

#### 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



HELP CONTACT US



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





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

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





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



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- 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 <u>WPC website</u>.
- 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

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• Once logged into CHAMPS, click the Member tab



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- 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



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## 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



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



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- 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



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



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- 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



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- 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

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- 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



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



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- 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



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- 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



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- 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



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- 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



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



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- 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


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- 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



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



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- Click the Show menu
- Select Claim Header Detail



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



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- 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



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• Once logged into CHAMPS, click the Claims tab



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• Select Adjust/Void Claim Provider



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



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- 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

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



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- 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



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- 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

🖨 Print	Help											
Header TCN Beneficiary	I: 4 )00 ID:			Name	:							
												Show -
III Othe	r Payers											^
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number		Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	d 1234567890	99999999		\$0.00	P-Primary				
C Edit	Delete Save											
III Add/	Update Payer and Adju	stment Details	•									^
	TCN	: 4	01 🗸		Payer ID: Payer	1		_				
	Claim Filing Indicator	:	*		Group:	*		Polie	cy Number:			
	Amount Paid	:	*	Respo	nsibility:	<b>~</b> *		Remit	tance Date:	1		
	Adjustment Summary		Amount:		Adj. Reaso	on Code:			Add Another			
										• Add/U	pdate	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



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Header TC Beneficiar	N: 4 00			Name	:							
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III Oth	er Payers											^
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number		Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer	1 4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999		\$0.00	P-Primary				
<b>G</b> Edit	Delete Save											
III Add	/Update Payer and Adju	stment Details										^
	TCN	: 4	01 🗸 *	1	Payer ID: Payer	1 🗸 *	ĸ					
	Claim Filing Indicator	BL-Blue Cros	s/Blue Shield *		Group: 1234	\$67890	k	Poli	cy Number: 99999	999		
	Amount Paid	\$0.00	_ ←	Respo	nsibility: P-Prir	nary 🗸	k	Remit	tance Date:	i	i	
	Adjustment Summary											
	1.Quantity:		Amount:		Adj. Reaso	on Code:			Add Another			
										C Add/U	pdate	Cancel
											C	) Cancel

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



🖨 Print	Help										
Header TCN Beneficiary	I: 4 DO ID:			Name	:						
											Show -
III Other	r Payers										^
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary				
III Add/	Jpdate Payer and Adjus TCN: Claim Filing Indicator: Amount Paid:	the strengt Details	01 💙 * s/Blue Shield *	Respo	Payer ID: Payer1 💙 * Group: 1234567890 * onsibility: P-Primary 🟹 *	a a	Policy I Remittan	Number: 999999 ce Date:	99999		~
	Adjustment Summary		Amount: \$100.00		Adj. Reason Code:	204		Add Another	Add/U	pdate C	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

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ficiary I	D:			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
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary					
Payer1	4' 01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$0.00	P-Primary					
									Adj:		\$100.00	2
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dit 1	Delete Save	ustment Detai	ls V *	р	ayer ID:	*						>
Add/U	Delete Save	ustment Detai	ls * *	Р	ayer ID:	*		Policy Number:			-	>
Add/U	Delete Essue	ustment Detai	ls * *	P Respon	ayer ID: Group: sibility:	*		Policy Number: Remittance Date:			Ĩ	>
Edit ∎	Delete Essue	ustment Detai	ls * * *	P	ayer ID: Group: sibility:	*		Policy Number: Remittance Date:				>
Edit ∎	Delete Essue	ustment Detai	Is * * Amount:	P Respon	ayer ID: Group: sibility: Adj. Reasor	* * * *		Policy Number: Remittance Date: Add A	nother			>

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



ler TCN	: 41	00									
ficiary	D:				Name	2:					
										(	Claim Cuthaska
Other	Payers										Claim Enhancement Amount
	TCN		Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance		Claim Header Detail
									Date		Claim Notes
									(mm/aa/yyyy)		Claim Relevant Dates
Payer1	41	00	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999999	\$0.00	P-Primary			Claim Spinal Manipulation
Payer1	4	01	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999999	\$0.00	P-Primary			Claims Ambulance Info
										Adj:	Diagnosis Codes
dit		Save									Indicators
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Add/L	Ipdate Paye	er and Adju	stment Detai	s							Related Causes
											Service Line List
				*	_		*				Servicing Facility Locations
		TCN:		*	Р	ayer ID:					Situational Information
	Claim Fil	ing Indicator:		*		Group:	*		Policy Number:		
	,	Amount Paid:		*	Respon	sibility:	*		Remittance Date:		<b>iii</b>
ľ	Adjustment S	Summary									
	1.Quantity:			Amount:		Adj. Reasor	n Code:		Add A	nother	

