date within CHAMPS claim inquire.

Member Eligibility

Finding other payer information for a beneficiary within CHAMPS

NPI: Name:

Latest updates

My Reminders

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Calendar

07:28 6 December 2017 Wednesday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today			→	

- Once logged into CHAMPS, click the Member tab

ELIGIBILITY INQUIRY
Eligibility Inquiry ←

Provider Portal

NPI: [redacted] Name: [redacted]

My Reminders

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

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

Calendar

07:26 6 December 2017 Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
		6	7	8	9	10
4	5	13	14	15	16	17
11	12	20	21	22	23	24
18	19	27	28	29	30	31
← Today →						

- Select Eligibility Inquiry

Close Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
 - GENDER
 - ZIP CODE
 - CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY:

SEARCH BY SERVICE TYPE(S):

SERVICING PROVIDER NPI/PROVIDER ID: *

FILTER BY: Member ID ▾ 1234567890 ←

LAST NAME:

DATE OF BIRTH:

Gender: --SELECT-- ▾

MICHILD Case Number:

INQUIRY START DATE: 01/01/2018 ←

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: 01/01/2018 ←

- Filter by Member ID and enter the 10 digit beneficiary ID number
- Enter the inquiry start and end date
 - Note: The start and end date will default to the CHAMPS system date

Member ID: [REDACTED] Name: [REDACTED]
CIN: [REDACTED]

Close

INQUIRY DATE RANGE: 01/01/2018 - 01/01/2018

GENDER: MALE

DATE OF BIRTH: [REDACTED]

CASE NUMBER: [REDACTED]

CASE PHONE: [REDACTED]

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: 82-WAYNE

MAGI CATEGORY: Unavailable

MA PROGRAM CODE: [REDACTED]

CITIZENSHIP: [REDACTED]

REDETERMINATION DATE: [REDACTED]

EXT: [REDACTED]

 [COMMERCIAL / OTHER: Y](#)

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

INDICATORS: N

WORKER LOAD NUMBER: [REDACTED]

MDHHS PHONE: [REDACTED]

MDHHS COUNTY: [REDACTED]

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

BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP		MANAGED CARE	2813568	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
MA		FEE FOR SERVICE		Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
HK-DENTAL		MANAGED CARE	4181610	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018
NEMT		MANAGED CARE	2304993	Click To View Service Types	09/19/2017	09/19/2017	01/01/2018	01/01/2018

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Select the Commercial/Other hyperlink

Member ID: [redacted] Name: [redacted]

Close Add New Policy

SEARCH BY: MEMBER ID: [redacted] Go

MEMBER

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

INSURANCE DETAILS

All Active Go Save Filters My Filters

PAYER NAME	PAYER ID	COVERAGE TYPE	BIN	PCN	RX GROUP	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCBSM	00029010	X2				[redacted]	[redacted]		06/01/2017	06/11/2017	12/31/2999
EXPRESS SCRIPTS	30592020	RX	610014			[redacted]	[redacted]		06/16/2017	06/11/2017	12/31/2999

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

- Take note of the Payer ID, Group number, and Policy number, this will be needed to add the other payer information to the claim

How to add other payer information to a paid claim

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

How to add other payer information to a paid claim

- When and why should a claim be adjusted to add other payer information?
 - If the claim has been billed and paid by Medicaid and you have been notified the beneficiary has a primary payer
 - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
- The following slides show an example of primary payer information being added to a claim

NPI: Name:

Latest updates ↕

My Reminders ▲

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Calendar ▲

07:28 6 December 2017 Wednesday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today			→	

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, showing the following categories and items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface includes a 'My Reminders' section with a 'Filter By' dropdown and 'Alert Type'/'Alert Message' fields. A 'Calendar' widget shows the date 6 December 2017 (Wednesday) and a grid for the month of December 2017.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN:

Go

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

Header TCN: 3 00
Beneficiary ID: Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Original TCN:
No Of Lines: 1
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare:

Source: HIPAA
Claim Status: Paid
Commercial: N

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information**
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital

Last Name:
DOB: *
Admit Date:

First Name:
Age:

Billing Provider ID: *
Billing Provider Taxonomy:
Rendering Provider ID: *
Rendering Provider Taxonomy:
Supervising Provider ID: *

Type: NPI *
Type: NPI
Type:

Pay To Provider ID: *
Referring Provider ID:
Referring Provider Taxonomy:
Primary Care Referring Provider ID:
Primary Care Referring Provider Taxonomy:

Type: NPI
Type:
Type:

Auth #:
Diagnosis Codes: 1: * 2: 3: 4: 5: 6: 7: 8:

Referral #:

CLIA Number:
Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- To begin adding other payer information to a claim, select the TCN dropdown box

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: *

*

*

Claim Filing Indicator:

Amount Paid: *

Payer ID: *

Group: *

Responsibility: *

Policy Number:

Remittance Date:

Adjustment Summary

1. Quantity: Amount: Adj. Reason Code:

[Add Another](#)

- From the TCN dropdown, select the Header TCN which ends in 00
 - Note: Other payer information has to be added at the header level prior to being added on each service line

Header TCN: 3 00

Beneficiary ID: Name:

Show ▾

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 100 ▾ *

Payer ID: * 

Claim Filing Indicator: ▾ *

Group: *

Policy Number:

Amount Paid: *

Responsibility: ▾ *

Remittance Date: 

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code:

[Add Another](#)

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

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

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

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator:

Group: *

Policy Number:

Amount Paid:

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Adj. Reason Code:

Add Another

Add/Update Cancel

Cancel

- 09-Self-pay
- 10-Central Certification
- 11-Other Non-Federal Program
- 12-Preferred Provider Organizatio
- 13-Point of Service
- 14-Exclusive Provider Organizatio
- 15-Indemnity Insurance
- 16-Health Maintenance Organizatio
- 17-Dental Maintenance Organizatio
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employee Program
- HM-Health Maintenance Organizatio
- LI-Liability
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- MC-Medicaid
- MH-Managed Care Non HMO
- OF-Other Federal Program
- SA-ICD-10 CM
- TV-Title V
- VA-Veteran Administration Plan
- WC-Workers Compensation Health C
- ZZ-Mutually Defined

- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer type

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue SH *

Group: 123456890

Policy Number: 999999999

Amount Paid: \$100.00

Responsibility:

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj.

