MDHHS
Michigan Department of Health & Human Services

Provider Relations

Medicaid Provider Alerts Archives
2009-2026

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

2026 8
- November 8
- October 8
- September 10
- August 11
- July 12
- June 13
- May 15
- April 16
- March 17
- February 18
- January 19

2025 21
- December 21
- November 23
- October 23
- September 25
- August 26
- July 28
- June 30
- May 31
- April 32
- March 33
- February 34
- January 35

2024 35
- December 35
- November 36
- October 36
- September 37
- August 39
- July 39

June 40
May 41
April 42
March 44
February 45
January 45
2023 47
December 47
November 48
October 49
September 50
August 51
July 52
June 53
May 54
April 57
March 59
February 62
January 64
2022 65
December 65
November 66
October 67
September 68
August 69
July 69
June 69
May 72
April 73
March 75
February 76
January 76
2021 77
December 77
November 80
October 82
September 83
August 84

July 85
June 85
May 86
April 87
March 88
February 89
January 89
2020 90
December 90
November 91
October 92
September 92
August 93
July 95
June 96
May 97
April 99
March 101
February 103
January 104
2019 104
December 104
November 105
October 106
September 107
August 108
July 109
June 110
May 111
April 112
March 113
February 114
January 115
2018 117
December 117
November 118
October 119
September 122

August....122
July....123
June....124
May....125
April....126
March....128
February....129
January....131
2017....133
December....133
November....136
October....137
September....138
August....140
July....141
June....142
May....144
April....145
March....146
February....147
January....148
2016....149
December....149
November....150
October....151
September....153
August....154
July....156
June....158
May....160
April....161
March....161
February....162
January....163
2015....164
December....164
November....165
October....166

September 168
August 168
July 169
June 170
May 170
April 171
March 172
February 173
January 174
2014 175
December 175
November 176
October 176
September 177
August 178
July 178
June 179
May 179
April 180
March 181
February 181
January 182
2013 183
December 183
November 184
October 184
September 185
August 185
July 186
May 187
April 187
March 188
February 189
January 189
2012 190
December 190
November 191
October 191

September 192
August 193
July 193
June 194
May 194
April 195
March 195
February 197
January 197
2011 198
December 198
November 199
October 200
September 201
August 201
July 202
June 203
May 204
March 205
February 205
January 206
2010 207
December 207
November 207
October 207
September 208
August 208
July 208
June 209
May 209
April 211
March 211
February 212
January 213
2009 213
December 213
November 213
October 215

September 216
August....217
July 217
June....218
May....218
April 219
March....220
February 220
January....220

2026

November

November 10, 2026: Attention All Providers: The MDHHS Program Review Division (PRD) has been made aware of two issues when providers are submitting a prior authorization request within CHAMPS. To ensure MDHHS receives notifications when a comment or document(s) are attached to a PA request follow the workaround instructions: Provider Notice Uploaded Documents Comments to PAs.

November 9, 2026: Attention Inpatient Hospital Providers: MDHHS is aware of a system issue causing Inpatient Hospital claims to deny with the Claim Adjustment Reason Code (CARC) A8 Ungroupable DRG. MDHHS is continuing to review impacted claims and will be reprocessed. It is suggested that providers review the coding on their claim for accuracy, as all claims denied for A8 may not be invalid.
Refer to the provider tip A8 Claim Denial Inpatient Hospital for further information.

November 5, 2026: Attention All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing.
Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries.
The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

October

October 29,2026: Attention Nursing Facilities, Medicaid Managed Care Providers, MI Coordinated Health Providers: This notice serves as a reminder that Nursing Facility, Managed Care Providers, and MI Coordinated Health (MICH) providers must follow the Medicare day reporting requirements outlined in Section 8.17, Reporting Medicare on the Nursing Facility Claim, within the Billing and Reimbursement for Institutional Providers chapter of the Medicaid Provider Manual.
When Medicare days are included on claims or encounters, MDHHS policy may require additional informational details depending on the situation. This includes value codes, occurrence codes, claim reason and remark codes (CARC/RARC), and the applicable from/through dates. Providers should refer to the Medicaid Provider Manual for complete Medicare day reporting requirements.

- Value Code 80 – Covered Days :Reflects days for which Medicare has approved payment during the Medicare-covered portion of a stay (typically days 1–100).
- Value Code 81 – Non-covered Days: Reflects days beyond the covered Medicare benefit or when active care has ended (generally day 100 and after).
    - Note: For MICH beneficiaries, the occurrence code related to the three-day qualifying hospital stay is not required.
- Value Code 82 – Coinsurance Days: Reflects days within the coinsurance period of a Medicare or Medicare Advantage stay (typically days 21–100).
- Prior Stay Date: Used in situations where a skilled nursing facility or nursing facility stay ended within 60 days of the Nursing Facility admission.
- Nursing Facilities with Medicaid-Only Certified Beds: Used in situations for beneficiaries who have Medicare coverage based on Medicaid's TPL file.

For beneficiaries enrolled in a Medicaid Managed Health Plan (MHP) or Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) as part of the MICH program, providers should contact the specific plan for questions related to prior authorization and billing requirements.

October 27, 2026: Attention FQHC, RHC, and THC Providers: As a reminder, clinics billing for Community Health Worker (CHW) services provided within the facilities are reminded that eligible CHW services are reimbursed outside of the Prospective Payment System (PPS) methodology or All-Inclusive Rate (AIR) methodology. CHW services will be reimbursed at the fee screen rate Clinic Institutional Billing.
The CHW providing the service must be reported on the claim as the rendering provider (NPI). If the claim is billed with no rendering NPI this may cause the claim to be denied. Refer to policy bulletin MMP 23-74 for complete details.

October 26, 2026: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date.
Please review the following for information on how to verify the Adjustment Source of your claim.

October 20, 2026: Attention All Providers: Due to scheduled year-end maintenance activities, the CHAMPS system will be unavailable between 7:00 PM EST Friday, October 23rd, through 9:00 AM EST Sunday, October 25th, 2026. This outage will affect system access for all functionalities.
In addition the 270/271, and batch file processing will be unavailable starting at 4:00 PM EST Friday, October 23rd, through 11:00 AM EST Sunday, October 25th, 2026.

October 13, 2026: Attention All Providers: Beginning November 1, 2026, providers whose pay-to-address which results in an undeliverable check will be contacted by MDHHS and given 30 days to update the pay-to-address information.
Failure to update the pay-to-address within the specified timeframe will result in the provider's SIGMA account inactivation, resulting in a lack of payment. Providers that share the same SIGMA Vendor ID and any rendering providers associated to the billing provider will also be impacted by the SIGMA account inactivation.
Policy information can be found within the Medicaid Provider Manual, General Information for Providers Chapter, SECTION 3 - MAINTENANCE OF PROVIDER INFORMATION. To verify the pay to address information on file refer to instructions on the Provider Enrollment webpage.

October 13, 2026: Attention All Providers: Due to system release activities the CHAMPS system will be unavailable between 6:00 PM EST Saturday, October 17th, through 9:00 AM EST Sunday, October 18th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

October 8, 2026: Attention All Providers: As a reminder, roster files from the companies listed below are received directly to Third-Party Liability (TPL). Contact the insurance companies below directly to update their records. If the insurance company makes corrections, the file will be received by TPL.
To report TPL (Add, Change, or Termination) for other insurance companies that are not listed below, submit a request to TPL by completing the online DCH-0078 form prior to submitting a claim to Medicaid.

- Aetna
- Anthem BCBS (CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, Metro and Upstate NY, OH, VA, and WI)
- ASR
- BCN/BCBSM including BCBSM RX & BCN RX
- Blue Advantage Administrators including/aka Health Advantage BCBS of AR, Health Advantage A2A, Health Advantage Exchange
- CVS Caremark
- Delta Dental
- EHIM RX
- Express Scripts (ESI)
- HAP
- HCSC (BC OF IL, TX, MT, OK, NM)
- Humana
- Insight
- Magellan Rx
- McLaren/McLaren Health Advantage

- MedImpact
- Meritain Health
- Molina Healthcare
- Navitus
- OptumRx including Welldyne RX
- Prime Therapeutics Rx
- Priority Health
- UnitedHealthcare
  - Golden Rule/Sierra Health & Life
- UMR
  - Surest
  - HealthScope
  - GEHA (Under UMR Payer ID)
- VSP (Select groups reported from Delta Dental)

October 1, 2026: The purpose of this letter is to notify dental providers of upcoming changes to adult dental benefits under Medicaid managed care, pursuant to Section 1627 of Public Act 21 of 2026. Effective January 1, 2027, dental services for adults in a Medicaid Health Plan (MHP) will be provided through the Healthy Kids Dental (HKD) contract. The HKD contract is serviced by Delta Dental of Michigan. A forthcoming Medicaid policy will provide dental providers with additional information about the adult dental benefit plan. This change does not impact dental services currently covered.
Providers will be notified of this change by the MHP or their subcontracted dental benefits manager. These communications will address this change in relation to your existing provider contracts.
MDHHS requires MHP and HKD plans to provide the following protections when a beneficiary switches plans:

- Prior authorizations must be honored by the new plan for 90 days following enrollment into the new plan.
- Beneficiaries may request “continuity of care” for up to six (6) months for any ongoing treatment where discontinuing the treatment would cause the beneficiary to suffer serious detriment to their health.

Providers who do not accept HKD under Delta Dental of Michigan may choose to join the Delta Dental of Michigan provider network. Providers who do not enroll in the Delta Dental of Michigan provider network will have their impacted patients reassigned to a participating network provider beginning January 1, 2027. Information on joining the Delta Dental network is available at: https://www.deltadentalmi.com/join-our-networks.
Impacted beneficiaries will receive notification from MDHHS. They will also receive notice from their MHP and from Delta Dental of Michigan prior to this change. If beneficiaries have questions, they may call:

- Their new dental health plan, Delta Dental at 1-866-696-7441
- Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday 8 AM to 7 PM.

October 1, 2026: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) is issuing this Provider Alert to inform all Medicaid providers that beginning on and after October 1, 2026, professional services for medically necessary abortions will be carved out of the Medicaid Health Plans (MHP) and are represented by the following HCPCS codes 59840, 59841, S0190, S0191, and S0199. Providers should bill professional services directly through the Community Health Automated Medicaid Processing System (CHAMPS) for Fee-for-Service (FFS) reimbursement consideration. When multiple services are provided in conjunction with the indicated HCPCS codes, FFS claims will process for payment of the carved-out service line only; all other claim lines will be denied with Claim Adjustment Reason Code (CARC) 24 – Charges are covered under a capitation agreement/managed care plan. The associated services that are denied by FFS are to be billed to the beneficiary’s health plan for payment.

September

September 25, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, September 27, 2026, from 11:00 AM to 2:00 PM EST. Refrain from submitting electronic files during this time. FTP/SSL customers will need to apply new fingerprint. Web client customers may need to apply new certificate or fingerprint.

September 25, 2026: Outpatient Hospital Providers: July 2026 Quarterly APC & ASC Software: The July 2026 quarterly APC & ASC software was loaded into CHAMPS on September 18, 2026. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling July 2026 quarterly updates."

September 23, 2026: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) is issuing this Provider Alert to inform all Medicaid providers of the gradual elimination of the Medicare inpatient only (IPO) services list announced in the CY 2026 OPPS Final Rule. These codes are presently reimbursable only when performed in an inpatient hospital setting.

MDHHS will follow Medicare's phase-out schedule, which began January 1, 2026. The IPO list will be obsolete January 1, 2028. As these codes transition out of the IPO designation, MDHHS closely aligns coverage with Medicare's policy and reimburse applicable services under the Outpatient Prospective Payment System (OPPS) in accordance with CMS Addendum B. When service coverage/reimbursement methodology differences exist between Medicare and Medicaid, Medicaid fee schedules are utilized. The current Michigan Medicaid fee schedule is available at Information Specific to Different Providers.
Inpatient only services have a Medicare OPPS status indicator (SI) of "C" and are listed in addendum E of each year's OPPS/ASC final rule located on the CMS Hospital Outpatient Regulations and Notices page.

September 17, 2026: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) provider payments for pay cycle 38 (9/17/2026) may be delayed for some providers. Paper checks or warrants may be delayed one day to 9/18/26 and Electronic Fund Transfers (EFT) may be delayed until Monday 9/21/26. The payment delay does not impact all providers.

The CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, for the delayed payments will be issued on 9/24/26. Impacted providers will receive two (2) CHAMPS RA's for pay cycle 39 (9/24/26).

September 16, 2026: Attention All Providers: Due to system release activities the CHAMPS system will be unavailable between 7:00 PM EST Friday, September 18th, through 9:00 AM EST Saturday, September 19th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

September 15, 2026: Attention All Providers: Effective October 14th, 2026, MDHHS TPL will begin receiving a monthly file from Meritain Health. This file contains commercial health coverage information, which will be loaded directly into the CHAMPS TPL coverage records. TPL will no longer update these commercial records unless there are changes after the last load date of the eligibility records received directly from Meritain.

Providers, should contact Meritain for questions related to commercial coverage
visit https://www.meritain.com/resources-for-providers-meritain-health-provider-portal/.

September 15, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, September 20, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

August

August 26, 2026: Attention FQHC, RHC and IHC Providers: MDHHS has been notified that Medicare will be covering Telehealth services with an E/M code and modifier 93 or 95 requirement only. Note current Medicaid telemedicine billing requirements remain the same with no changes. Medicaid will still require a G-code or T1015 code in conjunction with the appropriate E/M code or other qualifying visit service along with the telemedicine modifier for proper claim adjudication to occur.
To confirm the services being rendered are reimbursable via telemedicine refer to the Telemedicine Fee Screen. If the telemedicine code being billed does not have a visit count of one or higher the claim will continue to be reimbursed at $0.00 as the Clinic Reimbursement Methodology is applied when delivered via telemedicine.

August 19, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, August 23, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

August 10, 2026: Attention All Providers: Due to monthly maintenance activities the CHAMPS system will be unavailable between 6:00 PM EST Saturday, August 15th, through 9:00 AM EST Sunday, August 16th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

August 10, 2026: Attention All Providers: As a reminder providers are required to keep up to date with their address information on file within their CHAMPS Provider Enrollment information. To update or modify address information on file refer to instructions on the Provider Enrollment webpage.
As outlined within the Medicaid Provider Manual, General Information for Providers Chapter, SECTION 3 - MAINTENANCE OF PROVIDER INFORMATION.
Providers must notify MDHHS via the on-line system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, changing the address(es) to which RAs and/or correspondence are sent
When MDHHS receives returned mail, providers may be contacted to update their address information in CHAMPS by submitting a provider modification. Failure to keep provider enrollment information up to date may result in claim denials or have impacts on payment.

August 7, 2026: All Providers: MDHHS is currently experiencing a higher-than-normal volume of claim suspends. We are diligently working to process the claims and ask providers to allow additional time for the claims to be adjudicated.
To determine why a claim has suspended review the CARC and RARC codes appended to the suspended TCN.

August 6, 2026: Attention All Provider: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

July

July 29, 2026: Attention ALL Providers: The 2025 Payment Error Rate Measurement (PERM) findings have been posted. To access the findings visit the Payment Error Rate Measurement (PERM) webpage or directly access the 2025 findings by clicking: PERM-2025-Error-Findings.pdf.

July 28, 2026: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

July 20, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, July 26, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

July 15, 2026: Nursing Facility Providers: This notification serves as a reminder that Community Transition Services (CTS) are available to eligible MI Coordinated Health (MICH) enrollees. MICH enrollees do not need to disenroll from MICH to access CTS. As stated in Section 1.3 of the MICH chapter of the Medicaid Provider Manual, the MICH Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) are responsible for providing information to MICH enrollees regarding the availability of CTS, and for coordinating care and benefits as appropriate. The HIDE SNP is responsible for making referrals to CTS agencies when enrollees meet program criteria as defined in the Community Transition Services chapter of the Medicaid

Provider Manual.
When a Nursing Facility (NF) resident is enrolled in MICH and is interested in accessing CTS, the NF must contact the enrollee's HIDE SNP to request that the HIDE SNP care coordinator refer the enrollee to an appropriate CTS agency and begin coordinating services. The NF could also refer the enrollee directly to a CTS agency and the CTS agency will validate current program enrollment and contact the HIDE SNP for MICH enrollees to coordinate services, as part of their standard process.

July 15, 2026: Attention All Providers: Effective January 1, 2027, the American Medical Association's (AMA) Current Procedural Terminology (CPT) Editorial Panel is deleting the global maternity care CPT codes representative of antepartum, labor and delivery, and postpartum care services (e.g., 59400, 59510, 59620) and transitioning to the reporting of separate CPT codes for services rendered.
The AMA clarified during a June 2026 webinar that *current* correct coding guidelines require providers to report global codes for routine maternity care services, in most instances, through December 31, 2026.
MDHHS will transition to the reporting of separate CPT codes, including the use of evaluation and management (E/M) codes for routine antepartum and postpartum care, for all dates of service occurring on and after January 1, 2027.
A policy bulletin will be published for public comment in September reflecting coding updates for routine maternity care services furnished on and after January 1, 2027. For routine maternity care services provided on and before December 31, 2026, providers are required to adhere to current Medicaid policy as outlined within the MDHHS Medicaid Provider Manual.

July 14, 2026: Attention All Providers: Due to monthly maintenance activities the CHAMPS system will be unavailable between 6:00 PM EST Saturday, July 18th, through 9:00 AM EST Sunday, July 19th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

July 8,2026: Attention CCBHC Providers: MDHHS has identified claims when the beneficiary has active Other Insurance (OI) which was not reported on the claim resulting in overpayment. This causes the Qualifying Visit (QV) code line to deny correctly; however, the Prospective Payment System (PPS) code line pays incorrectly, causing overpayments.
Providers have until July 30, 2026, to adjust these impacted claims to report the other insurance information.
To find the claims that need to be adjusted review the Remittance Advice (RA) for claims with reason code 22 on the QV code line.
Beginning August 1, 2026, until complete, claims not adjusted, will be voided by MDHHS and can be identified with the claim note "Primary OI not reported resulting in overpayment".

June

June 29, 2026: Attention All Providers: Effective August 5th, 2026, MDHHS TPL will begin receiving a monthly file from Molina Marketplace. This file contains commercial Marketplace coverage information, which will be loaded directly into the CHAMPS TPL coverage records. The file does not include Molina Medicaid Health Plan information; Medicaid data is updated from a separate source outside of TPL. TPL will no longer update Molina Marketplace coverage records unless changes occur after the most recent eligibility file received directly from Molina.
Please note, Molina Marketplace plans are purchased through the Health Insurance Marketplace established under the Affordable Care Act, and coverage end dates may change frequently due to premium payments, grace periods, and retroactive disenrollments.
For more information about Marketplace coverage, visit Tips about the Health Insurance Marketplace® | HealthCare.gov Members can find instructions for ending Marketplace coverage at How do I cancel my Marketplace plan? | HealthCare.gov."

June 25, 2026: Attention All Providers: Enrollment and Screening Requirements for Out of State or Beyond Borderland Providers: As a reminder, all providers and managed care entities who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS).
Pursuant to 42 CFR §455 Subparts B & E, all in-state and out-of-state providers are to comply with screening and enrollment requirements to submit claims for services rendered to eligible Medicaid beneficiaries.
For additional information, including assistance with CHAMPS enrollment, refer to the MDHHS Provider Enrollment webpage. Detailed information pertaining to Provider enrollment and screening requirements can be found within the General Information for Providers chapter of the Michigan Department of Health and

Human Services [MDHHS] Medicaid Provider Manual.

June 24, 2026: Attention Tribal Health Centers: A memorandum was posted via MiLogin FTS on Wednesday June 3, 2026, indicating a Fee-For-Service claim adjudication error, when the primary payor is Medicare.
Refer below to the Memorandum posted June 3,2026:
It has been discovered that fee-for-service Medicare claims were adjudicating to the Medicaid AIR rate vs the Medicare AIR rate, which is resulting in a takeback at time of settlement.
MDHHS Claims team is updating the claims logic, which is targeted to be implemented by 06-05-2026. This fix is prospective, therefore impacted claims will not be reprocessed.
Any questions regarding this change can be addressed with Adam Wiese at WieseA@michigan.gov

June 18, 2026: Dental Providers: Healthy Kids Dental Plan Changes: The Michigan Department of Health and Human Services (MDHHS) will be restructuring the dental health plans offered for the Healthy Kids Dental (HKD) program. Effective October 1, 2026, Delta Dental of Michigan will be the only HKD plan offered. Coverage through the other HKD plan, Blue Cross Blue Shield of Michigan, will end September 30, 2026.
In the coming months, MDHHS will begin the transitioning process for HKD beneficiaries.

- July 1: No new enrollments into Blue Cross Blue Shield HKD plan
- October 1: HKD beneficiaries enrolled in Blue Cross Blue Shield will automatically be enrolled in Delta Dental.

Providers currently accepting both HKD plans
Providers who accept both the Blue Cross Blue Shield and Delta Dental HKD plans will notice minimal changes. Prior authorizations approved by Blue Cross Blue Shield will be honored by Delta Dental for 90 days from enrollment.

Providers only accepting Blue Cross Blue Shield of Michigan HKD plan
Providers who only accept the Blue Cross Blue Shield HKD plan have the option of joining the Delta Dental HKD provider network. However, if a provider chooses to remain outside of the Delta Dental provider network, HKD members will be reassigned to a participating provider upon enrollment into Delta Dental. https://www.deltadentalmi.com/join-our-networks.

If a beneficiary is in the middle of ongoing treatment and discontinuing the treatment would cause the beneficiary to suffer serious detriment to their oral health, you or the beneficiary may request “continuity of care” from Delta Dental to continue treatment for up to six (6) months.

Beneficiary Information

Beneficiaries enrolled in the Blue Cross of Michigan HKD plan will receive a notification of the upcoming change from MDHHS and Blue Cross Blue Shield. They will also receive a notice from Delta Dental when their plan changes. If beneficiaries have any questions, they may call:

- Their current dental health plan
  - Blue Cross Blue Shield at 1-800-936-0935
  - Delta Dental at 1-866-696-7441
- Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday 8 AM to 7 PM.

June 16, 2026: Attention All Providers: The purpose of this communication is to inform all Medicaid Providers that beginning July 1, 2026, the Michigan Department of Health and Human Services (MDHHS) Ambulatory Surgical Center (ASC) and Outpatient Prospective Payment System (OPPS) Wrap Around Code Lists will be replaced with a new format.
Providers are to refer to the ASC Prospective Payment System Rates and Outpatient Prospective Payment System Payment Rates located at MDHHS Provider Billing & Reimbursement website for fee schedule and coverage information. This update is being instituted in response to the Centers for Medicaid and Medicare Services (CMS) 2024 “Ensuring Access to Medicaid Services” (Access Final Rule, CMS-2442-F).

June 16, 2026: Attention All Providers: Due to system release the CHAMPS system will be unavailable between 7:00 PM EST Thursday, June 18th, through 9:00 AM EST Friday, June 19th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

June 9, 2026: Attention Nursing Facility Providers: Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the June webinar will offer Nursing Facility topics, updates, and current issues. June 11, 2026.

June 8, 2026: Attention Dental Providers: The Michigan Department of Health and Human Services (MDHHS) is in the process of a post payment review of claims billed for dental services that may have exceeded the programs frequency limitations based on history of paid claims. Claims that are identified during this process are subject to claim recoupment. Refer to MSA 24-14 for Dental Frequency Verification (DFV) guidelines.
Claim(s) voided and recouped can be verified with the claim note: *"Dental Frequency Verification Recoupments*". If the claim(s) is voided and determined by the provider that the recoupment was done in error a new claim(s) will need to be submitted. The new claim(s) must include all medical documentation supporting the procedure completed, including the Dental Frequency Verification, at which point the claim(s) will be manually reviewed for processing.
As a reminder, any claims recouped due to limit exceeded cannot be billed to the beneficiary as MDHHS policy guidelines were not followed. For policy information refer to the Medicaid Provider Manual, General Information for Providers, Chapter 10 Billing the Beneficiary.

May

May 28, 2026: Attention Hospital Providers: Authorization and Claim Submission Requirements for Transfers: As a reminder, transfers from an off-campus outpatient hospital (OPH) (including Free Standing Emergency Departments) to an inpatient hospital (IPH) with the same tax ID as the originating OPH do not require prior authorization. All charges from the OPH and IPH must be submitted on one claim for the services provided.
Transfers from an OPH (including Free Standing Emergency Departments) to an IPH with a different tax ID than the originating OPH do not require prior authorization. The OPH and IPH must submit separate claims for the services provided.
All newborn transfers must be authorized by MDHHS. Authorization for emergent/urgent transfers must be requested by the next business day.
For additional information, refer to the Michigan Department of Health and Human Services [MDHHS] Medicaid Provider Manual Billing & Reimbursement for Institutional for Providers chapter.

May 28, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, May 31, 2026, from 10:00 AM to 12:00 PM EST. Refrain from submitting electronic files during this time.

May 28, 2026: Attention All Providers: If a beneficiary becomes incarcerated, they may be automatically disenrolled from the Community Transition Services (CTS) benefit plan (BP). Incarcerated beneficiaries are only eligible for inpatient hospital services. Upon release from incarceration the beneficiary may automatically be enrolled into the Targeted Case Management Services for Recently Incarcerated Beneficiaries (TCM-INC) benefit plan. Providers are reminded to always verify the beneficiary's eligibility prior to delivering services.
Beneficiaries have the freedom to choose between the CTS and TCM-INC benefit plan. To end the TCM-INC benefit plan providers should Contact MDHHS Provider Support.
To re-enroll the beneficiary back into the CTS benefit plan, providers must submit a request (e.g. Word document) to the secure file exchange that contains the Compass ID, a brief statement that the beneficiary is choosing to re-enroll in CTS, and the re-enrollment start date. Beneficiaries must meet eligibility requirements for the CTS benefit plan per policy outlined in the Medicaid Provider Manual in the Community Transition Services Chapter.

May 26, 2026: Attention Providers: As a reminder, Medicaid covers transportation and set-up services for claims submitted by qualified Portable X-ray Suppliers (PXRS) when provided in accordance with Medicaid policy. PXRS claims may include up to four components:

- transportation when x-ray equipment is taken to the location where services are performed, including a nursing facility,
- set-up of the equipment,
- administration of the x-ray (technical component), and

- interpretation of the x-ray (the professional component).

No transportation charge is payable unless the portable x-ray equipment was actually transported to the location where the x-ray was taken.
Enrolled PXRS providers must report claims for services with a Medicaid enrolled billing provider and the Medicaid enrolled ordering provider. Reporting of a rendering provider on the CMS 1500/ASC X12N 837 5010 professional format may cause the PXRS claim to deny. Refer to the Independent Diagnostic Testing Facilities and Portable X-ray Chapter of the Medicaid Provider Manual for additional information.

May 13, 2026: Attention All Providers: Due to emergency release the CHAMPS system will be unavailable between 6:00 PM EST Saturday, May 16th, through 9:00 AM EST Sunday, May 17th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

May 12, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) and UnixOS Support, will be unavailable on Sunday, May 17, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

April

April 27, 2026: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

April 16, 2026: Attention All Providers: Provider Enrollment Correspondence Address Reminder: As a reminder providers are required to keep up to date with their address information on file within their CHAMPS Provider Enrollment information. To update or modify address information on file refer to instructions on the Provider Enrollment webpage.

As outlined within the Medicaid Provider Manual, General Information for Providers Chapter, SECTION 3 - MAINTENANCE OF PROVIDER INFORMATION.

Providers must notify MDHHS via the on-line system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, changing the address(es) to which RAs and/or correspondence are sent
When MDHHS receives returned mail, providers may be contacted to update their address information in CHAMPS by submitting a provider modification. Failure to keep provider enrollment information up to date may result in claim denials or have impacts on payment.

April 14, 2026: Attention All Providers: Due to monthly maintenance and emergency release the CHAMPS system will be unavailable between 6:00 PM EST Saturday, April 18th, through 9:00 AM EST Sunday, April 19th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

April 13, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us), will be unavailable on Sunday, April 19, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

April 6, 2026: Attention Nursing Facility Providers: As a reminder, MDHHS is hosting monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the April webinar will offer Nursing Facility updates along with a presentation on Candida Auris.
April 9, 2026: Click here to register. Visit the Medicaid Nursing Facilities webpage to register for any additional touchpoint meeting dates.

April 1, 2026: Attention Outpatient Hospital Providers: The January 2026 Quarterly APC & ASC software was loaded into CHAMPS on March 21, 2026. MDHHS will recycle claims that were processed under the previous quarter's software.

If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims and include the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2026

quarterly updates."

March

March 27, 2026 Attention Providers: On March 26, 2026, Governor Whitmer signed House Bill 5455 into law (PA 6 of 2026), which allows Michigan to remain as a member in the Interstate Medical Licensure Compact without interruption.
Michigan Expedited Medical Compact Licensees

- If you currently hold a Michigan Expedited Medical Compact license this license will remain active along with any associated controlled substance license. The license(s) will expire on the expiration date reflected on your current license.

Individuals with Michigan as your State of Principal License

- With House Bill 5455 being enacted into law, Michigan can continue to serve as a state of principal license.

Additional questions should be directed the Michigan Department of Licensing and Regulatory Affairs at BPLHelp@michigan.gov or by phone at (517) 241-0199.

Refer to Alert posted March 27, 2026, for updates.
On March 26, 2026, Governor Whitmer signed House Bill 5455 into law (PA 6 of 2026), which allows Michigan to remain as a member in the Interstate Medical Licensure Compact without interruption.

March 19, 2026: Attention All Providers: License Updates
Michigan Expedited Medical Compact Licensees
Physicians will not be able to renew Michigan Expedited Medical Compact after March 28, 2026, absent further action by the legislature to reinstate Michigan's participation in the Interstate Medical License Compact (IMLC).
Physicians who hold a Michigan Expedited Medical Compact license will be able to continue to practice under that license through March 28, 2026. After March 28, 2026, any Michigan Expedited Medical Compact licenses will no longer be valid. Any related Michigan Controlled Substance license will also no longer be valid after March 28, 2026.
Physicians who currently hold a Michigan Expedited Medical Compact license and wish to continue to practice in Michigan after the Compact license is no longer valid, may apply for a MD or DO license in the state of Michigan by visiting the Michigan Department of Licensing and Regulatory Affairs website.
Individuals with Michigan as the State of Principal License
If Michigan is listed as the state of principal license, physicians must maintain a state of principal license through the compact under Compact Rule 4. Physicians will not be able to renew their license in any state through the compact unless action has been taken to redesignate their state of principal license prior to Michigan's exit from the Compact on March 28, 2026.
To redesignate the state of principal licensure, visit the IMLC website and click on "REDESIGNATE". The IMLC has prepared an educational video that walks through the redesignation process. It is recommended to watch this instructional video prior to beginning the process.
LARA Notification Compact Licenses

Additional questions may be directed the Michigan Department of Licensing and Regulatory Affairs at BPLHelp@michigan.gov or by phone at (517) 241-0199.

March 19, 2026: Attention All Providers: As a reminder, as part of the upcoming CHAMPS system release will also include the new Prior Authorization changes per policy (MMP-26-02.pdf). As such requests for new Prior Authorizations (PA) and the new PA provider Communication function will not be available until Sunday March 22, 2026.
Training materials have been updated to include instructions on using these new features and can be found on the CHAMPS Prior Authorization website.

March 18, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us), will be unavailable on Sunday, March 22, 2026, from 7:00AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

March 18, 2026: Attention Nursing Facility and MI Coordinated Health providers: This notification is an update to the previously issued alert posted on January 22, 2026, advising LOCD passive redeterminations generated from the MDS 3.0 assessment would be placed on hold until further notice.
MDHHS will reinstate the LOCD Passive Redetermination process for all incoming MDS assessments starting Friday, March 20, 2026.
Note: MDHHS is unable to calculate a Door 2 during the passive redetermination process when a BIMS (Brief Interview for Mental Status – Section C) is completed on the MDS 3.0. As a result, there is a possibility that the passive redetermination process may generate a Door 87 LOCD, indicating that eligibility could not be determined. In this event, providers will be required to complete a new LOCD in CHAMPS within 45 days or less to prevent payment issues.
As a reminder providers are responsible for monitoring all LOCD end dates and conducting a new LOCD as the current record nears the end date, with a significant change in condition, or when a provider possesses information that a beneficiary may no longer meet eligibility.
LOCD Passive Redetermination Resources:

- Medicaid Provider Alerts and Resources click on the Institutional section and refer to the LOCD Passive Redetermination Recording, PDF, Q&A
- Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter and section: 3.8 Passive Redetermination of Functional Eligibility.
    - 3.8.A. LOCD Doors Addressed by Passive Assessment
    - 3.8.B. Passive Redetermination Process
    - 3.8.C. Passive Redetermination Decisions
    - 3.8.D. Need to Conduct a New LOCD

March 17, 2026: Attention All Providers: Due to system release the CHAMPS system will be unavailable between 7:00 PM EST Friday, March 20th, through 11:00 AM EST Saturday, March 21st, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.
This CHAMPS release will also include the new Prior Authorization changes per policy (MMP-26-02.pdf). As such requests for new Prior Authorizations (PA) and the new PA provider Communication function will not be available until Sunday March 22, 2026.

March 9, 2026: Attention Dental Providers: As a reminder when rendering denture or crown services it is required that a five-year Dental Frequency check is performed prior to rendering services using the Dental Frequency Verification (DFV) tool in CHAMPS. Dental and crown services have a five-year limit unless a prior authorization is obtained for a limit increase due to medical need. Refer to MMP 23-13 for the policy limitation of these services.

March 9, 2026: Attention All Providers: MDHHS has updated the provider fee screens and CHAMPS with the yearly code rate updates. MDHHS will adjust fee-for-service claims with dates of services on or after January 1, 2026, to allow them to be processed under the updated rate(s). The adjusted claims can be identified with the claim note "*CY26 RVU Rate Automation Retro Rate Adjustments*" and will begin to process on pay cycle 12, pay date March 19, 2026, until completed.

March 5, 2026: Attention CCBHC Providers: Starting with pay cycle 9, Remittance Advice (RA) date 2/26/26, MDHHS began adjusting paid claims for CCBHC providers to allow the claims to process under the correct funding source. These claim adjustments will continue until they are completed.
A claim adjustment creates two transactions, a credit/recoup of the original paid TCN and a new TCN, there should be no financial impact. This two-step process should occur within the same RA, in the event the new TCN suspends for any reason (other insurance editing, code limits, etc.) the reprocessed TCN would finalize on a future RA.

February

February 25, 2026: Attention Clinic (FQHC, RHC, and THC) Providers: MDHHS has started adjusting Clinic claims that were incorrectly overpaid. Claims can be identified with the claim note "*MIPRO-5252 Reprocessing. CEB. n=1261*". Adjustments will continue until they are completed. Refer to the original provider alert posted on August 7,2025 regarding overpayments for clinic excluded codes.

February 25, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us),will be unavailable on Sunday, March 1, 2026, from 9:00to 11:00 AM EST. Refrain from submitting electronic files during this time.

February 17, 2026: Attention All Providers: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us), will be unavailable on Sunday, February22, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

February 17, 2026: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST Saturday, February 21st, through 9:00 AM EST Sunday, February 22nd, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

February 11, 2026: Attention All Providers: To align with changes outlined in policy bulletin MMP 26-02 the CHAMPS Prior Authorization (PA) screens will get a new look and feel to allow for more efficient processing. The process of submitting a PA through CHAMPS will remain the same. The CHAMPS screens will be updated as part of the March release on March 21, 2026.
In the coming weeks MDHHS will be working to update provider resources to include the updated screen changes.
Below is a summary of additional changes, for complete details refer to MMP 26-02:

- Standard PA determinations submitted on and after March 22, 2026, will be made no later than 7 calendar days after MDHHS receives a request for services. Determinations can be extended by up to 14 calendar days upon request.
- Expedited PA determinations will be made no later than 72 hours after MDHHS receives the request.
- An annual performance report of PA statistics will be posted on the CHAMPS PA website by March 31, 2026.

MDHHS will continue to update providers on these changes as well as when updated resources become available.

February 10, 2026: Attention All Providers serving beneficiaries enrolled in the MI Coordinated Health (HIDE-SNP) program: As a reminder the MI Coordinated Health (MICH) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP) for Michigan residents with the goal to provide seamless access to high-quality care through coordination of services traditionally covered separately by Medicare and Medicaid. It offers a broad range of medical and behavioral health services, pharmacy, home and community-based services, and nursing home care—all in a single program designed to meet individual needs.

Beneficiaries enrolled in MI Coordinated Health must work directly with their assigned health plan for any enrollment or disenrollment requests. Alternatively, beneficiaries may contact 1-800-MEDICARE to discuss disenrollment options or alternative enrollment options.
Providers with questions related to services covered or beneficiary enrollment concerns, should contact the Managed Care Organization (HIDE-SNP) on file for the date of service MICH Contact List for Provider Contracting.
Resources

- Program Eligibility
- MI Coordinated Health (MICH)
- Information For Health Plans & Providers
- Information for Members
- CMS Special Needs Plans (SNP) | Medicare

February 9, 2026: Attention Hospice Providers: MDHHS has identified Hospice claims with dates of service October 2021 to current that were reimbursed with the incorrect reduction factor. Claims have been identified and will be adjusted by MDHHS to allow the claims to process under the correct reduction factor.
Providers will begin to see adjusted claims starting with Pay Cycle 10; RA date 2/26/2026. The adjusted claims can be identified with the claim note "*reduction factor update*".