- Click the Show menu
- Select Claim Header Detail



🚔 Print 💿 Help								
Header TCN: 4 00 Beneficiary ID:			Name:					Otrau -
Header Details					O Uplo	ad/View Documents		snow •
TCN:	4 00		Claim Type:		Source:	Web		
Original TCN:	3 00	Ad	justment Source:		Claim Status:	In Process		
No Of Lines:	2		Medicare:	Ν	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 - Hosp	pital						
Billing Provider ID:	*	Type: NPI		Pay To Provider ID:		Type: NPI	~	
Billing Provider Taxonomy:								
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Туре:	$\checkmark$	
Rendering Provider Taxonomy:				Referring Provider Taxonomy:				
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Туре:	~	
				Primary Care Referring Provider				
				Taxonomy:				
Auth #:			Referra	I #:	CLIA Nur	iber:		
Diagnosis Codes:	1:	2: 3:		4:	Diagnosis Code Categ	jory: ICD-10-CM	*	
	5:	6: 7:		8:		🚺 Adjust	Void Bave	Cancel

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



🖨 Print 🤨 Help		
Header TCN: 4 00 Beneficiary ID:	Name:	
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Beneficia	https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer	^
Patient Account Nu Place of Se	Header TCN: 4 <sup>-</sup> 00 Beneficiary ID: <sup>-</sup> Name:	
	Adjust Claim	
Billing Provide	Please enter the following information	
Billing Provider Taxon	Adjustment Source: PIA-Provider Initiated ADJ	
Rendering Provide	Note example "Added primary payer	
Rendering Provider Taxon	Comment: information. Not a BCBS benefit under the policy'	
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A Diamagia Ca		
Diagnosis Co		
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Warrant/EFT Numb	RA Number: Paid Date:	
		•
	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.
  - <u>Note</u>: 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



Provider Portal					LIIKS	~ ""	ravonte				<b>9</b> He
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• Once logged into CHAMPS, click the Claims tab



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• Select Adjust/Void Claim Provider



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Header Details						O Upload/View Doc	Claim Cutbacks
TCN: Original TCN:	3 00		Claim Type: Adiustment Source:	J - Professional	Source: Claim Status:	HIPAA Paid	Claim Enhancement Amounts Claim Notes
No Of Lines:	1		Medicare:		Commercial:	N	Claim Relevant Dates
Related Cause:	NO						Claims Ambulance Info
							Diagnosis Codes
Beneficiary ID:	*		Last Name:		First Name:		Indicators
Gender:	*		DOB:	*	Age:		Other Payers Information
Patient Account Number:			Admit Date:	<b></b>			Patient Code List
Place of Service	22-On Campus-Outpatient	Hospital					Patient Vision Condition
Place of Service.							Related Causes
Billing Provider ID:	*	Type: NPI	*	Pay To Provider ID:		Type: NPI	Service Line List
Billing Provider Taxonomy:							Servicing Facility Locations
Rendering Provider ID:		Type: NPI	•	Referring Provider ID:		Type:	Situational Information
Rendering Provider Taxonomy:				Referring Provider Taxonomy:			
Supervising Provider ID:		Type	1	Primary Care Referring Provider		Type	
oupertising riotiderits.		ijpe.		ID:		ijpe.	
				Primary Care Referring Provider			
				Taxonomy:			
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	5:	6:	7:	8:			
						Adjust	Void Save Ocancel