- A-Payer Responsibility Four
- B-Payer Responsibility Five
- C-Payer Responsibility Six
- D-Payer Responsibility Seven
- E-Payer Responsibility Eight
- F-Payer Responsibility Nine
- G-Payer Responsibility Ten
- H-Payer Responsibility Eleven
- P-Primary
- S-Secondary
- T-Tertiary
- U-Unknown

Add Another

+ Add/Update - Cancel

- Cancel

- Enter the group and policy number which can be found within the member eligibility screen
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter \$0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue SH *

Group: 123456890 *

Policy Number: 999999999

Amount Paid: \$100.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- To add the other payer information to the claim, click Add/Update

Header TCN: 4 00
 Beneficiary ID: Name:

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/> Payer1	4 <input type="text"/> 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary	<input type="text"/>			

Add/Update Payer and Adjustment Details

TCN: ▾ *

Claim Filing Indicator: ▾ *

Amount Paid: *

Payer ID: *

Group: *

Responsibility: ▾ *

Policy Number:

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: [Add Another](#)

- After selecting Add/Update, the other payers information will be added to the claim at the top of the screen
 - Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed

Header TCN: 4 00

Beneficiary ID: Name:

Show

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 001

Payer ID: Payer1

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code:

[Add Another](#)

Add/Update Cancel

Cancel

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

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 * ▾

Payer ID: Payer1 * ▾

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 123456890 *

Policy Number: 9999999999

Amount Paid: \$50.00 ←

Responsibility: P-Primary * ▾

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/> Payer1	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 * Payer ID: Payer1 *
 Claim Filing Indicator: BL-Blue Cross/Blue Shield * Group: 123456890 * Policy Number: 9999999999
 Amount Paid: \$50.00 * Responsibility: P-Primary * Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input] Amount: \$50.00 Adj. Reason Code: 45 [Add Another](#)

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
 - Example shows primary paid \$50.00 and applied \$50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

Header TCN: 4 00

Beneficiary ID:

Name:

Show

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	123456890	999999999	\$100.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *

Payer ID: Payer1 *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 123456890 *

Policy Number: 999999999

Amount Paid: \$50.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: \$50.00 Adj. Reason Code: 45 [Add Another](#)

2.Quantity: Amount: \$50.00  Adj. Reason Code: 2  [Delete](#)

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

Header TCN: 4 00

Beneficiary ID: Name:

Show

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				
<input type="checkbox"/>	Payer1 4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary				
									Adj:	\$50.00	4
									Adj:	\$50.00	2

Edit Delete Save



Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

Add/Update Cancel

- The CARC and amount will then be added to the top in the other payers information box
- The total of other payer payments and CARC amounts for each service line must balance to the submitted charges for the service line. If the information doesn't balance providers will receive a stack trace error message

- Notice the screen is wide, in order to see all CARC codes and amounts utilize the scroll bar

Header TCN: 4-00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/> Payer1	4-00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary			
<input type="checkbox"/> Payer1	4-01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary			
								Adj:	\$50.00	4
								Adj:	\$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4-02 *

Payer ID: Payer1 *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

Add Another

Add/Update Cancel

- To add the other payer information for line #2, select the TCN ending in 02 from the TCN dropdown
- Select Payer 1 from the Payer ID dropdown

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				
<input type="checkbox"/>	Payer1 4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary				
								Adj:		\$50.00	4
								Adj:		\$50.00	2

Edit Delete Save

☰ Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 02 ▾ *

Payer ID: Payer1 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 123456890 *

Policy Number: 9999999999

Amount Paid: \$50.00 ←

Responsibility: P-Primary ▾ *

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				
<input type="checkbox"/>	Payer1 4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary				
									Adj:	\$50.00	4
									Adj:	\$50.00	2

Edit Delete Save

☰ Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 02 ▾ *

Payer ID: Payer1 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 123456890 *

Policy Number: 9999999999

Amount Paid: \$50.00 *

Responsibility: P-Primary ▾ *

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input]

Amount: \$50.00 ←

Adj. Reason Code: 45 ←

[Add Another](#)

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
 - Example shows primary paid \$50.00 and applied \$50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

Header TCN: 4 00

Beneficiary ID: Name:

Show

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary				
<input type="checkbox"/>	Payer1 4 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary				
									Adj:	\$50.00	4
									Adj:	\$50.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 02 *

Payer ID: Payer1 *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 123456890 *

Policy Number: 9999999999

Amount Paid: \$50.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: \$50.00 Adj. Reason Code: 45 [Add Another](#)
2.Quantity: Amount: \$50.00  Adj. Reason Code: 2  [Delete](#)

Add/Update Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc	
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary					
<input type="checkbox"/>	Payer1 4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary					
									Adj:		\$50.00	4
									Adj:		\$50.00	2
<input type="checkbox"/>	Payer1 4 [redacted] 02	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary					
									Adj:		\$50.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [input] ▾ *

Payer ID: [input] *

Claim Filing Indicator: [input] ▾ *

Group: [input] *

Policy Number: [input]

Amount Paid: [input] *

Responsibility: [input] ▾ *

Remittance Date: [input] 🗑️

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

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

Header TCN: 4[redacted]00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	
<input type="checkbox"/>	Payer1 4[redacted]00	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$100.00	P-Primary		
<input type="checkbox"/>	Payer1 4[redacted]01	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary		
<input type="checkbox"/>	Payer1 4[redacted]02	00029010	BL-Blue Cross/Blue Shield	123456890	9999999999	\$50.00	P-Primary		Adj:

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Patient Code List
- Patient Vision Condition
- Service Line List
- Servicing Facility Locations
- Situational Information

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [dropdown] * Payer ID: [input] *

Claim Filing Indicator: [dropdown] * Group: [input] * Policy Number: [input]

Amount Paid: [input] * Responsibility: [dropdown] * Remittance Date: [input] [calendar icon]

Adjustment Summary

1.Quantity: [input] Amount: [input] Adj. Reason Code: [input] [Add Another](#)

- Click the Show menu
- Select Claim Header Detail

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show

Header Details

Upload/View Documents

TCN: 4 [redacted] 00

Claim Type:

Source: Web

Original TCN: 3 [redacted] 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 2

Medicare: N

Commercial: Y

Related Cause: NO

Beneficiary ID: [redacted] *

Last Name: [redacted]

First Name: [redacted]

Gender: [redacted] *

DOB: [redacted] *

Age: 0

Patient Account Number: [redacted]

Admit Date: [redacted]

Place of Service: 23-Emergency Room - Hospital

Billing Provider ID: [redacted] *

Type: NPI *

Pay To Provider ID: [redacted]

Type: NPI

Billing Provider Taxonomy: [redacted]

Rendering Provider ID: [redacted]

Type: NPI

Referring Provider ID: [redacted]

Type: [redacted]

Rendering Provider Taxonomy: [redacted]

Referring Provider Taxonomy: [redacted]

Supervising Provider ID: [redacted]

Type: [redacted]

Primary Care Referring Provider ID: [redacted]

Type: [redacted]

Primary Care Referring Provider Taxonomy: [redacted]

Auth #: [redacted]

Referral #: [redacted]

CLIA Number: [redacted]

Diagnosis Codes: 1: [redacted] *

2: [redacted]

3: [redacted]

4: [redacted]

Diagnosis Code Category: ICD-10-CM *

5: [redacted]

6: [redacted]

7: [redacted]

8: [redacted]

Adjust Void Save Cancel

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

Print Help

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

Show ▾

Header Details

Upload/View Documents

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

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

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ ▾

Comment: Note example: " Adding primary payer information"

Page ID: dlgAdjustClaimDoc(Claims)

Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]

Diagnosis Codes: 1: [redacted] * 2: [redacted] 3: [redacted] 4: [redacted] 5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted]

Diagnosis Code Category: ICD-10-CM ▾ *

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

How to add other payer denial information to a paid claim

Adding other payer denial information to a paid claim within the CHAMPS adjust screens

How to add other payer denial information to a paid claim

- When and why should a claim be adjusted to add other payer denial information?
 - If the claim has been paid by Medicaid and the other payer denial information was not reported on the claim
 - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
- The following slides show an example claim with primary payer denial information being added

NPI: Name:

[Latest updates](#)

[My Reminders](#)

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>				

No Records Found !