January

January 27, 2026: Attention Home Health Agencies: This notification is being issued to providers to help clarify Fee For Service (FFS) Medicaid billing for Home Health Occupational Therapist Assistants (OTA) and

Physical Therapist Assistants (PTA).
As long as the OTA/PTA receives supervision from a licensed occupational and physical therapist, services must be billed under G0151 (PT code) or G0152 (OT code). If therapists are not receiving supervision, these services cannot be billed. FFS claims will be denied if either G0157 – PTA code or G0158 – OTA code is reported.
Services for Home Health OT and PT must be billed through HHAeXchange and billed in sequential Date of Service (DOS) order. Services that require EVV and other EVV policy can be found in Policy Bulletins MMP 24- 11 and MMP 24-21 on the Electronic Visit Verification website.
For additional resources related to Home Health, visit the Home Health webpage, the Medicaid Provider Manual, Chapter: Electronic Visit Verification (EVV), Section: 4 Home Health Care Services or the Electronic Visit Verification website.

January 27, 2026: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

January 22, 2026: Attention All Providers: As a reminder, if a provider has received a document acknowledgment letter from Predictive Modeling your documents have been accepted and will be reviewed. Unnecessary document uploads will cause a delay in processing; there is no need to submit additional documents unless it is requested through the CHAMPS Document Management Portal (DMP).

January 22, 2026: Nursing Facility and MI Coordinated Health Providers: This notification is an update to the previously issued alert posted on December 10, 2025, advising the LOCD Passive Redetermination process would be reinstated. Due to issues found during implementation, passive redeterminations generated from the MDS 3.0 assessment are now on hold. No LOCD passive redetermination records will be generated by the MDS 3.0 assessment until further notice. MDHHS will notify providers when the issues have been corrected.
For additional information on LOCD Passive Redeterminations, reference the resources available:

- Visit the Medicaid Provider Alerts & Resources Institutional Providers section, scroll down to the Skilled Nursing Facility section.
  - LOCD Passive Redetermination: March 2020: Recording, PDF, Q&A
- The Medicaid Provider Manual, Chapter: Nursing Facility Level of Care Determination, Section(s):
  - 3.8 Passive Redetermination of Functional Eligibility.
  - 3.8.A. LOCD Doors Addressed by Passive Assessment
  - 3.8.B. Passive Redetermination Process
  - 3.8.C. Passive Redetermination Decisions
  - 3.8.D. Need to Conduct a New LOCD

January 22, 2026: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us),will be unavailable on Sunday, January 25, 2026, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this time.

January 14, 2026: Attention Hospital Providers: The October 2025 quarterly APC and ASC software and APR DRG grouper 43 were loaded into the CHAMPS system on December 12, 2025. MDHHS has started to identify the affected claims and will adjust or resurrect accordingly.

January 14, 2026: Attention MIHP Providers: MDHHS has been made aware that MIHP providers are receiving Third Party Liability (TPL) takeback letters even though MIHP claims are exempt from reporting any other insurance. If you receive a takeback letter, you must respond to the number listed in the letter within the time allowed so the claim is not voided and recouped. If a call is not placed within the allotted timeframe the claim will be recouped, and a new claim must be billed.
If the recouped claim date of service is outside of MDHHS Timely Filing policy, of one year from the date of service, providers should rebill the claim with the claim note "*Incorrect TPL/MIHP takeback (insert takeback TCN)*".

January 13, 2026: Attention All Providers: The following Michigan Medicaid Prior Authorization fax lines have been restored.

- Main PA Fax (517) 335-0075
- PDN and PA Changes Fax (517) 241-7813
- PACER Fax (517) 763-0402

For a faster turn-around time, providers can always enter Prior Authorization using the Direct Data Entry (DDE) option in CHAMPS which is always the preferred method. Review the Prior Authorization Submission Video or refer to the additional Prior Authorization resources.
For specific questions call 1-800-622-0276 or PACER 1-844-722-3764.

January 12, 2026: Attention All Providers: The following Michigan Medicaid Prior Authorization fax lines are currently down:

- Main PA Fax (517)335-0075
- PDN and PA Changes Fax (517)241-7813
- PACER Fax (517)763-0402

For a faster turn-around time, providers can enter Prior Authorization using the Direct Data Entry (DDE) option in CHAMPS which is always the preferred method. During this outage use DDE, if assistance is needed review the Prior Authorization Submission Video or refer to the additional Prior Authorization resources.
For specific questions call 1-800-622-0276 or PACER 1-844-722-3764. Once the fax numbers are back online, additional notice will be sent. We apologize for any inconvenience this may cause.

January 12, 2026: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST Saturday, January 17th, through 9:00 AM
EST Sunday, January 18th, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

January 5, 2026: Attention All Provider: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

2025

December

December 23, 2025: Attention All Providers: Due to year end activities the CHAMPS system will be unavailable between 9:30 PM EST Wednesday, December 31st, through 2:00 AM EST Thursday, January 1st, 2026. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

December 22, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) server (mifts1.state.mi.us), will be unavailable on Sunday, December 28, 2025, from 9:00 to 11:00 AM EST. Refrain from submitting electronic files during this time.

December 12, 2025: Attention All Providers: The purpose of this communication is to inform all Medicaid Providers that the United States Department of Health and Human Services (USDHHS), including the Centers for Medicare & Medicaid Services (CMS), is currently prohibited by a preliminary injunction, that has been extended through January 5, 2026, from sharing Michigan's Medicaid data with the Department of Homeland Security (DHS), for immigration enforcement purposes. Michigan Department of Health and Human Services (MDHHS) has become aware that some Medicaid providers have raised questions and concerns about the recent notices and actions of USDHHS, CMS, and DHS related to beneficiary-level State Medicaid data being shared with DHS' Immigration and Customs Enforcement (ICE).

MDHHS will provide further notice if there are changes to what is considered permissible use, disclosure, or sharing of Michigan's Medicaid data by USDHHS or CMS because of any future court actions.

December 10, 2025: Attention All Providers: Update to October 21,2025 Claims Denied in Error the resurrection process has been completed. If providers have claims that have not been resurrected, it is due to other denials preventing the resurrected claim from processing. Providers are encouraged to review the original claim and resubmit accordingly.

December 10, 2025: Attention Nursing Facility Providers: This notification is an update to the previously issued provider alert posted January 16, 2024, advising the LOCD Passive Redetermination process would be turned off. Beginning on Friday, December 19, 2025, MDHHS will be reinstating the LOCD Passive Redetermination process for all incoming MDS assessments.
Review the following LOCD Passive Redetermination resources:

- The Medicaid Provider Alerts webpage > Institutional > Skilled Nursing Facility (SNF). LOCD Passive Redetermination: Recording, PDF, Q&A
- The Medicaid Provider Manual, Chapter: Nursing Facility Level of Care Determination, Section: 8 Passive Redetermination of Functional Eligibility and subsections:
  - 3.8.A. LOCD Doors Addressed by Passive Assessment
  - 3.8.B. Passive Redetermination Process
  - 3.8.C. Passive Redetermination Decisions
  - 3.8.D. Need to Conduct a New LOCD
- Medicaid Policy Bulletin MMP 24-53 - Updates to Level of Care Determination (LOCD) Policy.

LOCD Doors Addressed by Passive Assessment: The passive redetermination process will no longer confirm Door 5: Skilled Rehabilitation Therapies for all assessment types. Passive determination will not create Door 5 for any provider type. Current eligible Door 5 records will be treated the same as Door 4 in the passive process. If the beneficiary is currently eligible under Door 5 and the passive process cannot confirm eligibility, there will be no change to the existing LOCD or end date. The provider will need to complete an in-person LOCD assessment with the beneficiary to determine LOCD eligibility before the end date of Door 5.

December 8, 2025: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 7:00 PM EST Friday, December 12th, through 9:00 AM EST Saturday, December 13th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

December 8, 2025: Attention Nursing Facility Providers: The MDHHS Long Term Operations team is excited to launch a new monthly series as part of each nursing facility touchpoints in 2026. Each touchpoint date will include a mix of MDHHS policy overview and refreshers along with best practices presented by your fellow nursing facilities.
Our first presentation is scheduled for January 8, 2026 and will cover NF Bed Change/Certification Application. To register for the January touchpoint or any other date visit the Nursing Facilities webpage.

We want to hear from you!
Nursing Facilities are welcome to present the best practice at a future nursing facility touchpoint. This can be a very small best practice that you want to share that has helped improve a process or made a meaningful improvement to the resident(s).
If you are interested in presenting a best practice, email MDHHS-LTCOPERATIONS@michigan.gov. Be sure to include the nursing facility name, contact information, and the amount of time you anticipate you will need to share.

December 5, 2025: Attention All Providers: The purpose of this communication is to inform all Medicaid Providers that the United States Department of Health and Human Services (USDHHS), including the Centers for Medicare & Medicaid Services (CMS), is currently prohibited by a preliminary injunction from sharing Michigan's Medicaid data with the Department of Homeland Security (DHS), for immigration enforcement purposes. Michigan Department of Health and Human Services (MDHHS) has become aware that some Medicaid providers have raised questions and concerns about the recent notices and actions of USDHHS, CMS, and DHS related to demands for and potential use of beneficiary-level State Medicaid data being shared with DHS' Immigration and Customs Enforcement (ICE). A hearing is scheduled for December 9, 2025, related to whether USDHHS, CMS, and DHS will continue to be prohibited from using Michigan's state Medicaid data for immigration enforcement purposes. MDHHS will provide further notice if there are changes to what is considered permissible use, disclosure, or sharing of Michigan's Medicaid data by USDHHS or CMS because of this hearing.

November

November 12, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) will be unavailable on Sunday, November 16, 2025, from 10:00 AM to 4:00 PM EST. Refrain from submitting electronic files during this time.
Billing agents or submitters with additional questions can email AutomatedBilling@Michigan.gov if you require further assistance.

November 10, 2025: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST Saturday, November 15th, through 9:00 AM EST Sunday, November 16th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

November 4, 2025: Attention All Providers: As a reminder, when Predictive Modeling documentation is uploaded to the CHAMPS Document Management Portal (DMP), providers should select the correct document title of Predictive Modeling "Document Type" = Claim and "Document Title" = Predictive Modeling. Predictive Modeling staff cannot review the document(s) if another documentation title is selected.
For additional information, refer to the Predictive Modeling Process Tip

November 3, 2025: Attention Providers Impacted by Predictive Modeling (PM): MDHHS is aware of the current issue preventing access to documents stored in DMP (i.e., Medical Request Letters, Medical documentation) when accessed via the claim. Until this matter is resolved, providers can access documentation through DMP using the CHAMPS External Links and search by beneficiary ID. We apologize for any inconvenience this may cause.
Note: DMP will launch in a new window (make sure your pop-up blockers are disabled within the internet browser settings). Review the DMP Overview resource for step by step instructions: Slide 8: Search Documents. Remember to search by beneficiary ID.

October

October 31, 2025: Attention Nursing Facility Providers: Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the November webinar will offer Nursing Facility topics, updates, and current issues. November 13, 2025: Click here to register
Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

October 30, 2025: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

October 28, 2025: Attention All Providers: As an update to the alert posted October 21, 2025, MDHHS has corrected the issue of claims denying in error. Identified claims will be resurrected by MDHHS beginning this week.

October 28, 2025: Attention CCBHC Providers: MDHHS is aware of CCBHC claims that were issued to a paid status but did not issue to the CHAMPS Remittance Advice (RA) or Electronic Remittance Advice (ERA/835) for pay cycle 43 (RA date 10/23/25). These claims have been pushed through and should issue to the next RA or 835.

October 23, 2025: Attention All Providers: Due to emergency release and data purge activities, the CHAMPS system will be unavailable between 7:00 PM EST Friday, October 24th, through 11:00 AM EST Sunday, October 26th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

October 23, 2025: Attention All Providers: As previously communicated, the CHAMPS Document Management Portal (DMP) application is updating to a new look and feel. Current functionality will remain the same. To release this new update, the DMP application will be unavailable Friday, October 24, at 7:00 PM EST and will be back Monday, October 27, 2025.
For instructions on using the new and improved DMP review this DMP Overview resource.

October 21, 2025: Attention All Providers: MDHHS has been made aware of claims denied in error with Claim Adjustment Reason Code (CARC) 16 and Remittance Advice Remark Code (RARC) MA30. MDHHS is still reviewing the full impact and will post a new alert with additional details as they become available.

October 15, 2025: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) payments for pay cycle 42 (10/16/2025) for some providers will be delayed one day to 10/17/2025. This delay will include both EFT and paper warrants.
This will NOT impact or delay payments for Home Help and Adult Foster Care providers.

October 8, 2025: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) provider payments for pay cycle 41 (10/09/2025) will be delayed one day to 10/10/2025. This delay will include both EFT and paper warrants.
This will NOT impact or delay payments for Home Help and Adult Foster Care providers.

October 7, 2025: UPDATE Attention Dental Providers: The alert posted September 29,2025 CHAMPS DDE Dental Claim Error has been resolved. Claims can now be entered using the CHAMPS DDE Dental screen.

October 6, 2025: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) invites the public to attend a stakeholder meeting regarding the Michigan Medicaid Health Plan Common Formulary on Monday, Oct. 20, 2025. The purpose of the stakeholder meeting is to provide a forum for the public to comment on the Common Formulary. This annual forum supplements the quarterly written public comment periods. Note that drug rebates and Fee-for-Service pharmacy benefit coverage will not be reviewed at this meeting. In addition, the stakeholder meeting is not intended to be a venue for pharmaceutical drug product-specific presentations.
Find more information about the common formulary including the list of covered prescription drugs at Michigan.gov/MCOpharmacy.

For those unable to attend, questions can be submitted to the Common Formulary mailbox at MDHHSCommonFormulary@michigan.gov by Wednesday, Oct. 15, 2025.

Michigan Medicaid Health Plan Common Formulary Stakeholder Meeting
When: Monday, Oct. 20, 2025, from 9:30 a.m. to noon (Eastern Time)
Where: This will be a virtual meeting to encourage statewide participation by stakeholders. To attend the Common Formulary Stakeholder Meeting at 9:30 am connect via Zoom. The Zoom can be accessed by clicking this link and the password is: SLVU14. Participants may also access by phone by dialing 408-961-3928 and entering access code 351013.
RSVP: Attendees are asked to RSVP for this meeting. If you plan to attend, notify Donna Kreps, at KrepsD@michigan.gov no later than Wednesday, Oct. 15, 2025.
If you need any of the accommodations below to join, contact Donna Kreps via email at krepsd@michigan.gov no later than 5 p.m. ET Friday, Oct. 10, 2025 to allow sufficient time to set up these arrangements. MDHHS provides free services to people with disabilities to communicate with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- The department also provides free language services to people whose primary language is not English; such as qualified interpreters and/or information written in other languages.

October 1, 2025: Attention ALL providers: Effective 10/13/2025 through 12/31/2025 MDHHS TPL will receive a weekly file from HAP CareSource. Coverage contained in this file will be loaded directly into the CHAMPS TPL coverage file. This coverage includes HAP CareSource Michigan Marketplace plans. TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from HAP CareSource.
Please note HAP CareSource plans are purchased from the insurance Marketplace established by the Affordable Care Act. The end dates for this coverage can shift quickly due to premium payments, grace periods and retroactive disenrollments.
To learn more about Marketplace coverage, visit Tips about the Health Insurance Marketplace® | HealthCare.gov. Members can go to How do I cancel my Marketplace plan? | HealthCare.gov.
Note: HAP CareSource is not expected to renew Marketplace plans in 2026.

September

September 29, 2025: All Providers and Submitters: As part of recent maintenance the DTMB File Transfer Service (FTS) updated the mifts.state.mi.us security certificate. FTP/SSL customers will need to apply new fingerprint. Web client customers may need to apply the new certificate or fingerprint.

September 29, 2025: Attention Dental Providers: MDHHS is currently aware of an issue when submitting a dental claim via the CHAMPS Direct Data Entry (DDE) function. After clicking 'Submit Claim" at the completion of the claim an error message displays and the claim is not created. Once additional details are known about the issue an alert and listserv notice will be sent to update providers.

September 26, 2025: Attention All Providers: The new look and feel of CHAMPS Document Management Portal (DMP) Updated September 19 2025 DMP New Look and Feel will remain on hold to ensure a smooth transition from the current DMP to the new look and features of DMP.
In the next few weeks additional Document Management Portal details and training materials will be available.

September 26, 2025: Attention All Providers: Due to fiscal year end on October 1, 2025, CHAMPS payments and paper remittance advice for pay cycle 40 will be issued on Tuesday September 30, 2025. Paper checks will begin to be mailed on Tuesday September 30, 2025 with electronic funds (EFTs) and Electronic Remittance Advice (ERA/835) issued on Wednesday October 1, 2025.
The CHAMPS pay cycle calendar has been updated to reflect these changes.

September 22, 2025: Attention All Providers: Due to the fiscal year end on October 1, 2025, there will be earlier than normal claim cutoff dates along with pay cycle 40 (9/30/25) being issued early. CHAMPS Direct Data Entry (DDE) claim submission cutoff is now Tuesday September 23, 20255 4:00 PM EST. Electronic (837) claim submission cutoff is now Monday September 22, 2025, 5:00 PM EST.
CHAMPS payments and paper remittance advice for pay cycle 40 will be issued on 9/30/25. Paper checks will begin to be mailed on 9/29/25 with electronic funds (EFTs) and Electronic Remittance Advice (ERA/835) issued on 9/30/25. The CHAMPS pay cycle calendar has been updated to reflect these changes.

September 19,2025: UPDATE: The new look and feel of the CHAMPS Document Management Portal (DMP) application has been delayed.

September 12, 2025: Attention All Providers: As of September 22, 2025, the Document Management Portal (DMP) application in CHAMPS will have a new look and feel. Current functionality will remain the same. As part of the upcoming CHAMPS system release, the DMP application will be down starting 4:00 PM, Friday, 9/19/2025 and will be back up, Monday, 9/22/2025. Updated training materials are forthcoming.

September 18, 2025: Attention All Providers: Due to monthly maintenance and system release activities, the CHAMPS system will be unavailable between 7:00 PM EST Friday, September 19th, through 9:00 AM EST Saturday, September 20th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

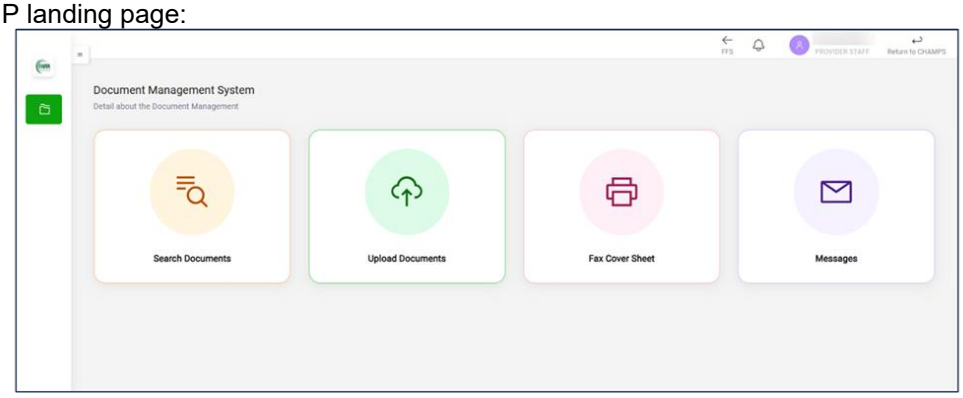
September 18, 2025: Attention All Providers and Submitters: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, September 21, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

September 16, 2025: Attention All Providers: Due to the fiscal year end on October 1, 2025, there will be earlier than normal claim cutoff dates along with pay cycle 40 (9/30/25) being issued early. CHAMPS Direct Data Entry (DDE) claim submission cutoff is now Tuesday September 23, 20255 4:00 PM EST. Electronic (837) claim submission cutoff is now Monday September 22, 2025, 5:00 PM EST.

CHAMPS payments and paper remittance advice for pay cycle 40 will be issued on 9/30/25. Paper checks will begin to be mailed on 9/29/25 with electronic funds (EFTs) and Electronic Remittance Advice (ERA/835) issued on 9/30/25. The CHAMPS pay cycle calendar has been updated to reflect these changes.

September 12, 2025: Attention All Providers: As of September 22, 2025, the Document Management Portal (DMP) application in CHAMPS will have a new look and feel. Current functionality will remain the same. As part of the upcoming CHAMPS system release, the DMP application will be down starting at 4:00 PM, Friday, 9/19/2025 and will be back up, Monday, 9/22/2025. Updated training materials are forthcoming.

New DMP landing page:



September 4, 2025: Attention All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

September 2, 2025: Attention ALL providers: Effective October 15, 2025, MDHHS TPL will receive a monthly file from Anthem Blue Cross Blue Shield. Coverage contained in this file will be loaded directly into the CHAMPS TPL coverage file. This includes Anthem BCBS of California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Anthem BCBS. Providers are asked to contact the member's Anthem BCBS plan for any questions related to loaded commercial coverage.

Anthem BCBS requires that Medicaid use specific policy numbers and alpha prefixes. Providers do not need to report any changes to update the information listed in CHAMPS. The appropriate numbers can be found on the back of the member's card or providers can reference https://www.anthem.com/contact-us.

Note: On or around October 15, 2025, corresponding with the loading of the Anthem BCBS file, there may be a duplicate benefit shown in the member's TPL record. TPL will work to resolve this as quickly as possible. Providers may report duplicate coverage to expedite removal.

August

August 25, 2025: Attention all Skilled Nursing Facility and Hospice Providers: This serves as a reminder of the importance of timely admission and discharge details in CHAMPS. This helps ensure the Medicaid beneficiary's Program Enrollment Type (PET Code) information is accurate in CHAMPS. For step-by-step instructions on how to enter an admission or discharge, review the provider tip Entering an Admission and Discharge. Providers are reminded to use the beneficiary's Medicaid ID# when completing an admission to ensure that the demographic information correctly populates.
For step-by-step instructions on how to obtain the Medicaid ID# in CHAMPS, click on the following provider tip: Eligibility Inquiry. Search by combinations of First/Last Name, DOB and SSN.

- If the beneficiary is found in CHAMPS, report the Medicaid ID# on the admission record. The beneficiary's demographic details will auto-populate to the record, preventing clerical errors and the need for admission record corrections.
- If the beneficiary is not found in CHAMPS (no Medicaid ID# available), leave the Medicaid ID# field blank and ensure all details for the beneficiary are reported correctly on the admission record. Once Medicaid eligibility is determined, the Medicaid ID# will systematically attach to the record.

To help minimize the high volume of admission/discharge corrections from providers, please carefully review all record entries prior to submission. Ensure all fields are accurate and complete, including the details below:

- Medicaid ID#
- Name, Date of Birth, and Social Security Number (SSN)
- Admission and Discharge Dates
- National Provider Identifier (NPI)

Note: If there are demographic discrepancies between what is reported on the admission record versus the confirmed data in CHAMPS, the Medicaid ID# will not attach to the admission record. The provider will need to Contact Provider Support for a resolution.

August 22,2025: Attention Home Health Agency Providers: Reminder, the first home health therapy claim received for a beneficiary will initiate the 60 consecutive-day period. Claims submitted must be in sequential order (e.g., 4/01/2025, 4/08/2025, 4/15/2025) to prevent the incorrect home health therapy start date. Additionally, it is advisable to submit one claim per beneficiary each week to avoid confusion and processing errors.
Home Health Agencies who have identified paid claims in CHAMPS submitted in non-sequential order will need to initiate the claim void process within the HHAeXchange system to resubmit claims in sequential order.

- Agencies who bill directly in the HHAeXchange system reference this step by step instructions video for voiding claims or visit the Rebilling - Resubmissions and Adjustments webpage .
- Agencies who utilize an Electronic Data Interchange (EDI) vendor to submit claims to the HHAeXchange system can utilize the 837 Claim Files and Linked Contracts webpage for directions on voiding claims or visit the EDI Provider Rebilling webpage.

Failure to initiate the claim void process, will result in reimbursement issues and an incorrect start date for the 60 consecutive-day period.
For more information on home health therapy service limitations, refer to the Medicaid Provider Manual, Therapy Services chapter, Standard of Coverage and Service Limitations.

Resources

- For Electronic Visit Verification questions or help, visit the HHAeXchange Michigan Information Center website or call HHAX at 1-866-576-1179.
- For Home Health policy related questions email MDHHS-HomeHealthandHospice@michigan.gov
- To learn more about using your HHAX agency portal and learning EVV at your own pace, sign-up for the HHAeXchange University (LMS).
- Services that require EVV and other EVV policy can be found in Policy Bulletins MMP 24-11 and MMP 24-21.
- To stay up to date on EVV in Michigan, visit www.Michigan.gov/EVV.

August 18, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, August 24, 2025, from 9:00 to 11:00 AM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

August 13, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, August 16th, through 9:00 AM EST Sunday, August 17th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.
August 12, 2025: Attention All Providers: Due to system activities, the CHAMPS system will be unavailable this evening on Tuesday, August 12th, 2025, from 7:00 to 9:00 PM EST. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause**.**

August 12, 2025: Attention Nursing Facility, MI Choice, PACE, and MI Health Link Providers: MDHHS Provider Support has received an increase in LOCD inquiries related to Level of Care Determinations (LOCDs). To offer clarification and help eliminate the need to contact Provider Support, providers are reminded:

- All LOCDs must be completed/conducted and entered timely in CHAMPS.
- Face-to-Face LOCD assessment must be completed by the provider prior to or on the day of admission or enrollment into a program.
- LOCD face-to-face assessments conducted, including Door 0 (zero, not eligible), must be entered in CHAMPS within 14 calendar days of the face-to-face LOCD assessment (i.e., conducted dated) to ensure a compliant LOCD record.

- Report the beneficiary's Medicaid ID# on the LOCD.
- For instructions on how to obtain the MA ID# in CHAMPS, reference the provider tip:Eligibility Inquiry. Search using combinations of First/Last Name, Date of Birth (DOB), and Social Security Number (SSN).
- If the MA ID# is found in CHAMPS, report the MA ID# on the LOCD. The beneficiary's demographic details will auto-populate to the record, reducing clerical errors and minimizing the need for LOCD corrections.
- If the MA ID# is not found in CHAMPS, leave the MA ID# field blank and ensure all other demographic information is accurate and complete on the LOCD. Once Medicaid eligibility is determined, the MA ID# will systematically attach to the record.
- When submitting the LOCD, be mindful of the 'verification notification' pop-up.Supporting documentation must be uploaded within 3 business days for the selected LOCD records. Review the LOCD Verification Review Tip for instructions on how to upload.
- Regularly monitor the LOCD end date.
- Providers are responsible for reassessing LOCD eligibility prior to the End Date of the current LOCD record or when there is a significant change in condition.
- Conduct a new LOCD before the end date to ensure no gap between LOCDs.

To help reduce the high volume of LOCD correction requests, providers are strongly encouraged to review all entries carefully before submission. Ensure all fields are accurate and complete, including but not limited to:

- Medicaid ID# Name,
- Date of Birth (DOB), and Social Security Number (SSN)
- Conducted, Created, and Start Dates National Provider Identifier (NPI)

Please Note: If there are demographic discrepancies between what is reported on the LOCD record versus the confirmed data in CHAMPS, the Medicaid ID# will not attach to the LOCD record. The provider will need to Contact Provider Support for a resolution.

August 8, 2025: Attention Local Health Department Providers: Due to the Worker Load Number no longer being supported in the Medicaid eligibility system of Bridges, the EP291 EPSDT Screening Contact List will no longer display the service unit and worker information. However, the EP291 EPSDT Screening Contact List will continue to indicate the "District" which specifies each individual health department that receives this listing. The EP291 EPSDT Screening Contact List identifies the beneficiaries due or overdue for EPSDT screening each month for the Local Health Department.

August 7,2025: July 23, 2025: Attention Clinic (FQHC, RHC, and THC) Providers: UPDATE to the July 23 2025 Clinic Overpayments on Excluded Codes
The previous alert stated MDHHS would void impacted claims. As an update, MDHHS will **adjust** impacted claims as of October 3, 2025, and continue until complete.

July

July 31, 2025: Attention OPH, FQHC, RHC and THC providers: The Michigan Department of Health and Human Services (MDHHS) is aware of a system issue that is denying institutional claims in error when a beneficiary is enrolled in Plan First, MOMS, or MA-ESO benefit plans, when the services are otherwise covered under one of the benefit plans. MDHHS is actively working to resolve this issue. Once the issue is resolved, impacted claims will be reprocessed accordingly.

July 28, 2025: Attention All Providers: As a reminder providers are required to keep up to date with their address information on file within their CHAMPS Provider Enrollment information. To update or modify address information on file refer to instructions on the Provider Enrollment webpage.
As outlined within the Medicaid Provider Manual, General Information for Providers Chapter, SECTION 3 - MAINTENANCE OF PROVIDER INFORMATION.
Providers must notify MDHHS via the on-line system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, changing the address(es) to which RAs and/or correspondence are sent
When MDHHS receives returned mail, providers may be contacted to update their address information in CHAMPS by submitting a provider modification. Failure to keep provider enrollment information up to date may result in claim denials or have impacts on payment.

July 23, 2025: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

July 23, 2025: Attention Clinic (FQHC, RHC, and THC) Providers: MDHHS has identified claims in which the clinic excluded codes were incorrectly overpaid, when other insurance was reported. Claims impacted are those with dates of service ranging from 5/1/2024 to 3/31/2025 with an excluded code not included in the PPS/AIR reimbursement. Providers will have until October 3, 2025, to adjust any impacted claims to allow them to properly adjudicate. The adjustment claim must include the claim note of "L*esser of Rebill*". MDHHS will begin voiding impacted claims as of October 3, 2025, and continue until complete.

July 23, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, July 27, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

July 15, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, July 19th, through 9:00 AM EST Sunday, July 20th, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

July 10, 2025: Attention All Providers: Mental Health Framework – Provider Information: This communication is being sent as a follow up-communication to the "Advancing Person-Centered Mental Health Care in Michigan's CHCP" email originally sent on 06/12/2025.
Beginning in October 2025, all Qualified Mental Health Providers including Child Mental Health Professionals (CMHPs), Qualified Mental Health Professionals (QMHPs), and Qualified Intellectual Disability Professionals (QIPDs), whose scope of practice includes assessment of mental health needs, who are participating in Michigan's Medicaid program and contracted with an MHP and/or PIHP will need to incorporate into their practice:

- Use of standardized tools for assessing the level of mental health need of CHCP enrollees seeking mental health The State's designated assessment tools are the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Screener for children and youth (under 21) and the Level of Care Utilization System (LOCUS) for adults (21 and older).
- Adoption of a standardized referral process for mental health services, including use of a new referral platform accessible to mental health providers, primary care providers, Community Mental Health Services Programs (CMHSPs), MHPs and PIHPs.

Call to action:
REMINDER: If you are a mental health provider designated in the Medicaid Provider Manual as a Qualified Mental Health Professional, Child Mental Health Professional or Qualified Intellectual Disability Professional whose scope of practice includes assessment of mental health needs, please click the link below and complete the form, which includes providing your information to receive further details regarding standardized assessment training. Standardized assessment training will be free for providers and eligible for CME/CEU credit (details vary between each training).
Please complete the form below as soon as possible. https://bphasa.qualtrics.com/jfe/form/SV_abmRPASQCcGOgOq

MichiCANS Training:
Those who have indicated that they are in need of this training, will receive an email from the Praed Foundation (email address: no-reply@schoolx.com) which will provide information on how to move forward with the training. Please be sure to check your Spam mailboxes for this message. Once you receive that email, you will log into the training platform and register for sessions of your choice.
To become certified in the use of the MichiCANS Screener, the following two trainings must be taken, in this order:

- Transformational Collaborative Outcomes Management (TCOM) Orientation
- MichiCANS Overview

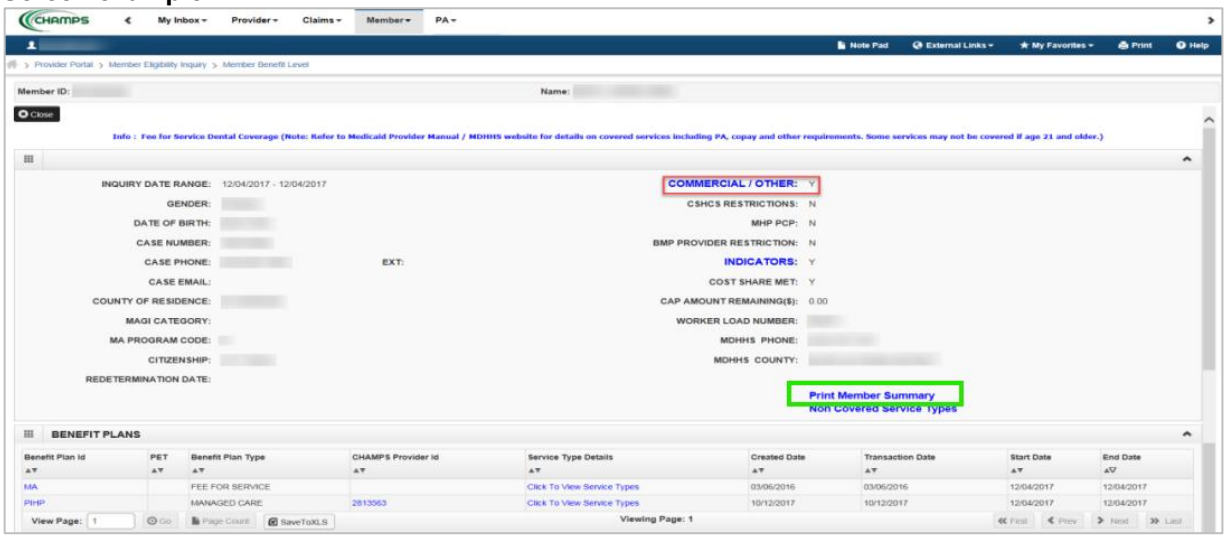
TCOM Orientation and MichiCANS Overview trainings are live virtual sessions provided by the Praed Foundation and hosted via their TCOM training platform.
Upon completion of the trainings, individuals must successfully complete the MichiCANS Certification

Course/Assessment in order to be a certified user of the MichiCANS Screener.
Medicaid providers will access and complete the MichiCANS Screener through the Care Connect 360 (CC360) web application. Information about gaining access will be forthcoming.

LOCUS Training:
The link to the self-paced LOCUS training is currently in development. Communication will be sent once available.

MDHHS encourages all mental health providers to send any questions or comments to MDHHS-MentalHlthFramework@michigan.gov.
Subscribe to the newly created listserv Mental Health Framework, listed under Medicaid Services, for future communication and updates. For general Listserv information please click on Listserv Instructions.

July 1, 2025: Attention All Providers: Currently within the CHAMPS Member eligibility inquiry screen, users are receiving a screen error message when clicking the Commercial/Other hyperlink. This error is scheduled to be fixed at a later date and MDHHS will post an alert when the issue has been resolved. Until this is resolved users should utilize the 'Print Member Summary' (green box in image) option to view the other insurance information on file for the beneficiary.
Screen example:



July 1, 2025: Attention All Providers: As a reminder when billing Medicaid secondary and the other insurance reported on the claim reports a Claim Adjustment Reason Code (CARC) 132-Prearranged demonstration project adjustment, the dollar amount associated must be balanced off however the facility deems appropriate. If the CARC 132 is reported the claim will be denied by Michigan Medicaid. This does not apply to Medicare crossover claims. As an example, if the CARC 132 is representing a payment from the payor, it is suggested that the dollar amount be reported as a primary payment. The CARC 132 is then not required to be reported.

June

June 26, 2025: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the July webinar will offer Nursing Facility topics, updates, and current issues.

July10, 2025: Click Here to Register

Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

June 23, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, June 29, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

June 16, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable from 7:00 PM EST Friday, June 20th, through 9:00 AM EST Saturday, June 21st, 2025. This outage will affect system access for all functionalities. We apologize for any inconvenience this may cause.

June 2, 2025: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the June webinar will offer Nursing Facility topics, updates, and current issues. **June 12, 2025: Click Here to Register**. Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

May

May 29, 2025: Reminder for DME Providers Who Supply Enteral Formula: As of July 1, 2024, the Program Review Division no longer accepts verbal authorizations for enteral formulas/supplies via the PACER telephone line (844-PACERMI/844-722-3764). The medical supplier is to submit a prior authorization (MSA 1653-B – Special Services Prior Approval Form) through the Community Health Automated Medicaid Processing System (CHAMPS) or via fax at 517-335-0075.

