CHAMPS 102

2022



"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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CHAMPS 101

- Beginner Guide
- For additional resources and step-by-step guides visit the appropriate CHAMPS function or tab located on the CHAMPS Overview webpage.

CHAMPS Overview webpage

• This page offers a high-level overview of CHAMPS and its subsystems (i.e., Tabs).

101 Presentations

- Introduction to MILogin and CHAMPS <u>PDF</u>, <u>Webinar</u>
- My Inbox Tab <u>PDF</u>, <u>Webinar</u>
- Provider Tab <u>PDF</u>, <u>Webinar</u>
- Claims Tab <u>PDF</u>, <u>Webinar</u>
- Member Tab <u>PDF</u>, <u>Webinar</u>
- PA (Prior Authorization) Tab <u>PDF</u>, <u>Webinar</u>



CHAMPS Overview

- Access MILogin: <u>https://milogintp.Michigan.gov</u>
- Access CHAMPS
 - Select Domain and Profile
- CHAMPS subsystems are displayed at the top and are referred to as Tabs.
- The tabs displayed in CHAMPS are dependent on the Profile selected.



This presentation, including the screen captures, are based on the CHAMPS Full Access Profile. Additional features and tabs will vary based on the profile selected.



Eligibility Inquiry Resources

Eligibility for Medicaid and most other health programs is determined at the local MDHHS office. Once eligibility is established, data from MDHHS is available via the CHAMPS Eligibility Inquiry. CHAMPS will also issue a mihealth card for new beneficiaries. The mihealth card does not guarantee eligibility.

Providers are required to verify eligibility through CHAMPS and/or a vendor that receives eligibility data from CHAMPS.



Eligibility Inquiry Resources

- Options for verifying beneficiary eligibility include:
 - <u>CHAMPS Eligibility Inquiry</u>
 - <u>HIPAA 270/271</u> (Eligibility Inquiry/Response) transactions
 - <u>Web-based options</u>

For a list of each of the Benefit Plans and their description visit the <u>Michigan Medicaid Provider</u> <u>Manual</u>>>reference Chapter Beneficiary Eligibility>>Section 2.1 Benefit Plans

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This presentation, including the screen captures, are based on the CHAMPS Full Access Profile. Additional features and tabs will vary based on the profile selected.



- Does the beneficiary have other insurance, did you check? (Gather the payer's name, payer ID number, and group number)
- Is the beneficiary in a restricted benefit plan? (CSHCS, BMP, ESO, etc.)
- Was the beneficiary admitted or residing in a hospital or nursing facility? (PET codes)
- Did you print the eligibility response? (print member summary)
- Do you know what <u>county</u> the beneficiary resides in to follow up with eligibility issues?



Medicaid Code and Rate Reference Resources

The Medicaid Code and Rate Reference tool is used for providers to view code details such as rates, limits, age restrictions, gender restrictions, modifier requirements, and prior authorization requirements.

For outpatient hospitals, the Medicare Addendum B, MDHHS wraparound list, and other resources must be utilized to accommodate pertinent information not loaded within the Medicaid Code and Rate



Medicaid Code and Rate Reference Resources

- Additional instructions and materials can be found on the CHAMPS webpage
 - Medicaid Code & Rate Reference Tutorial-<u>PDF, Recording</u>
 - <u>Ouick Reference Guide</u>

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Home iCRL		
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- Is your code covered by Medicaid?
- Does your code have a provider specialty or diagnosis restriction?
- Does your code require a modifier?
- Did you verify if there is a quantity restriction for the code or service? (either Medicaid or CMS limits)
- Does your code require a prior authorization?



PA Resources

There may be occasions when a beneficiary requires services beyond those ordinarily covered by Medicaid or needs a service that requires prior authorization (PA).



PA Resources

The PA Request List can be utilized to submit a PA. While PA inquire is utilized to review an already submitted PA.

- Reference the Medicaid Providers webpage >> CHAMPS >> <u>Prior</u> <u>Authorization</u> for additional resources
- For detailed Prior Authorization information visit the <u>MI Medicaid Provider</u> <u>Manual</u>, Chapter General Information for Providers, Section 10 – Prior Authorizations.