Calendar

07:28 6 December 2017 Wednesday

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

← Today →

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, showing the following categories and items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface includes a 'My Reminders' section with a 'Filter By' dropdown and an 'Alert Type' section. A 'Calendar' widget is visible on the right, showing the date 6 December 2017 (Wednesday) and a calendar grid for December 2017.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN:

Go

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

Header TCN: 3 00

Beneficiary ID:

Name:

Show

Header Details

Upload/View Doc

TCN: 3 00

Claim Type: J - Professional

Source: HIPAA

Original TCN:

Adjustment Source:

Claim Status: Paid

No Of Lines: 1

Medicare:

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age:

Patient Account Number:

Admit Date:

Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: *

Type: NPI *

Pay To Provider ID: *

Type: NPI

Billing Provider Taxonomy:

Rendering Provider ID:

Type: NPI

Referring Provider ID:

Type:

Rendering Provider Taxonomy:

Referring Provider Taxonomy:

Supervising Provider ID:

Type:

Primary Care Referring Provider ID:

Type:

Primary Care Referring Provider Taxonomy:

Auth #:

Referral #:

CLIA Number:

Diagnosis Codes: 1: *

2:

3:

4:

Diagnosis Code Category: ICD-10-CM *

5:

6:

7:

8:

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information**
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- Currently there is no other payer information reported as the claim was billed as Medicaid primary
- To begin adding other payer information to a claim, select the TCN dropdown box

Header TCN: 3 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN:



Claim Filing Indicator:

Amount Paid: *

Payer ID: *

Group: *

Responsibility: ▾ *

Policy Number:

Remittance Date: 📅

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- From the TCN dropdown, select the Header TCN which ends in 00
 - Note: Other payer information has to be added at the header level prior to being added on each service line

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

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

Add/Update Payer and Adjustment Details

TCN: 3 100 *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

Add/Update Cancel

Cancel

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

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator:

- 09-Self-pay
- 10-Central Certification
- 11-Other Non-Federal Program
- 12-Preferred Provider Organizatio
- 13-Point of Service
- 14-Exclusive Provider Organizatio
- 15-Indemnity Insurance
- 16-Health Maintenance Organizatio
- 17-Dental Maintenance Organizatio
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employee Program
- HM-Health Maintenance Organizatio
- LI-Liability
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- MC-Medicaid
- MH-Managed Care Non HMO
- OF-Other Federal Program
- SA-ICD-10 CM
- TV-Title V
- VA-Veteran Administration Plan
- WC-Workers Compensation Health C
- ZZ-Mutually Defined



Group: *

Policy Number:

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Adj. Reason Code:

Add Another

Add/Update Cancel

Cancel

- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer type

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue Sh *

Group: 1234567890 *

Policy Number: 999999999 *

Amount Paid: \$0.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- Enter the group and policy number which can be found within the member eligibility screen
 - Example shows the other payer made no payment on the claim as the service was denied so \$0 was reported
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	\$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 ▾ *

Payer ID: Payer1 *

Claim Filing Indicator: [] *

Group: [] *

Policy Number: []

Amount Paid: [] *

Responsibility: [] ▾ *

Remittance Date: [] [calendar icon]

Adjustment Summary

1.Quantity: [] Amount: [] Adj. Reason Code: []

[Add Another](#)

+ Add/Update ⓧ Cancel

ⓧ Cancel

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

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	\$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 ▾ *

Payer ID: Payer1 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 1234567890 *

Policy Number: 99999999

Amount Paid: \$0.00 ←

Responsibility: P-Primary ▾ *

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input] Amount: [input] Adj. Reason Code: [input]

[Add Another](#)

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 1
- Enter the amount paid for the service line

Header TCN: 4 00

Beneficiary ID:

Name:

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary				

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 01 *

Payer ID: Payer1 *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 1234567890 *

Policy Number: 9999999999

Amount Paid: \$0.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount: \$100.00

Adj. Reason Code: 204

Add Another

Add/Update Cancel

Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB

- Example shows primary paid \$0 and applied \$100 to CARC 204

- If no other amounts and CARC codes need to be reported, click Add/Update

- To enter additional amounts and CARC codes, click Add Another, up to 12 CARC codes can be added per service line

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc		
<input type="checkbox"/>	Payer1 4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary						
<input type="checkbox"/>	Payer1 4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary						
										Adj:		\$100.00	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [input] ▾ *

Payer ID: [input] *

Claim Filing Indicator: [input] ▾ *

Group: [input] *

Policy Number: [input]

Amount Paid: [input] *

Responsibility: [input] ▾ *

Remittance Date: [input] 📅

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

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

Header TCN: 41 00
Beneficiary ID: Name:

Show

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary	
<input type="checkbox"/>	Payer1 4 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary	

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [] * Payer ID: [] *
Claim Filing Indicator: [] * Group: [] * Policy Number: []
Amount Paid: [] * Responsibility: [] * Remittance Date: []

Adjustment Summary

1.Quantity:	[]	Amount:	[]	Adj. Reason Code:	[]	Add Another
-------------	-----	---------	-----	-------------------	-----	-----------------------------

Add/Update Cancel

- Click the Show menu
- Select Claim Header Detail

Header TCN: 4 [] 00

Beneficiary ID: []

Name: []

Show ▾

Header Details

Upload/View Documents

TCN: 4 [] 00

Claim Type:

Source: Web

Original TCN: 3 [] 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 2

Medicare: N

Commercial: Y

Related Cause: NO ▾

Beneficiary ID: [] *

Last Name: []

First Name: []

Gender: [] ▾ *

DOB: [] [] *

Age: 0

Patient Account Number: []

Admit Date: [] []

Place of Service: 23-Emergency Room - Hospital ▾

Billing Provider ID: [] *

Type: NPI ▾ *

Pay To Provider ID: []

Type: NPI ▾

Billing Provider Taxonomy: []

Rendering Provider ID: [] Type: NPI ▾

Referring Provider ID: [] Type: ▾

Rendering Provider Taxonomy: []

Referring Provider Taxonomy: [] Type: ▾

Supervising Provider ID: [] Type: ▾

Primary Care Referring Provider ID: [] Type: ▾

Primary Care Referring Provider Taxonomy: []

Auth #: []

Referral #: []

CLIA Number: []

Diagnosis Codes: 1: [] *

2: []

3: []

4: []

Diagnosis Code Category: ICD-10-CM ▾ *

5: []

6: []

7: []

8: []