Include the following:

- BPHASA-2401: Medical Justification for Enteral Therapy Form*
- Physician Order
- Other Supporting Documentation

*BPHASA-2401 Requirements:

- Ordering practitioners and/or designated clinical staff can complete the BPHASA-2401
- If a Medical supplier chooses to help complete the BPHASA-2401, they can only complete the Beneficiary ID, Beneficiary First and Last name, Date of Birth, type of enteral formula therapy requested, and formula requested.
- The ordering practitioner is the only provider allowed to sign the BPHASA-2401 form. If anyone else signs the form, the request will be returned with a denied status, and a notice will be sent to the medical supplier's correspondence address on file in CHAMPS.

Need help submitting a PA through CHAMPS?
Follow the CHAMPS Prior Authorization resource for step-by-step instructions.
Resources

- MMP 24-16
  - Consultation summary
- BPHASA – 2421 Medical Justification for Enteral Therapy WORD XXXX | PDF XXX
  - If BPHASA-2421 is faxed, the form must be submitted with a completed MSA-1653-B, including all requested enteral therapy procedure codes. WORD XXXX | PDF XXX - with instructions

May 27, 2025: Attention Inpatient Hospital Providers: This is an update to the alert posted on March 11, 2025: The A8-Ungroupable denial has been fixed for inpatient claims. MDHHS is continuing to review the impacted claims, and these will be reprocessed. Providers are suggested to review the coding on their claims for accuracy, as not all claims denied for A8 may be invalid. Refer to the provider tip A8 Claim Denial Inpatient Hospital for further information.

May 13, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, May 17th, through 9:00 AM EST Sunday, May 18th, 2025. This outage will affect system access for all functionality. We apologize for any inconvenience this may cause.

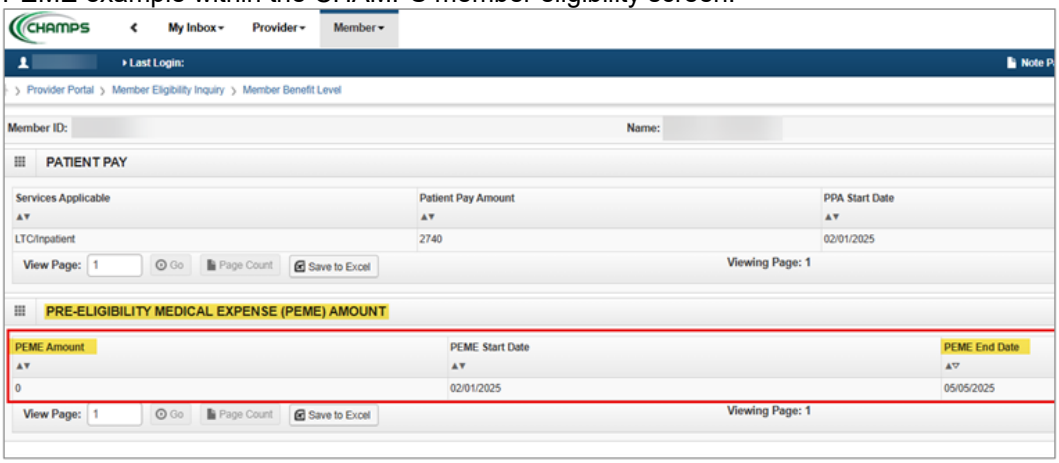
May 12, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, May 18, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

May 12, 2025: Attention Professional Providers: Update to the March 4, 2025 alert: MDHHS has started the process of voiding professional claims that were incorrectly paid without a supervising NPI. Once these voided claims appear on a remittance advice, a new claim can be submitted.
If a new claim needs to be submitted, ensure the CHAMPS enrolled supervising physician NPI is reported along with a claim note stating, "Supervising Takeback (insert voided TCN)".

May 6, 2025: Attention Skilled Nursing Facility, Hospice, and Inpatient Providers: This is an update to the June 20, 2024, alert regarding PEME (Pre-Eligibility Medical Expenses). PEMEs are unpaid medical expenses incurred in the three months prior to the application for Medicaid. To view the PEME segment, log into CHAMPS, click on the member tab, and select eligibility inquiry.
A PEME is considered to have an approved status when there is a 0 amount and an end date matching the eligibility inquiry end date submitted.
Additional reminders:

- A PEME displaying a 0 amount does not require the provider to request a correction to the PEME amount or PPA amount.
    - The PEME amount will remain 0 until there is an exact partial payment amount to end the PEME.
- For a beneficiary with an approved PEME AND a PPA amount displayed within CHAMPS eligibility inquiry, both amounts must not be reported on the claim.
- The PPA dollar amount should be reported on the claim when there is no approved PEME information.
    - However, if there is no approved PEME segment but there is a PPA segment with a dollar amount listed, the PPA dollar amount must be reported on the claim.

PEME example within the CHAMPS member eligibility screen:



May 1, 2025: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

April

April 28, 2025: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date.

Please review the following for information on how to verify the Adjustment Source of your claim.

April 23, 2025: Attention All Providers: Effective May 21, 2025, MDHHS TPL will receive a monthly file from Health Care Services Corporation, including the commercial coverage for Blue Cross Blue Shield of Illinois, Texas, New Mexico, Montana, and Oklahoma (HCSC BCBS). MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from HCSC BCBS. Providers are asked to contact the member's HCSC BCBS plan for any questions related to loaded commercial coverage. The appropriate number can be found on the back of the member's card, or providers can reference https://www.hcsc.com/contact-us.

April 22, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, April 27, 2025, from 9:00 AM to 5:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

April 16, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, April 19th, through 9:00 AM EST Sunday, April 20th, 2025. This outage will affect system access for all functionality. We apologize for any inconvenience this may cause.

April 1, 2025: Attention Outpatient Hospital Providers: The January 2025 Quarterly APC & ASC software was loaded into CHAMPS on March 21, 2025. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2025 quarterly updates."

April 1, 2025: Attention Skilled Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) Long Term Care Operations Section has issued a Grant Funding Opportunity (GFO) for quality-of-life enrichment projects for residents of nursing homes. Click here to learn more and read the full press release.

March

March 27, 2025: Attention Providers: Update August 20, 2024: Due to the implementation of policy bulletin MMP 25-09, providers can follow up with the Medicaid Health Plans (MHPs) or Prepaid Inpatient Health Plans (PIHPs) regarding any denied claims or prior authorization requests for psychological and neuropsychological evaluation coverage, retroactive to 10/01/2024.

March 26, 2025: Attention Nursing Facilities: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the April webinar will offer Nursing Facility topics, updates, and current issues. Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.
March 20, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, March 23, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause**.**

March 17, 2025: Due to monthly maintenance activities and a system update, the CHAMPS system will be unavailable from 7:00 PM EST Friday, March 21st, through 7:00 PM EST Saturday, March 22nd, 2025. This outage will affect system access for all functionality. We apologize for any inconvenience this may cause.

March 11, 2025: Attention Inpatient Hospital Providers: MDHHS is aware of a system issue causing Inpatient Hospital claims to deny with the Claim Adjustment Reason Code (CARC) A8 Ungroupable DRG. MDHHS is continuing to review impacted claims and will be reprocessed. It is suggested that providers review the coding on their claim for accuracy, as all claims denied for A8 may not be invalid.
Refer to the provider tip A8 Claim Denial Inpatient Hospital for further information.

March 5, 2025: Attention Ambulance Providers: As a reminder, ambulance services are a non-covered benefit for beneficiaries with Plan First. These beneficiaries would be considered non-Medicaid covered and would be responsible for all expenses incurred. If Medicaid is billed prior to verifying eligibility, the beneficiary cannot be billed for these services.

March 4, 2025: Attention Professional Providers: As a reminder of current policy in the Medicaid provider manual, claims to report either a nurse practitioner or physician assistant as the rendering provider is required to report a supervising physician.

> 2.3.D. SUPERVISING PROVIDER The supervising physician NPI may be a professional claim editing requirement for physician services rendered by an enrolled non-physician practitioner, such as a physician's assistant or advanced practice registered nurse. When physician collaboration or supervision is required by State law or Medicaid policy, claims must include the Medicaid-enrolled supervising physician NPI.
>
> 20.4 NURSE PRACTITIONER BILLING AND REIMBURSEMENT Professional claims must include the NPI of the NP in the Rendering Provider field and the supervising or collaborating physician in the Supervising Provider field as applicable.

MDHHS is allowing providers time to adjust incorrectly billed claims. Providers will have until March 30, 2025, to adjust paid claims and add the supervising NPI. Adjusted claims should include the claim note "A*djusting to add supervising NPI*." Starting in April 2025 until complete, MDHHS will void claims that were incorrectly paid. The impacted claims can be identified by the claim note of "*MSA 20-56*".

February

February 27, 2025: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the March webinar will offer Nursing Facility topics, updates, and current issues.
Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

February 20, 2025: Attention All Providers: MDHHS has updated the provider fee screens and CHAMPS with the yearly code rate updates. MDHHS will adjust fee for service claims with dates of services on or after January 1, 2025, to allow them to be processed under the updated rate(s). The adjusted claims can be identified with the claim note "C*Y25 RVU Rate Automation Retro Rate Adjustments*" and will begin to process on pay cycle 10, pay date March 6, 2025, until completed.

February 17, 2025: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, February 23, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

February 19, 2025: Attention DME Providers: The Michigan Department of Health and Human Services (MDHHS) has identified and corrected a CHAMPS system error that incorrectly allowed payment to Durable Medical Equipment providers for equipment or medical supplies when the beneficiary was enrolled in Hospice in a nursing facility or Hospice in a residence on the date of service. MDHHS does not separately reimburse DMEPOS providers for services related to the beneficiary's terminal illness when the beneficiary is enrolled in a hospice program (Refer to the Medicaid Provider Manual, Hospice Chapter).
Impacted claims begin on date of service 01/01/2019. MDHHS will begin voiding claims and recouping overpayments starting on the 2/27/2025 Remittance Advice (RA).

February 10, 2025: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, February 15th, through 9:00 AM, EST Sunday, February 16th, 2025. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

February 7, 2025: Attention All Providers: Effective February 26, 2025, commercial pharmacy coverage that is received from BCBSM and BCN will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. TPL will receive commercial pharmacy eligibility updates from BCBSM and BCN daily on business days. Optum RX continues to act as the pharmacy benefit manager (PBM) for Blue Cross of Michigan. Providers are asked to please contact BCBSM, BCN or Optum RX for any questions related to loaded commercial pharmacy coverage. The BCBSM Clinical pharmacy help desk is available at 1-800-437-3803, Optum RX help desk can be reached at 1-800-788-4863 This change will NOT impact BCBSM and BCN commercial medical coverage. TPL will continue to receive commercial medical updates from BCBSM and BCN on a weekly basis. This change will NOT impact BCBCM and BCN Medicare pharmacy coverage. TPL will continue to receive BCBSM and BCN Medicare pharmacy coverage daily on business days.

This change will NOT impact the majority of Optum RX coverage. TPL will continue to load all updates from Optum RX on a monthly basis unless the records appear on the BCBSM and BCN commercial pharmacy file. Providers may see limited duplicate records between Optum RX and BCBSM RX or BCN RX coverage while the files are transitioning but TPL will correct the duplication during the first week of March 2025. This change will NOT directly impact anything about the Blue Cross Complete Medicaid Health Plan including enrollment or the TPL file maintained by Blue Cross Complete.

February 4, 2025: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on How to Verify the Adjustment Source of your claim.

January

January 21, 2025: Attention all Provider and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, January 26, 2025, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

January 14, 2025: Attention All Providers: Due to monthly maintenance and emergency release, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, January 18th, through 9:00 AM EST Sunday, January 19, 2025. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 6, 2025: Attention Hospital Providers: The October 2024 quarterly APC and ASC software and APR DRG grouper 42 were loaded into the CHAMPS system on December 31, 2024. MDHHS will identify affected claims and adjust or resurrect them accordingly.

2024

December

December 30, 2024: Attention All Providers: Effective January 8th, 2025 commercial coverage that is received from Navitus Health Solutions will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Navitus Health Solutions. TPL will continue to receive updates from Navitus on a monthly basis.

Providers are asked to contact Navitus Health Solutions for any questions related to loaded commercial coverage. Phone number 1-866-333-2757.

December 23, 2024: Attention All Providers: Due to year end activities the CHAMPS system will be unavailable between 9:30 PM EST, Tuesday, December 31st, through 2:00 AM, EST Wednesday, January 1st, 2025. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 23, 2024: Attention All Providers: Due to the upcoming State holiday, the CHAMPS Remittance Advice (RA) and Electronic Remittance Advice (835) for pay cycle 52 (12/26/24) will be issued and dated 12/23/24.

December 9, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 7:00 PM EST, Friday, December 13th, through 9:00 AM, EST Saturday, December 14th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 9, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, December 15, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

November

November 13, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, November 16th, through 9:00 AM, EST Sunday, November 17th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

November 13, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, November 17, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

November 8, 2024: Attention Nursing Facility Providers: Nursing Facility Medicaid Bed Certification – January 1, 2025, Certification Deadline – Public Act 121 of 2024: Public Act (PA) 121 of 2024 requires changes to the Nursing Facility (NF) Medicaid bed certification criteria defined in the Nursing Facility chapter of the Medicaid Provider Manual. This communication is intended to inform NF providers of the operational deadline to submit for the bed certification effective January 1, 2025.

For Medicaid Bed Certification: A nursing facility requesting new Medicaid-certified beds must submit an application via email to *BOTH* MDHHS Long-Term-Care Operations Section at MDHHS-BEDCERTS@michigan.gov***AND*** to LARA at LARA-BCHS-LTCSLS@michigan.gov.
The application must include:

- A state licensure application (BCHS-HFD-100 State Licensure Application 2-9-2016);
- Appendix D;
- the current floor plan; and
- the proposed floor plan for the changes being requested.

The floor plans must clearly identify each room as either Medicare-Only, Dually Certified, or Licensed-Only. Please include “Medicaid Bed Designation Request” in the subject line. The request must include all materials listed above for the application to be considered. A facility may apply for Medicaid bed certification for this quarter (October 1, 2024 – December 31, 2024) and **applications need to be submitted by November 18, 2024, to be considered for an effective date of January 1, 2025.** This deadline will be considered the "time of application" as defined in PA 121 of 2024 for this application quarter. Applications submitted by **November 18, 2024,** will be reviewed utilizing the certification criteria as specified in PA 121 of 2024 boilerplate. If facilities meet all criteria referenced in PA 121 of 2024, Medicaid bed certifications may be considered for an effective date the first day of the next quarter, or January 1, 2025, and will receive a letter confirming approved bed certification. An updated Nursing Facility Medicaid Bed Certification policy is forthcoming.

November 6, 2024: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the November webinar will offer Nursing Facility topics, updates, and current issues.
Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

October

October 22, 2024: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

October 21, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 7:00 PM EST, Friday, October 25th, through 11:00 AM, EST Sunday, October 27th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

October 17, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, October 20, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

October 2, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) hosts monthly touchpoint meetings with nursing facility providers. Previously known as the Nursing Facility Check-in Meetings, the October webinar will offer Nursing Facility topics, updates, and current issues.
Visit the Medicaid Nursing Facilities webpage to register for any touchpoint meeting dates.

October 2, 2024: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) provider payments for pay cycle 40 (10/03/2024) will be delayed. Paper checks or warrants will be delayed until 10/04/24 and Electronic Fund Transfers (EFT) will be delayed until 10/07/24. The CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper will be issued on the normal date of 10/03/24.

September

September 23, 2024: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) provider payments for pay cycle 40 (10/03/2024) will be delayed one day to 10/04/2024. This delay will include both EFT and paper warrants along with CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper.

September 18, 2024: Attention ALL Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Friday, September 20th, through 9:00 AM, EST Saturday, September 21st, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

September 13, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, September 22, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

September 16, 2024: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) provider payments for pay cycle 40 (10/03/2024) will be delayed one day to 10/04/2024. This delay will include both EFT and paper warrants along with CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper.

September 13, 2024: All Providers: The Healthy Behaviors Requirement for the Healthy Michigan Plan (HMP) has been discontinued as of January 1, 2024. HMP beneficiaries are no longer required or incentivized to complete an annual Health Risk Assessment (HRA). Submission of an HRA within the Community Health Automated Medicaid Processing System (CHAMPS) is not necessary. Beneficiaries are to follow up with their Medicaid Health Plan for additional information on continued health behavior incentives.

September 5, 2024: Attention All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

September 4, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the September webinar will offer Nursing Facility topics, updates, and current issues.
Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

August 28, 2024: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has awarded Comprehensive Health Care Program contracts for Michigan's Medicaid health plans, which serve nearly 2 million Michigan residents receiving coverage through Medicaid and the Healthy Michigan Plan.
The five-year contracts include three one-year optional extensions and go into effect Tuesday, Oct. 1, 2024.

Contracts continued to be awarded based on the state's 10 Prosperity Regions. All nine of Michigan's current Medicaid health plans submitted proposals and were awarded. While we have retained the same nine Medicaid health plans as our previous contract, there are some changes to their service areas:
With these changes, there will be impacts for beneficiaries who are currently enrolled with a health plan leaving a region. MDHHS has developed plans for ensuring individuals whose health plan is leaving a region are properly notified and can transition to another plan that will hold a contract within their county of residence. As we prepared for this, we had the following goals in mind: (1) allowing for beneficiary transition that will involve choice; and (2) creating an environment with as little disruption as possible, aiming for no interim period of fee for service.
We believe this will allow for an opportunity to better serve beneficiaries and provide appropriate transitions of care. Beneficiaries whose plan will be leaving a region will receive a notification letter from the Department's enrollment broker, with mailings beginning on August 26, 2024. Mailings will conclude in early September. The letters will be printed on yellow paper and includes detailed instructions on how to choose a new health plan. Beneficiaries must respond by September 17, 2024, prior to the auto-assignment process starting on September 18, 2024, for new health plan coverage effective on October 1, 2024.

Regions	Total Plans Current	Total Plans 10/1/24	Current Plans	10/1/24 Plans	Changes
Region 1 – Upper Peninsula Prosperity Alliance	1	1	Upper Peninsula Health Plan	Upper Peninsula Health Plan	None
Region 2 – Northwest Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Molina, Priority	(-) Meridian and United (+) BCC and Priority
Region 3 – Northeast Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Molina, Priority	(-) Meridian and United (+) BCC and Priority
Region 4 – West Michigan Prosperity Alliance	6	6	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	None

Regions	Total Plans Current	Total Plans 10/1/24	Current Plans	10/1/24 Plans	Changes
Region 5 – East Central Michigan Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Meridian, Molina	(-) United (+) BCC
Region 6 – East Michigan Prosperity Region	6	6	Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, United	Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, United	None
Region 7 – South Central Prosperity Region	4	4	Blue Cross Complete (BCC), McLaren, Meridian, Molina	Aetna, HAP CareSource, McLaren, United	(-) BCC, Meridian and Molina (+) Aetna, HAP, and United
Region 8 – Southwest Prosperity Region	6	4	Aetna, McLaren, Meridian, Molina, Priority, United	Aetna, McLaren, Meridian, United	(-) Molina and Priority
Region 9 – Southeast Prosperity Region	6	6	Aetna, Blue Cross Complete, McLaren, Meridian, Molina, United	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian Health Plan, United	(-) Molina (+) HAP
Region 10 – Detroit Metro Prosperity Region	8	8	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, Priority, United	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, Priority, United	None

August

August 20, 2024: Attention Providers: When determining the necessity of Neuropsychiatric testing, it is important to note that the screening conducted by the Primary Care Physician (PCP) falls under the responsibility of the Medicaid Health Plan (MHP). The Prepaid Inpatient Health Plan (PIHP) is accountable for the testing, assessment, and evaluation processes. If the results of the testing, assessment, or evaluation indicate that the beneficiary does not require specialty behavioral health services, the beneficiary may be referred to the PCP for treatment with the appropriate practitioner within the MHP.

August 12, 2024: Attention All Provider: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, August 17th, through 9:00 AM, EST Sunday, August 18th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

August 8, 2024: Reminder for all Skilled Nursing Facilities: The infection control grant will be re-opened with an open application period to begin at 8 am EST on September 3, 2024 and will close at 5 pm EST on October 1, 2024. This grant is on a first come, first served basis and approvable projects will be approved until funds are depleted. All skilled nursing facilities are eligible to apply even if the facility was awarded a previous infection control grant in 2022-2023. For details regarding the grant visit: Request for Proposals - MPHI and address any questions to nursinghomeinfectioncontrol@mphi.org

July

July 24, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the August webinar will offer information on the Infection Control Grant. SNF TouchPoint August 8, 2024, Click Here to Register

Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

July 23, 2024: Attention Inpatient Hospital Providers: MDHHS has identified a system issue that caused Inpatient claims to be denied with Claim Adjustment Reason Code(CARC) A8-Ungroupable. MDHHS has identified the affected claims and they have been reprocessed. It is suggested that providers review the coding on their claim for accuracy as all claims denied for A8 may not be invalid.
Refer to the A8 Claim Denial Inpatient Hospital provider tip for steps on how to review claims denied with CARC A8.

July 23, 2024: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on How to Verify the Adjustment Source of your claim.

July 16, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, July 21, 2024, from 10:00 AM to 4:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

July 15, 2024: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, July 20th, through 9:00 AM, EST Sunday, July 21st, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

July 11, 2024: Attention All Providers: CHAMPS provider payments, Electronic Funds Transfer (EFT), and paper warrants, for pay cycle 28, pay date July 11, 2024, delayed. Providers should expect their EFT payments to be available on Monday, July 15, 2024, and paper warrants will begin to be mailed on Friday, July 12, 2024. CHAMPS Remittance Advice (RAs), for paper and electronic remittance advice (ERA/835), will be dated July 18, 2024, for payments received for pay cycle 28.

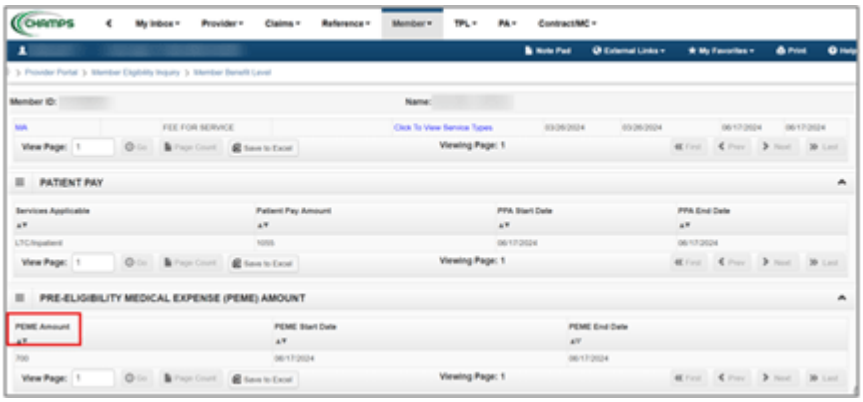
July 8, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the July webinar will offer Nursing Facility topics, updates, and current issues. Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

June

June 21, 2024: Attention Clinic Providers (FQHC, RHC, THC): This alert is for all clinics who are currently participating in or plan to participate in the Medicare ACO REACH Demonstration. MDHHS has noticed that the Medicare crossover claims being sent for the Medicare ACO REACH Demonstration are reporting the Medicare payment with a CARC 132 instead of the actual payment. This causes the claim to be overpaid by Medicaid. For claims to process correctly and not overpay, MDHHS is requiring providers to adjust the crossover TCN and report the amount associated with CARC 132 as the Medicare payment.
MDHHS will conduct quarterly claim void batches to void the overpaid claims and return the overpayment. Once the void has been completed providers would need to rebill these claims assigning the amount reported on the CARC 132 as the Medicare payment. The void claims can be identified by the claim note “No OI payment reported resulting in overpayment”. This alert only applies to those clinics (FQHC, RHC, THC) who participate or plan to participate in the Medicare ACO REACH Demonstration at this time, or in the future. MDHHS will continue to monitor these claims and the use of CARC 132if it's noticed that additional demonstrations are utilizing the CARC 132 to represent payment further alerts will be posted.

June 21, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, June 23, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

June 20, 2024: Attention Skilled Nursing Facility, Hospice, and Inpatient Providers: As of July 1, 2024, after a beneficiary is approved for PEME, Pre-Eligibility Medical Expenses, the amount will display in CHAMPS within the Member eligibility information. To view the PEME amount, log into CHAMPS click on the member tab, and select eligibility inquiry.



The submission and approval process for a PEME expense(s) will remain the same at this time.

June 17, 2024: Attention All Providers: Due to the monthly maintenance and system release the CHAMPS system will be unavailable between 7:00 PM EST, Friday, June 21st, through 9:00 AM, EST Saturday, June 22nd, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 13, 2024: Attention All Providers: Due to the upcoming State of Michigan holiday on June 19th, there is a change in the CHAMPS pay cycle and claim submission cutoff. CHAMPS payments and Remittance Advice (RA) for pay cycle 25 will be dated Tuesday, June 18, 2024.
The CHAMPS pay cycle calendar reflects the cutoff date and times.

June 3, 2024: Attention Dental Providers: The CHAMPS Dental Frequency Verification (DFV) access was delayed to Tuesday, June 4, 2024. We apologize for the inconvenience. Providers who contacted Provider Support to verify the five-year frequency for dentures or crowns between June 1, 2024, and June 3, 2024, should now use the CHAMPS DFV function to verify. Review the CHAMPS Dental Frequency Verification instructions for access steps and DFV functions.

May

May 29, 2024: Attention Dental providers: Beginning June 1, 2024, the Dental Frequency Verification (DFV) process will transition to CHAMPS. This transition will allow actively enrolled Dental specialty providers that have either a CHAMPS Full, Limited, or Claims Access profile to verify if dental services reimbursed by Medicaid Fee for Service (FFS) or an encounter from a Medicaid Health Plan (MHP) have been completed and billed within the past 5 years.
Review the CHAMPS Dental Frequency Verification instructions for access steps and DFV functions. As a reminder, the data displayed in the CHAMPS DFV function is not a guarantee of Medicaid eligibility or reimbursement. Before rendering services, the provider is responsible for verifying the beneficiary's Medicaid eligibility. For additional policy guidelines refer to MMP 23-13 for the complete updated dental policy, MMP 24-14 regarding the changes to the Dental Frequency Verification process, and the Michigan Medicaid Provider Manual, Dental chapter.

May 24, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, May 26, 2024, from 8:00 AM to 5:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

May 20, 2024: Attention All Providers: MDHHS has noticed multiple claim denials when providers are billing for clinical trials utilizing the diagnosis code Z006. This serves as a reminder that every claim billed for a beneficiary in a clinical trial where diagnosis code Z006 is utilized must include the Attestation Form (BPHASA-2210) along with necessary supporting documentation. The supporting documentation should be uploaded to the CHAMPS Document Management Portal (DMP), and a claim note stating "*Documents within DMP*". Claims will be denied if any or all documents are not included, or the claim does not contain a claim note. For additional information including where to find the Attestation Form, and what supporting documentation is needed refer to the Medicaid Provider Manual, Billing and Reimbursement for Institutional

Providers Chapter, Section 6.3 Clinical Trials or Billing and Reimbursement for Professional Providers Chapter, Section 6.8 Clinical Trials.

May 13, 2024: Attention All Providers: As a reminder, when documentation is uploaded to the CHAMPS Document Management Portal (DMP) for Predictive Modeling, providers should select the correct document title of Predictive Modeling "Document Type" = Claim and "Document Title" = Predictive Modeling. Predictive Modeling cannot review the document(s) if any other documentation title is selected. For additional information, refer to the Predictive Modeling Process Tip

May 13, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, May 18th, through 9:00 AM, EST Sunday, May 19th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

May 10, 2024: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Saturday, May 11, 2024, 2:00 PM until May 12, 2024, at 6:00 PM EST to allow for maintenance to document archiving and retrieval. We apologize for any inconvenience this may cause.

May 3, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, May 5, 2024, from 10:00 AM to 12:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

May 2, 2024: Attention All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

May 1, 2024: Attention Dental Providers: As of June 1, 2024, the Dental Frequency Verification (DFV) will transition to the CHAMPS system. Providers enrolled in CHAMPS with a Dental specialty or subspecialty will be able to use CHAMPS to perform a DFV. The CHAMPS DFV function will verify five years of paid FFS claims and Health Plan encounter data to ensure the Denture or Crown code limit has not been exceeded. In preparation for this change, dental providers and their office staff who will perform the DFV should confirm they have either a CHAMPS Full Access, Limited Access, or Claims Access profile. Users who do not have these profiles will need to work with the CHAMPS provider domain administrator to be granted access to additional profiles. For instructions on how to add additional profiles to review Domain Administrator Functions. Continue to visit the Dental provider webpage for additional information and resources on how to use the CHAMPS DFV.

April

April 29, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is continuing the series of monthly touchpoint meetings with Nursing Facility providers through the end of 2024. Previously known as the Nursing Facility Check-in Meetings, these will be a monthly webinar regarding Nursing Facility topics, updates, and current issues. Meetings will take place on the second Thursday of each month from 11:00 - 12:00 PM. Providers will need to register separately for each meeting. These meetings are subject to change or cancellation based on a lack of agenda or topic items. Listed below are the dates for each monthly touchpoint meeting.

- July 11, 2024
- August 8, 2024

- September 12, 2024
- October 10, 2024
- November 7, 2024
- December 12, 2024

Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

April 23, 2024: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

April 22, 2024: Attention Dental Providers: UPDATE to the alert posted August 21, 2023, periodontal scaling and root prior authorizations on dental claims. This issue has been resolved and all impacted claims will be reprocessed by MDHHS. Claims should no longer be denied with CARC 198-*Precertification/notification/authorization/pre-treatment exceeded* if the prior authorization matches the claim data submitted.

April 15, 2024: Attention All Providers: Reminder: SIGMA upgrades arrive on April 24, 2024. The SIGMA system will be unavailable, from Friday, April 19th through noon on Wednesday, April 24, 2024. As part of this system upgrade, the Michigan Medicaid Fee for Service (FFS) cut-off for claim submissions and CHAMPS payments will be early.

Claim cut-off dates and times:

- For CHAMPS Direct Data Entry (DDE) the cut-off will be **today**, April 15, 2024, at 4:00 PM EST.
- Electronic 837 claim files, submitted via CHAMPS batch upload or File Transfer Service (FTS), the cut-off will be **today**, April 15, 2024, at noon EST.

CHAMPS pay cycle 17, pay date April 25, 2024, payment dates:

- Paper checks will be mailed on April 19, 2024.
- Electronic Funds Transfers (EFT) will be available on April 22, 2024.

The CHAMPS pay cycle calendar has been updated to reflect the new cutoff date and times.

April 15, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, April 20th, through 9:00 AM, EST Sunday, April 21st, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April 12, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, April 14, 2024, from 8:00 to 10:00 AM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

April 11, 2024: Attention All Providers: SIGMA upgrades arrive on April 24, 2024. The SIGMA system will be unavailable, from Friday, April 19th through noon on Wednesday, April 24, 2024. As part of this system upgrade, the Michigan Medicaid Fee for Service (FFS) cut-off for claim submissions and CHAMPS payments will be early.

Claim cut-off dates and times:

- For CHAMPS Direct Data Entry (DDE) the cut-off will be April 15, 2024, at 4:00 PM EST.
- Electronic 837 claim files, submitted via CHAMPS batch upload or File Transfer Service (FTS), the cut-off will be April 15, 2024, at noon EST.

CHAMPS pay cycle 17, pay date April 25, 2024, payment dates:

- Paper checks will be mailed on April 19, 2024.
- Electronic Funds Transfers (EFT) will be available on April 22, 2024.

The CHAMPS pay cycle calendar has been updated to reflect the new cutoff date and times.

April 11, 2024: Attention SNF Providers: MDHHS is pleased to announce that the Civil Monetary Penalty (CMP) Reinvestment Grant will be accepting applications. A pre-application conference will be held to provide information about the grant program and instructions on using the EGrAMS system. The pre-application informational 90-minute webinar will be held on Friday, April 12th at 10 am Click here to register. For additional information about the grant opportunity visit: Civil Monetary Penalty (CMP) Grant Program (michigan.gov)

April 8, 2024: Attention Durable Medical Equipment Providers: Update to Alert Posted January 25, 2024: Claims that were denied in error for the date of service being the same as the discharge date from a Long-Term Care (LTC) facility, have been reprocessed. Providers will begin to see the reprocessed claims on Pay Cycle 15, RA date 4/11/2024.

March

March 27, 2024, Outpatient Hospital Providers: January 2024 Quarterly APC & ASC Software: The January 2024 Quarterly APC & ASC software was loaded into CHAMPS on March 22, 2024. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2024 quarterly updates."

March 27, 2024: Attention Inpatient Hospital Providers Rendering Rapid Whole Genome Sequencing Testing: Rendering providers are no longer a requirement for Rapid Whole Genome Sequencing billing, refer to L 24-16 for the updated billing changes.

March 26, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the April webinar will offer Nursing Facility topics, updates, and current issues.
Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

March 22, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, March 24, 2024, from 7:00 AM to 12:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

March 18, 2024: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 7:00 PM EST, Friday, March 22nd, through 11:00 AM, EST Saturday, March 23rd, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

March 11, 2024: Attention All Providers: MDHHS has updated the provider fee screens and CHAMPS with the yearly code rate updates. MDHHS will adjust fee-for-service claims with dates of services on or after January 1, 2024, to allow them to be processed under the updated rate(s). The adjusted claims can be identified with the claim note "*CY24 RVU Rate Automation Retro Rate Adjustments*" and will begin to process on pay cycle 11, pay date March 14, 2024, until completed.

March 11, 2024: Attention Skilled Nursing Facility Providers: MDHHS Provider Support has noticed increased inquiries related to Level of Care Determinations (LOCDs).
As a reminder for providers:

- The LOCD should be entered under the 10-digit Medicaid ID number for the beneficiary.
  - If a Medicaid ID number has not been assigned for the resident all demographic information including the conducted-on date must be accurate.
- When submitting the LOCD be mindful of the 'verification notification' pop-up.
  - Supporting documentation must be uploaded within 1 business day for the selected LOCD records. Review the LOCD Verification Review Tip for instructions on how to upload.
- Regularly monitor the LOCD end date.
  - Conduct a new LOCD before the end date to ensure no gap between LOCDs. For instructions on how to enter a new LOCD visit the Medicaid provider's institutional alerts webpage.

February

February 23, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, February 25, 2024, from 8:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

February 12, 2024: Attention All Providers: Due to system maintenance combined with emergency release activities, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, February 17th, through 9:00 AM, EST Sunday, February 18th, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January

January 31, 2024: Michigan Medicaid Provider Outreach in collaboration with the Strategic Engagement and Planning team, would like to invite Community Health Workers to an introductory Community Health Automated Medicaid Payments System (CHAMPS) Provider Enrollment webinar. This webinar will provide a preview of the CHW Provider Enrollment requirement, information on how to enroll, and a brief overview of the enrollment process.

> **Community Health Worker: Introduction to CHAMPS Provider Enrollment**
> Date: February 14, 2024
> Time: 10:00 to 11:00 AM EST

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register. Additional information on CHW Medicaid policy requirements visit Community Health Workers (michigan.gov).

January 31, 2024: Attention ALL Providers: As of December 2022, Blue Cross Blue Shield of Michigan (BCBSM) is no longer a clearinghouse for Michigan Medicaid. Beginning February 2024, BCBS will no longer receive the 835/Electronic Remittance Advice (ERA). Providers who currently have BCBS associated and authorized as a billing agent in their CHAMPS provider enrollment information will need to update or modify their enrollment. To continue to receive the 835 providers will need to update their authorized billing agent listed within the CHAMPS provider enrollment information. Instructions on how to associate a billing agent and authorize the 835/ERA - PDF.

January 31, 2024: Attention Therapy Providers: To help Medicaid Fee for Service providers with Therapy authorization requirements and billing assistance, MDHHS has created the Outpatient Therapy Services and Nursing Facility Therapy guides. The guides can be found on the Provider Alerts webpage under both the institutional and professional sections.
Medicaid policy and coverage guidelines can be found in both the Therapy Services and Nursing Facility Chapters of the Medicaid Provider Manual.

January 26, 2024: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the February webinar will offer Nursing Facility topics, updates, and current issues. Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

January 26, 2024: Attention All Providers: This serves as a reminder as of January 5, 2024, the HRA fax line should no longer be used to submit HRA information. Providers can continue to submit a Healthy Michigan Plan HRA within CHAMPS.

The Healthy Behaviors Requirement for the Healthy Michigan Plan (HMP) has been discontinued as of January 1, 2024. HMP beneficiaries are no longer required or incentivized to complete an annual Health Risk Assessment (HRA) through the MI Health Account. Medicaid Health Plans will provide additional information on continued healthy behavior incentives.

January 25, 2024: Attention Clinic Providers: This is an update to the alert posted on December 12, 2023, for Clinics Rendering Services to Plan First Beneficiaries, this issue has been resolved. MDHHS is

reprocessing the claims and providers can identify them with the claim note “Reprocessing for BP updates”.

January 25, 2024: Attention Durable Medical Equipment Providers: MDHHS is aware of an issue causing claims to be denied if the date of service is the same as the discharge date from a Long-Term Care (LTC) facility. This issue will be resolved as part of the March CHAMPS release. Until then MDHHS will be reprocessing claims denied in error. Reprocessed claims will appear on Remittance Advices beginning 2/15/2024.