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



Beder TON: 3 00   Beneficiary ID: Name:     If Other Payers     If Other Payer ID     Claim Filling Indicator     Group   Policy Number   Amount Paid   Responsibility   Date   Image: Control Co	🚔 Print	Help											
Image: Chain Filing Indicator       Group       Policy Number       Amount Paid       Responsibility       Cauntity       Amount       Adj.         1       1       MB-Medicare Part B       \$107.07       P-Primary       09/29/2017       09/29/2017         1       0       MB-Medicare Part B       \$107.07       P-Primary       09/29/2017       09/29/2017         3       01       MB-Medicare Part B       \$107.07       P-Primary       09/29/2017       09/29/2017         4di       580.20       45       45       54.22       237         4di       5812       237       46       52.19       253         6       Edit       Detele       Save       46       52.19       253         TCN:       Image:	Header TCN: 3 Beneficiary ID:		00			Name:	-						Show -
CN Payer ID Claim Filing Indicator Group Policy Number Amount Paid Responsibility Remittance Date Reason   Date Date Date Date Date Date Code   3 01 MB-Medicare Part B \$107.07 P-Primary 09/29/2017 Imm/dd/yyyy   3 01 MB-Medicare Part B \$107.07 P-Primary 09/29/2017 Imm/dd/yyyy   4di \$80.20 45   4di \$42.2 237   4di \$21.9 253   4di \$27.32 2 <b>Water Details</b> TON: *   TON: *      Payer ID:	III Other Pa	ayers											^ ^
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3       01       MB-Medicare Part B       \$107.07       P-Primary       09/29/2017       Adj:       \$80.20       45         Adj:       \$4.22       237       Adj:       \$4.22       237         Adj:       \$2.19       253       Adj:       \$27.32       2         If Delete       Save       Adj:       \$27.32       2         If Add/Update Payer and Adjustment Details       Image: Claim Filing Indicator:       I	3:	00		MB-Medicare Part B			\$107.07	P-Primary					
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		Claim Filing Ind	licator:	*		Group:		*	Policy Nu	ımber:			- 1
Amount Paid: * Responsibility: * Remittance Date:		Amour	nt Paid:	*		Responsibility:		*	Remittance	e Date:			
Adjustment Summary	Adj	justment Summa	ary	Arrows						Add A	nother		•

- 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

🖨 Print	elp											
	- P											
Header TCN: 3		00										
Beneficiary ID:					Name:							
												Show •
III Other Pay	/ers											• •
		Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
а	00		MB-Medicare Part B			\$107.07	P-Primary					
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									Adj:		\$4.22	237
									Adj:		\$2.19	253
									Adj:		\$27.32	2
🖸 Edit 📋 Del	lete Save											
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III Add/Upda	te Payer and	I Adjustment	Details									^
		TCN:	*		Payer ID:		*					
c	Claim Filing Ind	licator:	*		Group:		*	Policy N	umber:			
	Amour	nt Paid:	*		Responsibility:		*	Remittance	e Date:			
Adju	stment Summa	iry										
1.0	Quantity:		Amount:		_Adj.	Reason Code:			Add A	nother		

- 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



🚔 Print 💿 Help	
Header TCN: 3: 00 Beneficiary ID: Name:	
	Show -
Image: MB-Medicare Part B   \$8.85   P-Primar	ry 03/07/2017
	Adj: \$8.71 45
	Adj: \$0.18 253
	Adj: \$2.26
🗹 Edit 🗎 💼 Delete 🗎 Save	
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III Add/Update Payer and Adjustment Details	*
TCN: 3 01 *   Payer ID: *   Claim Filing Indicator: MB-Medicare Part B   MB-Medicare Part B   *   Group:   *   Amount Paid:   \$8.85   *   Responsibility:   P-Primary	Policy Number: 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

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



ł	Print	Help												
Hea Ber	ider TCN ieficiary	: 4 ID:	00			Name:							Sh	10W ¥
	Other	Payers											^	• ^
	TCN		Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code	
er1	4'	00		MB-Medicare Part B			\$8.85	P-Primary						
er1	4	01		MB-Medicare Part B			\$8.85	P-Primary	03/07/2017					
										Adj:		\$8.71	97	
										Adj:		\$0.18	253	J
										Adj:		\$2.26	2	
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		Adjustment Sum	imary											
		1.Quantity:		Amount:		Ad	j. Reason Code:			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