Adjust Void Save Cancel

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

Print Help

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

Show ▾

Beneficiary
G
Patient Account Nu
Place of Ser
Billing Provide
Billing Provider Taxon
Rendering Provide
Rendering Provider Taxon
Supervising Provide
A
Diagnosis Co
Delay Reason Co
Submitted O
Warrant/EFT Number: [] RA Number: [] Paid Date: []

https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

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

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ ▾

Comment: Note example "Added primary payer information. Not a BCBS benefit under the policy"

Page ID: dlgAdjustClaimDoc(Claims)

OK Cancel

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

How to edit existing other payer information on a paid claim

Steps on editing other payer information in the claim adjustment screen in CHAMPS

How to edit existing other payer information on a paid claim

- When and why should a claim be adjusted to edit existing other payer information?
 - If the other payers information was reported incorrectly according to the EOB
 - If the other payer has adjusted their claim and their payment information has changed
- Providers can adjust their paid claim to edit the other payers information.
 - **Note:** When editing other payers information, the Payer ID at the header must match the Payer ID on file in the beneficiaries TPL information within CHAMPS.
 - If it doesn't match providers must update the header Payer ID prior to making any other changes to the service line.
- The following slides show an example of primary payer information being added to a claim

NPI: Name:

Latest updates

My Reminders

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Calendar

07:28 6 December 2017 Wednesday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today			→	

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, showing the following categories and items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface shows the 'My Reminders' section with a filter by dropdown and a table with columns for 'Alert Type' and 'Alert Message'. A calendar widget on the right shows the date 6 December 2017, Wednesday, with a grid for the month of December 2017.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN:

Go

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

Header TCN: 3 00
Beneficiary ID: Name:

Show

Header Details

Upload/View Doc

TCN: 3 00
Original TCN:
No Of Lines: 1
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare:

Source: HIPAA
Claim Status: Paid
Commercial: N

Beneficiary ID: *
Gender: *
Patient Account Number:
Place of Service: 22-On Campus-Outpatient Hospital

Last Name:
DOB: *
Admit Date:

First Name:
Age:

Billing Provider ID: *
Billing Provider Taxonomy:
Rendering Provider ID: *
Rendering Provider Taxonomy:
Supervising Provider ID: *

Type: NPI *
Type: NPI
Type:

Pay To Provider ID: *
Referring Provider ID:
Referring Provider Taxonomy:
Primary Care Referring Provider ID:
Primary Care Referring Provider Taxonomy:

Type: NPI
Type:
Type:

Auth #:
Diagnosis Codes: 1: *
5:

Referral #: 2: 3: 4: 5: 6: 7: 8:

CLIA Number:
Diagnosis Code Category: ICD-10-CM *

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

Adjust Void Save Cancel

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/> 3 00		MB-Medicare Part B			\$107.07	P-Primary				
<input type="checkbox"/> 3 01		MB-Medicare Part B			\$107.07	P-Primary	09/29/2017			
								Adj:	\$80.20	45
								Adj:	\$4.22	237
								Adj:	\$2.19	253
								Adj:	\$27.32	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- The current other payer information reflects Medicare was reported as the primary payer
- If Medicare later adjust their CARC or amount information you could edit this information on your paid Medicaid claim
- In the following slides we have used the scroll bar on the right to scroll down on the screen

Header TCN: 3: 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	3: 00	MB-Medicare Part B			\$107.07	P-Primary				
<input checked="" type="checkbox"/>	3: 01	MB-Medicare Part B			\$107.07	P-Primary	09/29/2017			
								Adj:	\$80.20	45
								Adj:	\$4.22	237
								Adj:	\$2.19	253
								Adj:	\$27.32	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *
Claim Filing Indicator: * Group: * Policy Number:
Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: [Add Another](#)

- Note: The Payer ID will need to be updated at the header first if it does not match what is on file for the beneficiaries TPL file.
- Select the line needing to be edited by placing a checkmark in the box
- Click Edit

Header TCN: 3: 00

Beneficiary ID: Name:

Show

3	01	MB-Medicare Part B	\$8.85	P-Primary	03/07/2017	Adj:		\$8.71	45
						Adj:		\$0.18	253
						Adj:		\$2.26	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 3 01 *

Payer ID: *

Claim Filing Indicator: MB-Medicare Part B *

Group: *

Policy Number:

Amount Paid: \$8.85 *

Responsibility: P-Primary *

Remittance Date: 03/07/2017

Adjustment Summary

1.Quantity:		Amount:	\$8.71	Adj. Reason Code:	45	Add Another
2.Quantity:		Amount:	\$0.18	Adj. Reason Code:	253	Delete
3.Quantity:		Amount:	\$2.26	Adj. Reason Code:	2	Delete

Add/Update Cancel

Cancel

- Edit any information needing to be updated for the service line selected
- Once complete click Add/Update

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
4 [redacted] 00	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$8.85	P-Primary				
4 [redacted] 01	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$8.85	P-Primary	03/07/2017			
								Adj:	\$8.71	97
								Adj:	\$0.18	253
								Adj:	\$2.26	2

Delete Save

Add/Update Payer and Adjustment Details

TCN: [input] ▾ *

Payer ID: [input] *

Claim Filing Indicator: [input] ▾ *

Group: [input] *

Policy Number: [input]

Amount Paid: [input] *

Responsibility: [input] ▾ *

Remittance Date: [input] 📅

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

- After clicking Add/Update the new CARC information now shows for the service line
 - Example shows we changed the CARC 45 to CARC 97
 - Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed
- Click Save

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
<input type="checkbox"/>	Payer1 4 [redacted] 00	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$8.85	P-Primary	
<input type="checkbox"/>	Payer1 4 [redacted] 01	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$8.85	P-Primary	03/07/2017

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Patient Code List
- Patient Vision Condition
- Service Line List
- Servicing Facility Locations
- Situational Information

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [input] * Payer ID: [input] *
Claim Filing Indicator: [input] * Group: [input] * Policy Number: [input]
Amount Paid: [input] * Responsibility: [input] * Remittance Date: [input]

Adjustment Summary

1.Quantity: [input] Amount: [input] Adj. Reason Code: [input] [Add Another](#)

- Click the Show menu
- Select Claim Header Detail

Header TCN: 4 [] 00

Beneficiary ID: [] Name: []

Show ▾

Header Details

Upload/View Documents

TCN: 4 [] 00

Claim Type:

Source: Web

Original TCN: 3 [] 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 2

Medicare: N

Commercial: Y

Related Cause: NO ▾

Beneficiary ID: [] *

Last Name: []

First Name: []

Gender: [] *

DOB: [] *

Age: 0

Patient Account Number: []

Admit Date: []

Place of Service: 23-Emergency Room - Hospital ▾

Billing Provider ID: [] * Type: NPI ▾ *

Pay To Provider ID: [] Type: NPI ▾

Billing Provider Taxonomy: []

Referring Provider ID: [] Type: ▾

Rendering Provider ID: [] Type: NPI ▾

Referring Provider Taxonomy: []

Rendering Provider Taxonomy: []

Primary Care Referring Provider ID: [] Type: ▾

Supervising Provider ID: [] Type: ▾

Primary Care Referring Provider Taxonomy: []

Auth #: []

Referral #: []

CLIA Number: []

Diagnosis Codes: 1: [] *

2: []

3: []

4: []

Diagnosis Code Category: ICD-10-CM ▾ *

5: []

6: []

7: []

8: []

Adjust Void Save Cancel

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

Print Help

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

Upload/View Documents

Print Help

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

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ *

Comment: Note example "Updated other payer CARC or Amount information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Diagnosis Codes: 1: R0602 * 2: [redacted] 3: [redacted] 4: [redacted] 5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted] Diagnosis Code Category: ICD-10-CM *

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

How to delete other payer information from a paid claim

Deleting primary payer information from a paid claim within CHAMPS adjust screens

How to delete other payer information from a paid claim

- When and why should a claim be adjusted to remove or delete other payer information?
 - If the primary payer has adjusted their claim and recouped their entire payment.
 - If the beneficiary does not have the primary payer which was reported on the claim or the policy was not active on the claim date of service.
- The following slides show an example of a claim billed with a primary payer that will be deleted from the claim.