January 24, 2024: Attention All Providers: Michigan Medicaid Provider Outreach in collaboration with the Michigan Community Health Worker Alliance would like to invite you to attend an informational webinar that will provide an overview of the MI Medicaid CHW Registry Application process to guide applicants through the key steps of the application. They will help answer common questions and address potential concerns encountered by applicants. We look forward to your participation!
MI Medicaid CHW Registry
Date: February 7, 2024
Time: 01:00 PM – 02:00 PM EST
To register, visit the Medicaid Provider Training webpage at www.Michigan.gov/MedicaidProviders >> select Training or directly Click here to Register.

January 23, 2024: Attention All Providers: Did you know? In Spring 2024, SIGMA Vendor Self-Service (VSS) will have a new, streamlined user experience with the launch of SIGMA 4! After the upgrade, you will notice a more efficient and intuitive user interface as well as new functionality to support you. Watch the SIGMA website for more information and review the Vendor Self-Service Fact Sheet

January 22, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, January 28, 2024, from 7:00 AM to 1:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

January 19, 2024: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Review the following for information on how to verify the Adjustment Source of your claim.

January 18, 2024: Attention Dental Providers: The American Dental Association (ADA) has released an updated paper claim form, the 2024 ADA Dental Claim Form. MDHHS will continue to use the ADA 2012 claim form version for paper claim submission. For current policy refer to the Medicaid Provider Manual, Billing and Reimbursement for Dental Providers Chapter, Section 1 General Information.
Providers are encouraged to submit ASC X12N 837D 5010 electronic claims or use the CHAMPS Direct Data Entry (DDE) function.

- CHAMPS DDE resources and instructions can be found at www.Michigan.gov/MedicaidProviders >> CHAMPS>> Claims and Encounter or click here.
- Electronic claims resources can be found at www.Michigan.gov/MedicaidProviders >> Billing & Reimbursement >> Electronic Billing or click here.

January 16, 2024: Attention Nursing Facility Providers: MDHHS has identified an issue with the implementation of the LOCD Passive Redetermination file after changes were made to the MDS 3.0. The Department will be turning off the Passive Redetermination process related to all entities that have their files created from the MDS 3.0. Operation of the file will resume when a new crosswalk is created to encompass the changes made to the MDS. Notification will be sent by the department prior to resumption. Entities that have their Passive Redeterminations created via the iHC will continue to do so without interruption.

The department will reverse any existing Door 87’s that were created utilizing the MDS in the system from 10/01/2023 to 1/08/2024 that have not had a subsequent LOCD conducted in person and entered into CHAMPS. The End Date of the previously existing LOCD record prior to the application of Door 87, will be restored. If this does not resolve the issue as it relates to Door 87’s created in CHAMPS during the time frame listed above, providers should contact provider support or their programs for resolution to those specific cases. Nursing Facilities are reminded to monitor LOCD end dates within CHAMPS and conduct a new LOCD before each end date.

January 16, 2024: Attention All Providers: Due to system maintenance combined with emergency release activities, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, January 20th, through 9:00 AM, EST Sunday, January 21st, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 11, 2024: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, January 14, 2024, from 10:00 AM to 2:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

January 4, 2024: All Providers: The Healthy Behaviors Requirement for the Healthy Michigan Plan (HMP) has been discontinued as of January 1, 2024. HMP beneficiaries are no longer required or incentivized to complete an annual Health Risk Assessment (HRA) through the MI Health Account. As of January 5, 2024, the HRA fax line (517-763-0200) will no longer be available or utilized. Providers can continue to submit a Healthy Michigan Plan HRA within CHAMPS. MDHHS is continuing to work collaboratively with the Medicaid Health Plans to offer incentives for both Medicaid and HMP enrollees who demonstrate improved health outcomes, practice healthy behaviors, or complete screenings or procedures that improve health outcomes. Medicaid Health Plans will provide additional information on continued healthy behavior incentives.

January 4, 2024: Attention All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

January 3, 2024: Attention Dental Providers: UPDATE to the alert posted on July 17, 2023: system issue for dental providers rendering services to beneficiaries with the benefit plan of CSHCS and CSHCS-MC has been resolved. Claims should no longer be denied with a CARC 24-Charges are covered under a capitation agreement/managed care plan if the dental services are related to the beneficiary's CSHCS qualifying diagnosis.

2023

December

December 27, 2023: Attention Nursing Facility Providers: At this time, MDHHS is unable to run the LOCD passive redetermination process with the updates made to the Minimum Data Set (MDS) on 10/01/23. We are working to update our systems to align with the changes to the MDS. An additional update will be sent and posted when the LOCD passive redetermination process resumes. As a reminder providers are responsible for monitoring all LOCD end dates and conducting a new LOCD as the current record nears the end date, with a significant change in condition, or when a provider possesses information that a beneficiary may no longer meet eligibility.

December 21, 2023: Attention All Providers: Due to CHAMPS year-end activities, the CHAMPS system will be unavailable between 9:30 PM EST, Sunday, December 31st, through 2:00 AM, EST Monday, January 1st, 2024. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 21, 2023: Attention Hospital Providers: The October 2023 quarterly APC and ASC software along with APR DRG grouper 41 was loaded into the CHAMPS system on December 15, 2023. MDHHS will identify affected claims and adjust or resurrect them accordingly.

December 18, 2023: Attention All Providers: As part of the latest CHAMPS release the listed links listed in the CHAMPS External Links have been updated. The ‘Adult Foster Care’ link has been updated to the

correct link, the 'WPC' link was renamed to 'Claim Reason and Remark Codes', and the link named 'Main' has been updated to read SIGMA.

December 12, 2203: Attention FQHC, RHC, and THC Providers: MDHHS has identified some clinic claims with dates of service on or after July 1, 2023, are being denied when a beneficiary has a Plan First benefit plan. The denied claims can be recognized with CARC 16 with RARC N65 or M50. Once the issue is resolved, all impacted clinic claims with the CARC and RARCs noted will be reprocessed by MDHHS.

December 11, 2023: Attention All Providers: Due to monthly maintenance activities, combined with a system release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, December 15th, through 2:00 AM EST, Saturday, December 16, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 5, 2023: Attention FQHC, RHC, and THC Providers: This is a reminder that all secondary clinic claims are reimbursed at the PPS Rate minus ALL primary payments, not just the encounter line payment as Medicaid is the payor of last resort. For additional information regarding clinic reimbursement and reconciliation, please refer to MSA Policy 17-10. Regarding the processing of Medicaid secondary claims providers can refer to the Medicaid Provider Manual, Coordination of Benefits Chapter Section 1-Introduction.

November

November 30, 2023: Attention All Providers: Effective January 1, 2024, MIChild beneficiaries will no longer be required to pay premiums 2347-Eligibility. All the health care services that MIChild covers now will stay the same. There won't be any changes to what's currently covered. The last statements were mailed to MIChild beneficiaries in November. Additional information about the MIChild program can be found on the website: MIChild (michigan.gov).

November 30, 2023: Attention All Providers: Effective January 1, 2024, MDHHS is making changes to the Healthy Michigan Plan (HMP) cost-sharing and healthy behaviors for beneficiaries. Enrolled beneficiaries in the Healthy Michigan Plan will not experience any disruptions in their care or reductions in their benefits. The upcoming 2024 changes will include the following:

Cost Sharing Changes

- Updated beneficiary copayment obligations.
  - Copayments may be required and due at the point of service for beneficiaries aged 21 years and older.
- Beneficiaries will no longer use the MI Health Account to pay their required cost sharing.
  - When a health care service is subject to a copayment amount, HMP beneficiaries will pay at the point of service.
- Copayment exceptions for services related to chronic conditions are being discontinued.
- Cost-sharing exemptions for medically frail individuals will be discontinued.

Healthy Behavior Changes

While HMP beneficiaries are encouraged to identify and implement healthy behaviors in collaboration with their health care providers, they will no longer be required nor incentivized to complete an annual Health Risk Assessment or other specified healthy behavior activities through the MI Health Account.

MDHHS will be working collaboratively with the HMP Medicaid Health Plans to create financial incentives for enrollees who demonstrate improved health outcomes, practice healthy behaviors, or complete screenings or procedures that improve health outcomes.

How can providers help?

- Review additional details in bulletin number MMP 23-71.
- Help beneficiaries verify or update their contact information in MIBridges.
  - Beneficiaries can also call their local MDHHS office. Visit the MDHHS County Office webpage to find local office information.
- Stay up to date on changes by visiting the Healthy Michigan Plan website Healthy Michigan Plan

- Beneficiaries with questions can refer to www.healthymichiganplan.org

November 28, 2023: Attention All Providers: Michigan Medicaid Provider Outreach and Provider Support would like to invite providers to the 2023 Year in Review webinar. This webinar will showcase how to find the 2023 recorded webinars, discuss the top highlights of each webinar, how to share your 2024 training topic suggestions with MDHHS, provider resources, and more.

2023 Year in Review

- Date: December 12, 2023
- Time: 10:00 – 11:00 AM EST

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

November 13, 2023: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, November 19, 2023, from 7:00 AM to 3:00 PM EST. Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

November 13, 2023: Attention All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, November 18th, through 9:00 AM, EST Sunday, November 19th, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause**.**

November 2, 2023: Attention All Providers: Due to yearly data purge activities, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, November 3rd, through 7:00 AM EST Sunday, November 5, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

October

October 26, 2023: Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the November webinar will offer Nursing Facility topics, updates, and current issues. **SNF TouchPoint November 9, 2023, Click Here to Register.** Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

October 24, 2023: Attention All Providers: Due to monthly maintenance activities, combined with a system release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, October 27th, through 11:00 AM, EST Sunday, October 29th, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

October 20, 2023: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 18, 2023: Attention All Providers: As of October 28, 2023, MiLogin will have a new look and feel for third-party users. Part of this update is a rebrand of the current MiLogin Third Party to MiLogin for Business. The current functions and applications that providers have access to will remain and no action is needed by providers.

The MiLogin instructions have been updated with new screen captures and functions.

October 16, 2023: All Providers: Other Insurance Suspends: As a reminder, MDHHS is experiencing delays for claims suspending for Other Insurance Review (CARC 22). As we diligently work to reduce the aging, please allow additional time for the claims to be adjudicated.

October 9, 2023: Outpatient Hospital Providers: July 2023 Quarterly APC & ASC Software: The July 2023 Quarterly APC & ASC software was loaded into CHAMPS on September 15, 2023. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "*Previous TCN XXXXXXXXXXXXXXXXX rebilling July 2023 quarterly updates.*"

October 4, 2023: Attention All Providers: Providers will have their CHAMPS provider payments, Electronic Funds Transfer (EFT), or paper warrants, for pay cycle 40, pay date October 5, 2023, delayed by one business day. Providers should expect their EFT payments to be available on Friday, October 6, 2023.

October 3, 2023: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, October 8, 2023, from 8:00 AM to 12:00 PM EST. Maintenance will include renewal of mifts.state.mi.us SSL certificate. FTP/SSL customers will need to accept the new certificate, and web client customers may need to accept the new certificate.
Refrain from submitting electronic files during this outage period. We apologize for any inconvenience this may cause.

September

September 28, 2023: All Providers: One in 3 adults in the U.S. are at risk for kidney disease, early detection can help those at risk successfully treat kidney disease. Recently, MDHHS partnered with the National Kidney Foundation of Michigan to shed light on the prevalence of this disease. Are You the 33%? Campaign is focused on reaching, educating, and empowering Michiganders to take control of their kidney health. Providers are encouraged to invite their patients to take the one-minute Kidney Risk Quiz to see if they are at risk for developing kidney disease. You can also use NKFM's campaign toolkit to spread the word. The materials in this toolkit have been pre-approved by MDHHS for distribution to beneficiaries. Visit nkfm.org/areyouthe33 to access the approved materials. For NKFM toolkit or quiz questions, please contact Jaclyn Ellis at jellis@nkfm.org and Mary Wozniak at mwozniak@nkfm.org.

September 22, 2023: Attention All Providers: Effective October 1, 2023, per L-Letter 23-55, the Michigan Department of Health and Human Services (MDHHS) is transferring the telephone prior authorization process, from the Admissions and Certification Review Contractor (ACRC) to the MDHHS Program Review Division (PRD) for the following services:

- Ventilator Dependent Care Units (VDCU)
- Prior Authorization Certification Evaluation Review (PACER)
- Long-Term Acute Care Hospital (LTACH)
- Distinct Part Rehab Unit

- Freestanding rehabilitation hospital
- Durable Medical Equipment and Supplies limited to enteral/parenteral nutrition/supplies, negative pressure wound therapy, home infusion therapy, and home uterine activity monitors

For authorization requests for the above services on and after October 1, 2023 contact MDHHS PRD at 1-844-PACERMI (1-844-722-3764).

September 22, 2023: Attention Dental Providers: As an update to the Provider Alert posted on August 21, 2023, MDHHS has identified the impacted claims and has resurrected them. The resurrected claims will appear on a remittance advice within the next 3 pay cycles. Until the system issue is corrected the claims will continue to be denied upon submission. After denial, MDHHS will sweep CHAMPS for the denied claims and manually resurrect the claims.

September 21, 2023: Attention All Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, September 24, 2023, from 7:00 AM to 1:00 PM EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

September 14, 2023: Attention Providers: Certain providers, physicians, and pharmacies will have their CHAMPS provider payments, Electronic Funds Transfer (EFT), or paper warrants, for pay cycle 38, pay date September 14, 2023, delayed by one to two business days. Providers should expect their EFT payments to be available on Monday, September 18, 2023.

September 11, 2023: Attention All Providers: Due to monthly maintenance activities, combined with a system release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, September 15th, through 2:00 AM, EST Saturday, September 16th, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

September 7, 2023: Attention Provider and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, September 10, 2023, from 8:00 AM to 12:00 PM EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

September 7, 2023: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

August

August 31, 2023: Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the September webinar will offer Nursing Facility topics, updates, and current issues. This webinar will be an hour and a half from 11:00 AM-12:30 PM EST to allow additional presentation time. **SNF TouchPoint September 14, 2023, Click here to register**. Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

August 24, 2023: Attention Provider and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, August 27, 2023, from 8:00 AM to 12:00 PM EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

August 21, 2023: Attention Dental Providers: MDHHS has identified an issue with periodontal scaling and root prior authorizations reported on dental claims not matching. A follow-up alert will be posted once additional details, and a resolution is known.

August 14, 2023: Attention All Providers: Due to August Monthly Maintenance activities, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, August 19th, through 9:00 AM, EST Sunday, August 20th,2023. This outage will affect the system access for all functionality.

August 1, 2023: Attention All Providers: The Document Management Portal (DMP) link within the CHAMPS external links drop-down menu has been restored. Providers can access the link to view and upload documentation.

July

July 31, 2023: Attention All providers: The Document Management Portal (DMP) link within the CHAMPS external links drop-down menu is currently unavailable. While this issue is being resolved, documents can continue to be uploaded to DMP by using the 'Upload Documents' button through the CHAMPS DDE claim submission screen, claim adjust screen, or in claims inquiry.

July 27, 2023: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the August webinar will offer Nursing Facility topics, updates, and current issues. **SNF TouchPoint** August 10, 2023. Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

July 26, 2023: Reminder to Nursing Facilities for LOCD End Dates: Currently there are many Level of Care Determinations (LOCDs) records on file in CHAMPS nearing their end date. Providers are reminded they are responsible for monitoring the end date of their CHAMPS LOCDs and conducting a new LOCD before the end date. If there is a gap between eligible LOCDs, claims for those dates of service will be denied. Providers can reference the LOCD End Date Instructions for Providers job aid on the LOCD webpage for instructions on how to export a CHAMPS LOCD list and organize them by the end date.

July 24, 2023: Attention Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, July 30, 2023, from 7:00 AM to 1:00 PM EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

July 24, 2023: Attention All Providers: Due to CHAMPS system maintenance the CHAMPS system will be unavailable between 7:00 PM EST, Friday, July 28 through 7:00 AM EST Sunday, July 30, 2023. This outage will affect access for all functionality.

July 17, 2023: Attention Dental Providers: MDHHS has identified a system issue for dental providers rendering services to beneficiaries with the benefit plan of CSHCS and CSHCS-MC. Services that are related to the beneficiary's CSHCS qualifying diagnosis are not the responsibility of the Managed Care Organization and should be reimbursed through CSHCS Fee For Service. However, dental claims are currently being denied with a CARC 24-*Charges are covered under a capitation agreement/managed care plan*. These claims will continue to deny and MDHHS will resurrect the impacted claims quarterly. Codes impacted include the following: D0340, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6081, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6091, D6092, D6093, D6094, D6095, D6097, D6098, D6099, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6120, D6121, D6122, D6123, D6194, D6199, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8660, D8670, D8703, D8704, D8999, D9944, D9946.

July 17, 2023: Attention Orthodontic Providers: MDHHS has identified a system issue for dental providers billing Orthodontic services for beneficiaries enrolled in the Children's Special Health Care Services (CSHCS) program with benefit plans CSHCS and CSHCS-MC. Claims are incorrectly being denied for CARC 24- *Charges are covered under a capitation agreement/managed care plan*. These claims will continue to

deny and quarterly MDHHS will resurrect the impacted claims. Codes impacted include the following: D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8660, D8670, D8703, D8704, D8999.

July 13, 2023: The Michigan Medicaid Provider Outreach and Provider Support team, in partnership with the Michigan Dental Association, invites all aspiring dental providers who are interested in Michigan Medicaid to attend our beginner's dental webinar. This informative session will give you a comprehensive understanding of Michigan Medicaid, its benefits, and the steps required to enroll. Even if you are not currently a registered Michigan Medicaid provider, you are more than welcome to attend the webinar to learn more about the Dental program.

Aspiring Michigan Medicaid Dental Providers

- Date: July 26, 2023
- Time: 12:00 – 1:00 PM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> Scroll down to review available training dates and times and select: Click here to Register.

July 12, 2023: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 10, 2023: Attention All Providers: Due to monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, July 15th, through 9:00 AM EST Sunday, July 16th, 2023. This outage will affect the system access for all functionality.

July 5, 2023: Michigan Medicaid Provider Outreach and Provider Support invites new or currently enrolled Doula providers to attend the upcoming Doula 101 webinar. This webinar will introduce providers to the Medicaid basics, offer an overview of the CHAMPS provider enrollment process, how to check a patient's eligibility, submitting Medicaid fee for service claims, common claim denials, and additional resources. There will be two dates available for the same training materials and information.

Doula 101 Webinar

- Date: August 2, 2023
- Time: 1:00 – 2:00 PM EST Click here to Register.
- Date: August 9, 2023
- Time: 10:00 – 11:00 AM EST Click here to Register.

We currently use Adobe Connect for webinar training sessions. Adobe Connect is a web-based program that offers many features and is beneficial in providing better customer service to providers. If you are a first-time user of Adobe Connect, we ask that you take time before the training to review the user guide and perform a URL connection test to ensure you will be able to view and hear the webinar. To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> Scroll down to review available training dates and times and select: Click here to Register.

July 3, 2023: Attention All Providers: Providers will have their CHAMPS provider payments, Electronic Funds Transfer (EFT), or paper warrants, for pay cycle 27, pay date July 6, 2023, delayed by one business day. Providers should expect their EFT payments to be available on Friday, July 7, 2023.

July 3, 2023: Attention Dental Providers: As a reminder when submitting a Dental Frequency Verification email request, the date of service should be the date the service will be provided to the beneficiary. Submitting a date other than the date of service in the verification request will cause a delay or inaccurate response.

June

June 29, 2023: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the June webinar will offer Nursing Facility topics, updates, and current issues. **SNF TouchPoints** July 13, 2023. Visit the Medicaid Nursing Facilities webpage to register for any of the

touchpoint meeting dates.

June 21, 2023: Hospital Providers DRG Grouper Update: The APR DRG grouper 40 has been loaded into the CHAMPS system. MDHHS will identify affected claims and adjust or resurrect them accordingly.

June 15, 2023: Attention Billing Agents: As part of the upcoming CHAMPS release, CHAMPS will begin to send automated emails to billing agents prior to their CORE password expiration date. To ensure billing agents will receive this communication billing agent enrollment types are encouraged to verify their email addresses are up-to-date and valid within their CHAMPS enrollment file. CHAMPS will use the billing agent support contact email address in field 1 and the technical contact email address in field 1 to send the CORE password expiration emails. To update an email address or other contact information billing agents would need to submit a modification within CHAMPS, click here to view billing agent modification instructions.

June 12, 2023: Attention Providers and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, June 18, 2023, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

June 12, 2023: Attention All Providers: Due to monthly maintenance and system release the CHAMPS system will be unavailable between 7:00 PM EST, Friday, June 16th, through 9:00 AM EST Saturday, June 17th, 2023. This outage will affect the system access for all functionality.

June 8, 2023: Attention All Providers: MDHHS recognizes that claims are being denied if reported with modifier 93 (audio-only telemedicine) due to pending system enhancements. Providers should continue to report claims and health plan encounters with the required parameters as outlined by Medicaid policy in MMP 23-10 (effective May 12, 2023). MDHHS will reprocess affected claims once the enhancement is completed.

May

May 31, 2023: Attention All Providers: As a result of another state erroneously loading Medicare beneficiary data to a Michigan Medicaid CMS file, MDHHS will not be loading Medicare crossover files received from CMS from 5/04/23 to 5/23/23. Providers will need to review their Medicare EOB to determine which claims are impacted and submit them directly to Michigan Medicaid as necessary.

May 30, 2023: Nursing Facility Providers: There have been two L-letters (L 23-23, L 23-28) issued with guidance for LOCD at the termination of the public health emergency (PHE).
L 23-28 unwinds L 20-59. It applies only to Nursing Facility residents who had a Door 0 conducted and entered into CHAMPS between December 3, 2019, and February 29, 2020 (a very small number of impacted individuals). It also states the process for Nursing Facilities to request payments for dates of service during the LOCD Door 0 appeal timeframe.
L 23-23 contains guidance on the end of flexibilities used during the PHE and how to resume LOCD policy as stated in the Medicaid Provider Manual. Nursing Facilities must not prioritize residents based on assumptions that the residents have become ineligible during the PHE and must only have their LOCD eligibility reviewed due to a new significant change of condition, scheduled assessment, or shortly prior to the end date of the current LOCD record. Nursing Facilities must thoroughly evaluate for all LOCD doors, including Door 7 (service dependency). Nursing Facilities should review and reference L 23-23 for guidance on how to resume normal LOCD operations and policy.

May 25, 2023: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, the June webinar will offer Nursing Facility topics, updates, and current issues. **SNF Touchpoint** June 8, 2023. Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

May 18, 2023: Attention Nursing Facility Providers: The Michigan Department of Health and Human Services (MDHHS) is hosting a series of monthly touchpoint meetings with Nursing Facility providers. Previously known as the Nursing Facility Check-in Meetings, these will be a monthly webinar regarding Nursing Facility topics, updates, and current issues. Meetings will take place on the second Thursday of each month from 11:00 - 12:00 PM. Providers will need to register separately for each meeting. These meetings

are subject to change or cancellation based on a lack of agenda or topic items. Listed below are the dates for each monthly touchpoint meeting.

- June 8, 2023
- July 13, 2023
- August 10, 2023
- September 14, 2023
- October 12, 2023
- November 9, 2023
- December 14, 2023
- January 11, 2024
- February 8, 2024
- March 14, 2024
- April 11, 2024
- May 9, 2024
- June 13, 2024

Visit the Medicaid Nursing Facilities webpage to register for any of the touchpoint meeting dates.

May 15, 2023, Upcoming CHAMPS Outage: Attention All Providers: Due to monthly maintenance and system release the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, May 20th, through 9:00 AM EST Sunday, May 21st, 2023. This outage will affect the system access for all functionality.

May 12, 2023, Nursing Facility Interim Rate Claim Adjustments: Attention Nursing Facility Providers and Hospice Providers providing Hospice in a Nursing Facility: As a result of the Centers for Medicare and Medicaid Services (CMS) retroactive interim rate increase, MDHHS will be identifying claims with dates of service on or after January 1, 2023, and internally adjusting them to process under the correct rate. Adjusted claims can be identified with the claim note of "Adjusting with updated rate MM" and will begin to appear on the May 18, 2023, remittance advice date, pay cycle 20, until completed.

May 11, 2023, Doula Provider Beginner Guide: All Providers: As of January 1, 2023, Michigan Medicaid began reimbursing for doula services provided to individuals covered by or eligible for Medicaid Insurance. Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be on the MDHHS Doula Registry and enrolled in CHAMPS as a Medicaid provider. Doulas must contact the Medicaid Health Plans prior to serving Medicaid Health Plan members. View the final policy: MMP 22-47. MDHHS has created a Beginner Guide for Doula Providers which contains links to resources to walk providers through the processes of enrolling, checking eligibility, and billing a claim. Doulas must submit claims for services provided to Medicaid Health Plan members to the Medicaid Health Plan. The Medicaid Health Plan then reimburses the doula for services provided to MHP members. To identify which Medicaid Health Plan is associated with a specific county, refer to Medicaid Health Plans: List of Medicaid Health Plans Contact and Service Listing. For additional resources visit the Medicaid Provider Professional webpage or the MDHHS Doula Initiative Website.

May 10, 2023, You Are Invited to the Dental 101 Webinar: All Dental Providers: Michigan Medicaid Provider Outreach and Provider Support are pleased to invite all Dental providers, staff, and specialties to join our Medicaid Dental 101 webinar. This informative session will cover policy updates, a new Dental Provider webpage, as well as a guide to help you get started with provider enrollment, MILogin, and CHAMPS. Even if you are not yet an enrolled Michigan Medicaid provider, you are more than welcome to join the webinar to learn more about the Dental program.

Medicaid Dental 101
Date: May 24, 2023
Time: 12:00 – 1:00 PM EST

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> Scroll down to review available training dates and times and select: Click here to Register.

May 8, 2023, Community Health Worker Policy Primer Video 4: All Providers: The final video in the Community Health Worker (CHW) Policy Primer Series Video 4 is now available. The Policy Primer Series consists of four, short, recorded policy initiative updates that launched weekly as of April 17th. This series has been created to support the sharing of Medicaid Community Health Worker, or CHW policy initiative

progress and to encourage active collaboration from you, the stakeholders. The fourth and final video in the series "Community Health Worker Policy Initiative: Policy Primer Series 4" can be accessed here https://www.youtube.com/watch?v=NQupNcMSgx8 .
As a reminder, all the videos in the series can be accessed at this link https://www.youtube.com/playlist?list=PL7n_k_3drTUueyZbh3AisBOlYHNjCNGAC.

We are listening and we want to hear from you! To provide feedback, complete the survey at this link https://bphasa.qualtrics.com/jfe/form/SV_9ZD2uxHcauS6tIW. The survey will be open beginning May 8, 2023, through May 12, 2023.

May 5, 2023, Upcoming FTS Downtime: Attention Provider and Billing Agents: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, May 7, 2023, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

May 4, 2023, Nursing Facility Pending Policy Related to Unwinding MSA 20-16 and L 20-44: Attention Nursing Facility Providers: This communication is to notify providers of a pending policy related to the unwinding of MSA 20-16 and L 20-44 issued during the Public Health Emergency (PHE). MSA 20-16 and L 20-44, which allowed the flexibility of nursing facility bed use during the PHE, are terminating on May 11, 2023. Beginning May 12, 2023, nursing facilities must end the use of the bed options outlined in MSA 20-16. MDHHS is promulgating a bulletin to unwind these policies. This communication also serves as guidance until the new policy is issued.

For any nursing facility that currently has Medicaid residents in non-Medicaid beds or anticipates having this issue on or after May 11, 2023, MDHHS provides the following guidance:

- Nursing facilities with a non-available bed plan (NABP) with non-available beds should use offline Medicaid beds for Medicaid residents.
- Medicaid residents in non-Medicaid beds should be moved to the first available Medicaid bed in that facility. The nursing facility should not admit new Medicaid residents until these Medicaid beneficiaries are moved.
- NFs may submit a Medicaid bed certification exception request to certify additional Medicaid beds. NFs seeking an exception request may submit a standard request to MDHHS and the Department of Licensing and Regulatory Affairs (LARA) no later than May 31, 2023. (Note: These requests will be reviewed based upon the criteria described in the MDHHS Medicaid Provider Manual, Nursing Facility Chapter, Certification, Survey, and Enforcement Appendix.)
- If the above options cannot resolve the non-Medicaid bed issue, facilities may request to enter a provisional exception enrollment with MDHHS for these residents only to continue Medicaid payments as they are moved to Medicaid-certified beds.

Additional information on the above bullet points will be included in the bulletin to follow.

If your facility needs additional support from MDHHS related to bed use options or has additional questions, please contact the Long-Term Care Operations section at MDHHS-NFISOLATION@michigan.gov.

May 4, 2023, Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

May 2, 2023, Community Health Worker Policy Primer Video 3: All Providers: The next video in the Community Health Worker (CHW) Policy Primer Series Video 3 is now available. The Policy Primer Series consists of four, short, recorded policy initiative updates that will launch weekly beginning on April 17th. This series has been created to support the sharing of Medicaid Community Health Worker, or CHW policy initiative progress and to encourage active collaboration from you, the stakeholders. The third video in the series "Community Health Worker Policy Initiative: Policy Primer Series Video 3" can be found

here https://www.youtube.com/watch?v=OeUzJ4gil1g An additional video will be released each week until May 8th, 2023. The anticipated topics will include Provider Qualifications and Covered Services and Reimbursement. As a reminder, the first two videos in the series can be accessed at this link https://www.youtube.com/playlist?list=PL7n_k_3drTUueyZbh3AisBOlYHNjCNGAC. We are listening and we want to hear from you! To provide feedback, complete the survey at this link https://bphasa.qualtrics.com/jfe/form/SV_3jExD6DiRTreupw. The survey will be open beginning May 1, 2023, through May 5, 2023.

May 2, 2023, COVID-19 Public Health Emergency Outreach Resource Videos: All Providers: During the federal COVID-19 Public Health Emergency (PHE), many changes were made to the Medicaid program's eligibility, administration, and policies to ease rules for providers and prevent Medicaid beneficiaries from losing health care coverage. As MDHHS prepares for the end of the PHE on May 11, 2023, we want to ensure the provider community and other partners have resources available to help communicate our message.
MDHHS has created short videos to navigate providers and community partners through understanding request forms and other helpful resources that are posted on the MDHHS COVID-19 Public Health Emergency (PHE) 2023 Benefit Changes website.

- Video 1: Eligibility Renewal Timeline Navigation www.youtube.com/watch?v=yVpTQAoWqIA
  - Eligibility Timeline Resource
- Video 2: PHE Unwind Policy Crosswalk Navigation www.youtube.com/watch?v=Tbn5XtSQnPk
  - PHE Unwind Policy Crosswalk Resource
- Video 3: Stakeholder Toolkit Navigation www.youtube.com/watch?v=QSEUhbbZi0c
  - Stakeholder Toolkit Request Form

For more information on how benefits are changing with the COVID-19 Public Health Emergency (PHE) visit www.Michigan.gov/2023BenefitChanges.

April

April 28, 2023, Clinic Providers APM: Attention Federally Qualified Health Centers, Rural Health Clinics, and Tribal FQHCs: MMP-23-26 provides reimbursement for stand-alone COVID-19 vaccine administration services conducted by FQHCs, RHCs, and Tribal FQHCs through an alternative payment methodology (APM) temporarily post Public Health Emergency (PHE). Clinics must agree in writing to accept the APM for stand-alone COVID-19 vaccine administration to receive reimbursement post PHE. A memo was issued to all clinics through File Transfer on April 19, 2023. The memo outlined the details of the APM, provided instructions on how to respond in agreement to the APM, and included a deadline to respond. The deadline to accept the new APM is Friday, May 5, 2023. All clinics that accept the APM prior to the deadline will receive reimbursement for stand-alone COVID vaccine administration claims from May 12, 2023, to September 30, 2024. Clinics accepting the APM after the deadline will receive reimbursement on a prospective basis based upon the date the APM is returned to the Michigan Department of Health and Human Services.

April 25, 2023: You are invited to the Billing Agent Basics webinar: Michigan Medicaid Provider Outreach and Provider Support would like to invite providers, new billing agents, and currently enrolled billing agents to the Billing Agent Basics webinar. This webinar will discuss how to become an electronic biller with Michigan Medicaid, including the enrollment process, submitting electronic files, available resources, and the importance of updating contact information in CHAMPS.

Billing Agent Basics
Date: May 9, 2023
Time: 10:00 – 11:00 AM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

April 25, 2023: Clarification of L 23-23 and Nursing Facility Discharges: Attention Skilled Nursing Facility Providers: On May 12, 2023, as stated in L Letter 23-23, MDHHS will resume the LOCD (Level of Care Determination) policy as stated in the MDHHS Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter.
Number letters L 21-66, L 21-57, L 21-37, L 21-36, L 21-19, and L 21-18 will remain in effect through May 11, 2023.
Nursing Facility providers are not to conduct LOCDs before May 12, 2023, for admitted beneficiaries.

Providers must not initiate the discharge process due to LOCD ineligibility before conducting an in-person LOCD that results in Door 0.
The discharge process may only begin after the LOCD has been conducted, entered in CHAMPS, and appropriate notices are provided to the beneficiary or their legal representative. Review the Medicaid Provider Manual for additional details on the nursing facility discharge process. Providers are reminded to prioritize residents based on their LOCD eligibility. Residents should be reviewed based on a new significant change of condition, scheduled assessment, or shortly before the end date of the current LOCD record. Providers must thoroughly evaluate all LOCD doors, including but not limited to Door 7 (service dependency).

April 24, 2023: Community Health Worker Policy Primer Video 2: All Providers: The next video in the Community Health Worker (CHW) Policy Primer Series Video 2 is now available. The Policy Primer Series consists of four, short, recorded policy initiative updates that will launch weekly beginning on April 17th. This series has been created to support the sharing of Medicaid Community Health Worker, or CHW policy initiative progress and to encourage active collaboration from you, the stakeholders. The second video in the series "Community Health Worker Policy Initiative: Policy Primer Series Video 2" can be found here https://youtu.be/kBlDNoLhZzU. An additional video will be released each week until May 8th, 2023. The anticipated topics will include Provider Qualifications and Covered Services and Reimbursement.
As a reminder the first video in the series "Community Health Worker Policy Initiative: Policy Primer Series Video 1" can be accessed at this link https://youtu.be/nxiWLKSle5c.
We are listening and we want to hear from you! To provide feedback, complete the survey at this link https://bphasa.qualtrics.com/jfe/form/SV_cH1241SpeOITzgi. The survey will be open beginning April 24, 2023, through April 28, 2023.

April 21, 2023: You are Invited to the Level of Care Determination 201 Webinar: Nursing Facility Providers: Michigan Medicaid Provider Outreach and Provider Support invite providers from Nursing Facilities, the MI Choice Waiver Program, the Program of All-Inclusive Care for the Elderly (PACE), and the MI Health Link Home and Community Based Services (HCBS) Waiver Program to attend the upcoming Level of Care Determination (LOCD) 201 webinar training. This webinar will offer a LOCD refresher (quick highlights from LOCD 101), a quick review of the end of the Public Health Emergency (PHE), and a review of each LOCD door. There will be two dates available for the same training.

Level of Care Determination (LOCD) 201
Date: May 11, 2023
Time: 10:00 – 11:00 AM EST

Date: May 25, 2023
Time: 10:00 – 11:00 AM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> Scroll down to review available training dates and times and select: Click here to Register.

April 20, 2023: Quarterly Newborn Recoveries: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the adjustment source of your claim.

April 19, 2023: Upcoming File Transfer Service Downtime: Attention All Providers: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, April 23, 2023, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause. Don't hesitate to contact AutomatedBilling@Michigan.gov if you require further assistance.

April 17, 2023: Community Health Worker Policy Primer Video Series: All Providers: The Michigan Medicaid Program is developing a formal policy to incorporate Community Health Worker (CHW) services as a fee-for-service recognized benefit to individuals with Medicaid coverage. Ensuring Medicaid beneficiaries have access to culturally responsive services is a key driver for acknowledging CHWs as a trusted connection within the existing service delivery model. The Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration is engaging stakeholders with its efforts to ensure a diverse perspective is captured to inform and provide recommendations to MDHHS around defining CHW services, qualifications, supervision, and other required

policy elements. The Policy Primer Series consists of four, short, recorded policy initiative updates that will launch weekly beginning on April 17th. This series has been created to support the sharing of Medicaid Community Health Worker, or CHW policy initiative progress and to encourage active collaboration from you, the stakeholders. The first video in the series "Community Health Worker Policy Initiative: Policy Primer Series Video 1" can be found here https://youtu.be/nxiWLKSle5c. An additional video will be released each week until May 8th, 2023. The anticipated topics will include Managed Care Organization versus Community Provider Distinction, Provider Qualifications, and Covered Services and Reimbursement.
We are listening and we want to hear from you! To provide feedback, complete the survey at this link https://bphasa.qualtrics.com/jfe/form/SV_0SyGScYsCrA2QWq. The survey will be open beginning April 17, 2023, through April 21, 2023.