🖨 Print	Help									
Header TCN Beneficiary	I: 4 00 ID:			Name:						
III Other	r Payers									Claim Cutbacks
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Claim Header Detail Claim Notes
Payer1	4 00		MB-Medicare Part B			\$8.85	P-Primary			Claim Relevant Dates
Payer1	4 01		MB-Medicare Part B			\$8.85	P-Primary	03/07/2017		Claims Ambulance Info
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<	Jpdate Payer and Adj	ustment Deta	ils							Servicing Facility Locations Situational Information
	тс	N:	*	Pa	yer ID:	*				
	Claim Filing Indicate	or:	*	c	Group:	*		Policy Number:		
	Amount Pai	d:	*	Respons	ibility:	*		Remittance Date:		
	Adjustment Summary -		Amount:		Adj. Reasor	n Code:		Add A	nother	

- Click the Show menu
- Select Claim Header Detail



🚔 Print 🔞 Help									
Header TCN: 4 00 Beneficiary ID:			Name:						
Header Details					🕑 Upl	oad/View Documents		<b>i</b> :	Show
TCN:	4 00		Claim Type:		Source:	Web			
Original ICN:	2	Adj	Medicare:	N	Claim Status:	In Process			
Related Cause:	NO V		medicare.	N .	connercial.	1			
Beneficiary ID:	*		Last Name:		First Name:				
Gender:	*		DOB:	*	Age:	0			
Patient Account Number:			Admit Date:						
Place of Service:	23-Emergency Room - Hosp	oital 🗸							
Billing Provider ID:	*	Type: NPI 💙 *		Pay To Provider ID:		Type: NPI	$\checkmark$		
Billing Provider Taxonomy:									
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Туре:			
Rendering Provider Taxonomy:		-		Referring Provider Taxonomy:		_			
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Туре:			
				Primary Care Referring Provider Taxonomy:					
Auth #:			Referra	I#:	CLIA Nu	mber:			
Diagnosis Codes:	1:	2: 3:		4:	Diagnosis Code Cate	gory: ICD-10-CM	*		
	5:	6: 7:		8:		Adjust	Void	Save	🗵 Cance

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


🚔 Print 🛛 9 Help		
Header TCN: 4 <sup>4</sup> 00 Beneficiary ID:	Name:	Show ▼
III Header Details		d/View Documents
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Original TCN	CN 🚔 Print 🖸 Help	
No Of Line: Related Cause	Header TCN: 4' 00 Beneficiary ID: Name:	
Beneficiary ID	II. Adjust Claim	~
Gende	Please enter the following information	
Patient Account Number	Adjustment Source: PIA-Provider Initiated ADJ	
Place of Service	Note example "Updated other payer CARC or	
	Comment: Amount information"	
Billing Provider ID:	D:	
Billing Provider Taxonomy:	y:	
Rendering Provider ID:	D:	
Rendering Provider Taxonomy:	y:	
Supervising Provider ID:		✓ OK @ Cancel
Auth #	Page ID: dlgAdjustClaimDoc(Claims)	
Diagnosis Codes:	s: 1: R0602 * 2: Diagnosis Code Category:	ICD-10-CM ¥
	5: 6: 7: 8:	
		● 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 clam 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.



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• Once logged into CHAMPS, click the Claims tab



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



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



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



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- 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



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



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- 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



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• Once logged into CHAMPS, click the Claims tab



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



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- 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

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



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- 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



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- 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

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- 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

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- 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



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	Claim Filing Amo	Indicator: ount Paid:	BL-Blue Cros	ss/Blue Shield *	Respon	Group: 1234567 sibility: S-Secon	7890 <b>*</b> dar 🗸 <b>*</b>		Policy Number: Remittance Date:	9999999999	99	
	Claim Filing Amo Adjustment Sum	Indicator: ount Paid: mary	BL-Blue Cros	ss/Blue Shield *	Respon	Group: 1234567 sibility: S-Secor	7890 <b>*</b> dai 💙 <b>*</b>		Policy Number: Remittance Date:	999999999	99	
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	Claim Filing Amo Adjustment Sum 1.Quantity: 2.Quantity:	Indicator: bunt Paid: mary	BL-Blue Cros	ss/Blue Shield *  * Amount: Amount:	Respon: \$43.00	Group: 1234567 sibility: S-Secor Adj. Reason Adj. Reason	* dar 🗸 * Code: Code:	1 45	Policy Number: Remittance Date: Add / Delet	9999999999 	99	