NPI: Name:

[Latest updates](#)

[My Reminders](#)

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>				

No Records Found !

Calendar

07:28 6 December 2017 Wednesday

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

← Today →

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, showing the following sections and items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface includes a 'My Reminders' section with a filter and alert type options, and a 'Calendar' widget showing the date 6 December 2017 (Wednesday) and a calendar grid for December 2017.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN:

Go

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

Header TCN: 3 00

Beneficiary ID: Name:

Show

Header Details

Upload/View Doc

TCN: 3 00

Claim Type: J - Professional

Source: HIPAA

Original TCN:

Adjustment Source:

Claim Status: Paid

No Of Lines: 1

Medicare:

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age:

Patient Account Number:

Admit Date:

Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: * Type: NPI *

Pay To Provider ID: Type: NPI

Billing Provider Taxonomy:

Rendering Provider ID: Type: NPI

Referring Provider ID: Type:

Rendering Provider Taxonomy:

Referring Provider Taxonomy:

Supervising Provider ID: Type:

Primary Care Referring Provider ID: Type:

Primary Care Referring Provider Taxonomy:

Auth #:

Referral #:

CLIA Number:

Diagnosis Codes: 1: *

2:

3:

4:

Diagnosis Code Category: ICD-10-CM *

5:

6:

7:

8:

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

<input checked="" type="checkbox"/>	CN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input checked="" type="checkbox"/>	3 00		MB-Medicare Part B			\$0.00	P-Primary				
<input checked="" type="checkbox"/>	3 01		MB-Medicare Part B			\$0.00	P-Primary	07/12/2017			
									Adj:	\$49.15	45
									Adj:	\$52.85	1

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code:

Add Another

Add/Update Cancel

- Select the check box above the payer information
- Click Delete

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										
<input checked="" type="checkbox"/>	3 00	MB-Medicare Part B			\$0.00	P-Primary				
<input checked="" type="checkbox"/>	3 01	MB-Medicare Part B			\$0.00	P-Primary	07/12/2017			
								Adj:	\$49.15	45
								Adj:	\$52.85	1

Edit Delete Save

Message from webpage

Are you sure you want to delete the selected other payer information?

OK Cancel

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *Claim Filing Indicator: * Group: * Policy Number: *
Amount Paid: * Responsibility: * Remittance Date: *

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

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

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers							
TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yy)
<input type="checkbox"/>							

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *

Claim Filing Indicator: * Group: * Policy Number:

Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1. Quantity: Amount: Adj. Reason Code: [Add Another](#)

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

+ Add/Update ⊖ Cancel

⊖ Cancel

- The other payer information has now been removed from the claim
- Click the Show menu
- Select Claim Header Detail
 - Note: The TCN number now begins with a 4, this is the new TCN number

Header TCN: 4 [] 00

Beneficiary ID: []

Name: []

Show ▾

Header Details

Upload/View Documents

TCN: 4 [] 00

Original TCN: 3 [] 00

No Of Lines: 1

Related Cause: NO ▾

Claim Type:

Adjustment Source:

Medicare: N

Source: Web

Claim Status: In Process

Commercial: N

Beneficiary ID: [] *

Gender: [] ▾ *

Patient Account Number: []

Place of Service: 22-On Campus-Outpatient Hospital ▾

Last Name: []

DOB: [] [] *

Admit Date: [] []

First Name: []

Age: 0

Billing Provider ID: [] *

Type: NPI ▾ *

Pay To Provider ID: []

Type: NPI ▾

Billing Provider Taxonomy: []

Rendering Provider ID: [] Type: NPI ▾

Referring Provider ID: [] Type: ▾

Rendering Provider Taxonomy: []

Referring Provider Taxonomy: [] Type: ▾

Supervising Provider ID: [] Type: ▾

Primary Care Referring Provider ID: [] Type: ▾

Primary Care Referring Provider Taxonomy: []

Auth #: []

Referral #: []

CLIA Number: []

Diagnosis Codes: 1: [] *

2: []

3: []

4: []

Diagnosis Code Category: ICD-10-CM ▾ *

5: []

6: []

7: []

8: []

Adjust Void Save Cancel

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

Print Help

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

Header Details

https://milogintg.michigan.gov - Welcome to MMIS - Internet Explorer

Print Help

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

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ [v] ←

Comment: Note example: "Removed primary payer information" ←

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]
Diagnosis Codes: 1: [redacted] * 2: [redacted] 3: [redacted] 4: [redacted] 5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted] Diagnosis Code Category: ICD-10-CM [v] *
Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

How to add a second payer to a paid claim

Adding a secondary payer information to a paid claim

How to add a second payer to a paid claim

- When and why should a claim be adjusted to add secondary payer information?
 - If the beneficiary has a secondary payer which was not reported on the paid claim as the provider was notified after the claim processed
- The following slides show an example of how to add a secondary payer to a claim that has been billed reporting Medicare as primary

NPI: Name: [Latest updates](#)[My Reminders](#)Filter By

Alert Type

Alert Message

Alert Date

Due Date

Read

No Records Found ![Calendar](#)**07:28**6 December 2017
Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today		→		

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. At the top, navigation tabs include 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, listing several categories and their sub-items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface includes a 'My Reminders' section with a filter and an alert table, and a 'Calendar' widget for December 2017 showing the current date as Wednesday, December 6, 2017, at 08:16.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN: 3 00

Go

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

Header TCN: 3 00

Beneficiary ID:

Name:

Show

Header Details

Upload/View Doc

TCN: 3 00

Claim Type: J - Professional

Source: HIPAA

Original TCN:

Adjustment Source:

Claim Status: Paid

No Of Lines: 1

Medicare:

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age:

Patient Account Number:

Admit Date:

Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: *

Type: NPI *

Pay To Provider ID: *

Type: NPI

Billing Provider Taxonomy:

Rendering Provider ID:

Type: NPI

Referring Provider ID:

Type:

Rendering Provider Taxonomy:

Referring Provider Taxonomy:

Type:

Supervising Provider ID:

Type:

Primary Care Referring Provider ID:

Type:

Primary Care Referring Provider Taxonomy:

Auth #:

Referral #:

CLIA Number:

Diagnosis Codes: 1: *

2:

3:

4:

Diagnosis Code Category: ICD-10-CM *

5:

6:

7:

8:

Adjust Void Save Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information**
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reasor Code
<input type="checkbox"/> 3 00		MB-Medicare Part B			\$84.83	P-Primary				
<input type="checkbox"/> 3 01		MB-Medicare Part B			\$84.83	P-Primary	09/29/2017			
								Adj:	\$34.80	45
								Adj:	\$1.73	253
								Adj:	\$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [dropdown] *

Payer ID: [input] *

Claim Filing Indicator: [dropdown] *

Group: [input] *

Policy Number: [input]

Amount Paid: [input] *

Responsibility: [dropdown] *

Remittance Date: [calendar icon]

Adjustment Summary

- The current other payer information reflects Medicare was reported as the primary payer
- The beneficiary also has a secondary BCBS policy that needs to be reported
- In the following slides we have used the scroll bar on the right to scroll down on the screen

Header TCN: 3 00

Beneficiary ID: Name:

Show

							(mm/dd/yyyy)				
<input type="checkbox"/>	3 00		MB-Medicare Part B			\$84.83	P-Primary				
<input type="checkbox"/>	3 01		MB-Medicare Part B			\$84.83	P-Primary	09/29/2017			
									Adj:	\$34.80	45
									Adj:	\$1.73	253
									Adj:	\$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: *

Claim Filing Indicator: *



Payer ID: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

Add/Update Cancel

- From the TCN dropdown, select the Header TCN which ends in 00

Header TCN: 3 00

Beneficiary ID: Name:

Show

						(mm/dd/yyyy)		Code
<input type="checkbox"/>	3 00		MB-Medicare Part B		\$84.83	P-Primary		
<input type="checkbox"/>	3 01		MB-Medicare Part B		\$84.83	P-Primary	09/29/2017	
							Adj:	\$34.80 45
							Adj:	\$1.73 253
							Adj:	\$21.64 2

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010

Claim Filing Indicator: BL-Blue Cross/Blue St

Group: 1234567890

Policy Number: 99999999

Amount Paid: \$50.00 *

Responsibility: S-Seconda

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: Add Another

Add/Update Cancel

Cancel

- Enter the payer ID, select the claim filing indicator, enter the group and policy number
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter \$0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date
- Click Add/Update

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc	
<input type="checkbox"/> Payer1	4 [redacted] 00	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary					
<input type="checkbox"/> Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	\$50.00	S-Secondary					
<input type="checkbox"/> Payer1	4 [redacted] 01	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary	09/29/2017				
									Adj:		\$34.80	4
									Adj:		\$1.73	2
									Adj:		\$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *
 Claim Filing Indicator: * Group: * Policy Number:
 Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: [Add Another](#)

- After selecting Add/Update, the other payers information will be added to the claim, at the top of the screen
 - Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed

Header TCN: 4 [] 00

Beneficiary ID: [] Name: []

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc	
<input type="checkbox"/> Payer1	4 [] 00	[]	MB-Medicare Part B	[]	[]	\$84.83	P-Primary	[]				
<input type="checkbox"/> Payer2	4 [] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	\$50.00	S-Secondary	[]				
<input type="checkbox"/> Payer1	4 [] 01	[]	MB-Medicare Part B	[]	[]	\$84.83	P-Primary	09/29/2017				
									Adj:	[]	\$34.80	4
									Adj:	[]	\$1.73	2
									Adj:	[]	\$21.64	2

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: 4 [] 01 ▾ *

Payer ID: Payer1
Payer2 *

Claim Filing Indicator: [] *

Group: [] *

Policy Number: []

Amount Paid: [] *

Responsibility: [] ▾ *

Remittance Date: [] 📅

Adjustment Summary

1.Quantity: []

Amount: []

Adj. Reason Code: []

[Add Another](#)

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

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/> Payer1	4	[redacted]	00	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$84.83	P-Primary	[redacted]				
<input type="checkbox"/> Payer2	4	[redacted]	00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999	\$50.00	S-Secondary	[redacted]				
<input type="checkbox"/> Payer1	4	[redacted]	01	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$84.83	P-Primary	09/29/2017				
											Adj:	[redacted]	\$34.80	4
											Adj:	[redacted]	\$1.73	2
											Adj:	[redacted]	\$21.64	2

Edit Delete Save

☰ Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 ▾ *

Payer ID: Payer2 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 1234567890 *

Policy Number: 99999999

Amount Paid: \$50.00 ←

Responsibility: S-Secondary ▾ *

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input]

Amount: [input]

Adj. Reason Code: [input]

[Add Another](#)

- The claim filing indicator, group, policy number and responsibility will populate after selecting Payer 2
- Enter the amount paid for the service line selected, if \$0 was paid enter \$0

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/> Payer1	4	[redacted]	00	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$84.83	P-Primary	[redacted]				
<input type="checkbox"/> Payer2	4	[redacted]	00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary	[redacted]				
<input type="checkbox"/> Payer1	4	[redacted]	01	[redacted]	MB-Medicare Part B	[redacted]	[redacted]	\$84.83	P-Primary	09/29/2017				
											Adj:	[redacted]	\$34.80	4
											Adj:	[redacted]	\$1.73	2
											Adj:	[redacted]	\$21.64	2

Edit Delete Save

☰ Add/Update Payer and Adjustment Details

TCN: 4 [redacted] 01 ▾ *

Payer ID: Payer2 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 1234567890 *

Policy Number: 9999999999

Amount Paid: \$50.00 *

Responsibility: S-Secondary ▾ *

Remittance Date: [calendar icon]

Adjustment Summary

1.Quantity: [input] Amount: \$43.00 ← Adj. Reason Code: 1 ← **Add Another**

2.Quantity: [input] Amount: \$50.00 ← Adj. Reason Code: 45 ← Delete

+ Add/Update Cancel

- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
 - Example shows primary paid \$50.00 and applied \$43.00 to CARC 1 and \$50.00 to CARC 45
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

Header TCN: 4: [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/> Payer2	4: [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	\$50.00	S-Secondary					
<input type="checkbox"/> Payer1	4: [redacted] 01	[redacted]	MB-Medicare Part B	[redacted]	\$84.83	P-Primary	10/09/2017				
								Adj:	[redacted]	\$34.80	4
								Adj:	[redacted]	\$1.73	2
								Adj:	[redacted]	\$21.64	2

Edit Delete Save

☰ Add/Update Payer and Adjustment Details

TCN: 4: [redacted] 01 ▾ *

Payer ID: Payer2 ▾ *

Claim Filing Indicator: BL-Blue Cross/Blue Shield *

Group: 1234567890 *

Policy Number: [redacted]

Amount Paid: \$50.00 *

Responsibility: S-Secondary ▾ *

Remittance Date: [redacted] 📅

Adjustment Summary

1.Quantity:	[redacted]	Amount:	\$43.00	Adj. Reason Code:	1	Add Another
2.Quantity:	[redacted]	Amount:	\$50.00	Adj. Reason Code:	45	Delete
3.Quantity:	[redacted]	Amount:	[redacted]	Adj. Reason Code:	[redacted]	Delete