April 11, 2023: Transfer of Adult Dental Prior Authorizations: Attention Dental Providers: Effective April 1, 2023, to preserve the continuity of care for dental services, for dates of service on or after April 1, 2023, all Medicaid Health Plans (MHP) and Integrated Care Organizations (ICO) must accept and honor dental prior authorizations in place for a period up to one year for a beneficiary transitioning from Fee for Service Medicaid to an MHP or ICO. Providers with a dental Fee-For-Service approved prior authorization for an adult Medicaid beneficiary who has transitioned into a Medicaid Health Plan (MHP), or Integrated Care Organization (ICO) will need to contact the MHP or ICO to request any changes to or reporting of these prior authorizations. A full list of MHP's and ICO's including their dental vendor contact information can be found in the MHP and ICO Dental Vendor Contact Resource.

April 10, 2023: Clinic Takebacks Delayed: Attention Clinic Providers: Update to alerts Clinic Limit Exceeded Takebacks and FQHC Dental Overpayment takebacks both posted on February 22, 2023. MDHHS is still in the process of verifying the claims that need to be adjusted or voided.
The claims can be identified on claim notes "MIPRO 1726 Reprocessing" and "MIPRO 1957 Reprocessing".

April 10, 2023: Outpatient Hospital Providers APC and ASC Update: Outpatient Hospital Providers: January 2023 Quarterly APC & ASC Software: The January 2023 Quarterly APC & ASC software was loaded into CHAMPS on March 24, 2023. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2023 quarterly updates."

April 10, 2023: Attention All Providers: Due to monthly maintenance and system release the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, April 15th, through 9:00 AM EST Sunday, April 16th, 2023. This outage will affect the system access for all functionality.

April 5, 2023: Dental Providers Reminded to Check Eligibility: Attention Dental Providers: This serves as a reminder to dental providers that beneficiary eligibility must be verified before sending a dental frequency verification request to Provider Support. The dental frequency verification process only applies to those beneficiaries with Medicaid Fee-For-Service (FFS).
Checking eligibility, before contacting provider support, will ensure the correct payor is contacted regarding benefits and dental frequency limitations.
Additional resources can be found at the following links:

- Verifying Member Eligibility
- Dental Responsibilities at a Glance as of April 1, 2023
- Medicaid Dental Provider Page

For the most up-to-date information required when contacting provider support for dental frequency verification, utilize the Dental Frequency Verification Template.

March

March 24, 2023: Update to Dental Frequency Verification Process: Attention Dental Providers: Frequency Verification Process: As outlined in MMP 23-13, beginning April 1, 2023, providers will be contacting Provider Support for frequency verification for crowns and dentures. This process applies to Fee-For-Service (FFS) Medicaid beneficiaries only. Providers will need to complete a dental frequency verification request via email to Provider Support. In the subject line please include "Dental Frequency," with the information below within the body of the email:

- Provider representative name and contact information (on file in CHAMPS with access to the

provider's domain)
- Billing Provider NPI
- Beneficiary ID
- Date of Service (DOS)
- Procedure Code
- Description (Denture or Crown)
- Tooth Number if applicable (Crowns only)

After contacting Provider Support, providers will receive an email with a pending service request (SR) number. The SR status confirmation will change, and a new email will be sent given the review of the five-year frequency limit. **Update, clarification after review of five-year frequency limit, SR status confirmation disposition is forthcoming.** Again, the dental frequency verification process only applies to Fee-For-Service Medicaid beneficiaries. For providers treating patients enrolled in a Medicaid Health Plan (MHP) or Integrated Care Organization (ICO), the provider will need to verify benefits and frequency limitations with the specific plan or the plan's dental vendor.

March 23, 2023: Dental Program Updates: Attention Dental Providers: MDHHS wants to make dental providers aware of multiple changes that will be occurring or have already occurred within the Michigan Medicaid Dental Program. These changes include but are not limited to Dental Therapists can now enroll as a provider, age expansions and increased coverage sealants, reimbursement rate increases to the average commercial rate, and expansion of covered dental services to include crowns, endodontics, and periodontal therapy for Medicaid beneficiaries. In addition to these dental program changes, prior authorization changes have been made for dentures, crowns, and root canals.
Please review the following policy bulletins for all the current updates:
MMP 22-24 Program Enrollment of Dental Therapists, Effective October 1, 2022
MMP 22-49 Changes to Dental Sealant Coverage, Effective January 1, 2023
MMP 22-51 New Dental Reimbursement Methodology, Effective January 1, 2023
MMP 23-13 Changes in Medicaid Dental Coverage, Effective April 1, 2023

March 23, 2023: MDHHS has Started Mailing PHE End Beneficiary Renewal Alert Letters: Attention All Providers: As of March 2, 2023, MDHHS began mailing beneficiary alert letters to notify beneficiaries that an eligibility renewal packet will be sent soon. Per federal legislation, Michigan will restart Medicaid eligibility renewals for both fee-for-service Medicaid and Medicaid Health Plan (MHP) beneficiaries effective April 1, 2023. MDHHS plans to continue to mail the beneficiary alert letters each month to additional groups of beneficiaries until February 2, 2024. Providers will want to continue to verify beneficiary eligibility prior to services. Visit the eligibility and enrollment webpage for step-by-step instructions. Eligibility redetermination or renewal dates can be viewed within the CHAMPS eligibility inquiry screen. For more information on how benefits are changing with the COVID-19 Public Health Emergency (PHE) visit www.Michigan.gov/2023BenefitChanges.

March 20, 2023: Attention All Providers: Due to monthly maintenance and system release the CHAMPS system will be unavailable between 7:00 PM EST, Friday, Mach 24th, through 9:00 AM EST Saturday, March 25th, 2023. This outage will affect the system access for all functionality.

March 16, 2023: MDHHS Invites All Dental Providers to Join Michigan Medicaid: See What's Changed and Enroll Today! You can be part of a historic investment in oral health that is taking place in the Michigan Department of Health and Human Services (MDHHS) Medicaid Program. For those already participating, we thank you for your dedication to Michigan's most underserved populations. We invite all of you to join in on this new initiative as a Medicaid provider. The MDHHS has made numerous policy changes to encourage all dental and dental specialty providers to help the people of Michigan receive new and expanded comprehensive dental services to maintain good oral health. This investment will help increase the oral and overall health of Medicaid beneficiaries and help our communities thrive.
What has MDHHS done:
- Increased the reimbursement to the average commercial rate (Dental fee Schedule) (MI Medicaid Policy: MMP 22-51)
- Increased the number of covered dental services to include crowns, endodontics, and periodontal therapy. (MI Medicaid Policy: MMP 23-13)
- Removed prior authorization for certain services.

Excited to start?
- Enroll within the Community Health Automated Medicaid Processing System (CHAMPS).

- Contact a Medicaid Health Plan(s) (MHP / Medicaid Health Plan Dental Vendor Contact Info) in your area to get credentialed and contracted.
- Verify patient eligibility.
- Bill for the services provided.

Steps to get started as a Medicaid Provider:

- Visit the Medicaid Dental Provider webpage, to start the CHAMPS enrollment process.
- Review this helpful Dental Beginner Guide to help you navigate the entire enrollment process: including verifying eligibility and submitting a claim.
- Do you also want to participate as a provider in an MHP? Review the Dental Responsibilities at a Glance resource to gather the correct contact information for the MHP to get credentialed and contracted.

MDHHS invites you to be a part of the change. As a dental provider, you know that maintaining good oral health brings social and economic benefits to communities. Together, we can work to improve the oral health of our communities.

March 13, 2023: Attention All Providers: The purpose of this notice is to offer guidance regarding the CHAMPS provider enrollment revalidation cycle start dates. All CHAMPS revalidation cycle start dates begin on the 1st day of the month. Providers should wait to complete their revalidation on or after the 2nd day of the month. Within the CHAMPS manage provider information screen, the screen will display in red letters "Please update all steps to complete your revalidation process", this is when providers know that it is okay to complete the revalidation process. If this message in red letters is not displayed at the top of the screen providers should not complete the revalidation as it will not count. Fee- for- Service Providers with additional questions can contact Provider Support at 1-800-292-2550 or email Provider Enrollment at providerenrollment@michigan.gov. Atypical Providers with additional questions can contact Provider Support at 1-800-979-4662 or email Provider Enrollment at MSA-HomeHelpProviders@michigan.gov.

March 10, 2023: Attention All Providers: The purpose of this notice is to offer guidance regarding when to complete the checklist questions in the CHAMPS provider enrollment steps. Providers do not need to complete the checklist questions and submit them when they are incomplete and that is the only step needing to be completed. The checklist question step will always display as incomplete. Any time an update is made to any of the CHAMPS enrollment steps, providers will be required to complete the checklist questions prior to submitting the provider enrollment application or modification. Fee- for- Service Providers with additional questions can contact Provider Support at 1-800-292-2550 or email Provider Enrollment at providerenrollment@michigan.gov. Atypical Providers with additional questions can contact Provider Support at 1-800-979-4662 or email Provider Enrollment at MSA-HomeHelpProviders@michigan.gov.

March 8, 2023: Attention All Providers: Medicaid Health Plan (MHP) or Other Insurance Take back: If a claim was taken back by the MHP or Other Insurance providers have 120 days from the date of the remittance advice or explanation of benefits (EOB) to bill a claim to Medicaid. Providers will need to upload the take-back EOB to the DMP and resubmit a new claim with the appropriate claim note.
Review the Timely Filing Policy Tip to ensure the appropriate claim note is included.

March 8, 2023: Attention All Providers: The U.S. Department of Health and Human Services is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service Act, to expire at the end of the day on May 11, 2023.
MDHHS has issued many COVID-19 response Medicaid policy bulletins and L letters which changed existing policy and processes under the guidance of the federal PHE. Providers will see an increase in updated COVID-19 response policy bulletins and L letters to accommodate the end of the PHE. Refer to the PHE policy crosswalk table below to see current and upcoming policy changes.
We encourage providers to take the following steps to prepare for the end of the federal PHE:

- Review the PHE policy crosswalk table webpage to see which policy bulletins or L letters may impact your provider type.
- Continue to verify beneficiary eligibility prior to services. Visit the Eligibility and Enrollment webpage for step-by-step instructions.
    - Eligibility redetermination or renewal dates can be viewed within the CHAMPS eligibility inquiry screen.
    - Help beneficiaries verify or update their contact information in MIBridges.

For more information on how benefits are changing with the COVID-19 Public Health Emergency(PHE) visit www.Michigan.gov/2023BenefitChanges.

March 6, 2023: Attention Providers and Billing Agents: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, March 12, 2023, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause. Don't hesitate to contact AutomatedBilling@Michigan.gov if you require further assistance.

February

February 28, 2023: Acute Inpatient Medical Detoxification Reminder: Attention Inpatient Hospital: Acute Inpatient Medical Detoxification: MDHHS has seen an increase in billing errors by inpatient hospitals when submitting claims related to Acute Inpatient Medical Detoxification. As a reminder, Inpatient Acute Detoxification is the responsibility of MDHHS, and reimbursement is made directly by MDHHS for both FFS beneficiaries and Medicaid Health Plan (MHP) enrollees only in life-threatening situations.
Please see the resources below for additional guidance:

- Medicaid Provider Manual: Hospital Chapter, Section 3.22.A
- Information Resource: Inpatient Medical Acute Detoxification

If you received a denial from the MHP and the claim(s) meet the criteria listed in the above links, please submit a new claim to FFS.

February 27, 2023: Yearly Rate Claim Adjustments: Attention All Providers: MDHHS has updated the provider fee screens and CHAMPS with the yearly code rate updates. MDHHS will adjust fee-for-service claims with dates of services on or after January 1, 2023, to allow them to process under the updated rates. The adjusted claims can be identified with the claim note "*RVU rate automation*" and will begin to process on pay cycle 9, pay date March 2, 2023, until completed.

February 22, 2023: FQHC Dental Overpayment: Attention Federally Qualified Health Centers (FQHC): MDHHS has identified dental claims processed from 7/01/2017 to 9/30/2022, where when the other insurance applied a payment the reduction factor took place only for the prospective payment minus other insurance payment but still paying the full APM. MDHHS will adjust claims to correct this issue which could result in monies being taken back. The adjusted claims can be identified with the claim note "*MIPRO 1957 Reprocessing*".

February 22, 2023: Clinic Limit Exceeded Takebacks: Attention Clinic Providers (Federally Qualifying Health Centers-FQHC, Rural Health Centers-RHC, Tribal Health Centers-THC): MDHHS has identified that for HCPCS codes where limits were set in place, claims have been paid outside that limit. MDHHS will begin doing takeback/voids for claims with dates of service from 07/01/2017 to 12/31/2021. These claims can be identified with the claim note "*MIPRO 1726 Reprocessing*".

February 16, 2023: All providers: Other Insurance Suspends: As a reminder, we are experiencing delays for claims suspending for Other Insurance Review (CARC 22). As we diligently work to reduce the aging, please allow additional time for the claims to be adjudicated.

February 16, 2023: Attention All Providers: Michigan Medicaid Eligibility Requirements Restart: MDHHS Press Release

Michigan provides Medicaid enrollees with information about options as eligibility requirements restart following recent federal legislation

Eligibility redetermination packets to start being mailed to beneficiaries depending on renewal date

Medicaid beneficiaries will have to renew their coverage this year, starting in June, as Michigan resumes Medicaid eligibility redeterminations to comply with federal legislation.

During the federal COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act that required state Medicaid agencies continue health care coverage for all medical assistance programs, even if someone's eligibility changed. Michigan's Medicaid caseload grew by more than 700,000 people during the public health emergency. This requirement was ended by the federal Consolidated Appropriations Act of 2023 signed Dec. 29, 2022.
Michiganders who no longer qualify for Medicaid will receive additional information about other affordable health coverage options available, including on HealthCare.gov. Affected Michiganders will be able to shop for and enroll in comprehensive health insurance as they transition away from Medicaid, and many Michiganders can purchase a plan for less than $10 per month.
Renewals for traditional Medicaid and the Healthy Michigan Plan will take place monthly starting in June

2023 and run through May 2024. Monthly renewal notices will be sent three months prior to a beneficiaries' renewal date starting with June renewal dates. Beneficiaries can check their renewal month at www.michigan.gov/MIBridges.

"MDHHS is strongly committed to ensuring Michiganders who are eligible for Medicaid coverage remain enrolled," said Elizabeth Hertel, Michigan Department of Health and Human Services director. "More than three million Michiganders, including one million Healthy Michigan enrollees, have benefitted from keeping their Medicaid coverage without redeterminations on eligibility during the COVID-19 pandemic. MDHHS is preparing to assist residents who will be affected by changes in their coverage."

Here is what Michigan Medicaid beneficiaries need to do to prepare:

1. Make sure your address, phone number and email address are up to date at michigan.gov/MIBridges. You can also call your local MDHHS office. If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit www.michigan.gov/MIBridges to sign up for an account. You can also locate organizations that can help you by searching for community partners.
2. Report any changes to your household or income. You can report changes at michigan.gov/MIBridges or by calling your local MDHHS office.
3. If you get a renewal packet, be sure to fill it out, sign the forms and return it by the due date with any proof needed. NOTE: If you do not complete and return the renewal, you may lose Medicaid coverage.

"The Michigan Department of Insurance and Financial Services (DIFS) is committed to working with MDHHS and our partners nationwide to help impacted Michiganders get the affordable, comprehensive health insurance they need," said DIFS Director Anita Fox. "DIFS stands ready to answer questions about purchasing a health insurance plan. Call DIFS at 877-999-6442, Monday through Friday from 8 a.m. to 5 p.m. or visit Michigan.gov/HealthInsurance to learn more."

To ensure beneficiaries are aware of upcoming federal redetermination requirements and help them keep their coverage if eligible, MDHHS is launching a multi-media advertising campaign. This will include radio, audio streaming, outdoor, mobile and social media ads, including minority media outlets and stakeholder communications.

More information about the how benefits connected to the COVID-19 Public Health Emergency are changing can be found at www.Michigan.gov/2023BenefitChanges.

February 13, 2023: Attention Dental Providers: MDHHS identified multiple Dental HCPCS codes in the January 2023 Dental fee screens that have incorrect reimbursement rates. The rates have been corrected and all impacted claims with dates of service on or after January 1, 2023, will be reprocessed by MDHHS for correct reimbursement. Reprocessed claims can be identified with the claim note "FY23 Dental Fee Schedule Correction Reprocessing".Rate corrections were also outlined in MMP proposed policy 2258-Dental, currently posted and out for public comment through February 16, 2023.

February 13, 2023: Attention All Providers: Effective January 1, 2023, Michigan Medicaid began to reimburse for Doula services provided to individuals covered by or eligible for Medicaid. Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be registered and approved on the MDHHS Doula Registry and enrolled in CHAMPS as a Medicaid provider. Doulas must contact the Medicaid Health Plans prior to serving Medicaid Health Plan members.

Qualified individuals must be at least 18 years of age and possess a high school diploma or equivalent. MDHHS will certify Doulas who have completed training provided by an MDHHS-approved Doula training program or organization. Doulas must provide proof of training to MDHHS upon request.

Resources:

- MMP 22-47
- MDHHS Doula Registry Application
- CHAMPS Doula Enrollment Instructions

Additional information and resources can be found on the MDHHS Doula Initiative website. CHAMPS provider enrollment process and resources can be found on the Provider Enrollment website.

February 13, 2023: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, February 18th, through 9:00 AM EST Sunday, February 19th, 2023. This outage will affect the system access for all functionalities. We apologize for any inconvenience this may cause.

February 10, 2023: Attention Nursing Facilities: Before contacting provider support for the status of the beneficiary's Long Term Care (LTC) dis-enrollment from the Medicaid Health Plan, the following steps must be taken:

- Review the beneficiary's CHAMPS Benefit Plan ID to verify the status of their Medicaid Health Plan enrollment or dis-enrollment;
- Verify the notice of admission and medical documentation were sent to the Medicaid Health Plan;
- Contact the Medicaid health plan to inquire about the status of the documentation sent to the State to request dis-enrollment from the Medicaid Health Plan;

Verify in CHAMPS the Facility Admission record exists and the accuracy of the admission date.
Once these above steps have been followed, and if the beneficiary continues to show in their eligibility information they are enrolled in the Medicaid health plan, contact ProviderSupport@michigan.gov with the following information

- NPI:
- Beneficiary ID:
- Date the dis-enrollment was sent to the Medicaid Health Plan:

February 2, 2023: Attention All Providers: Michigan Medicaid Provider Outreach and Provider Support invites providers from Nursing Facilities, the MI Choice Waiver Program, the Program of All-Inclusive Care for the Elderly (PACE), and the MI Health Link Home and Community Based Services (HCBS) Waiver Program to attend the upcoming Level of Care Determination (LOCD) 101 webinar training. This webinar will offer an overview of LOCD policy, how to enter a LOCD in CHAMPS, how to search for a LOCD in CHAMPS, and how to review the Passive Redetermination of Functional Eligibility in CHAMPS.

Level of Care Determination (LOCD) 101
Date: Wednesday, February 15, 2023
Time: 10:00 AM – 12:00 PM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> Scroll down to review available training dates and times and select: Click here to Register.

January

January 27 2023 Hospice and Home Health Claim Adjustments for MMP 23-06: Attention Hospice and Home Health Providers: As outlined in MMP 23-06 MDHHS has made clarifications to the provider types allowed to be reported as an attending provider on the institutional claim. Effective for dates of service on and after January 1, 2022, the following providers are allowed to be reported in the attending field, Certified Nurse Practitioner, Certified Clinical Nurse Specialist, and Physician Assistant. MDHHS will adjust previously denied claims which reported an attending provider with one of the clarified specialties. The adjusted claims will show on pay cycle 6, February 9, 2023, until complete and can be identified with the claim note "Updating claims logic to include policy changes required from MMP 23-06, adding mid-level providers to home health and hospice." A complete list of allowed attending providers for Hospice and Home Health Agency services can be found on the MDHHS Provider Resources for Institutional Providers webpage.

January 26, 2023: Hospital Providers DRG Grouper Update: Attention Hospital Providers: The October 2022 Quarterly APC & ASC software and APR DRG grouper 40 have been loaded into the CHAMPS system on December 16, 2022. MDHHS will identify affected claims and adjust or resurrect them accordingly.

January 20, 2023: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 20, 2023: Attention Dental Providers: Dental Fee Screen Update: Effective 01/01/2023, Medicaid increased its fee-for-service rates for Dental services to 100% of the average commercial rate. The 2023 Dental Fee Screens are now available on the Medicaid Providers webpage. Please note these fee screens should be used for Medicaid rate purposes only and should not be used for billing parameters such as modifier or age requirements. If you are looking for specific billing parameters, providers should utilize the Medicaid Code and Rate Reference Tool housed in CHAMPS under Useful Links. For additional instructions on how to use the Medicaid Code and Rate Reference Tool please click here for a presentation walkthrough

or here for a quick reference guide.

January 17, 2023: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

January 17, 2023: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable from 6:00 PM EST Saturday, January 21st, through 9:00 AM EST Sunday, January 22nd, 2023. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

2022

December

December 27, 2022: Attention All Providers: Due to year-end activities, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, December 31st, through 2:00 AM EST Sunday, January 1, 2023. This outage will affect the system access for all functionality.

December 15, 2022: Attention All Providers: Due to the CHAMPS system release combined with monthly maintenance activities, the CHAMPS system will be unavailable from 7:00 PM EST Friday, December 16th, through 12:00 PM EST Saturday, December 17th, 2022. This outage will affect the system access for all functionality.

December 14, 2022: Attention All Providers: The Michigan Medicaid Program is developing a formal policy to incorporate Community Health Worker (CHW) services as a fee-for-service recognized benefit to individuals with Medicaid coverage. Ensuring Medicaid beneficiaries have access to culturally responsive services is a key driver for acknowledging CHWs as a trusted connection within the existing service delivery model. The Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration is engaging stakeholders with its efforts to ensure a diverse perspective is captured to inform and provide recommendations to MDHHS around defining CHW services, qualifications, supervision, and other required policy elements. The MDHHS BPHASA has been conducting research on existing national models, connecting with other state Medicaid agencies, and gleaning strategies across a spectrum of stakeholders to broadly inform the approach to formalizing the role of CHWs within the Michigan Medicaid program. External stakeholders' engagement will provide context to the current landscape, inform policy direction, and highlight potential barriers or unintended consequences associated with specific policy issues. CHW Project Fact Sheet.
Join us for an interactive webinar on the Community Health Worker (CHW) policy and Medicaid incorporation development. The webinar will include drafted recommendations along with opportunities for external stakeholders to share their valuable feedback.

- January 13, 2023, from 10:00 to 11:00 am EST
  - Click here to register or directly at https://somdhhs.adobeconnect.com/e162gkleznyd/event/registration.html

After completing the registration, a confirmation email with a link to attend the webinar will be sent to the email address used during registration.

December 12, 2022: Attention Outpatient Hospital Providers: As a reminder, when reporting other insurance on Outpatient claims the OI must be reported at the service line level. For claims denied with Claim Adjustment Reason Code(CARC) 23 "The impact of prior payers' adjudication including payments/and or

adjustments", if the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payer's actions. For additional resources, reference the Medicaid Provider website: www.michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters >> Other Insurance Reporting Requirements.

December 7, 2022: Attention Nursing Facility and Hospice Providers: The Medicaid annual provider reimbursement rates for dates of service on or after October 1, 2022, have been calculated and added to CHAMPS. MDHHS will adjust claims billed with dates of service on or after October 1, 2022, to allow the claims to process under the correct rate. This also includes Hospice claims for room and board charges in a nursing facility. Claims will begin being adjusted on pay cycle 50 and can be identified with the claim note "Claim Reprocessed due to FY23 LTC Reimbursement Rate update".

December 5, 2022: Attention ALL Providers: As a reminder, when documentation is uploaded to the Document Management Portal (DMP) for Predictive Modeling, providers need to select the correct document title of Predictive Modeling. Predictive Modeling cannot review the document(s) if any other documentation title is selected. For additional information, please refer to the Predictive Modeling Process Tip.

December 2, 2022: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, December 4, 2022, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

November

November 30, 2022: Attention DME Providers: As outlined in MMP 22-40 policy bulletin several COVID-19 temporary policy bulletins will be reversed. The temporary policies impacted by MMP 22-40 include MSA 20-14, MSA 20-25, MSA 20-32, MSA 20-35, and MSA 20-62. To prepare beneficiaries and providers for these changes, reversals will be performed in stages.
Effective December 1, 2022, providers will need to obtain prior authorization (PA) for certain DME codes and MDHHS will reinstate documentation requirements.
Stage 1

- Pre-pandemic documentation requirements will be restored.
- Restore prior authorization (PA) of walking boots, wheelchair batteries, blood pressure monitors, enteral formula/supplies, parenteral formula/supplies, home infusion/supplies, incontinence products, catheters, and ostomy products.
    - Providers will submit invoices for manually priced items to the Program Review Division (PRD) or the Telephone PA Contractor, as applicable.
    - Temporary fees applied during the PHE will revert to pre-PHE rates.
- Restore PA for replacement of DMEPOS items.
- End coverage of hand sanitizer.

For a complete list of codes reference the attachments included with the policy bulletin.

November 28, 2022: Attention All Providers: Due to CHAMPS annual data purge, the CHAMPS system will be unavailable from 7:00 PM EST Friday, December 2nd, through 11:59 PM EST Sunday, December 4, 2022. This outage will affect the system access for all functionality.

November 9, 2022: Attention All Providers: Due to monthly maintenance combined with the emergency release, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, November 12th, 2022, through 9:00 AM EST Sunday, November 13th, 2022. This outage will affect the system access for all functionality.

November 1, 2022, Come Join us for a CHAMPS 102 Webinar Series

- Familiar with Michigan Medicaid Billing?
- Or need a CHAMPS refresher?
- Have you reviewed the CHAMPS 101 series?

Join us for another round of the three-part CHAMPS 102 Webinar Series. From November 15, 2022, through November 17, 2022, Provider Outreach and Education will be hosting a morning and afternoon

CHAMPS webinar each day. The previous CHAMPS 102 webinars were held in July 2022. The materials presented will contain the same content introduced in July.

Here is what you can learn:

CHAMPS 102 training sessions go further into the claim process including detailed videos of verifying eligibility, services, and prior authorizations before submitting a claim in CHAMPS. After a review of the processes required before submitting a claim, the training will proceed with claim submission, claim inquiry, and claim adjustment or void processes.

We encourage providers to register for the date that pertains to their claim or provider type.

Logistics

Webinars will be held from 10:00 AM – 3:00 PM EST. This is a two-part webinar training with a 1-hour break from 12:00-1:00 PM EST. Below are the available webinars.

Date	Time	Topic	Agenda
November 15, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Professional	After a review of the processes required before submitting a claim, the training will proceed with the professional claim submission, inquiry, and adjustment or void processes.
November 16, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Institutional	After a review of the processes required before submitting a claim, the training will proceed with the institutional claim submission, inquiry, and adjustment or void processes.
November 17, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Dental	After a review of the processes required before submitting a claim, the training will proceed with the dental claim submission, inquiry, and adjustment or void processes.

October

October 31, 2022: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has issued many COVID-19 Response Medicaid Policy Bulletins and L-Letters which changed existing policy and processes under the guidance of the federal PHE. Many COVID-19 Response policy bulletins and L-Letters are intended to be time-limited, and MDHHS will notify providers of their termination. In preparation for the end of the PHE, providers are encouraged to begin reviewing recently issued proposed policy bulletins by visiting the Proposed Policy webpage. Providers should review proposed policy bulletins and offer comments, questions, or concerns by the comment due date.

Current proposed policy released for public comment:

- 2249-DMEPOS: Reversal of Temporary COVID-19 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Policies
- 2224-NEMT: Rescinding COVID-19 Non-Emergency Medical Transportation (NEMT) Flexibilities

October 24, 2022: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 20, 2022: Attention ALL Providers: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, October 23, 2022, from 7:00 am to 1:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

October 19, 2022: Attention All Providers: Due to an interim release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, October 21st, 2022, through 2:00 AM EST Saturday, October 22nd, 2022. This outage will affect the system access for all functionality.

October 3, 2022: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, October 9, 2022, from 7:00 am to 12:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

October 3, 2022: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, October 8th, 2022, through 9:00 AM EST Sunday, October 9th, 2022. This outage will affect the system access for all functionality.

September

September 28, 2022: Attention All Providers: Due to an update in CHAMPS providers may be unable to navigate beyond the Latest Updates & System Notification pop-up screen. Users will need to click close at the bottom right-hand side of the pop-up screen. If the close button does not display, users may need to clear their internet browser cache. Instructions on how to clear your internet browser's cache can be found here: CHAMPS Cache Clearing Instructions.

September 27, 2022: You Are Invited Michigan Medicaid Webinar Training Hearing and Audiology: Michigan Medicaid Provider Outreach and Provider Support invites all CHAMPS enrolled Hearing Aid Dealers, Hearing Centers, Audiologists, Physicians with an ear, nose, and throat (ENT) specialty, and Hospitals to attend the upcoming Hearing and Audiology webinar training. This webinar will offer an overview of policy, general billing resources, top claim denials, Public Health Emergency (PHE) (COVID-19) ending resources, and provider resources.

Hearing & Audiology
Date: October 11, 2022
Time: 10:00 – 11:00 AM EST

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> Click here to Register.

September 22, 2022: Attention Medical Suppliers: Michigan Medicaid covers external ambulatory insulin infusion pumps (HCPCS E0784) as a purchase-only item unless the beneficiary has primary insurance that covers the pump as a rental item and the provider is billing for coinsurance and/or deductible following the primary insurance payment. Payment for the coinsurance/deductible is subject to Medicaid allowable limits. Submitting claims for E0784 to Medicaid as a rental (when there is no primary insurance) is incorrect billing. Michigan Department of Health and Human Services (MDHHS) will perform post-payment recoveries for incorrectly billed claims.
To review billing, coordination of benefits, and external infusion (insulin) pump policy requirements refer to the Medicaid Provider Manual: www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Medicaid Provider Manual.

September 21, 2022: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, September 25, 2022, from 7:00 am to 12:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

September 13, 2022: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, September 16th, 2022, through 2:00 AM EST Saturday, September 17th, 2022. This outage will affect the system access for all functionality.

September 6, 2022: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, September 10th, 2022, through 9:00 AM EST Sunday, September 11th, 2022. This outage will affect the system access for all functionality.

September 1, 2022: Attention All Providers: Record Keeping Reminder: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of the change in ownership or termination of participation in Medicaid for any reason.

August

August 9, 2022: Attention All Providers: Due to the monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, August 13th, 2022, through 9:00 AM EST Sunday, August 14th, 2022. This outage will affect the system access for all functionality.

August 2, 2022: Attention All Providers: Michigan Medicaid Provider Outreach and Provider Support invites all providers to attend the upcoming Predictive Modeling webinar training. This webinar will offer an overview of the predictive modeling process, the types of documentation required to submit, and additional resources available.

Predictive Modeling
Date: August 16, 2022
Time: 10:00 – 11:00 AM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

July

July 29, 2022: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 26, 2022: Attention All Providers: Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) have changed the host of their self-service tools, including eligibility verification, from Provider Secured Services to Availity. Any questions should be directed to your BCBSM, BCN, or Availity contacts. More information can be found at provider.bcbsm.com or www.Availity.com/bcbsm. If you currently access Availity, please note that you may need to request the Michigan region be added to your account. Third-Party Liability (TPL) will not accept screenshots of web-DENIS as verification of a policy after 6/30/2022. Screenshots from Availity may be submitted, however, they need to come from the Michigan region. Other regions may not have up-to-date information available. TPL will continue to receive a file directly from BCBSM and BCN. Most additions, terminations, and other updates will be received from the file within 7 to 10 days of the change and do not need to be reported.

July 19, 2022: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between 5:00 PM EST, Friday, July 22, 2022, through 11:59 PM EST Sunday, July 24th, 2022. This outage will affect the system access for all functionality.

July 14, 2022: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, July 17, 2022, from 6:00 am to 2:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

July 6, 2022: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, July 9th, 2022, through 9:00 AM EST Sunday, July 10th, 2022. This outage will affect the system access for all functionality.

June

June 28, 2022: CHAMPS 102 Webinar Series:

- Have you reviewed the CHAMPS 101 series?
- Familiar with Michigan Medicaid Billing?
- Or need a CHAMPS refresher?

Join us for a three-part CHAMPS 102 Webinar Series. From July 12, 2022, through July 14, 2022, and November 15, 2022, through November 17, 2022, Provider Outreach and Education will be hosting a morning and afternoon CHAMPS webinar each day. Can't make the July dates, check out additional webinar dates in November.

Here is what you can learn:

102 training sessions will go further into the claim process including verifying eligibility, services, and prior authorizations before submitting a claim in CHAMPS. After a review of the processes required before submitting a claim, the training will proceed with claim submission, claim inquiry, and claim adjustment or void processes.

Logistics

Webinars will be held from 10:00 AM – 3:00 PM. This is a two-part webinar training with a 1-hour break from 12:00-1:00 PM. Below are the available webinars.

Date	Time	Topic	Agenda
July 12, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Professional	After a review of the processes required before submitting a claim, the training will proceed with the professional claim submission, inquiry, and adjustment or void processes.
July 13, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Institutional	After a review of the processes required before submitting a claim, the training will proceed with the institutional claim submission, inquiry, and adjustment or void processes.
July 14, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Dental	After a review of the processes required before submitting a claim, the training will proceed with the dental claim submission, inquiry, and adjustment or void processes.
November 15, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Professional	After a review of the processes required before submitting a claim, the training will proceed with the professional claim submission, inquiry, and adjustment or void processes.
November 16, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Institutional	After a review of the processes required before submitting a claim, the training will proceed with the institutional claim submission, inquiry, and adjustment or void processes.
November 17, 2022	10:00 AM - 3:00 PM	CHAMPS 102: Dental	After a review of the processes required before submitting a claim, the training will proceed with the dental claim submission, inquiry, and adjustment or void processes.

June 27, 2022: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has issued many COVID-19 Response Medicaid Policy Bulletins and L-Letters as a result of the federal Public Health Emergency (PHE) and the continued consequences of the Coronavirus Disease 19 (COVID-19) pandemic. Many of the COVID-19 Response policy bulletins and L-Letters were intended to be time-limited.

With the end of the PHE in sight, MDHHS would like to welcome providers to upcoming virtual sessions to learn about the proposed post-PHE telemedicine policies and how to comment or share input on proposed policies.

If you are interested in participating, select one of the following meeting options to register. Both meetings will contain the same information.

- July 11, 2022, 10:00 to 11:00 am EST
    - Click here to register or directly at https://somdhhs.adobeconnect.com/epmqm6mbpv5g/event/registration.html
- July 19, 2022, 10:00 to 11:00 am EST

- Click here to register or directly at https://somdhhs.adobeconnect.com/eov966e7s0is/event/registration.html

Once registered a confirmation email with a link to the meeting will be sent to the email address used to register.

June 27, 2022: Outpatient Hospital Providers: As a reminder, when reporting other insurance on Outpatient claims the OI must be reported at the service line level. For claims denied with Claim Adjustment Reason Code(CARC) 23 "The impact of prior payers' adjudication including payments/and or adjustments", if the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payers' actions. For additional resources, reference the Medicaid Provider website: www.Michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters >> Other Insurance Reporting Requirements

June 21, 2022: Attention All Providers: Due to an emergency release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, June 24th, 2022, through 2:00 AM EST Saturday, June 25th, 2022. This outage will affect the system access for all functionality.

June 14, 2022: Attention All Providers: The State of Michigan network issues have been resolved. Providers should be able to access MILogin, CHAMPS, and other web-based services.

June 14, 2022: Attention All Providers: The State of Michigan is currently experiencing network issues that are impacting user access to MILogin, CHAMPS, and other web-based services. The State of MI Technology Team is continuing to work to identify the cause and towards a resolution.

June 10, 2022: Attention All Providers: Blue Cross Blue Shield of Michigan and Blue Care Network's provider portal is transitioning from web-DENIS to Availity Essentials. The last day to use Blue Cross' web-DENIS is June 21, 2022. Medicaid providers will no longer be able to check Medicaid eligibility transactions through Blue Cross' web-DENIS beginning June 22, 2022. Medicaid eligibility is available on Blue Cross' new provider portal, Availity Essentials. If you haven't already done so, register at Register and Get Started with Availity Essentials - Overview

Providers also have these *additional* options to verify Medicaid eligibility:

- Directly in the CHAMPS Provider Portal using the Eligibility Inquiry option under the Member tab.
- Use a clearinghouse vendor. Note: The provider must add the new billing agent with Medicaid to check Medicaid eligibility through Availity or another clearinghouse. If you do not know the billing agent ID, please contact your clearinghouse or vendor.

Here's information on CHAMPS for provider enrollment and adding a billing agent.

This change does not impact trading partners submitting EDI 270/271 Medicaid transactions through a direct HTTPS connection with BCBSM or another clearinghouse.

June 8, 2022: Attention All Providers: Due to the monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, June 11th, 2022, through 9:00 AM EST Sunday, June 12th, 2022. This outage will affect the system access for all functionality.