- 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 00 Beneficiary ID: Name: St	
St	
L Payerz 4 00 00029010 BL-Blue Cross/Blue Shield 1234567890 \$50.00 S-Secondary	iow 🔻
Payer1         4         01         MB-Medicare Part B         \$84.83         P-Primary         10/09/2017	^
Adj: \$34.80	4
Adj: \$1.73	2
Adj: \$21.64	2
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< >	
Add/Update Payer and Adjustment Details	•
TCN: 4 01 × Payer ID: Payer 2 ×	
Claim Filing Indicator:       BL-Blue Cross/Blue Shield       *       Group:       1234567890       *       Policy Number:	
Amount Paid:     \$50.00     *     Responsibility:     S-Secondar     *     Remittance Date:	
Adjustment Summary	
1.Quantity: Amount: \$43.00 Adj. Reason Code: 1 Add Another	
2 Quantity: Amount: \$50.00 Adi Reason Code: 45 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



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Header TCN Beneficiary	I: 4 ID:	00			Name									
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	TCN		Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Cc	
Payer1	4	00		MB-Medicare Part B			\$84.83	P-Primary						
Payer2	4	00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary						
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	
Payer2	4	01	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary						
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	Claim Filing	Indicator	r:	· · ·		Group:			Policy Number:					
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- Continue adding the secondary payer information for each service line (01,02,03,etc.)
- Once complete, click Save



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Header TCN Beneficiary	: 4 ID:	00			Name	c					
III Other	Payers										Show ▼
	TCN		Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date		Claim Enhancement Amounts Claim Header Detail
									(mm/dd/yyyy)		Claim Notes
Payer1	4	00		MB-Medicare Part B			\$84.83	P-Primary			Claim Relevant Dates
Payer2	4	00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$50.00	S-Secondary			Claims Ambulance Info
Payer1	4	01		MB-Medicare Part B			\$84.83	P-Primary	09/29/2017		Diagnosis Codes
										Adj:	Indicators
										Adj:	Patient Code List
										Adj:	Patient Vision Condition
Payer2	4	01	00029010	BL-Blue Cross/Blue Shield	1234567890	99999999999	\$50.00	S-Secondary			Service Line List
										Adj:	Servicing Facility Locations
										Adi:	Situational Information
C Edit	Delete Bave										
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III Add/U	Jpdate Payer an	d Adjı	istment Detail	s							^
		TCN	:	*	P	ayer ID:	*				
	Claim Filing In	dicator	:	*		Group:	*		Policy Number:		
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- Click the Show menu
- Select Claim Header Detail



Header TCN: 4       00       Name:       Show         Beneficiary ID:       Name:       Show         III       Header Details       Image: Claim Type:       Source:       Web         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
Header TCN: 4 00   Beneficiary ID: Name:     Show     III   Header Details     TCN:   4   00   Claim Type:   Source:   Web   Original TCN:   3   00   Adjustment Source:   Claim Status:   In Process   No Of Lines:   1   Medicare:   No   Related Cause:   No
Beneficiary ID:     Name:       Show       III       Header Details       Claim Type:       Source:       Web       Original TCN:       3       00       Adjustment Source:       Claim Status:       In Process       No Of Lines:       1       Related Cause:       NO
III       Header Details       Image: Claim Type:       Source:       Web       Image: Claim Status:       In Process         Image: Claim Status:       1       Medicare:       N       Commercial:       N         Related Cause:       NO       Image: No       Image: No       Image: No       Image: No
Header Details       Upload/View Documents       Upload/View Documents       Image: Claim Type:         TCN:       4       00       Claim Type:       Source:       Web         Original TCN:       3       00       Adjustment Source:       Claim Status:       In Process         No Of Lines:       1       Medicare:       N         Related Cause:       NO       Y
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     Image: Claim Status:     Source:     No
Original TCN:     3     00     Adjustment Source:     Claim Status:     In Process       No Of Lines:     1     Medicare:     N     Commercial:     N       Related Cause:     NO     V     V     V     V
No Of Lines:     1     Medicare:     N       Related Cause:     NO     V
Related Cause: NO
Related Gause.
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:
Rendering Provider ID: Type: NPI V Referring Provider ID: Type: V
Rendering Provider Taxonomy: Referring Provider Taxonomy:
Supervising Provider ID: Type: Primary Care Referring Provider Type: Type: Y
Primary Care Referring Provider
l axonomy:
Auth #: CLIA Number:
Diagnosis Codes: 1: 2: 3: 4: Diagnosis Code Category: CD-10-CM V *
5: 6: 7: 8: Care