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/> Payer1	4 [redacted] 00	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary				
<input type="checkbox"/> Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary				
<input type="checkbox"/> Payer1	4 [redacted] 01	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary	09/29/2017			
									Adj:	\$34.80	4
									Adj:	\$1.73	2
									Adj:	\$21.64	2
<input type="checkbox"/> Payer2	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary				
									Adj:	\$43.00	1
									Adj:	\$50.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: ▾ *

Claim Filing Indicator: ▾ *

Amount Paid: *

Payer ID: *

Group: *

Responsibility: ▾ *

Policy Number:

Remittance Date:

- Continue adding the secondary payer information for each service line (01,02,03,etc.)
- Once complete, click Save

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted] Name: [redacted]

Show ▾

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
<input type="checkbox"/> Payer1	4 [redacted] 00	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary	
<input type="checkbox"/> Payer2	4 [redacted] 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary	
<input type="checkbox"/> Payer1	4 [redacted] 01	[redacted]	MB-Medicare Part B		[redacted]	\$84.83	P-Primary	09/29/2017
<input type="checkbox"/> Payer2	4 [redacted] 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary	

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [input] * Payer ID: [input] *
Claim Filing Indicator: [input] * Group: [input] * Policy Number: [input]
Amount Paid: [input] * Responsibility: [input] * Remittance Date: [input]

- Click the Show menu
- Select Claim Header Detail

Header TCN: 4 00

Beneficiary ID:

Name:

Show

Header Details

Upload/View Documents

TCN: 4 00

Claim Type:

Source: Web

Original TCN: 3 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 1

Medicare: N

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age: 0

Patient Account Number:

Admit Date:

Place of Service: 22-On Campus-Outpatient Hospital

Billing Provider ID: *

Type: NPI *

Pay To Provider ID:

Type: NPI

Billing Provider Taxonomy:

Type: NPI

Referring Provider ID:

Type:

Rendering Provider ID:

Type:

Referring Provider Taxonomy:

Primary Care Referring Provider ID:

Type:

Supervising Provider ID:

Primary Care Referring Provider Taxonomy:

Auth #:

Referral #:

CLIA Number:

Diagnosis Codes: 1: *

2:

3:

4:

Diagnosis Code Category: ICD-10-CM *

5:

6:

7:

8:

Adjust Void Save Cancel

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

Print Help

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

Header Details

TCN: 4: [redacted] 00 Claim Type: Source: Web

Original TCN: [redacted]
No Of Lines: [redacted]
Related Claims: [redacted]
Beneficiary: [redacted]
Patient Account Number: [redacted]
Place of Service: [redacted]
Billing Provider: [redacted]
Billing Provider Taxonomy: [redacted]
Rendering Provider: [redacted]
Rendering Provider Taxonomy: [redacted]
Supervising Provider: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Note Example " Added secondary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Adjust Void Save Cancel

- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

How to add other payer information to a paid institutional claim

Adjusting a paid institutional claim to add other payer information

How to add other payer information to a paid institutional claim

- When and why should a claim be adjusted to add the other payer information?
 - The pending Third Party Liability (TPL) void report has been received and the primary payer has already been billed but not reported on the claim
 - If the primary payer has been billed but the payment information has not been reported on the claim
- The following slides show an example of how to adjust a paid institutional claim adding the other payer information at the header level

NPI: Name: [Latest updates](#)[My Reminders](#)Filter By

Alert Type

Alert Message

Alert Date

Due Date

Read

No Records Found ![Calendar](#)**07:28**6 December 2017
Wednesday

2017 December

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today		→		

- Once logged into CHAMPS, click the Claims tab

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Reference', 'Member', and 'PA'. The 'Claims' dropdown menu is open, showing the following categories and items:

- CLAIM SUBMISSION**
 - Submit Professional
 - Submit Institutional
 - Submit Dental
 - Search Template
- MANAGE CLAIMS**
 - Adjust/Void Claim Provider (highlighted with a red arrow)
- INQUIRE CLAIMS**
 - Claim Inquiry
- RA LIST**
 - RA List
- NON CLAIM ADJUSTMENTS**
 - Payment Withholds

The background interface shows the 'My Reminders' section with a filter by dropdown and a table with columns for 'Alert Type' and 'Alert Message'. A calendar widget on the right shows the date 6 December 2017 (Wednesday) and a calendar grid for December 2017.

- Select Adjust/Void Claim Provider

Close

Adjust Claims

TCN: 3 00

Go

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

Header TCN: 3 00

Beneficiary ID: Name:

Show

Header Details

Upload/View Doc

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Codes List
- Diagnosis Codes
- Indicators
- Other Payers Information**
- Related Causes
- Service Line List
- Situational Information

TCN: 3 00

Claim Type: F - Outpatient OPSS

Source: HIPAA

Original TCN:

No Of Lines: 9

Related Cause: NO

Bill Type: 0 * 1 * 3 * 1 *

Medicare: N

Commercial: N

Adjustment Source:

Pricing Rule: APC Pricing

Claim Status: Paid

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age:

Patient Control Number: *

Medical Record Number:

Benefit Plan:

Billing Provider ID: * Type: NPI *

From Date: 09/22/2017 *

To Date: 09/22/2017 *

Billing Provider Taxonomy:

Attending Provider ID: * Type: NPI *

Referral #:

PRO #:

Attending Provider Taxonomy:

Pay To Provider ID: Type: NPI

Auth #:

DRG Code:

Operating Provider ID: Type:

Total DRG OutLier Payment: 0

Other Provider ID: Type:

Total APC OutLier Payment: \$0.00

Rendering Provider ID: Type:

Referring Provider ID: Type:

Adjust Void Save Cancel

- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: *

Payer ID: *

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

- Currently there is no other payer information reported as the claim was billed as Medicaid primary
- To begin adding other payer information to a claim, select the TCN dropdown box

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

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

Add/Update Payer and Adjustment Details

TCN: *

Claim Filing Indicator: *

Amount Paid:

Adjustment Summary

1.Quantity:	<input type="text"/>	Amount:	<input type="text"/>	Adj. Reason Code:	<input type="text"/>
-------------	----------------------	---------	----------------------	-------------------	----------------------

Payer ID: *

Group: *

Responsibility: *

Policy Number:

Remittance Date:

Add/Update Cancel

- From the TCN dropdown, select the Header TCN which ends in 00
 - Note: Other payer information has to be added at the header level prior to being added on each service line

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 100 *

Payer ID: 

Claim Filing Indicator: *

Group: *

Policy Number:

Amount Paid: *

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount:

Adj. Reason Code:

[Add Another](#)

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

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

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

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator:

Group: *

Policy Number:

Amount Paid:

Responsibility: *

Remittance Date:

Adjustment Summary

1.Quantity:

Adj. Reason Code:

Add Another

Add/Update Cancel

Cancel

- 09-Self-pay
- 10-Central Certification
- 11-Other Non-Federal Program
- 12-Preferred Provider Organizatio
- 13-Point of Service
- 14-Exclusive Provider Organizatio
- 15-Indemnity Insurance
- 16-Health Maintenance Organizatio
- 17-Dental Maintenance Organizatio
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employee Program
- HM-Health Maintenance Organizatio
- LI-Liability
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- MC-Medicaid
- MH-Managed Care Non HMO
- OF-Other Federal Program
- SA-ICD-10 CM
- TV-Title V
- VA-Veteran Administration Plan
- WC-Workers Compensation Health C
- ZZ-Mutually Defined



- Select the appropriate Claim Filing Indicator from the dropdown, this will coincide with the payer

Header TCN: 3 00

Beneficiary ID: Name:

Show ▾

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue Sh *

Group: 1234567890

Policy Number: 9999999999

Amount Paid: \$500.00

Responsibility: P-Primary

Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code:

[Add Another](#)

- Enter the group and policy number which can be found within the member eligibility screen
- Enter the amount paid for the entire claim by the other payer, if nothing paid enter \$0
- Select the payer responsibility from the dropdown
- Optionally enter the Remittance Advice (RA) date

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue Sh *

Group: 1234567890 *

Policy Number: 999999999

Amount Paid: \$500.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity:

Amount: \$100.00

Adj. Reason Code: 1

Add Another

Add/Update Cancel

Cancel

- Institutional claims can report other payer information all at the header of the claim
- Enter the Claim Adjustment Reason Code (CARC) and dollar amounts based on the EOB
 - Example shows \$100 was applied to CARC 1
- If no other amounts and CARC codes need to be reported, click Add/Update
- To enter additional amounts and CARC codes, click Add Another

Header TCN: 3 00

Beneficiary ID: Name:

Show

Other Payers

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

Add/Update Payer and Adjustment Details

TCN: 3 00 *

Payer ID: 00029010 *

Claim Filing Indicator: BL-Blue Cross/Blue SH *

Group: 1234567890 *

Policy Number: 9999999999

Amount Paid: \$500.00 *

Responsibility: P-Primary *

Remittance Date:

Adjustment Summary

1.Quantity:	<input type="text"/>	Amount:	<input type="text" value="\$100.00"/>	Adj. Reason Code:	<input type="text" value="1"/>	Add Another
2.Quantity:	<input type="text"/>	Amount:	<input type="text"/>	Adj. Reason Code:	<input type="text"/>	Delete

Add/Update Cancel

Cancel

- When adding additional CARC and amounts for the service line;
- Up to 12 CARC codes can be added per service line
- Once finished click Add/Update

Header TCN: 4 00
 Beneficiary ID: Name:

Show ▾

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Ac Re Cc
<input type="checkbox"/> Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$500.00	P-Primary				
									Adj:	\$100.00	1
									Adj:	\$400.00	4

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: * Payer ID: *
 Claim Filing Indicator: * Group: * Policy Number:
 Amount Paid: * Responsibility: * Remittance Date:

Adjustment Summary

1.Quantity: Amount: Adj. Reason Code: [Add Another](#)

- After selecting Add/Update, the other payers information will be added to the claim, at the top of the screen
 - Note: The TCN number now begins with a 4, this will be the new TCN number once the adjustment is completed
- Once all other payer information has been added to the claim click Save

Header TCN: 4 00

Beneficiary ID: Name:

Show

Other Payers

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)
<input type="checkbox"/>	Payer1 4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$500.00	P-Primary	

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

Edit Delete Save

Add/Update Payer and Adjustment Details

TCN: [] * Payer ID: [] *
Claim Filing Indicator: [] * Group: [] * Policy Number: []
Amount Paid: [] * Responsibility: [] * Remittance Date: []

Adjustment Summary

1.Quantity:	[]	Amount:	[]	Adj. Reason Code:	[]	Add Another
-------------	-----	---------	-----	-------------------	-----	-----------------------------

Add/Update Cancel

- Click the Show menu
- Select Claim Header Detail

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show ▾

Header Details

Upload/View Documents

TCN: 4 [redacted] 00

Claim Type:

Source: Web

Original TCN: 3 [redacted] 00

No Of Lines: 9

Related Cause: NO ▾

Bill Type: 0 * 1 * 3 * 7 *

Medicare: N

Commercial: Y

Adjustment Source:

Pricing Rule:

Claim Status: In Process

Beneficiary ID: [redacted] *

Last Name: [redacted]

First Name: [redacted]

Gender: [redacted] ▾ *

DOB: [redacted] [calendar icon] *

Age: 0

Patient Control Number: [redacted] *

Medical Record Number: [redacted]

Benefit Plan:

Billing Provider ID: [redacted] * Type: NPI ▾ *

From Date: 09/22/2017 [calendar icon] *

To Date: 09/22/2017 [calendar icon] *

Billing Provider Taxonomy: [redacted]

Attending Provider ID: [redacted] * Type: NPI ▾ *

Referral #: [redacted]

PRO #: [redacted]

Attending Provider Taxonomy: [redacted]

Pay To Provider ID: [redacted] Type: NPI ▾

Auth #: [redacted]

DRG Code:

Operating Provider ID: [redacted] Type: ▾

Total DRG OutLier Payment: [redacted]

Other Provider ID: [redacted] Type: ▾

Total APC OutLier Payment: [redacted]

Rendering Provider ID: [redacted] Type: ▾

Referring Provider ID: [redacted] Type: ▾

Adjust Void Save Cancel

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

Print Help

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

Show

Upload/View Documents

https://milogint.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

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

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ *

Comment: Note example "Added primary payer information"

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Adjust Void Save Cancel

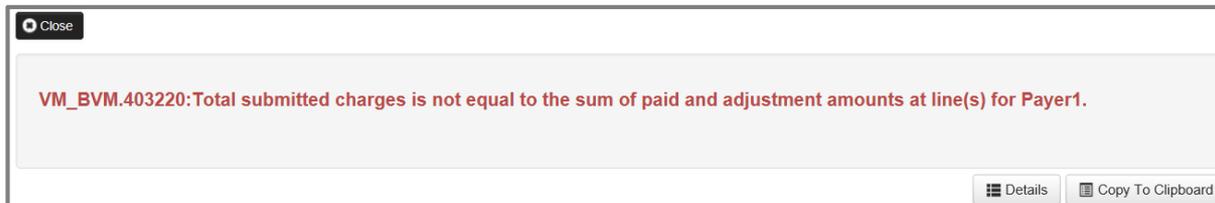
- From the Adjustment Source dropdown box, select PIA-Provider Initiated ADJ
- Enter a note as to why the claim is being adjusted
- Click OK, the adjustment is complete. You will be returned to where you first entered your paid TCN number.

Error messages

- If attempting to exit the other payers screen without saving:

Please save the information to complete the data validation after adding or updating data.

- To correct, ensure you are clicking save prior to exiting the other payers screen.
- If the submitted charges on the claim header and the other payer amounts do not balance:



- To correct, ensure all other payer information balances to the submitted charges.
- If both the header and service line are selected at the same time and edit is clicked:

Multiple selections not allowed, only one record can be edited at a time.

- To correct, ensure you are only selecting one line to edit at a time.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program