June 8, 2022 Attention All Outpatient Provider- VFC Modifier: According to Policy bulletin MSA 20-43 effective 4/01/2020 drugs that were acquired through the VFC program should have been submitted with modifier SL instead of UC. Michigan Medicaid has completed an audit and discovered claims were not being submitted with the correct modifier. MDHHS is allowing providers to adjust the claims with DOS 4/01/2020 to current. If these claims are not adjusted by 7/08/2022 they will be voided, and providers will have to rebill for appropriate payment. When adjusting or rebilling claims please enter the claim note of "OPH AUDIT ADJUSTMENT"

June 8, 2022: As a reminder, the State of Michigan is financially responsible for children in the Foster Care system. Foster care parents and/or caregivers should not be asked to sign a financial responsibility document or statement at the onset of any medical, dental, or behavioral health visits. Provider contact information regarding inactive eligibility or billing issues should be provided by the foster care parent and/or

caregiver. Foster parents and/or caregivers should be presenting a copy of a DHS-3762 form to providers when seeking services. The DHS-3762 identifies the child's Medicaid ID number in the Recipient ID No. box. If a child's Medicaid appears to be inactive, contact the Health Liaison Officer (HLO) or foster care worker. If you are unable to identify the HLO or foster care worker, contact the county designee listed on the consent card (DHS-3762).

June 1, 2022: All Providers: Michigan Medicaid Provider Outreach and Provider Support invites all providers to attend the upcoming Document Management Portal (DMP) Refresher webinar training. This webinar will offer an overview of when and how to use the Document Management Portal in CHAMPS.

Document Management Portal (DMP) Refresher

- Date: Tuesday, June 14, 2022
- Time: 10:00 – 11:00 AM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

May

May 25, 2022: All Providers: Due to system restart, the CHAMPS system will be unavailable between 7:00 PM EST through 9:00 PM EST on Thursday, May 26th, 2022. This outage will affect the system access for all functionality.

May 19, 2022 Attention FQHC, RHC, and IHC Clinic Providers: MDHHS has reprocessed the stand-alone COVID-19 vaccine administration claims related to MSA 21-42. Per CMS approval, these services are paid outside of the PPS/AIR methodology, at or above the fee screen rate. For the vaccine administration services to be paid outside of the PPS/AIR, the vaccine administration code must be priced. If the stand-alone vaccine administration code and any stand-alone code paid at the fee screen rate is priced at $0.00 the lesser of logic will kick in and process/pay the claim at $0.00.
For clinic stand-alone vaccine administration claims priced and paid at $0, MDHHS will allow a one-time bypass for timely filing. Providers must have the stand-alone vaccine administration claims adjusted no later than July 29, 2022. For MDHHS to bypass timely filing the original claim must have been previously paid at zero dollars and when adjusted by the provider meet the adjustment claim criteria below:
Report the stand-alone vaccine, with no other services reported on the claim.
Report the administration fee with a submitted charge greater than zero.
Report the claim note of "bypass timely filing for $0 covid vaccine payment".

May 18, 2022: Attention Dental Providers: MDHHS is aware of pregnant woman dental claims that are denying with the CARC 24 "beneficiary enrolled in an HMO or clinic plan" in error ONLY if the beneficiary is outside of their three-month post-partum period on or after February 2, 2022. Until there is a system fix MDHHS will identify all affected claims and resurrect them on a monthly basis.

May 11, 2022: Attention All Providers: Due to the monthly maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, May 14, 2022, through 9:00 AM EST Sunday, May 15, 2022. This outage will affect the system access for all functionality.

May 10, 2022: All Providers: Michigan Medicaid Provider Outreach and Provider Support invites all providers to attend the upcoming Other Insurance webinar training. This webinar will offer an overview of other insurance requirements, adding other insurance to a claim, and a review of common denials and tips for successful claim submission.

Other Insurance

- Date: May 24, 2022
- Time: 10:00 – 11:00 AM EST

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

May 5, 2022: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records,

quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of change in ownership or termination of participation in Medicaid for any reason.

May 5, 2022: Attention Inpatient and Outpatient Hospital Providers: MSA 21-45 indicated that adjustments were made to the attending/ordering/referring provider claim editing effective for claim dates of service on or after 1/1/2022. After the implementation of the editing change described in MSA 21-45, many inpatient and outpatient hospital providers billing on the institutional claim format, claim type R (inpatient) and F (Outpatient OPPS), experienced an increase in denied claims. MDHHS completed an analysis of denied claims to identify which provider types were most frequently reported in the attending provider field. The analysis showed several non-physician provider types being reported in the attending provider field triggering the edit and causing the denial.
MDHHS has since made changes to the attending/ordering/referring provider claim editing for the Inpatient and Outpatient claim types. The claim editing was changed in CHAMPS as of May 4, 2022. MDHHS has identified the denied claims that reported the additional attending provider types and is in the process of resurrecting them. Providers will be able to identify the resurrected claims with the claim note "Reprocessing for Attending Provider Issue L Letter 22-20".MDHHS has also updated the attending institutional provider tips to align with these updates. Additional information can be found in the L-Letter 22-20.

May 4, 2022: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has issued many COVID-19 Response Medicaid Policy Bulletins and L-Letters as a result of the federal Public Health Emergency (PHE) and the continued consequences of the Coronavirus Disease 19 (COVID-19) pandemic. Many of the COVID-19 Response policy bulletins and L-Letters were intended to be time-limited. With the end of the PHE in sight, MDHHS would like to welcome providers and community partners to upcoming virtual sessions. These virtual sessions intend to offer guidance for providers and community partners and will:

- Refresh providers and partners on what the PHE is and actions MDHHS is taking to unwind from the PHE, notifications sent to beneficiaries, and next steps.
- Solicit input from providers and other community partners on additional toolkit creation.

If you are interested in participating, select from one of the following 90-minute meeting options to register. All meetings will contain the same information.

- **FULL** May 17, 2022, 10:00 am to 11:30 am EST
- **FULL** May 23, 2022, 9:30 am to 11:00 am EST
- **FULL** June 7, 2022, 1:30 pm to 3:00 pm EST

A confirmation email with a link to the meeting will be sent to the email address used to register.

April

April 29, 2022: Attention Hospice Providers: MDHHS has identified a discrepancy in the Hospice base rate published on our Medicaid Fee Screen, along with additional rates that use the base rate in their calculation. This resulted in incorrect payments for dates of service on or after 10-1-2021. These rates have been corrected, and MDHHS has identified the incorrectly processed claims and has begun the adjustment process. If providers find claims that were overlooked by MDHHS during this recycling process, we ask that you adjust on your own. We apologize for the inconvenience.

April 22, 2022 Attention ALL Providers: Effective April 21, 2022, medical, pharmacy, vision, and dental commercial coverage that is received from Humana will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Humana. TPL will continue to automatically receive weekly coverage updates directly from Humana. Providers are asked to please contact Humana for any questions related to loaded commercial coverage.

April 21, 2022: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, April 24, 2022, from 9:00 am to 2:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

April 21, 2022: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee-for-service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as, with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 19, 2022: Attention Nursing Facility Providers: L Letter 22-17 published today, which details changes to the Quality Assurance Supplement (QAS) calculation and payment methodology for MI Health Link (MHL) for the calendar year 2022, was distributed to all nursing facilities.

The following is the Calendar Year Mi Health Link Tentative QAS payment schedule, which is subject to change. CY 2022 MI Health Link Quality Assurance Supplement (QAS) Tentative Payment Schedule

This is a **tentative** schedule and is subject to change

CY22 Quarter	QAS Encounters Pulled	MDHHS Guidance Sent to Health Plans*	Health Plans Receive Gross Adjustments	QAS to Nursing Facility 6th Business Day
Q1	4/11/2022	4/25/2022	05/04/2022	05/12/2022
Q2	7/11/2022	7/25/2022	8/3/2022	8/11/2022
Q3	10/10/2022	10/24/2022	11/02/2022	11/10/2022
Q4	01/09/2023	01/23/2023	2/01/2023	02/09/2023

*Gross Adjustment amounts will be input to CHAMPS for data processing on this date

April 19, 2022: Attention All Providers: Following the announcement earlier this year from the Michigan Department of Technology, Management and Budget (DTMB), MDHHS will be launching its updated website on April 22, 2022. When the new site launches it will look a little different, but the same services and content will still be available. However, the launch of the new site means that you may need to update the bookmarks for the web pages that you frequently visit, such as the Medicaid Provider website.

April 14, 2022: Attention Skilled Nursing Facilities: MDHHS is pleased to inform you that the Centers for Medicare and Medicaid Services (CMS) has granted Michigan the use of Civil Monetary Penalty Funds (CMP) to provide nursing facilities with visitation aides to ensure residents can have safe visits with friends and family.
UPDATE: April 1, 2022
Visitation aides now include portable air purifiers and fans.
If you wish to participate in this grant, please review the CMS application and guidelines. The grant will be available until May 31, 2022.
You must send the CMS application template. Please note:

- Include a contact person at the nursing home.
- Include the NPI.
- Please check your math. Avoid having your application returned to you.

Send your application to MDHHS-CMPGRANTS@Michigan.gov The subject line of the email should include the facility name and "CMP visitation grant", The application and instructions are located at MDHHS - Civil Monetary Penalty (CMP) Grant Program (michigan.gov). MDHHS appreciates your support of nursing home residents.

April 5, 2022: Attention All Providers: Due to the monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, April 9, 2022, through 9:00 AM EST Sunday, April 10, 2022. This outage will affect the system access for all functionality.

April 5, 2022: Outpatient Hospital Providers: January 2022 Quarterly APC & ASC Software: The January 2022 Quarterly APC & ASC software was loaded into CHAMPS on March 25, 2022. MDHHS will

attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2022 quarterly updates"

March

March 21, 2022: Attention ALL Providers: Due to server migration to NGDI the File Transfer Service (FTS) portal will be unavailable Saturday, March 26, 2022, between 8:00 AM to 6:00 PM and Sunday, March 27, 2022, between 8:00 AM to 6:00 PM EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

March 21, 2022: Attention All Providers: Due to system release the CHAMPS system will be unavailable between 7:00 PM EST, Friday, March 25th to 2:00 AM EST Saturday, March 26th, 2022. This outage will affect the system access for all functionality.

March 18, 2022: Attention Billing Agents and Submitters: DTMB has begun the process of disabling legacy File Transfer Service (FTS) addresses, dxgweb.state.mi.us (web client), migate.state.mi.us (web client,sftp,ftp/ssl), and 138.181.135.38 (sftp,ftp/ssl). **All legacy FTS addresses will be disabled by**

March 31, 2022. Billing agents and providers can currently use the new URL **https://MiFTS.state.mi.us to submit electronic files. The new FTS URL will need to be used on April 1, 2022, going forward for successful electronic transactions.** Please review the SOM FTS Connection Info document for additional address details.

March 10, 2022: Attention Nursing Facility Providers: This serves as a reminder of the importance of timely completion of the beneficiary's discharge day and details in CHAMPS. Failure to enter accurate discharge details in CHAMPS could create access to care issues for the Medicaid beneficiary. Furthermore, the accuracy of all admission details in CHAMPS is paramount as we attempt to extrapolate residents who may be at risk during the eventual end of the Public Health Emergency.

March 7, 2022: Attention All Providers: Due to the system maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, March 12th to 9:00 AM EST Sunday, March 13th, 2022. This outage will affect the system access for all functionality.

March 4, 2022: Attention Institutional Providers: The MDHHS Provider Relations has created new Attending Provider tips to align with MSA 21-45 and MSA 21-47. Each provider tip is created based on claim or billing provider type i.e., Skilled Nursing Facility (SNF), Clinic, Private Duty Nursing (PDN), Ambulance, Home Health, Inpatient Hospital, and Outpatient Hospital. Providers who have received claim denials for the attending NPI reported on the claim not being allowed for the service are encouraged to review these provider tips to verify the attending provider specialty or subspecialty that is allowed to be reported. The tips can be found on the Medicaid Provider Alerts webpage www.Michigan.gov/MedicaidProviders click on Alerts and Institutional or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458-476276--,00.html

March 2, 2022: Clinic Providers: Michigan Medicaid Provider Outreach and Provider Support invites all Clinic Providers to attend the upcoming Clinic Billing: 102 webinar training.

Clinic Billing: 102

- Date: March 15, 2022
- Time: 10:00 - 11:00 AM EST
- Agenda:
    - This training is a follow-up to Clinic Billing: 101, including a more in-depth review of:
        - Policy Updates
        - Frequently Asked Questions
        - Billing Guidelines
        - Common Denials
        - COVID-19

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.
To review the Clinic Billing:101 training click one of these hyperlinks PDF, Webinar.

March 1, 2022: Attention All Providers and Billing Agents: Submitters of electronic files are reminded to begin using the new File Transfer Service (FTS) URL https://MiFTS.state.mi.us as soon as possible. Review the SoM FTS Connection Info document for further details. Please note the MiFTS.state.mi.us (IP address 148.149.27.59) routes traffic to the current application/server. All FTS account ids, locations, mailboxes, and permissions remain the same.

February

February 28, 2022: Attention ALL Providers: The File Transfer Service (FTS) NGDI server migration which was scheduled for Saturday, February 26, and Sunday, February 27, 2022, has been postponed. Additional notification will be sent when a new migration date is determined.

February 24, 2022: Attention Providers and Billing Agents: Due to NGDI server migration, the File Transfer Service (FTS) portal will be unavailable on Saturday, February 26, 2022, 8:00 am EST through Sunday, February 27, 2022, 6:00 pm EST. Please refrain from submitting electronic files during this period. We apologize for any inconvenience this may cause.

February 17, 2022: Attention Providers: Approximately 29 providers will have their CHAMPS provider payments, Electronic Funds Transfer (EFT), or paper warrants, for pay cycle 7, pay date 2/17/2022, delayed by one business day.

February 10, 2022: Attention All Providers and Billing Agents: Submitters of electronic files are reminded to begin using the new File Transfer Service (FTS) URL https://MiFTS.state.mi.us as soon as possible. Review the SoM FTS Connection Info document for further details. Please note the MiFTS.state.mi.us (IP address 148.149.27.59) routes traffic to the current application/server. All FTS account ids, locations, mailboxes, and permissions remain the same.

February 7, 2022: Attention All Providers: Due to system maintenance the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, February 12th to 9:00 AM EST Sunday, February 13th, 2022. This outage will affect the system access for all functionality.

February 4, 2022: Attention Nursing Facility and Hospice Providers: October 1, 2021, Long Term Care (LTC) per diem rates have been approved and loaded into CHAMPS. MDHHS will adjust the impacted claims beginning with pay cycle 2-17-2022. If after 30 days providers identify claims that were not reprocessed through this process they can adjust for correct payment.

January

January 25, 2022: Approximately 83 providers will have their CHAMPS provider payments, Electronic Funds Transfer (EFT), or paper warrants, for pay cycle 4, pay date 1/27/2022, delayed by one business day.

January 24, 2022: Attention All Providers: Due to the CHAMPS annual data purge, combined with an emergency release, the CHAMPS system will be unavailable between 7:00 PM EST, Friday, January 28th, through 11:59 PM, EST Sunday, January 30th, 2022. This outage will affect the system access for all functionality.

January 20, 2022: FQHC, RHC, and THC Clinic Providers: MDHHS has adjusted clinic claims, FQHC, RHC, and THC, with dates of service on or after August 1, 2021, reporting substance use disorder (SUD) codes. The claims can be identified with the claim note "*MSA 21-19 reprocessing*." MSA 21-19 policy bulletin. Claims with dates of service prior to August 1, 2021, were adjusted in error. Once these claims appear on a remittance advice MDHHS will void the incorrectly adjusted claims to allow for correct adjudication.

January 19, 2022: Attention All Providers: CHAMPS Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, for pay cycle 3, pay date 1/20/2022, as two separate RA's. For those receiving two RA's, paid, and denied claim data may be included in both RA's: however, both RA's will show the pay cycle 3 date 1/20/2022.

January 14, 2022: Attention Dental Providers: Update to Provider Alert posted December 28, 2021, Dental CHAMPS DDE Notification, Providers can continue to send in claims via CHAMPS DDE, these claims will initially deny with the rendering NPI to drop off resulting in claim denials: CARC 16/RARC N290 however MDHHS will capture these denials and reprocess them correctly. For the claims that were previously submitted and denied, those claims have been captured and reprocessed, with the first set of processing hitting the 01/20/2022 remittance advice.

January 13, 2022: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee-for-service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as, with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 11, 2022: Attention FQHC's, IHCs, and RHCs Distant Site Telehealth Services - Temporary Timely Filing Exception RHCs: The Michigan Department of Health and Human Services (MDHHS) will allow Federally Qualified Health Centers, Indian Health Centers, and Rural Health Clinics a one-time exception to temporarily waive timely filing for distant site telehealth services for dual-eligible beneficiaries.

The one-time exception will only apply to dates of service from January 1, 2020 - June 30, 2020. The deadline to resubmit impacted G2025 claims, and encounters is **March 18, 2022**, to waive timely filing for distant site telehealth services for dual-eligible beneficiaries. Once the deadline has passed to resubmit, clinics will no longer receive an exception to waive timely filing for G2025. The deadline pertains to Medicaid fee-for-service (FFS) and Medicaid Health Plan (MHP) claims.

Clinics resubmitting G2025 services will be required to adjust FFS claims and include a claim note on the adjusted claim. The claim note should read, "*Clinic telehealth distant site service from January 1, 2020, to June 30, 2020*." If the claim note does not contain this language, it will not be considered for payment. The MHP impacted encounter claims will need to be corrected as well. Please work with the health plans to adjust impacted encounter claims for the dates of service listed above.

January 10, 2022: Attention Billing Agents and Providers: The DTMB File Transfer Service (FTS) is moving to a new URL:https://MiFTS.state.mi.us. For successful transactions billing agents can test their access to the new URL now. After successful testing, please update any automated applications or processes to use the new URL. Review the SOM FTS Connection Info document for additional details.

To ensure successful transactions billing agents will need to use the new URL: https://MiFTS.state.mi.us by February 1st, 2022.

January 4, 2022: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, January 8th, 2022, through 6:00 PM EST Sunday, January 9, 2022. This outage will affect the system access for all functionalities. We apologize for any inconvenience this may cause.

January 3.2022: Attention Outpatient Hospital Providers: As a reminder, when reporting other insurance on Outpatient claims the OI must be reported at the service line level. For claims denied with Claim Adjustment Reason Code(CARC) 23 "The impact of prior payers' adjudication including payments/and or adjustments", if the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payers' actions. For additional resources, reference the Medicaid Provider website: www.Michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters >> Other Insurance Reporting Requirements.

2021

December

December 28, 2021: Attention Dental Providers: A system issue has been identified with dental claims entered via Direct Data Entry (DDE) into CHAMPS, causing the rendering NPI to drop off resulting in claim denials: CARC 16/RARC N290. Once corrected, another alert will be posted with an update. We apologize for any inconvenience this may cause.

December 22, 2021: Attention All Professional Providers: MDHHS has identified a discrepancy in rates for professional claims adjudicated between 1/01/2021 through 3/21/2021 resulting in incorrect payment. All impacted claims are in the process of being identified and will result in claim adjustments to reflect the appropriate rate. These claims should be on a remittance advice within the next 1-5 pay cycles and identified with claim note, "RVU automation retro rate adjustments".

December 20, 2021: Attention Providers: The Michigan Department of Health and Human Services (MDHHS) received notice providers were unable to complete a Healthy Michigan Plan (HMP) Health Risk Assessment (HRA) within the Community Health Automated Medicaid Processing System (CHAMPS). This issue has been resolved. We apologize for any inconvenience this may have caused.

December 20, 2021: Attention Providers: This is an update to the provider alert posted on December 14, 2021. The CHAMPS system has been corrected, and the ability for providers to complete a discharge or health plan disenrollment has been restored. We apologize for any inconvenience this may have caused.

December 17, 2021: Attention Hospital Providers: The October 2021 quarterly APC & ASC software and APR DRG grouper 39 have been loaded into the CHAMPS system as of December 10, 2021. MDHHS will identify affected claims and adjust or resurrect accordingly.

December 16, 2021: Attention All Providers: Due to emergency release, the CHAMPS system will be unavailable Friday, December 17th, 2021, from 7:00 PM EST through 11:00 PM EST. This outage will affect the system access for all functionalities. We apologize for any inconvenience this may cause.

December 15, 2021: Attention All Providers: All current File Transfer Service (FTS) customers are welcome to use the new FTS new URL: **MiFTS.state.mi.us** for HTTPS (Web), SFTP, & FTPS. Review the SoM FTS Connection Info document for further details. Please test your access to the new URL. Firewall rules may need to be requested.

After successful testing, please update any automated applications or scripts to use the new URL. Please begin using the new URL as soon as practical. We prefer that all FTS users are using the new URL https://MiFTS.state.mi.us by February 1st, 2022.

December 14, 2021: Attention All Providers: Due to a CHAMPS system release, the ability to enter a discharge or program disenrollment for currently admitted beneficiaries has temporarily been disabled.

Until this issue is resolved, providers or programs needing to complete a discharge or program disenrollment should email Providersupport@michigan.gov with the required discharge or program disenrollment information. We apologize for any inconvenience this may cause. An additional alert will be posted once there is a resolution.

December 9, 2021: Attention Durable Medical Equipment (DME) providers: The purpose of this notice is to clarify the notice below posted on Monday, December 6, 2021. To transition from manual pricing to the fee schedule for the HCPCS codes indicated below, prior authorizations approved prior to January 1, 2022, will be manually priced. To receive manual pricing, the provider must submit the invoice, plus a copy of the delivery ticket, to the Program Review Division within 60 days following the date of service. Invoices received greater than 60 days following the date of service will be reimbursed based upon January 1, 2022, fee schedule. January 1, 2022, fee schedule applies to all prior authorizations approved on or after January 1, 2022.

> **December 6, 2021: Attention Durable Medical Equipment Providers:** Effective January 1, 2022, the following manually priced healthcare common procedure coding system (HCPCS) codes will have assigned fees: E0241, E0243, E0244, E0245, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1225, E2313.

The new fees will be posted no later than January 1, 2022, at www.michigan.gov/medcaidproviders >>Billing & Reimbursement >>Provider Specific Information >> Medical Supplier.

December 7, 2021: All Providers: The Michigan Department of Health and Human Services has developed four short videos for clinicians on the Healthy Michigan Plan (HMP) Health Risk Assessment (HRA) and the Healthy Behaviors Incentives Program. Clinicians play an important role in the HMP HRA and Healthy Behaviors Incentive Program and these videos have been developed to provide tips and best practices to primary care offices. These videos also highlight how to complete the HRA online to facilitate in-person or telehealth visits.For more information, please visit the Healthy Michigan Plan website at www.Michigan.gov/HealthyMichiganPlan.

> Healthy Michigan Plan Healthy Behaviors Incentives Program and COVID-19

This video provides an overview of how the Healthy Michigan Plan Healthy Behaviors Incentives Program can assist with managing risk factors which may contribute to a more severe COVID-19 infection, best practices for participating in the program through telehealth, and how the HMP HRA can assist with screening for social determinants of health. For more information, please visit our website at Michigan.gov/HealthyMichiganPlan and www.Michigan.gov/Coronavirus.

Completing the Health Risk Assessment

This video is an introduction to the HMP HRA for clinicians and a step-by-step guide to completing the HRA, including all four sections and the primary care provider attestation.

Submitting the Health Risk Assessment

This video provides some suggestions for integrating the HMP HRA into clinic workflow and for submitting the form once it is completed.

Overview Healthy Behaviors Incentive Program

This video is an overview of the Healthy Michigan Plan Healthy Behaviors Incentive Program, which includes the HMP HRA, Preventive Services, and Wellness Programs.

These videos were produced in partnership with Michigan State University - Institute for Health Policy, Michigan Public Health Institute, and the Michigan State Medical Society, with support from the Michigan Health Endowment Fund.

December 6, 2021: Attention All Providers: Due to December monthly maintenance, combined with the system release, the CHAMPS system will be unavailable between 6:00 PM EST, Saturday, December 11th, 2021, through 12:00 PM, EST Sunday, December 12th, 2021. This outage will affect the system access for all functionalities. We apologize for any inconvenience this may cause.

December 6, 2021: Attention Durable Medical Equipment Providers: Effective January 1, 2022, the following manually priced healthcare common procedure coding system (HCPCS) codes will have assigned fees: E0241, E0243, E0244, E0245, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1225, E2313.

The new fees will be posted no later than January 1, 2022, at www.michigan.gov/medcaidproviders >>Billing & Reimbursement >>Provider Specific Information >> Medical Supplier.

December 2, 2021: Updating TPL: As a reminder, when Third-Party Liability (TPL) information is reported incorrectly in CHAMPS by the insurance companies listed below, please contact them directly to update their records. If the insurance company makes corrections, they will send the update to TPL.

- Administration Systems Research (ASR)
- Aetna
- BCN
- BCBSM
- CVS Caremark
- Delta Dental

- EHIM
- Express Scripts
- HAP
- Insight Benefit Administrators
- Magellan RX
- Med impact
- McLaren
- Physician's Health Plan (PHP)
- Prime Therapeutics
- Priority Health
- UnitedHealthcare (including UMR & Golden Rule)

To report TPL (Add, Change, or Termination) for other insurance companies that are not listed above, please submit a request to TPL by completing the online DCH-0078 form prior to submitting a claim to Medicaid.

December 1, 2021: All Providers: MDHHS Provider Relations Section is asking for your opinion on any training subject you would like offered in 2022, as well as to let us know any improvements we can make or any other feedback you would like to share. Please take a moment to complete this brief survey by December 27, 2021. We appreciate your input!

December 1, 2021: Attention ALL Providers: As part of scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, December 5, 2021, from 6:00 AM to 12:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

November

November 30, 2021: Attention All Providers: All current File Transfer Service (FTS) customers are welcome to use the new FTS new URL: **MiFTS.state.mi.us** for HTTPS (Web), SFTP, & FTPS. Review the SoM FTS Connection Info document for further details. Please test your access to the new URL. Firewall rules may need to be requested.

After successful testing, please update any automated applications or scripts to use the new URL. Please begin using the new URL as soon as practical.

We prefer that all FTS users are using the new URL https://MiFTS.state.mi.us by February 1st, 2022.

November 30, 2021: You're Invited: Michigan Medicaid Webinar Training - Maternity & OBGYN Billing Michigan Medicaid Provider Outreach and Provider Support invites practitioners to attend the upcoming Maternity and OBGYN Billing webinar training. For new providers, this will offer a glimpse of Medicaid policy, billing guidelines, and available resources as they relate to Maternity & OBGYN Billing. For existing providers, this is a refresher course offering updated information and resources.

Maternity & OBGYN Billing

- Date: December 14, 2021
- Time: 10:00 - 11:00 AM EST
- Agenda: Maternity & OBGYN Billing
  - Benefit Plans
  - Billing Information
  - Policy Updates

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

November 18, 2021: Reminder Audiology Services Survey: MICHIGAN MEDICAID WANTS TO HEAR FROM YOU!
We are interested in learning about the services your audiology office provides and how Medicaid can help support access to hearing care across Michigan for our beneficiaries. Your feedback is important to identify

where service issues may exist and what factors may be contributing to your office's participation in the Medicaid program.

As a reminder, if you are an audiologist, hearing aid dealer, or ENT, we invite you to take our survey by November 20, 2021.

Click Here to Take Survey

November 16, 2021: CSHCS MHP Sickle Cell Provider Information: Children's Special Health Care Services (CSHCS) is pleased to announce an eligibility expansion for adults with sickle cell disease. Attached is some information that may be helpful as you consider enrolling adult patients within your care. MHP CSHCS Sickle Cell Provider Information Sheet

November 16, 2021: Attention All Providers: Due to System maintenance, the CHAMPS application might have intermittent connectivity issues between 8:00 PM EST through 11:00 PM EST Tuesday, November 16th, 2021. This outage will affect the system access for all functionality.

November 16, 2021: Attention Rural Health, Tribal Health, and Federally Qualified Clinic Providers: As a reminder, when billing for high-cost clinic-excluded procedure code(s), the code must be reported at the specific claim service line. High-cost clinic-excluded procedure codes cannot be combined into the claim service line reporting the payment code for proper claim reimbursement to occur. If the excluded code(s) are not priced at the fee set by the facility, and instead priced at $0.00 or $0.01, the CHAMPS system will adjudicate the claim using the "lesser of" logic and reimburse accordingly.

November 10, 2021, Attention Professional Providers: MDHHS will begin reprocessing paid claims for Rapid whole-genome sequencing which were paid on or after September 1, 2021, pay date, to allow the claims to process under the correct funding source. Reimbursement amounts will not be impacted as the fee for the codes has been established and has not changed. Adjusted claims will begin to show on the 11/18/2021 pay cycle date and can be identified with the claim note "Account code update".

November 10, 2021: Attention All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, November 13th, 2021, through 9:00 AM EST Sunday, November 14th,2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

November 2, 2021: Attention Rural Health Clinics (RHC): MDHHS has identified a system issue for RHC claims related to the Memorandum of Understanding (MOU) process, causing the PPS payment line(s) to deny. Once the system has been corrected, MDHHS will reprocess the impacted claims for proper reimbursement.

November 2, 2021: You're Invited: Michigan Medicaid Webinar Training - Non-Physician Behavioral Health Overview

Michigan Medicaid Provider Outreach and Provider Support invites non-physician behavioral health providers, psychologists, social workers, counselors, and marriage and family therapists to attend the upcoming Non-Physician Behavioral Health Overview webinar training. For new providers, this will offer a glimpse of Medicaid policy, billing guidelines, and available resources as they relate to non-physician behavioral health. For existing providers, this is a refresher course offering updated information and resources.

Non-Physician Behavioral Health Overview

- Date: November 16, 2021
- Time: 10:00 - 11:00 AM EST
- Agenda: Non-Physician Behavioral Health introduction:
  - General Information
  - Provider Qualifications
  - Covered Services
  - Common Claim Suspends and Denials

To register, please visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

October

October 26, 2021: Attention All Providers: Due to system release, CHAMPS will be unavailable between 7:00 PM EST Friday, October 29th, 2021, through 2:00 AM EST Saturday, October 30th,2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

October 22, 2021: Attention ALL Providers: Due to a software update, MILogin will be unavailable Sunday, October 24th, 2021, from 9:00 pm until 10:30 pm EDT. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

October 21, 2021: Audiology Services Survey: MICHIGAN MEDICAID WANTS TO HEAR FROM YOU! We are interested in learning about the services your audiology office provides and how Medicaid can help support access to hearing care across Michigan for our beneficiaries. Your feedback is important to identify where service issues may exist and what factors may be contributing to your office's participation in the Medicaid program.

If you are an audiologist, hearing aid dealer, or ENT, we invite you to take our survey by November 20, 2021. Thank you for your time and thoughts, we truly appreciate it.

October 20, 2021: Attention ALL Providers: Effective October 27, 2021, commercial coverage that is received from Total Health Care will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Total Health Care. Total Health Care will be merging with Priority Health after 1/1/2022. TPL will continue to receive updates from Priority Health weekly.

Providers are asked to please contact Total Health Care, www.thcmi.com, for any questions related to loaded commercial coverage.

October 18, 2021: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee-for-service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 5, 2021: CHAMPS 101 Webinar Series

- **Are you new to Michigan Medicaid?**
- **A new Michigan Medicaid Biller?**
- **Or need a CHAMPS refresher?**

Join us for a six-part CHAMPS 101 Webinar Series. From October 19, 2021, through October 21, 2021, Provider Outreach and Education will be hosting two CHAMPS 101 webinars each day.

Here is what you can learn:

- The basics of MILogin and the Community Health Automated Medicaid Payments System (CHAMPS)
- A high-level look into each CHAMPS tab
- Learn what additional resources are available and where they are located

Logistics

Webinars will be held from 10:00 AM - 11:00 AM and 1:00 - 2:00 PM from October 19, 2021, through October 21, 2021. Below are the available webinars.

Date	Time	Topic	Agenda
October 19, 2021	10:00 - 11:00 AM	CHAMPS 101: Introduction to MILogin and CHAMPS	Basics of MILogin and CHAMPS
October 19, 2021	1:00 - 2:00 PM	CHAMPS 101: My Inbox Tab	Document retrieval
October 20, 2021	10:00 - 11:00 AM	CHAMPS 101: Provider Tab	• Manage Provider Enrollment information • Modifications

Date	Time	Topic	Agenda
			• Revalidations
October 20, 2021	1:00 - 2:00 PM	CHAMPS 101: Claims Tab	• Submission • Adjust/Void • Inquiry • RA List • Inquire Pharmacy Claims
October 21, 2021	10:00 - 11:00 AM	CHAMPS 101: Member Tab	Eligibility Verification • Medicaid Coverage • Third-Party Liability (TPL)
October 21, 2021	1:00 - 2:00 PM	CHAMPS 101: PA (Prior Authorization) Tab	• Submission • Tracking

October 4, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, October 9th, 2021, to 9:00 AM EST Sunday, October 10th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

September

September 30, 2021: Update to the notification sent out April 15, 2021, regarding the Health Risk Assessment Error. The Health Risk Assessment (HRA) function within the Community Health Automated Medicaid Processing System (CHAMPS) is now fixed and providers should no longer see the error message, "Session Key mismatch in service.xml and created session in response" when adding an HRA for a beneficiary who has a completed HRA already on file within CHAMPS.

Resources:

- Health Risk Assessment Website
- Completing an HRA within CHAMPS

September 23, 2021: Update: CHAMPS Remittance Advices (RA), i.e., HIPAA electronic 835 transactions and paper format, for pay cycles 36 and 37 have been issued.

September 23, 2021: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, September 26, 2021, from 8:00 AM to 12:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

September 17, 2021: Attention All Providers: CHAMPS Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, for pay cycle 37, pay date 9/16/2021, will be delayed. Providers will receive their payments for pay cycle 37 and remittance advice which will only contain denied claim data. MDHHS is currently working on a resolution and further notification will be issued when it is determined what pay cycle the paid claim data will be issued to.

September 15, 2021: Attention All Providers: CHAMPS Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, along with the HIPAA electronic 820, for pay cycle 36, pay date 9/08/2021, will be included as part of pay cycle 37, pay date 9/16/2021.

September 14, 2021: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between 7:00 PM EST Friday, September 17th, 2021, to 2:00 AM EST Saturday, September

18th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

September 9, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, September 11th, 2021, to 9:00 AM EST Sunday, September 12th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

September 9, 2021: Attention All Providers: CHAMPS Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, along with the HIPAA electronic 820, for pay cycle 36, pay date 9/08/2021, will not include paid claim data. Providers will receive their payments for pay cycle 36 and remittance advice which only contains denied claim data. MDHHS is currently working on a resolution and further notification will be issued when it is determined what pay cycle the paid claim data will be issued to.

September 1, 2021: Attention Durable Medical Equipment/Medical Supplies Providers: During the COVID-19 Public Health Emergency, the Michigan Department of Health and Humans Services (MDHHS) removed quantity limits, prior authorization, and documentation requirements (physician order remains required) for specific medical supplies as indicated in policy bulletins MSA 20-14 and MSA 20-25. Healthcare Common Procedure Coding System (HCPCS) code A4606 was omitted from Attachment A of MSA 20-14 in error. The error has been corrected in CHAMPS (effective March 1, 2020). MDHHS will reprocess affected claims retroactively to March 1, 2020. No action is required of providers. Providers are reminded that all Medicaid National Correct Coding Initiative (NCCI) and current billing guidelines indicated in the Medicaid Provider Manual apply.

August

August 31, 2021: Attention Adult Foster Care (AFC) Providers: The toll-free AFC Interactive Voice Response (IVR) phone line is again functional and available for providers to submit claims. For a user guide regarding how to submit IVR claims, please visit https://www.michigan.gov/documents/mdhhs/AFC_HFA_Telephone_Invoice_User_Guide_660124_7.pdf.

Providers who choose to do so may continue to use the MILogin website https://milogintp.michigan.gov to submit claims through the Adult Services Authorized Payments (ASAP) system.

August 18, 2021: Attention ALL: The MILogin system has been experiencing connectivity issues that are impacting the real-time 270/271 transaction processing. MDHHS is working to analyze this issue and continues to monitor the system. We apologize for any inconvenience.

August 17, 2021: Adult Foster Care (AFC) Providers: The AFC IVR phone line used to submit claim information will be unavailable beginning at 5:00 PM EST Wednesday, August 18, 2021, due to system changes. We apologize for any inconvenience this may cause and will send an update when the IVR becomes available for use again. During this outage, providers must submit claims through the Adult Services Authorized Payments (ASAP) application on the MILogin website: https://milogintp.michigan.gov. For instructions on how to submit claims using ASAP visit the following link: ASAP Claim Submission Instructions.

August 11, 2021: Attention All Providers: There will be a delay in provider payments issued by the Michigan Department of Health and Human Services (MDHHS) for claims received between 8/1/21 and 8/3/21. These claims were unable to be processed for pay cycle 32, pay date 08/12/2021, however, MDHHS will mail paper warrants on Monday, August 16, 2021, and Electronic Funds Transfers (EFT) on Tuesday, August 17, 2021, for these claims. Payment details, Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, will be included in the following pay cycle 33, pay date 08/19/2021.