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



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Header Details					Upload/View Documents	Show 🕶
TCh	<b>.</b> 4 00	Claim Tv	ne:	Source:	Web	
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Beneficiary	III Adjust Claim				^	
Gen	Please enter the fol	lowing information				
Patient Account Num	Adjustment Source:	PIA-Provider Initiated ADJ				
Place of Servi		Note Example " Added secondary payer				
Billing Provider I	Comment:	Information"				
Billing Provider Taxonom						
Rendering Provider I						
Rendering Provider Taxonom						
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Aut					✓ OK OK Cancel	
Diagnosis Code	Page ID: dlgAdjustClaimD	oc(Gaims)		<del>9110010 0000 000</del>		
	5:	6: 7:	8:			~
					🚺 Adjust 📑 Void 🖺 S	ave 🙁 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



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• Once logged into CHAMPS, click the Claims tab



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Provider Portal	Submit Professional	$\pi$	Inquire Pharmacy Claims - Provider	$\pi$								
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• Select Adjust/Void Claim Provider



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TCN: Original TCN: Bill Type: Adjustment Source:	3 00 0 * 1 * 3 * 1 *	Claim Type: F - Outpatient OPPS No Of Lines: 9 Medicare: N Pricing Rule: APC Pricing	Source:     HIPAA     Claim Enhancement Amounts       Related Cause:     NO     Claim Notes       Commercial:     N     Diagnosis Codes       Claim Status:     Paid     Indicators
Beneficiary ID: Gender: Patient Control Number:	*	Last Name: DOB: * Medical Record Number:	Other Payers Information         First Name:       Related Causes         Age:       Service Line List         Situational Information
Benefit Plan: Billing Provider ID: Billing Provider Taxonomy:	* Type: NPI V *	From Date: 09/22/2017 🗮 * To Dat	æ: 09/22/2017 <b>■</b> *
Attending Provider ID: Attending Provider Taxonomy:	* Type: NPI *	Referral #:	PRO #:
Pay To Provider ID: Operating Provider ID: Other Provider ID: Rendering Provider ID: Referring Provider ID:	Type:     V       Type:     V       Type:     V       Type:     V       Type:     V       Type:     V       Type:     V	Auth #: Total DR Total AP	DRG Code: 3 OutLier Payment: 0 C OutLier Payment: \$0.00
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- From the Claim Header Detail page;
- Click the Show menu
- Select Other Payers Information


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Header TCN: 3 00 Beneficiary ID:			Name:					
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III Other Payers								*
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Add/Update Payer and Adjustmer	nt Details							^
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							Add/Up	odate Cancel
								Cancel

- 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

										Show
Other Pay	ers									
TCN	Payer IE	D Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reaso Code
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Michigan Department or Health a Human Services

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III Other Payers										^
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Claim Filing Ir Amou Adjustment Summ 1.Quantity:	TCN: 3	*	Re:	Payer ID:		Policy Nu Remittance	Add Another			
								● Add/U	pdate ©	Cancel
Enter the	Payer ID	) number whi	ch is found	l within the mem	nber eligi	bility sc	reen			



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Header TCN: 3 00 Beneficiary ID:		,	Name:					
III Other Payers								Show -
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1.Quantity:	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.		Adj. Reason Code:		]	Add Another		
	DS-Disability FI-Federal Employee Program HM-Health Maintenance Organizatio LI-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						Add/Update	Cancel

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



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Header TCN: 3 Beneficiary ID:	00			Nam	e:					
Other Payer	'S									Show •
	Payer II	D Claim Filing Ind	icator Gi	roup	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity A	mount Adj. Reason Code
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Cla	TCN: aim Filing Indicator: Amount Paid:	3 00 V BL-Blue Cross/Blue Sh	*	Resp	Payer ID:         00029010         *           Group:         1234567890         *           onsibility:         P-Primary         *		Policy Nu Remittance	Imber: 999999	9999	
Adjustr 1.Qua	antity:	Ar	nount:		Adj. Reason Code:		]	Add Another		
									Add/Upd	ate 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