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Submission

- Did you include modifiers on your PA request?
- Did you include the units on the PA request?
- Did you add a rendering or servicing provider to your PA request?
- Did you take note of your PA tracking number for future status?
- If uploading documentation, did you use a new fax cover sheet?
- Did you include the entire date of service range on your PA request? (PA's spanning more than a single date of service)

Inquire

- Did you notice the status of your PA?
- Did you notice the approved dollar amount?
- If you do not know your tracking number, did you know you can still find your PA using another filter by criteria?



Claim Submission Resources

All claims must be submitted in accordance with the policies, rules, and procedures as stated in the <u>Michigan Medicaid Provider</u> <u>Manual and in compliance</u> with applicable coding guidelines and conventions.

The following slide will include resources for direct data entry (DDE) and electronic submission.



Claim Submission Resources

- Click on any of the below hyperlinks for detailed instructions.
- CHAMPS Claims Resources
- Direct Data Entry:
 - Professional
 - Institutional
 - Dental
 - Search Template
- Electronic Billing:
 - <u>Electronic Submissions</u>
 <u>Transactions</u>
 - <u>HIPAA Companion Guides</u>
 - <u>Submitting Files Electronically</u>



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- Did you verify the beneficiary has active coverage for the date of service and the providers reported are active?
- Did you make sure to report the primary payer information on the claim, if required? (at both the header and service line level)
- Did you ensure the provider, beneficiary ID, services and other information reported are correct?
- Did you complete additional fields that are not marked with an asterisk but might be required based on the services being billed? (rendering provider information, PA number, occurrence code information, ambulance information)
- Did you take note of your TCN number? (appears in a pop-up window after hitting submit claim)
- Did you submit documentation through DMP, if required?



Claim Inquiry

There are several different reasons for inquiring on a claim within CHAMPS. Within the Claim Inquiry section of CHAMPS providers can utilize multiple filters to look

up one claim or multiple

claims.



Claim Inquiry Resources

- Click on any of the below hyperlinks for detailed instructions.
- <u>CHAMPS Claims Resources</u>
- Claim Inquiry:
 - <u>Claim Inquiry</u>
 - <u>Claim Limit List</u>
 - <u>Claim Status Instructions</u>
 - <u>TCN Composition</u> <u>Worksheet</u>



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- Do you know the status of your claim? (paid, denied, suspended, void, adjusted, in process)
- Do you know how to find multiple claims submitted during a certain date range? (TCN load date filter by option)
- Do you know how to look up claim data when you don't know the information? (wildcard %)
- Do you know why your claim is denying? (CARC and RARC filter options)
- Do you know how to find other paid claims that might be causing your claim to deny as a duplicate? (claim limit list)



Manage Claims Resources

The reason to adjust or void a claim can range from needing to add other insurance to simply billing for the wrong date of service.

Adjustments or voids can be completed from within CHAMPS via Direct Data Entry or by using a billing agent.



Manage Claims Resources

- Click on any of the below hyperlinks for detailed instructions.
- <u>CHAMPS Claims Resources</u>
- Claim Adjust and Void:
 - Manage Claims-Adjust/Void
 - How to Adjust a Claim with Other Insurance
 - <u>Verifying</u> <u>Claim Adjustment Source</u>



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- Did you take note of your new TCN? (begins with a 4)
- Did you update all necessary items on your adjustment?
- Did you make sure you had the correct original TCN? (must be in a paid RA generated status and the header TCN ending in two zeros)
- Did you add a claim note? (make sure you know why the claim was adjusted or voided)



Provider Resources



MDHHS website: www.michigan.gov/medicaidproviders

We continue to update our Provider Resources: CHAMPS ResourcesListserv InstructionsProvider AlertsMedicaid Provider Training Sessions



Provider Support:

ProviderSupport@Michigan.gov 1-800-292-2550



Thank you for participating in the Michigan Medicaid Program