August 9, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, August 14th, 2021 to 9:00 AM EST Sunday, August 15th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

July

July 29, 2021: Attention All Providers: Provider payments issued from the Michigan Department of Health and Human Services (MDHHS) for pay cycle 30, pay date 07/29/2021, will be delayed one to two business days. MDHHS will mail paper warrants on Friday, July 30, 2021, and issue Electronic Funds Transfers (EFT) on Monday, August 2, 2021. Remittance Advices (RA) i.e., HIPAA electronic 835 transactions and paper format, along with the HIPAA electronic 820, for pay cycle 30 pay date 07/29/2021, will be delayed to the following pay cycle 31, pay date 08/05/2021.

July 22, 2021: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 20, 2021 - Attention All Providers: As a reminder, when the documentation is uploaded to the Document Management Portal (DMP) for Predictive Modeling providers need to select the correct document title of "Predictive Modeling". Any other documentation title will not be accepted.
July 12, 2021: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, July 18, 2021, from 7:00 AM to 12:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

July 6, 2021: Michigan Medicaid Provider Outreach and Provider Support invites all Ambulance Providers to attend the upcoming Ambulance-specific webinar training.

Ambulance Billing Webinar

- Date: July 20, 2021
- Time: 10:00 - 11:00 AM EST
- Agenda: Ambulance Billing:
  - Ambulance Overview
  - Covered and Excluded Services
  - Common Denials & Billing Tips
  - Provider Resources

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

July 6, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, July 10th, 2021 to 6:00 PM EST Sunday, July 11th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

June

June 30, 2021: Attention Outpatient Hospital Providers: As a reminder, when reporting other insurance on Outpatient claims the OI must be reported at the service line level. For claims denied with Claim Adjustment Reason Code(CARC) 23 "The impact of prior payers' adjudication including payments/and or adjustments", if the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payers' actions.

For additional resources, reference the Medicaid Provider website: www.michigan.gov/MedicaidProviders >> CHAMPS >> Claims and Encounters >> Other Insurance Reporting Requirements

June 28, 2021: Outpatient Hospital Providers: April 2021 Quarterly APC & ASC Software: The April 2021 Quarterly APC & ASC software was loaded into CHAMPS on June 18, 2021. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "*Previous TCN XXXXXXXXXXXXXXXXX rebilling April 2021 quarterly updates*".

June 16, 2021: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between Friday, June 18th, 2021, 7:00 PM EST to Saturday, June 19th, 2021, to 2:00 AM EST Sunday. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

June 16, 2021: Attention Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Center (THC)Providers: On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 public health emergency (PHE). The Center for Medicare and Medicaid Services (CMS) is requiring HCPCS G2025 on Medicare distant site telehealth services, effective January 27, 2020, until the end of the PHE. The HCPCS description of G2025 is "distant site telehealth services." This guidance from Medicaid will run concurrent with Medicare through the end of the PHE.

Prior to the COVID-19 PHE, Medicaid was already allowing billing and reimbursement for telehealth distant site services. For clinics to receive Prospective Payment System (PPS) or All-Inclusive Rate (AIR) reimbursement for Medicaid distant site telehealth services, the Clinic - Payment Codes (G-Codes and T-Code) and the accompanying Clinic Qualifying Visit code are required to be billed in combination (MSA 17-10). Although Medicare may not require the Clinic - Payment Codes and the accompanying Clinic Qualifying Visit code to be billed with G2025, current Medicaid billing and reimbursement policy does require the combination of coding to be on the claim to receive PPS/AIR Medicaid reimbursement consideration.

Claims and encounters sent to Medicaid for dual-eligible (Medicare/Medicaid) beneficiaries with G2025 listed as the stand-alone HCPCS on the claim will not generate the PPS/AIR from the Michigan Medicaid program. Dual eligible claims and encounters must be submitted to the Michigan Medicaid program according to current Medicaid clinic billing and reimbursement policy. Detailed HCPCS/CPT coding with the associated line-item charges listing the visit that qualifies the service for an encounter-based payment and all other services furnished during the encounter are required for Medicaid PPS/AIR reimbursement.

June 8, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, June 12th, 2021, to 9:00 AM EST Sunday, June 13th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

June 3, 2021: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between 7:00 PM to 10:00 PM EST on Friday, June 4th, 2021. The system will be unavailable during this time for all access or functionality. We apologize for any inconvenience this may cause.

June 2, 2021: Attention All Providers: This is an update to the alert posted on May 26, 2021: CSHCS Database Issue the database issue has been resolved. Providers can now submit claims for CSHCS clients that had a delay in getting enrolled, renewed, diagnosis codes, or authorized providers added.

May

May 26, 2021: Attention All Providers: CSHCS is currently experiencing issues within its database. These issues affect client enrollment and renewal, adding additional diagnoses, and adding authorized providers. You may see no active coverage for approved clients and/or non-renewal for current clients in CHAMPS for CSHCS clients during this time. Please hold on billing claims for clients without active CSHCS coverage until this issue is resolved. We are aware of the problem and are doing everything we can to resolve it. Additional updates will be provided as new information becomes available.

May 21, 2021: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, May 23, 2021, from 9:00 AM to 3:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

May 10, 2021: Attention Rural Health Centers (RHC): MDHHS has identified RHC claims with dates of service 8/1/2017-2019 where the full Prospective Payment (PPS) Rate was reimbursed even though the primary made a payment. These claims will be adjusted, these can be identified with the claim note of "*Reprocessing due to MIPRO00092029*".

May 6, 2021: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services

are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of a change in ownership or termination of participation in Medicaid for any reason.

May 6, 2021: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, May 9, 2021, from 10:00 AM to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

May 3, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, May 8th, 2021, to 9:00 AM EST Sunday, May 9th, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April

April 27, 2021: Attention ALL Providers: The 2019 Payment Error Rate Measurement (PERM) findings have been posted on the MDHHS Provider website, www.Michigan.gov/MedicaidProviders scroll to additional Program & Waivers and click on Payment Error Rate Measurement (PERM) or directly https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448-353893--,00.html

April 22, 2021: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, April 25, 2021, from 6:00 AM to 3:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

April 15, 2021: Attention All Providers: MDHHS is aware that Providers adding a Health Risk Assessment (HRA) for a beneficiary who has a completed HRA on file within CHAMPS are receiving the following error message, "Session Key mismatch in service.xml and created session in response". As a workaround, providers are asked to utilize the statewide fax number, 517-763-0200.

**Note: A new HRA that is created for a beneficiary with no completed HRA on file within CHAMPS will not receive this error. MDHHS will notify providers when additional information becomes available.

Resources:

- Health Risk Assessment Website
- Completing an HRA within CHAMPS

April 15, 2021: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 13, 2021: Attention Durable Medical Equipment Providers: MDHHS is aware of an issue causing claims to deny if the date of service is the same as the discharge date from a Long-Term Care (LTC) facility. To receive payment for these services, please submit claims via CHAMPS Direct Data Entry (DDE) to allow them to be manually processed, or email Provider Support if you believe your claim has been denied incorrectly. MDHHS will reprocess the denied claims and issue payment if appropriate. Please ensure the claim reports the appropriate facility discharge date. All other primary payer, prior authorization, and billing policies still apply. MDHHS will issue additional notifications when this has been resolved in CHAMPS.

April 6, 2021: Attention SNF Providers: MDHHS has created a CHAMPS LOCD Provider Verification tip. This tip assists provider in identifying if a record was selected for the provider verification process.

April 6, 2021: Michigan Medicaid Provider Outreach and Provider Support invites Clinic Providers; Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Centers (THC), to attend the upcoming Clinic specific webinar training.

Clinic Billing 101

- Date: April 20, 2021
- Time: 10:00 - 11:00 AM EST
- Agenda: Clinic Billing 101:
  - Clinic Type Overview
  - Policy Review
  - Billing Guidelines
  - Secondary Claims

To register, visit www.Michigan.gov/MedicaidProviders >> select Training >> select Medicaid Webinar Trainings Dates >> Click here to Register.

April 5, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, April 10th, 2021, to 9:00 AM EST Sunday, April 11th, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April 1, 2021: Attention All Medicaid Providers: MDHHS Provider Relations has updated to new email software, MiEncrypt**.** This update allows additional securities to continue to offer protection of all email correspondences. Provider Support email responses could contain 'MiEncrypt' as part of the email subject line.

March

March 31, 2021: Outpatient Hospital Providers: January 2021 Quarterly APC & ASC Software: The January 2021 Quarterly APC & ASC software was loaded into CHAMPS on March 26, 2021. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill the claims with the claim note "*Previous TCN XXXXXXXXXXXXXXXXX rebilling January 2021 quarterly updates*".

March 31, 2021: Attention ALL Outpatient Providers Update to Provider Alert Posted January 25, 2021: Outpatient Hospital Providers: Therapy Codes The system has been updated and MDHHS has begun processing the affected claims.

March 30, 2021: Attention All Providers: The CHAMPS Medicaid Code Rate and Reference Tool has been updated to reflect the annual 2021 rate update. Updated Medicaid provider fee screens are in the process of being posted. MDHHS will adjust fee-for-service claims with dates of services on or after 1/01/2021 to allow them to process under the updated rates. The adjusted claims can be identified with the claim note "*Annual Update*" and will begin to process on pay cycle date April 15, 2021.

For instructions on how to use the CHAMPS Medicaid Code Rate and Reference Tool please visit www.Michigan.gov/MedicaidProviders click on CHAMPS, click on External Links, or directly at https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-471925--,00.html

March 26, 2021: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between Friday, March 26, 2021, from 7:00 PM EST to Saturday, March 27, 2021, at 2:00 AM EST. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

March 22, 2021, Inpatient Hospital Providers: Attention Inpatient Hospital Providers: MDHHS has adjusted Inpatient Hospital claims with a date of discharge on or after 10/1/2020 to process under the updated Inpatient Hospital rates. The adjusted claims we begin processing on the March 25, 2021, pay cycle date, pay cycle 12. Adjusted claims can be identified by the claim note "*Adjusted for updated Rate*".

March 18, 2021 UPDATE to July 9, 2020 Attention RHC, FQHC, and IHC Providers: The CHAMPS issue

that was causing Medication Therapy Management (MTM) claims to deny incorrectly has been resolved. Affected claims have been/will be resurrected by MDHHS.

March 8, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, March 13, 2021, to 9:00 AM EST Sunday, March 14, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

March 8, 2021: All Providers: This is a reminder concerning all claim correspondence sent by mail to Provider Support. Per the General Information Chapter of the Provider Manual, Section 1.6 B, Written Inquiries should be clearly explained, in writing, with complete documentation (e.g., RA).

For claim inquiry questions or resolution please contact Provider Support by calling 1-800-292-2550 or by emailing ProviderSupport@michigan.gov. When emailing please include the following information:

Provider representative name and contact information:
Provider NPI:
Beneficiary ID:
TCN(s):
Date of Service (DOS):
CARC and RARC:
A brief description of the issue:

Please note when calling, emailing, or sending mail, the representative inquiring must be approved and associated in CHAMPS to the NPI in question.

February

February 26, 2021: Attention All Providers: Due to MILogin system maintenance, the CHAMPS system will be unavailable between Sunday, February 28, 2021, from 9:00 PM EST to Monday, March 1, 2021, 1:00 AM EST. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

February 22, 2021: Attention All Outpatient Providers: To better provide you with the information you need, MDHHS has updated the Outpatient Provider Tip - A8 Claim Denials. When a claim denies for A8-Ungroupable, please utilize this resource prior to contacting provider support.

February 12, 2021: Attention Orthodontic Providers: As a reminder per the Medicaid Provider Manual, when billing for periodic orthodontic treatment with an approved prior authorization, the date of service on the claim must be the first day of the six-month treatment period. The start and end dates for the treatment are to be entered in the remarks section of the claim. For additional information please visit the Medicaid Provider Manual, Dental Chapter, Section 8.2.A.4. Periodic Orthodontic Treatment.

February 11, 2021: Attention All Providers: Due to monthly maintenance, the CHAMPS system will be unavailable between 5:00 PM EST Saturday, February 13th - 9:00 AM EST Sunday, February 14th, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January

January 25, 2021: Attention Outpatient Hospital- Therapy codes: MDHHS has identified a claims issue where claims with therapy codes are incorrectly suspending for CARC 16 and RARC N208. At this time, the claims will be suspended until the system is updated on 3/26/2021. Once the system update is complete MDHHS will process the affected claims.

January 25, 2021: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 120 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 21, 2021: All Providers: Due to MILogin system maintenance, the CHAMPS system will be

unavailable between 11:00 AM EST to 1:15 PM EST Saturday, January 23rd, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 19, 2021: Attention Clinic Providers: MDHHS has identified claims where the beneficiaries were enrolled in ESO-MA and non-emergent services were rendered. MDHHS will be voiding these claims as they were paid in error. These claims can be identified, as the claim note "*Voided per MIPRO-593 implementation*" will be used.

January 13, 2021: Attention All Providers: Due to MILogin maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, January 17th to 1:00 AM EST Monday, January 18th, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 7, 2021: All Providers: Due to monthly maintenance activities, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, January 9th - 6:00 PM EST Sunday, January 10th, 2021. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

2020

December

December 21, 2020: Attention ALL Providers: Effective January 7, 2021, commercial pharmacy coverage that is received from Magellan RX will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Magellan RX. TPL will continue to automatically receive monthly coverage updates directly from Magellan RX. Providers are asked to please contact Magellan RX for any questions related to loaded commercial coverage. Contact Information: https://michigan.magellanrx.com/contact Please note this will have no impact on Medicaid pharmacy claim submission through Magellan RX Management. It will only impact the commercial pharmacy policies from Magellan RX that are added tothe TPL Coverage File for coordination of benefits purposes.

December 21, 2020: Attention All Providers: Due to scheduled year-end maintenance activities, the CHAMPS system, 270/271, and batch file processing will be unavailable between 6:00 PM EST Thursday, December 31st, 2020, through 12:00 AM EST Friday, January 1st, 2021. System Processing will resume after the maintenance. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2020: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, December 20, 2020, from 6:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

December 17, 2020: Attention Hospital Providers: The October 2020 Quarterly APC & ASC software and APR DRG grouper 38 were loaded into the CHAMPS system on December 11, 2020. MDHHSwill identify affected claims and adjust/resurrect them accordingly.

December 17, 2020: Attention All Providers: Due to MILogin system maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, December 20th to 1:00 AM EST Monday, December 21st, 2020. This outage will affect the system access for all functionality.

December 14, 2020: Attention Clinic Providers: MDHHS has identified FQHC, THC and RHC claims with dates of service 1/27/2020 forward denying in error when billing G2025 secondary to Medicare. The affected claims will be identified monthly and will be resurrected which will result in a zero-dollar payment as it is not a Michigan Medicaid Encounter.

December 9, 2020: Attention All Providers: Due to monthly maintenance, CHAMPS will be unavailable between 6:00 PM EST Saturday, December 12th to 12:00 PM EST Sunday, December 13th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 7, 2020: Attention Outpatient Hospital Providers: With the COVID-19 pandemic there have been new HCPC codes implemented to report for services related to the virus: U0003, U0004, and 86769. The affected claims have been identified and MDHHS will begin adjusting/resurrecting the affected claims. In addition, HCPCS code C9803 and 87426 will be updated in the December 11, 2020, CHAMPS release. Once the system is updated, MDHHS will adjust/resurrect the affected claims.

December 3, 2020: Attention All Providers: Due to server maintenance, CHAMPS will be unavailable between 10:00 PM EST Saturday, December 5th to 3:00 AM EST Sunday, December 6, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

November

November 25, 2020: Attention ALL Providers: Effective December 3, 2020, commercial pharmacy coverage that is received from OptumRx will be loaded into the CHAMPS Third Party Liability, TPL Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from OptumRx. TPL will continue to automatically receive monthly coverage updates directly from OptumRx. Providers are asked to please contact OptumRx for any questions related to loaded commercial coveragevia phone at 1-855-842-6337 or online https://professionals.optumrx.com/

November 23, 2020: Attention Outpatient Hospital Providers: MDHHS had identified Outpatient Hospital (OPH) claims being denied in error when billing procedure code 90999 for reason code M119-Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC). The affected claims have been identified and MDHHS will begin adjusting/resurrecting for correct payment with claim note "*Outpatient - Adjusting for 90999*".

November 19, 2020: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 22, 2020, from 10:00 AM to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

November 6, 2020: Attention Inpatient Hospital, Nursing Facility, and Hospice Providers: As a reminder, when a beneficiary with a Patient Pay Amount (PPA) resides in more than one Medicaid-certified facility in the same month the PPA must be collected by the facility where the beneficiary resided at the first of the month. Claims must be submitted in sequential order according to what facility the beneficiary was residing in at the first of the month.

If the first claim has not been submitted or is suspended or rejected, and the second facility submits its claim, the whole PPA will be deducted from the amount due on the second claim. The second facility needs to void their claim in order for the first facility to bill their claim so the PPA may be applicable. Once that is complete, the second facility can rebill a new claim to receive its proper payment.

It is the responsibility of the two facility providers to work together to ensure the PPA is deducted from the correct claim, as well as coordinate the adjustment and void process when claims are processed out of sequential order. Adjustment claims to correct sequential order billing is not an exception to the timely filing billing limitationas outlined in current MSA policy found within the Medicaid Provider Manual.

November 6, 2020: Attention All Providers: Due to system maintenance, CHAMPS will be unavailable between 6:00 PM EST Saturday, November 14th to 9:00 AM EST Sunday, November 15th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

November 5, 2020: Hearing Services Providers: The MSA Policy Division has created a new webinar for Hearing Services providers. The presentation highlights recent changes to Medicaid's hearing service and device coverage and provides basic program information for new providers. Hearing Service providers are encouraged to review the recorded presentation online at https://somdhhs.adobeconnect.com/popnl508bhox/. Presentation materials are available for download through the training link. For questions regarding claims please contact Provider Support at ProviderSupport@Michigan.gov. Forquestions pertaining to Hearing Services policy, you are encouraged to contact MSAPolicy@Michigan.gov.

October

October 27, 2020: All Providers: The Michigan Department of Health and Human Services has developed three short videos for clinicians on the Healthy Michigan Plan (HMP) Health Risk Assessment (HRA) and the Healthy Behaviors Incentives Program. Clinicians play an important role in the HMP HRA and Healthy Behaviors Incentive Program and these videos have been developed to provide tips and best practices to primary care offices. These videos also highlight how to complete the HRA online to facilitate in-person or telehealth visits. For more information, please visit the Healthy Michigan Plan website at www.michigan.gov/healthymichiganplan.

Completing the Health Risk Assessment

- This video is an introduction to the HMP HRA for clinicians and a step-by-step guide to completing the HRA, including all four sections and the primary care provider attestation.

Submitting the Health Risk Assessment

- This video provides some suggestions for integrating the HMP HRA into clinic workflow and for submitting the form once it is completed.

Overview Healthy Behaviors Incentive Program

- This video is an overview of the Healthy Michigan Plan Healthy Behaviors Incentive Program, which includes the HMP HRA, Preventive Services, and Wellness Programs.

These videos were produced in partnership with Michigan State University – Institute for Health Policy, Michigan Public Health Institute, and the Michigan State Medical Society, with support from the Michigan Health Endowment Fund.

October 20, 2020: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 12, 2020: Outpatient Hospital Providers: July 2020 Quarterly APC & ASC software: This is a notification that the July 2020 Quarterly APC & ASC software, was loaded into the CHAMPS system on October 1, 2020. MDHHS will begin adjusting and resurrecting claims that we paid under the previous quarter's software. If claims are not captured through the resurrect process providers are encouraged to adjust or rebill with claim note *"Previous TCN XXXXXXXXXXXXXXXXXX rebilling July 2020 quarterly updates"*

October 8, 2020: Attention ALL Providers: Effective October 22, 2020, medical, pharmacy, vision, and dental commercial coverage that is received from Aetna will be loaded into the CHAMPS Third Party Liability, TPL Coverage File. MDHHS TPL will no longer update these commercial records unless there are changes after the last load date of eligibility received directly from Aetna. TPL will continue to automatically receive weekly coverage updates directly from Aetna. Providers are asked to please contact Aetna for any questions related to loaded commercial coverage.

October 8, 2020: Attention All Providers: Due to system maintenance, CHAMPS will be unavailable between 6:00 PM EST Saturday, October 10th to 9:00 AM EST Sunday, October 11th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

September

September 30, 2020: Attention All Providers: Provider payments from the Michigan Department of Health and Human Services (MDHHS) for Pay Date 10/01/2020 will be delayed one day. Specifically, CHAMPS payments and Remittance Advices (RA), i.e., HIPAA Electronic 835 transactions & paper for pay cycle 40, pay date 10/01/2020, will be delayed one day to 10/02/2020.

September 28, 2020: Attention All Providers: Due to system release, CHAMPS will be unavailable between 7:00 PM EST Friday, October 2nd to 2:00 AM EST Sunday, October 3rd, 2020. This outage willaffect the system access for all functionality. We apologize for any inconvenience this may cause.

September 14, 2020: Attention All Providers: Provider payments from the Michigan Department of Health and Human Services (MDHHS) for Pay Date 10/1/2020 will be delayed one day. Specifically, CHAMPS payments and Remittance Advices (RA), i.e., HIPAA Electronic 835 transactions & paper for pay cycle 40, pay date 10/01/2020, will be delayed one day to 10/02/2020.

September 9, 2020: Attention All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, September 12th to 9:00 AM EST Sunday, September 13th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

September 3, 2020: Attention Outpatient Hospital Providers: With the COVID-19 pandemic there have been new HCPC codes implemented to report for services related to the virus: U0003, U0004, 86769 and 87426. MDHHS will have these codes loaded into the system in our October 2, 2020 release. Until then claims with the above codes will deny/pay at zero with reason code A8- Ungroupable. Once the system is updated, MDHHS will adjust/resurrect the affected claims. In addition, according to Medicaid's wrap around fee schedule, HCPCS C9803 is non-covered and will continue to deny at the line.

August

August 31, 2020: Attention SNF and Hospice Providers: Based on current MSA policy hospice providers are only reimbursed for the date of discharge in the following scenarios:

- If the discharge matches the beneficiary's date of death.
- The beneficiary has revoked their Hospice benefit in favor of Skilled Nursing service at the Nursing Facility they currently reside in.
- The Beneficiary transfers from one hospice provider to another and both providers render service on the same day

Nursing Facilities are reimbursed for the discharge date if the discharge matches the beneficiary's date of death. When billing for a month that includes a facility discharge, providers are allowed to bill through the date ofdischarge on the claim (from/to dates) but should not include the actual discharge date in the number of billed units on the claim. Discharge payment guidelines for the respective provider types are in the Medicaid provider manual, Hospice chapter, Section 7.3.C. Date of Discharge and Billing and Reimbursement for Institutional chapter, Section 8.2.E Billed Facility Days.

Claim example**:**

If a Medicaid Beneficiary's admission date 6/01/2020 with a discharge date 7/31/2020, the discharging facility would bill their room and board service line for July 2020 as:

From date of service: 7/01/2020

To date of service: 7/31/2020

Units = 30

When billing for the same dates but the beneficiary expired in the facility, the month of July 2020 would be billed as:

From date of service: 7/01/2020

To date of service: 7/31/2020

Units = 31 (with the Patient Status Code 20)

August 28, 2020: Attention All Providers: Due to system maintenance, MILogin will be unavailable on Sunday, August 30th, 2020, from 9:00 PM to 10:00 PM EST. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

August 27, 2020: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, August 30, 2020, from 6:00 AM to 12:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 27, 2020: Attention All Providers: Due to MILogin system maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, August 30th to 1:00 AM EST Monday, August 31st, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

August 26, 2020: Attention All Providers: As of September 1, 2020, the Remittance Advice Remark Code (RARC) N644 and N517 will be expired. N644 *Reimbursement has been made according to the bilateral procedure rule* will be replaced with N657 *This should be billed with the appropriate code for these services.* RARC code N517 *Resubmit a new claim with the requested information* will expire will be replaced with N519 *Invalid combination of HCPCS modifiers.* Additional RARC definitions can be found at www.X12.org

August 25, 2020: Attention Clinic (FQHC, RHC, IHC) Providers: Currently CHAMPS is allowing the limits associated with Antepartum Only codes (59425 and 59426) to be bypassed incorrectly. Once corrected, MDHHS will void all overpaid/ incorrectly billed claims associated with these codes.

When billing Antepartum Codes Only (59425 and 59426) the date of delivery should be reported as the To/From Dates of service with all previous dates of service reported in the claim notes section. These codes should not be reported on a brand-new claim for each date of service, as this is improper billing and will result in claims being taken back.

August 25, 2020: Attention All Professional and Dental Providers: Update to Message Posted August 7,2020 Telehealth Recoveries. For those providers who received telehealth recoveries where the place of service of 02-Telemedicine was submitted without the appropriate modifier(s). Please refer to MSA 20-13 for billing requirements and if necessary, rebill these claims with the appropriate place of service and modifier(s). For those dental providers who also received takebacks, please rebill these claims to allow for properclaims processing to occur.

August 19, 2020: Attention All Providers: As a reminder, the Michigan Department of Health and Human Services (MDHHS) continues to suspend the ability to scan paper documents or CD's received by U.S. postal mail for Predictive Modeling review.

Providers should submit documents needed for Predictive Modeling review via the CHAMPS Document Management Portal (DMP).

- CHAMPS DMP resources and instructions can be found on www.Michigan.gov/MedicaidProviders >> CHAMPS>> External Links or click here.

Additional notification will be provided once MDHHS will resume scanning paper documents being received.

August 17,2020: CHAMPS 101 Webinar Series

- **Are you new to Michigan Medicaid?**
- **A new Michigan Medicaid Biller?**
- **Or need a CHAMPS refresher?**

Join us for a six-week CHAMPS 101 Webinar Series. Each week from September 2, 2020, through October 7, 2020, Provider Outreach and Education will be hosting a CHAMPS webinar.

Here is what you can learn:

- The basics of MILogin and the Community Health Automated Medicaid Payments System (CHAMPS)
- A high-level look into each CHAMPS tab
- Learn what additional resources are available and where they are located

Logistics

Webinar's will be held from 10:00 AM – 11:00 AM on each Wednesday from September 2, 2020, through October 7, 2020. Below are the available webinars.

Date	Topic	Agenda
September 2, 2020	CHAMPS 101: Introduction to MILogin and CHAMPS	Basics of MILogin and CHAMPS
September 9, 2020	CHAMPS 101: My Inbox Tab	Document retrieval

September 16, 2020	CHAMPS 101: Provider Tab	• Manage Provider Enrollment information • Modifications • Revalidations
September 23, 2020	CHAMPS 101: Claims Tab	• Submission • Adjust/Void • Inquiry • RA List • Inquire Pharmacy Claims
September 30, 2020	CHAMPS 101: Member Tab	Eligibility Verification • Medicaid Coverage • Third-Party Liability (TPL)
October 7, 2020	CHAMPS 101: PA (Prior Authorization) Tab	• Submission • Tracking

August 14, 2020: All Providers: Due to scheduled maintenance, the File Transfer Service (FTS) portal will be unavailable on Sunday, August 16, 2020, from 9:00 AM to 3:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 7, 2020: Attention All Professional Providers: All telehealth claims that were billed with a Place of Service 02 (Telehealth) and billed without the appropriate modifier with a date of service March 1,2020 or after having been voided. Please refer to policy bulletin MSA 20-09 and MSA 20-13 for proper telemedicine billing guidelines.

August 3, 2020: Attention All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, August 8th through 9:00 AM EST Sunday, August 9th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

July

July 30, 2020: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, August 2, 2020, from 9:00 AM to 3:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

July 23, 2020: Attention Providers: On June 9, 2020, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), released information on additional funds targeted to Medicaid and Children's Health Insurance Program (CHIP) providers through the Provider Relief Fund. This funding is available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. HRSA has extend the application deadline for this opportunity until August 3rd, 2020. During this webinar, staff from the Michigan Department of Health and Human Services (MDHHS) will provide an overview of the funding opportunity and address provider questions.

MDHHS Webinar: Monday, July 27, 1:00-2:00 PM. Event
Login: https://somdhhs.adobeconnect.com/easkh25rb8w7/event/login.html

Providers can visit www.hhs.gov/providerrelief for more information.

July 23, 2020: Attention RHC, FQHC and Tribal Health Center Providers: The MDHHS has identified claims with dates of service 8/1/2017 to present that were paid in error. These claims were for non-emergent services when the beneficiary was enrolled in the Medical Assistance Emergency Services Only (MA-ESO) benefit plan. MDHHS is working on resolving the issue, once completed all incorrectly paid claims will be voided.

July 21, 2020: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes ~~fee for service claims for newborns that were retro~~actively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 14, 2020: Attention Providers: Update to the message posted on July 9, 2020, Certain Professional and Hospital Providers payment delay for Pay Cycle 28 (7/9/2020). All CHAMPS payments have been successfully submitted to SIGMA. Checks were printed and mailed on Monday, July 13, 2020, and EFT's will be deposited on Tuesday, July 14, 2020. These payments will be reflected on Pay Cycle 29 remit/835. We apologize for any inconvenience this may have caused.

July 13, 2020: Attention RHC, FQHC, and IHC Providers: MDHHS has identified processing issues withsome of the Medication Therapy Management (MTM) claims, resulting in incorrect claim denials. Until MDHHS can implement a permanent solution, quarterly system corrections will be conducted to reprocess any claim that was incorrectly denied.

July 9, 2020: Attention Providers: Certain Professional and Hospital Providers payment delay for Pay Cycle 28 (7/9/2020): The Michigan Department of Health and Human Services (MDHHS) has identified a small number of provider payments for pay cycle 28 (7/09/2020) which will be delayed. The problem has been resolved and payments are being processed. We apologize for any inconvenience this may cause.

July 6, 2020: Attention All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, July 11th to 6:00 PM EST Sunday, July 12th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June

June 29, 2020: Outpatient Hospital Providers: April 2020 Quarterly APC & ASC software: This is a notification that the April 2020 Quarterly APC & ASC software, was loaded into the CHAMPS system on June 19, 2020. MDHHS will begin adjusting and resurrecting claims that we paid under the previous quarter's software. If claims are not captured through the resurrect process providers are encouraged to adjust or rebill with claim note *"Previous TCN XXXXXXXXXXXXXXXXX rebilling April 2020 quarterly updates"*

June 24, 2020: Attention All Providers: Due to system maintenance, MILogin will be unavailable between 9:00 PM EST Sunday, June 28th to 1:00 AM EST Monday, June 29th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 15, 2020: Attention All Providers: Due to system release, the CHAMPS system will be unavailable between 7:00 PM EST Friday, June 19th through 2:00 AM EST Saturday, June 20th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 10, 2020: Attention Clinic Providers: The attending provider (MD/DO/Medical Director) should be listed on the institutional billing claim form for a behavioral health service, even if there is not a direct relationship with the MD/DO/Medical Director. Per the National Uniform Billing Committee (NUBC), the attending provider is the individual who has overall responsibility for the patient's care. If a patient is receiving behavioral health services from a licensed clinical social worker or licensed professional counselor, they may be doing so under the supervision of the MD/DO/Medical Director in the clinic (even if it is indirect supervision). The rendering provider should be listed on the institutional billing form as well.

June 8, 2020: All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, June 13th through 9:00 AM EST Sunday, June 14, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 2, 2020: All Providers: As of June 1, 2020, MDHHS, has resumed the ability to scan paper claims received by U.S. postal mail. Paper claims were last scanned on March 20, 2020. MDHHS asks providers to please be patient as the backlog of paper claims is worked through.

Providers are encouraged to submit HIPAA 837P,837I, or 837D electronic claims to CHAMPS through a billing agent, through a batch upload process, or Direct Data Entry (DDE).

CHAMPS DDE resources and instructions can be found on www.Michigan.gov/MedicaidProviders >> CHAMPS>> Claims and Encounter or click here.

Electronic claims resources can be found on www.Michigan.gov/MedicaidProviders >> Billing & Reimbursement >> Electronic Billing or click here.

May

May 28, 2020: Attention Outpatient Hospital Providers: With the COVID pandemic there have been new codes implemented to report for services related to the virus. HCPCS codes U0001, U0002, and 87635 along with diagnosis code U071. MDHHS will have these codes loaded into the system in our June 19, 2020, release. Until then claims with the above codes will deny with reason code A8- Ungroupable. Once the system is updated MDHHS will adjust/resurrect the affected claims.

May 28, 2020: Attention Rural Health Clinics: MDHHS has identified multiple claims where the T1015 was reimbursed multiple times for the same date of service, same beneficiary, same billing provider causing an overpayment. These claims will be voided by MDHHS to correct the overpayments. These claims will be identified with the claim note indicating “MIPRO00097101 Duplicate Clinic Claim Voids”.

May 28, 2020: All Providers: Due to system maintenance, MILogin will be unavailable on Sunday, May 31, 2020, from 9:00 PM to 1:00 AM EST Monday, June 1, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

May 27, 2020: Attention Skilled Nursing Facility Providers: As indicated in L Letter 20-32, the Michigan Department of Health and Human Services (MDHHS) transitioned to a new COVID-19 reporting data set as of May 22, 2020. All skilled nursing facilities (SNFs) must report on all data fields in the “**Daily LTC National Healthcare Safety Network (NHSN Report)**” and “**Daily LTC State of Michigan Report**” events in EMResource.
On Thursday, May 28, 2020, from 1:00 p.m. to 2:00 p.m., the MDHHS will hold a webinar to provide an overview of the EMResource platform, review requirements related to both National Healthcare Safety Network (NHSN) and Michigan data elements, and the process by which data will be transmitted from EMResouce to NHSN by the MDHHS on behalf of skilled nursing facilities. A portion of the webinar will be dedicated to a Q&A session.
To attend the webinar click Join Microsoft Teams Meeting

Conference phone line: 248-509-0316

Conference ID: 588 227 231#

Please ensure your microphone or phone line is muted.

Following the webinar, the webinar recording, slides, and FAQs will be posted on the MDHHS Provider website. To assist in assuring the appropriate staff is in attendance please share this information withthose individuals within your organization who are responsible for COVID-19 EMResource reporting.

May 26, 2020: All Providers: Due to MILogin system maintenance, the CHAMPS system will be unavailable on Sunday, May 31, 2020, from 9:00 PM to 1:00 AM EST Monday, June 1, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

May 20, 2020: Stakeholders and Providers: The novel coronavirus (COVID-19) has created an unprecedented situation that impacts how the state operates and delivers services. Due to budgetary constraints, it has become necessary for the State to implement temporary layoff days.

As many of you are aware, it was announced last week that State employees would be furloughed one day each week. Staff in the Medical Services Administration (MSA) will be laid off on Fridays, starting this week and lasting through July. For reference, see the list of days below:

Friday, May 22, 2020
Friday, May 29, 2020
Friday, June 5, 2020
Friday, June 12, 2020
Friday, June 19, 2020

Friday, June 26, 2020
Thursday, July 2, 2020 (Friday is July 4th holiday observance)Friday, July 10, 2020
Friday, July 17, 2020
Friday, July 24, 2020

On these days, there will be limited to no availability of staff. Providing access to services for our Medicaid beneficiaries remains our utmost priority; accommodations have been made to ensure that this furlough minimizes barriers to care. While our operational responsiveness and timeliness will not be what you are accustomed to, MSA staff are committed to responding as quickly as possible. Your understanding and patience are greatly appreciated as we continue working to help our state move through this public health emergency.

May 18, 2020: Attention ALL Providers: Due to scheduled maintenance the File Transfer Service (FTS) portal will be unavailable on Sunday, May 24, 2020, from 8:00 AM to 4:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

May 15, 2020: Nursing Facility Providers: On May 6, 2020, Centers for Medicare & Medicaid Services (CMS) released memo QSO-20-29-NH describing COVID-19 reporting requirements for skilled nursing facilities (SNF) and introducing the National Healthcare Safety Network (NHSN) system. As CMS introduces new weekly reporting requirements, the Michigan Department of Health and Human Services (MDHHS) maintains daily reporting requirements for skilled nursing facilities. In the interest of reducing reporting duplication and burden for skilled nursing facilities, the MDHHS is aligning the current EMResource data set to include the complete NHSN Long-Term Care Facility (LTCF) COVID-19 Module, in addition to Michigan-specific data elements. MDHHS will transmit the skilled nursing facility's reported data set to NHSN. Skilled nursing facilities will only need to report in EMResource to satisfy the COVID-19 related MDHHS and CMS reporting requirements. **Skilled nursing facilities must have access to the NHSN system and an NHSN number for MDHHS to report on their behalf.**

In addition, for MDHHS to transmit data to NHSN on behalf of skilled nursing facilities, a new time-limited reporting event, called COVID-19 LTC/SNF Time-Limited, has been created in EMResource to collect the following information:

- the facility's name
- the facility's CMS Certification Number (CCN)
- NHSN Facility ID Number (facility identifier used by the National Healthcare Safety Network).