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Header TCN: 3 00 Beneficiary ID:		Name:						Show -
III Other Payers								^
TCN Payer ID	Claim Filing Indicator	Group Po	licy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount Adj. Reason Code
III Add/Update Payer and Adjustment I	Details							^
TCN: 3 Claim Filing Indicator: BL-Bl Amount Paid: \$500.	00 V * ue Cross/Blue Sh V *	Pa ( Respons	yer ID:       00029010       *         Group:       1234567890       *         sibility:       P-Primary       *		Policy Nur Remittance	nber: 9999999 Date:	9999	]
Adjustment Summary	Amount:	0.00	Adj. Reason Code:	1		Add Another		
							● Add/Up	odate S 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
- MACHINE DEPARTMENT or Health a Human Services

• To enter additional amounts and CARC codes, click Add Another

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Header TCN: 3 Beneficiary ID:	00		I	Name:						
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III Other Payers										^
	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
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Claim Fil Adjustment S	Amount Paid: \$500.00	Cross/Blue Sh	F	Group: 1234567890 * Responsibility: P-Primary V *		Policy Nu Remittance	mber: 9999999 Date:	9999	)	
1.Quantity:		Amount:	\$100.00	Adj. Reason Code:	1	)	Add Another			
2.Quantity:		Amount:		Adj. Reason Code:		J	Delete			
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- 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



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ader TCN: neficiary I	: 4 00 D:			Name								
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	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Ac Re Cc
Payer1	4 00	00029010	BL-Blue Cross/Blue Shield	1234567890	9999999999	\$500.00	P-Primary					
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	TCN:		*	Ρ	ayer ID:	*						
	Claim Filing Indicator:	:	*		Group:	*		Policy Number:				
	Amount Paid:		*	Respon	sibility:	*		Remittance Date:				
	Adjustment Summary											
			Amount		Adj. Reasor	1 Code:		Add A	nother			
	1.Quantity:				-							

- 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

Print	9 Help									
der TCN eficiary	: 4 0 ID:	0		Name	:					
										SI
Other	Payers									Claim Cutbacks
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance		Claim Enhancement Amou
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Payer1	4 0	0 00029010	BL-Blue Cross/Blue Shield	1234567890	99999999999	\$500.00	P-Primary			Diagnosis Codes
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	1.Quantity:		Amount:		Adj. Reasor	n Code:		Add A	nother	
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- Click the Show menu
- Select Claim Header Detail



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Header Details			🛈 Upload/View Documents 📄 🖾 🏭 🖌	<u>^</u>
TCN:	4 00	Claim Type:	Source: Web	
Original TCN:	3 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:	*	Last Name:	First Name:	
Gender:	*	DOB:	* Age: 0	
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:	Туре:		Total DRG OutLier Payment:	
Other Provider ID:	Туре:		Total APC OutLier Payment:	
Rendering Provider ID:	Type:			
Referring Provider ID:	Туре:			
			Adjust Void Save O Ca	ancel

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



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Original TCN:	🚔 Print 🔮 Help	
Bill Type: Adjustment Source:	Header TCN: 4 D0 Beneficiary ID: Name:	
Beneficiary ID:	III Adjust Claim	^
Gender:	Please enter the following information	
Patient Control Number:	Adjustment Source: PIA-Provider Initiated ADJ	
Benefit Plan:	Comment: Information"	
Billing Provider ID:		
Billing Provider Taxonomy:		
Attending Provider ID:		
Attending Provider Taxonomy:		
Pay To Provider ID:		
Operating Provider ID:		
Other Provider ID:		✓ OK OCancel
Rendering Provider ID:	Page ID: digAdjustClaimDoc(Claims)	
Referring Provider ID:	Туре:	
		Adjust Vold 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:

O Close	
VM_BVM.403220:Total submitted charges is not equal to the sum of paid and adjustment amounts at	t line(s) for Payer1.
	Details Copy To Clipboard

- To correct, ensure all other payer information balances to the submitted charges.
- If both the header an 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: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a>
- We continue to update our Provider Resources, just click on the links below:
  - Listserv Instructions
  - Medicaid Alerts and Biller "B" Aware
  - Quick Reference Guides
  - <u>Update Other Insurance NOW!</u>
  - Medicaid Provider Training Sessions
- Provider Support:
  - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