This information must be submitted one time in EMResource no later than Thursday, May 21, 2020, If a skilled nursing facility does not complete the COVID-19 LTC/SNF Time-Limited event by Thursday, May 21, 2020, MDHHS will be unable to transmit data to NHSN on the facility's behalf. Further, the facility will be required to report in both EMResource and NHSN.

This MDHHS time-limited reporting must be completed through the web-based EMResource tool which can be accessed at https://emresource.juvare.com/login. For questions related to this time-limited reporting requirement, please email MDHHS-MSA-COVID19@michigan.gov.

Skilled nursing facilities that do not have current account access or have questions related to EMResource should contact the Regional Healthcare Coalition (HCC) that serves the county in which the skilled nursing facility is located.

To enroll in NHSN, go to LTCF COVID-19 Module Enrollment. For NHSN questions, please email NSHN@cdc.gov and add "LTCF" in the subject header. If a facility is already enrolled in NHSN, please do NOT re-enroll.

Note: Skilled nursing facilities should continue to report in EMResource and NHSN until further guidance and information is provided by MDHHS.

May 15, 2020: Attention All Providers: MDHHS issued the COVID-19 Response Fee Schedule which outlines coverage of codes to allow flexibility to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This database reflects codes and coverage changes that are intended to be time-limited, and MDHHS will notify providers of its termination (please note, this change in termination of coverage has been updated to align with recent policy updates).

This fee schedule can be found at www.michigan.gov/medicaidproviders >>> Billing & Reimbursement >>> Provider Specific Information>>> COVID-19 Response. We encourage providers to revisit this fee schedule as updates to coverage have been made in response to recent policy changes.

May 14, 2020: Attention Medicaid Enrolled Skilled Nursing Facilities: As described in the QSO-20-29-NH memo, the National Healthcare Safety Network (NHSN) Long-Term Care Facility COVID-19 Module is now available and facilities must submit their first set of data by 11:59 p.m. Sunday, May 17, 2020.

To ensure timely submission, nursing facilities must immediately gain access to the NHSN system. To enroll, visit www.cdc.gov/nhsn/ltc/covid19/enroll, if a facility is already enrolled in NHSN, there is no need to re-enroll.

- For a more in-depth explanation of the enrollment process, see Enrollment Guidance Document
- General information on the LTCF COVID-19 Module can be found at NHSN LTCF COVID-19 Information
- It is critical for nursing facilities to ensure their CMS Certification Number (CCN) is entered correctly into the NHSN system, so CMS can confirm the facility has met the reporting requirement.

For NHSN questions, email NHSN@cdc.gov and include "LTCF" in the subject header. In the interest of reducing reporting duplication and burden for Skilled Nursing Facilities, MDHHS will alignthe current EMResource data set to include the complete NHSN LTCF COVID-19 Module, in addition to Michigan-specific data elements. Additional information and guidance will be provided soon.

May 14, 2020: Attention FQHC, RHC Update to Provider Alert Posted January 8, 2020: All 2020 clinic rates have been loaded to CHAMPS. Any FQHC and RHC claims that were paid at $0.00 from January 1, 2020- April 2020 due to missing rates will be adjusted. These claims should be seen on a remittance advice within the next 3-5 pay cycles.

May 14, 2020: Attention Tribal Health Centers: All 2020 rates have been published by CMS and are now loaded in CHAMPS. All claims processed from January 1, 2020, to present will be adjusted by MDHHS to reflect the appropriate 2020 rate. These claims should be seen on a remittance advice within the next 3-5 pay cycles.

May 14, 2020: Attention Inpatient Hospital Providers: MDHHS identified a system issue that was causing claims that should have been paid at the short stay rate to be incorrectly paid at the DRG rate, causing overpayments. We have identified these claims and will be adjusting to recover the overpayments. The claims can be identified by the claim note "*Adjusting-updated Short Stay logic, 72 hrs rule*".

May 8, 2020: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, May 10, 2020, from 10:00 AM to 12:00 PM EST to replace the DXGWEB.STATE.MI.US Sectigo certificate. This will only impact those who connect to the FTS via DXGWEB.STATE.MI.US. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this maycause. Billing agents may have to accept the new fingerprint associated with the certificate.

May 4, 2020: All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, May 9th through 9:00 AM EST Sunday, May 10, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April

April 28, 2020: All Providers: PLEASE NOTE: This notice only applies to providers requesting prior authorization (PA) through the MDHHS Program Review Division. **Providers requesting authorization for services typically reviewed by MPRO should continue to follow normal telephonic procedures.**

Consistent with public health emergency conditions at both the state and federal level related to COVID-19, MHDDS has instituted some temporary changes in how to submit prior authorization (PA) requests to our office. These changes were effective 3/23/2020. Given the circumstance, these changes are intended to be time-limited, and MDHHS will notify providers of their termination.

Effective immediately, we ask that you submit your requests electronically through the CHAMPS system to help minimize delays in authorization. Our analysts will review the requests electronically, and determination letters will be available in CHAMPS for providers to access through Archived Documents* by tracking number or beneficiary ID.

For electronic submissions, all supporting documentation, the Prior Authorization Request Form, and signatures required (as outlined in the Michigan Medicaid Provider Manual chapter correlating with the program area for services being requested) must be uploaded in CHAMPS via the Additional Documentation section. Please avoid faxing documents if you can.

If you are unable to upload the supporting documentation to your electronic request, you may fax the supporting documents using **only** the fax cover sheet that is generated by CHAMPS when the fax option is chosen in the Additional Document section. In this case, please make a notation in your procedure code comments that supporting documentation has been faxed.

Please avoid faxing or mailing PA requests if you can. We realize in isolated situations there may be a need to submit a request via fax.

- During this period of time only, dental providers without digital radiography may submit requests without film.
- Dental providers with digital radiography should continue to submit digital radiographs through direct upload or upload of paper copies.
- Only one PA request for one beneficiary should be faxed at a time, please do not include more than one request per fax.

Providers can find instructions on how to submit Prior Authorizations in CHAMPS at www.Michigan.gov/MedicaidProviders click on CHAMPS, select Prior Authorization or click here. Questions, regarding how to submit requests electronically and/or how to access *Archived Documents in CHAMPS, should be directed to the Provider Support Hotline at 1-800-292-2550 or by email ProviderSupport@Michigan.gov. Please be aware that faxing or mailing may result in a delay authorization of your request. Please forward this notification to the appropriate clinicians and staff who process your prior authorizationrequests. We appreciate your patience and understanding. Once this crisis is over, normal processing and requirements will resume.

April 24, 2020: All Providers: Due to system maintenance, MILogin will be unavailable on Sunday, April 26, 2020, from 9:00 to 10:00 PM EST. The entire MILogin environment will be unavailable during this time. We apologize for any inconvenience this may cause.

April 24, 2020: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailableon Sunday, April 26, 2020, from 9:00 AM to 3:00 PM EST. Please refrain from submitting files duringthis maintenance period. We apologize for any inconvenience this may cause.

April 21, 2020: All Providers: Due to MILogin maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, April 26th through 1:00 AM EST Monday, April 27, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April 15, 2020: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 14, 2020: Attention Nursing Facilities, MI Health Link, PACE, and MI Choice Providers: If a passive LOCD record is calculated based on MDS/iHC data and its start and end dates fall within the dates of an already existing, qualifying door in CHAMPS, the passive record will go inactive. None the less, the facility will receive a notification in your CHAMPS My Inbox to inform the facility that a passive record was calculated. Additionally, when a LOCD is calculated via the Passive Redetermination process, a new signedFreedom of Choice is not required.

April 10, 2020: Attention Long Term Care Providers: During the current COVID-19 State of Emergency declaration, the Level of Care Determination (LOCD) Verification Review process will be modified in recognition that providers are able to conduct telephonic eligibility reviews pursuant to MSA 20-12. Verification reviews will be completed telephonically by MPRO during this time. Operationally, a

document upload must be completed in the system by the provider for MPRO to complete the Verification Review. In lieu of uploading supporting documentation for a LOCD selected for Verification Review during the state of emergency, the provider must upload a single document with the following information: "Due to the COVID-19 public health emergency, this LOCD was completed per MSA 20-12 and selectedfor Verification Review. The provider will contact MPRO within one business day for a telephonic review of this selected LOCD."

The provider should contact MPRO at 1-800-727-7223 within one business day after completing the upload to conduct a telephonic review of the selected LOCD.

April 6, 2020: All Providers: Due to system release, the CHAMPS system will be unavailable between 11:00 PM EST Tuesday, April 7th through 1:00 AM EST Wednesday, April 8, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April 6, 2020: Attention All Providers: Due to Governor Whitmer Executive Order "Stay Home, Stay Safe" directive (Executive Order 2020-21 (COVID-19)) the Michigan Department of Health and Human Services (MDHHS) has suspended the ability to scan paper claims received by U.S. postal mail.

Providers can submit HIPAA 837P,837I or 837D electronic claims to CHAMPS through a billing agent, through a batch upload process, or through Direct Data Entry (DDE).

- CHAMPS DDE resources and instructions can be found on www.Michigan.gov/MedicaidProviders >> CHAMPS>> Claims and Encounter or click here.
- Electronic claims resources can be found on www.Michigan.gov/MedicaidProviders >> Billing & Reimbursement >> Electronic Billing or click here.

Additional notification will be provided once MDHHS will resume scanning paper claims being received.

April 6, 2020: All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, April 11th through 9:00 AM EST Sunday, April 12, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April 6, 2020: Attention All Providers: Due to Governor Whitmer Executive Order "Stay Home, Stay Safe" directive (Executive Order 2020-21 (COVID-19)) the Michigan Department of Health and Human Services (MDHHS) has suspended the ability to scan paper documents or CD's received by U.S. postal mail for Predictive Modeling review.

Providers can submit documents needed for Predictive Modeling review via CHAMPS Document Management Portal (DMP). Any documents mailed to MDHHS on or after March 10, 2020, should be resubmitted using DMP.

- CHAMPS DMP resources and instructions can be found on www.Michigan.gov/MedicaidProviders >> CHAMPS>> External Links or click here.

Additional notification will be provided once MDHHS will resume scanning paper documents being received.

April 3, 2020: All Providers: Due to system maintenance, MILogin will be unavailable on Friday, April 3, 2020, from 11:00 PM to 7:00 AM EST Saturday, April 4, 2020. The entire MILogin environment will be unavailable during this time. We apologize for any inconvenience this may cause.

April 1, 2020: All Providers: MDHHS has issued COVID-19 Response policies that allow flexibility to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. A COVID-19 Response database has been developed and reflects codes and coverage changes that are in effect for 30 days following the termination of the Governor's Declaration of a State of Emergency Order (2020-04, COVID-19), or on the first of the following month, whichever is later. The COVID-19 Response database is posted on the Provider Specific Information page, available here: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-159815--,00.html

March

March 30, 2020: Attention Outpatient Hospital Providers January 2020 APC Updates: The January 2020 quarterly APC/OPPS software was successfully updated in CHAMPS. MDHHS will attempt to

reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill or adjust the claims with claim note "*Previous TCN XXXXXXXXXXXXXXXXXX rebilling January 2020 quarterly updates*".

March 30, 2020: Outpatient Hospital Providers: MDHHS is rejecting claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare's Addendum B. This was corrected in the system update on March 27, 2020. MDHHS will identify affected claims and reprocess. If your claim does not get reprocessed within 30 days, please rebill.

March 30, 2020: Attention Outpatient Hospital Providers: The OPPS reduction factor was reduced to 50.3% effective for dates of service on and after January 1, 2020. The CHAMPS system was updated with this new rate on March 27, 2020. Claims submitted after that date will be paid at the correct rate, and claims billed prior to will be adjusted by MDHHS. If your claim does not get reprocessed within 30 days, please rebill.

March 27, 2020: Hospice Providers: The MDHHS has identified a discrepancy in CBSA rates loaded into CHAMPS for dates of service 10-1-2019 forward resulting in incorrect payment (see L Letter 20-14). The CBSA rates in CHAMPS with an effective date of 10-1-19 have been updated. All affected claims are being identified and will result in claim adjustments.

March 27, 2020: All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 29, 2020, from 6:00 AM to 12:00 PM to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

March 26, 2020: All Providers: Due to system maintenance, MILogin will be unavailable between Sunday, March 29, 2020, from 9:00 PM to 1:00 AM EST Monday, March 30, 2020. The entire MILogin environment will be unavailable during this time. We apologize for any inconvenience this may cause.

March 26, 2020: All Providers: Due to system release, the CHAMPS system will be unavailable between 7:00 PM EST Friday, March 27th through 2:00 AM EST Saturday, March 28, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

March 25, 2020: On Monday, March 23rd, Governor Whitmer instituted Executive Order No. 2020-21 –Temporary requirement to suspend activities that are not necessary to sustain or protect life.

URGENT: MDHHS advises review of "Actions for Caregivers of Older Adults During COVID-19" for all Home Health Agencies, Home Help Agencies, Home Help Individual Providers, and In-Home Hospice Providers and for Managed Care Organizations including Medicaid Health Plans, Integrated Care Organizations, MI Choice Waiver Agencies, Nursing Facility Transition Program Providers, Programs for All-Inclusive Care for the Elderly (PACE), Pre-Paid Inpatient Health Plans (PIHPs), and Community Mental Health Service Programs (CMHSPs).

March 23, 2020: Attention All Providers: Because of the recent COVID-19 outbreak, we are instituting some temporary changes in how to submit prior authorization (PA) requests to our office. These changes will be effective through 30 days from the end of the emergency declaration or the first of the month, whichever is later.

Effectively immediately, we ask that you submit your requests electronically through the CHAMPS system to help minimize delays in authorization. Our analysts will review the requests electronically, and determination letters will be available in CHAMPS for providers to access through Archived Documents by tracking number or beneficiary ID.

For electronic submissions, all supporting documentation, the Prior Authorization Request Form, and signatures required (as outlined in the Michigan Medicaid Provider Manual chapter correlating with the program area for services being requested) must be uploaded in CHAMPS via the Additional Documentation section. Please avoid faxing documents if you can.

If you are unable to upload the supporting documentation to your electronic request, you may fax the supporting documents using **only** the fax cover sheet that is generated by CHAMPS when the fax option is chosen in the Additional Document section. In this case, please make a notation in your procedure

code comments that supporting documentation has been faxed. Please avoid faxing or mailing PA requests if you can. We realize in isolated situations there may be aneed to submit a request via fax.

- During this period of time only, dental providers without digital radiography may submit requests without **film** radiographs.
- Dental providers with digital radiography should continue to submit digital radiographs through direct upload or upload of paper copies.
- Only one PA request for one beneficiary should be faxed at a time, please do not include more than one request per fax.

Providers can find instructions on how to submit Prior Authorizations in CHAMPS at www.Michigan.gov/MedicaidProviders click on CHAMPS, select Prior Authorization or click here. Please be aware that faxing or mailing may result in a delay authorization of your request. Please forward this notification to the appropriate clinicians and staff who process your prior authorizationrequests. We appreciate your patience and understanding. Once this crisis is over, normal processing andrequirements will resume.

March 18, 2020: Attention Rural Health Clinics (RHC): As a reminder when submitting claims to Medicare, that also count as a Medicaid face to face encounter, T1015 should be reported to ensure the claim will crossover to Medicaid correctly. Claims that crossover to Medicaid without the T1015 should be adjusted by the provider to ensure theclaim can be counted as a face-to-face encounter.

March 9, 2020: All Providers: Due to system maintenance, CHAMPS will be unavailable between 6:00 PM EST Saturday, March 14th through 9:00 AM EST Sunday, March 15, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

March 3, 2020: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has identified a low volume of claims that have paid twice in error. MDHHS will void the identified claims beginning on pay cycle date 3/06/2020 until complete. The claims can be identified with claim note "*Voiding Duplicate Internal Submissions".*

February

February 28, 2020: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 1, 2020, from 6:00 AM to 12:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

February 24, 2020: All Providers: Currently in CHAMPS there is a system issue when looking up eligibility and searching by a member's last name, first name, and date of birth (DOB). The commercial/other insurance hyperlink will show as Y, indicating the member has a primary payer, when the hyperlink is clicked the commercial/other insurance information does not display. This issue is scheduled to be corrected as part of the CHAMPS June update until then providers should verify a member has commercial/other insurance coverage by searching in CHAMPS using the member ID.

February 21, 2020: All Providers: Due to system maintenance, MILogin will be unavailable on Sunday, February 23, 2020, from 9:00 PM to 11:00 PM EST. The entire MILogin environment will be unavailable during this time. We apologize for any inconvenience this may cause.

February 18, 2020: All Providers: Due to MILogin system maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, February 23rd to 1:00 AM EST Monday, February 24th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

February 14, 2020: Nursing Facility, MI Choice, PACE, and MI Health Link Providers: As introduced as part of MSA Policy Bulletin 18-48 the Level of Care Determination (LOCD) Passive Redetermination Process will begin in CHAMPS as of April 1, 2020. In preparation for the upcoming changes, MDHHS will be offering the following webinar training dates. Providers only need to register for one webinar date as the materials presented will remain the same.

Tuesday, March 17, 2020, 10:00 AM-12:00 PM EST
Thursday, March 19, 2020, 10:00 AM-12:00 PM EST

Tuesday, March 24,2020, 10:00 AM-12:00 PM EST

Thursday, March 26, 2020, 10:00 AM-12:00 PM EST

**Please note audio for the webinars will be available through your computer speakers

To assist in ensuring the appropriate staff is in attendance please share this information within your organization with those individuals who are responsible for LOCD's and Long-Term Care billing. To register for any of the webinar dates click here or visit the Medicaid Provider Training website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html

February 4, 2020: System Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, February 8th through 9:00 AM EST Sunday, February 9th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

February 3, 2020: All Providers: Effective February 2020, Commercial Medical, Pharmacy, and Vision coverage that is received from Health Alliance Plan (HAP) will be loaded into the CHAMPS Third Party Liability (TPL) Coverage File. MDHHS will no longer update these records unless there are changes after the last load date of commercial eligibility received directly from HAP. Providers are asked to please contact HAP 1-800-801-1766 for any questions related to loaded coverage.

January

January 23, 2020: Due to system maintenance, MILogin will be unavailable on Sunday, January 26, 2020, from 9:00 PM EST to 10:00 PM EST. MILogin services will be unavailable during that time. We apologize for any inconvenience this may cause.

January 22, 2020: System Outage: Due to CHAMPS system release and MILogin maintenance, the CHAMPS system will be unavailable during the following dates and times:

7:00 PM EST Friday, January 24, 2020, through 2:00 AM EST Saturday, January 25, 2020

9:00 PM EST Sunday, January 26, 2020, to 1:00 AM EST Monday, January 27, 2020

These outage times will affect the system access for all functionality. We apologize for any inconveniencethis may cause.

January 21, 2020: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 17, 2020: Attention All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, January 19, 2020, from 9:00 AM to 12:00 PM EDT to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

January 8, 2020: Attention FQHC and RHC Providers: The 2020 All-Inclusive (PPS rate) has not been loaded in CHAMPS for dates of service beginning January 1, 2020, to present causing claims to deny or pay at $0.00. Once the rates have been loaded MDHHS will re-adjudicate all affected claims.

January 6, 2020: System Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, January 11th through 6:00 PM EST Sunday, January 12th, 2020. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

Return to Top

2019

December

December 27, 2019: All Providers: Due to scheduled year-end maintenance activities, the CHAMPS system, 270/271, and batch file processing will be unavailable between 6:00 PM EST Tuesday, December 31st, 2019 through 12:00 AM EST Wednesday, January 1st, 2020. System Processing willresume after the maintenance. We apologize for any inconvenience this may cause.

December 27, 2019: Attention Outpatient Hospital Providers: MDHHS is rejecting claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare's Addendum B. This is projected to be fixed with our January 2020 quarterly updates that are scheduled for March 27, 2020. Once the system update is complete MDHHS will reprocess affected claims.

December 16, 2019: System Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, December 21, 2019, through 9:00 AM EST Sunday, December 22, 2019. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 10, 2019: System Outage: Due to system release, the CHAMPS system will be unavailable between 7:00 PM EST Friday, December 13, 2019, through 2:00 AM EST Saturday, December 14, 2019.This outage will affect the system access for all functionality. Additionally, CHAMPS Document Management Portal (DMP) and Archived Documents will be unavailablebetween 5:00 PM EST, Friday, December 13, 2019, through 4:00 PM EST Saturday, December 14, 2019. We apologize for any inconvenience this may cause.

December 4, 2019: Attention All Providers: The File Transfer Service (FTS) portal will be unavailableon Sunday, December 8, 2019, from 9:00 AM to 12:00 PM EST to perform scheduled maintenance.Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

November

November 26, 2019: All Providers: We are experiencing delays for claims suspending for Other Insurance Review (CARC 22). As we diligently work to reduce the aging, please allow additional time for the claims to be adjudicated.

November 25, 2019: Attention Hospital Providers: This is a notification that the October 2019 Quarterly APC & ASC software, as well as the annual APR DRG grouper 37 updates, are scheduled to be loaded into the CHAMPS system on December 13, 2019. Until the system is updated Outpatient claims will be processed under the previous quarter's software, and Inpatient claims will be processed under grouper 36. Providers should expect to see an increase in claim denials when new codes are reported as well as incorrectly paid claims. MDHHS asks that providers continue to bill for the services rendered usingNational Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be resurrected/adjusted.

November 22, 2019: System Outage: Due to maintenance, MILogin will be unavailable on Sunday, November 24, 2019, from 9:00 PM to 11:00 PM EDT. MILogin services will be unavailable during thattime. We apologize for any inconvenience this may cause.

November 22, 2109: System Outage: Due to MILogin system maintenance, the CHAMPS system will be unavailable between 9:00 PM to 11:00 PM EST Sunday, November 24, 2019. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

November 18, 2019: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 24, 2019, from 6:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

November 18, 2019: Attention Nursing Facility Providers: As a reminder when there is an offset to a beneficiary's Patient Pay (PPA) that is greater than the PPA for a single month, the offsetting may involve more than one month. The supporting documentation must be uploaded into the Document Management Portal with a To and From date reported that covers all dates of service affected by the offset and a claim note "*offset spans months*." Additionally, if an offset amount is not larger than the PPA, that offset can only be applied to the claim in which the DOS of treatments/supplies are given. The offset is not based onthe date of payment. Acceptable proofs of payment include photocopy of check, credit card receipt, and paper receipt from the provider.

November 18, 2019: Attention Hospice Providers: The Hospice/Nursing Facility Room & Board

Reimbursement Rates effective 10-1-2019 will not be available. No scheduled date for posting is available currently. All new rate letters have been provided to the Nursing Facilities; they are availablevia contact with the facility. We encourage Hospice Providers to communicate with Nursing Facilities. Please refer to the Hospice Reimbursement Rate Calculation below for guidance. We apologize for thedelay.

Step 1: Facility Rate provided by Nursing Facility.
Step 2: Divide the Facility QAS Rate Add-On amount by 95% = Hospice QAS Add-On.
Step 3: Nursing Facility Rate + Hospice QAS Add-On amount = Hospice Rate

November 6, 2019: System Outage: Due to system maintenance, the CHAMPS system will be down 6:00 PM EDT Saturday, November 9, 2019, through 9:00 AM EDT Sunday, November 10, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 31, 2019: Attention Long-Term Care Providers: The CHAMPS system issue causing the inability to create a new LOCD, resulting in a screen error message, has been resolved. Providers still experiencing issues can contact Provider Support.

October 31, 2019: Due to system release, the CHAMPS system will be down at 7:00 PM EST Friday, November 1, 2019, through 2:00 AM EST Saturday, November 2, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 30, 2019: Attention Long-Term Care Providers: MDHHS is aware of a current CHAMPS system issue causing the inability to create a new LOCD, resulting in a screen error message. MDHHS is working to resolve the issue and will issue a notification once resolved.

October 25, 2019: System Outage: Due to system maintenance, MILogin will be unavailable on Sunday, October 27, 2019, from 9:00 PM EST to 11:00 PM EST. MILogin services will be unavailable during that time. We apologize for any inconvenience this may cause.

October 25, 2019: System Outage: Due to MILogin maintenance, the CHAMPS system will be unavailable between Sunday, October 27, 2019, 9:00 PM EST to Monday, October 28, 2019, 1:00 AM EST. MILogin services will be unavailable during that time. We apologize for any inconvenience this may cause.

October 22, 2019: All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, October 27, 2019, from 8:00 AM to 12:00 PM EDT to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

October 16, 2019: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 16, 2019: Attention Nursing Facility Providers: Effective November 1, 2019, when submitting requests for Level of Care Determination (LOCD) Door Zero payment consideration, MDHHS will require a dated copy of the adverse action notice provided to the resident uploaded via DMP.

Additionally, as a reminder the TCN's submitted should only include days of service that are covered under the Door 0 record, and claims submitted must only include up to the 90th day. Gross Adjustments will no longer be issued, rather the original rejected TCN's will be resurrected, resulting in payment via a TCN beginning with 41xx. Please refer to the original Provider Alert posted 10-31-2018 for additional information.

October 8, 2019: Rural Health Clinic Providers: The MDHHS has identified RHC claims that were missed in the original adjustments for the other insurance reduction factor, these claims were submitted between 6/22/2018 and 5/03/2019. The claims are being adjusted and should appear on a remittance advice within the next 3-5 pay cycles.

October 8, 2019: Attention All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, October 13, 2019, from 8:00 AM to 1:00 PM EST to perform scheduled maintenance. Maintenance will include replacing the SSL certificates (mideg.state.mi.us & mivend.state.mi.us) for FTP/SSL. Trading partners using FTP/SSL will need to accept the new certificates.

Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

October 8, 2019: Attention Outpatient Hospital Providers: As a reminder, for claims denied with Claim Adjustment Reason Code 23 "The impact of prior payers adjudication including payments/and or adjustments", if the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will need to be rebilled with the other insurance information reported at **each service line level** for correct processing or providers will need to contact the primary payer to further resolve the primary payers' actions.

October 8, 2019: All Providers: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EDT Saturday, October 12, 2019, through 6:00 PM EDT Sunday, October 13, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 2, 2019: Attention ALL Providers: The Michigan Department of Health and Human Service (MDHHS) provider payments for pay cycle 40 (10/03/2019) will be delayed one day to 10/04/2019. This delay will include both EFT and paper warrants along with CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper.

October 2, 2019: Professional Providers: Claim adjustments for non-physicians: Professional non-physician providers (Psychologists, Social workers, Marriage and Family Therapists, and Professional Counselors) with claim dates of service on or after 1/01/16, that were adjusted for recoupment per MSA 15-44 and MSA 16-14, will be reprocessed for repayment of recoupment.

MDHHS will adjust the impacted claims beginning on pay cycle date 10/10/2019 until complete. The claims can be identified with claim note "*93103 repayment of recoupment*".

October 2, 2019: Attention Long Term Care Providers: All Face-to-Face Level of Care Determination records entered in CHAMPS on or after October 4, 2019, for individuals who do not have a Medicaid number, the entire 9 digits of the Social Security Number (SSN) is required. Please note that the hyphens should not be entered when completing the SSN.

As a reminder, providers are to use the Medicaid ID Number if there is one assigned. Inaccurate demographic information entered could result in a delay in reimbursement, while it's being corrected by Provider Support.

September

September 27, 2019: All Providers: Due to system maintenance, MILogin will be unavailable on Sunday, September 29, 2019, from 9:00 PM EST to 11:00 PM EST. MILogin services will be unavailable during that time. We apologize for any inconvenience this may cause.

September 26, 2019: System Outage: Due to system release, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, September 29, 2019, through 1:00 AM EST Monday,September 30, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 26, 2019: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, September 29, 2019, from 8:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

September 25, 2019: Attention ALL Providers: Effective October 14, 2019, pharmacy coverage that is received from CVS Caremark will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these TPL records unless there are changes after the last load date of eligibility received directly from CVS Caremark. Providers are asked to please contact CVS

Caremark for any questions related to loaded coverage.

Note: Please do not report any changes to update the PCN loaded in CHAMPS. This PCN is a Medicaid specific value required by CVS Caremark. Please refer to the member's card or directly contact CVS Caremark for the point-of-sale pharmacy processing information.

September 19, 2019: Professional Provider: The Michigan Department of Health and Human Services (MDHHS) has identified denied professional claims billed with dates of service on or after January 1, 2019, for non-physician behavioral health providers in a facility place of service. MDHHS will adjust these claims beginning on pay cycle 38 (9/19/19) to allow claims to process correctly.

September 12, 2019: All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, September 15, 2019, from 8:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

September 9, 2019: System Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, September 14, 2019, through 9:00 AM EST Sunday, September 15, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 4, 2019: This is an update to the message posted on September 13, 2017, regarding newborns that are born in one hospital and subsequently transferred to another hospital on the same day. CHAMPS is now suspending these claims, providers need to follow the NUBC guidelines for newborn transfers.

September 4, 2019: This serves as a reminder to all dental providers rendering services to a pregnant woman. Per MSA 18-18 and Letter L 19-05, dental services rendered to a pregnant woman during the pregnancy and three months postpartum are the responsibility of the Medicaid Health Plan (MHP), when the beneficiary has MA-MC coverage. When verifying eligibility within CHAMPS during this timeframe please disregard the banner indicating: "**Info: Fee for Service Dental Coverage (Note: Refer to the Medicaid Provider Manual/ MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered)**".

All eligibility being checked should be verified within the Benefit Plans section within the Member tab, to ensure the correct payor is being billed.

September 4, 2019: Documentation for Predictive Modeling should be mailed to P.O. Box 30285 320 S. Walnut Lansing, MI. 48909

Sending to any other location besides this address may result in claim denials for missing documentation. Documentation will not be forwarded to the correct address, instead, it will be returned to the original sender.

September 3, 2019: Attention ALL Providers: The Michigan Department of Health and Human Service (MDHHS) provider payments for pay cycle 40 (10/03/2019) will be delayed one day to 10/04/2019. This delay will include both EFT and paper warrants along with CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper.

August

August 9, 2019: Enrollment Requirement for Prescribers: Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in Michigan's online Medicaid provider enrollment system, the Community Health Automated Medicaid Processing System (CHAMPS). Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied. This applies toall providers who prescribe drugs, including medical residents. For further information on emergency overrides, how to tell if a prescriber is not enrolled, and instructionson how to enroll please reference MSA 19-20 or www.Michigan.gov/MedicaidProviders.

August 5, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Saturday, August 10, 2019, through 9:00 AM EST Sunday, August 11, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

August 1, 2019: LOCD and Medicaid ID number: Attention Nursing Facility Providers: When conducting the initial LOCD or any subsequent records, it's imperative to use the Medicaid ID number. By including the Medicaid ID number on the new LOCD record, CHAMPS will auto-populate the member demographic information, preventing the facility from having to request an update from Provider Support.

August 1, 2019: FTS Downtime: Attention All Provider: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 4, 2019, from 6:00 AM to 8:00 AM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov if you need further assistance.

July

July 29, 2019: Patient Pay Offset Reminder: Attention Institutional Providers: As a reminder of current MSA policy, outlined in MSA 18-23, when offsetting the patient-pay amount using Value Codes 25, 26, 27, 28, 29, 33, or 34 documentation must accompany the claim. The documentation requirement is effective for claims with a date of service on and after September 1, 2018.
The documentation that must accompany the claims include:

- the specific reason that the patient-pay amount is being offset;
- a detailed description of the specific item or service that is offset;
- and a receipt showing that the beneficiary paid for the Medicaid non-covered service.

The provider must upload the documentation to the CHAMPS Document Management Portal (DMP) and include a claim note that indicates documents have been uploaded to DMP. MDHHS has completed claim recoveries for claims paid without the above-required documentation.Claims adjudicated on or after June 24, 2019, will deny when the above-required document is not submitted.

July 26, 2019: CHAMPS Outage: System Outage: Due to MILogin maintenance, the CHAMPS system will be unavailable between 9:00 PM EST Sunday, July 28, 2019, through 1:00 AM EST Monday, July 29, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 26, 2019: MILogin Outage: System Outage: Due to system maintenance, MILogin will be unavailable on Sunday, July 28, 2019, from 9:00 PM EST to 11:00 PM EST. MILogin services will be unavailable during that time. We apologize for any inconvenience this may cause.

July 24, 2019: Quarterly Newborn Recoveries: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 24, 2019: OPH Providers April APC Updates: **Attention Outpatient Hospital Providers:** The April 2019 quarterly APC/OPPS software was successfully updated in CHAMPS. MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill or adjust the claims with claim note "*Previous TCN XXXXXXXXXXXXXXXXXX rebilling April 2019 quarterly updates*"

July 24, 2019: Clinic claims paying $0: **Attention RHC/FQHC/IHC Providers:** Currently claims with primary insurance are paying $0.00, when a Claim Adjustment Reason Code of 45 or a 253 is used. MDHHS is aware of this issue and will notify providers when this is resolved. Due to this issue the takebacks for the claims where MDHHS overpaid on when there was a primary thatmade a payment has been delayed. Also, any claims that were paid incorrect PPS rates will not be adjusted until this system issue has been corrected.
July 24, 2019: OPH Providers G0279: **Attention Outpatient Hospital Providers:** MDHHS is aware of a system issue that caused claim lines to deny procedure code G0279 for RARC N56. The issue was resolved with the April quarterly update. All affected claims have been identified and adjusted for correct payment.

July 24, 2019: OPH G0463 with PO modifier: Attention Outpatient Hospital Providers: CMS has approved a new rate for procedure code G0463 with PO modifier. The CHAMPS system has recently been updated to reflect this change. For dates of service on or after January 1, 2019, MDHHS will resurrect Outpatient Hospital claims billed with HCPCS code G0463 and PO modifier. The resurrected claims will begin to appear on pay cycle dated July 25, 2019, with claim note "*APC April 2019 quarterly updates. G0463/PO adjustments*."

July 18, 2019: File Transfer Portal Downtime: Attention All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, July 21, 2019, from 6:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

July 11, 2019: Employee Health Insurance Management Pharmacy Coverage: Attention ALL Providers: Effective July 2019, pharmacy coverage that is received from EHIM, Employee Health Insurance Management, will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these TPL records unless changes are available on EHIM's web portal after the last load date of eligibility from the roster file. Providers are asked to please contact EHIM for any questions related to loaded coverage. EHIM website: https://www.ehimrx.com/

July 8, 2019: CHAMPS Outage: All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, July 13, 2019, through 6:00 PM EST Sunday, July 14, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 1, 2019: Record Keeping Reminder: All Providers: As a reminder, all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. The Michigan Department of Health and Human Services (MDHHS) conducts post-payment reviews to verify services, providers, settings, and appropriate billing. Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying of all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained. Providers must maintain, in English and in a legible manner, written or electronic records necessary to fully disclose and document the extent of services provided to beneficiaries. The records are to be retained for a period of not less than seven years from the date of service, regardless of change in ownership or termination of participation in Medicaid for any reason. For further clarification regarding post-payment review please visit the www.Michigan.gov/MedicaidProviders >> select Policy, Letters & Forms >> select Medicaid Provider Manual >> General Information for Providers Chapter, section 15.1.

June

June 24, 2019: Updating TPL: As a reminder, when the Third-Party Liability (TPL) information is reported incorrectly in CHAMPS by the insurance companies listed below, please contact them directly to update their records. If the insurance company makes corrections, they will send the update to TPL.

- BCN
- BCBSM
- McLaren
- Priority Health
- Administration Systems Research (ASR)
- Physician's Health Plan (PHP)
- Medimpact
- Express Scripts
- OptumRX
- Delta Dental

To report TPL (Add, Change or Termination) for other insurance companies that are not listed above, please submit a request to TPL by completing the on-line DCH-0078 form prior to submitting a claim to Medicaid.

June 21, 2019: MILogin Outage: Attention MILogin Users: The MILogin team will be performing production maintenance on Sunday, June 23rd, 2019, from 7:00 AM to 8:00 AM. The entire MILogin production environment will be unavailable during this time. We apologize for any inconvenience this may cause.

June 17, 2019: CHAMPS Outage: Attention ALL Providers: Due to a System Release, the CHAMPS system will be down between 7:00 PM EDT Friday, June 21st through 7:00 AM EDT Saturday, June 22nd, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 17, 2019: File Transfer Service Portal Downtime: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, June 23, 2019, from 8:00 AM EST – 4:00 PM EST for scheduled maintenance. Please refrain from sending files during this time. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov for further assistance.

June 6, 2019: File Transfer Service Portal Downtime: **Attention ALL Providers:** The File Transfer Service (FTS) portal will be unavailable on Sunday, June 9, 2019 from 6:00 AM to 12:00 PM EST to perform maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov for further assistance.

June 3, 2019: CHAMPS Outage: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, June 8th through 6:00 PM EST Sunday, June 9th, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May

May 29, 2019: LOCD Updates: **Attention Nursing Facility, MI Choice, PACE, and MI Health Link Providers:**

1. As a reminder, numerous LOCDs are due to expire on June 22, 2019. Providers are encouraged to conduct a new face to face LOCD prior to the end date to avoid payment interruption.

2. LOCD job aids have been added to the LOCD website. The job aids include the following topics:

- *Supporting Documentation Examples for Verification Review and Secondary Review Qualifying Doors (1-7)*
- *Supporting Documentation Examples for LOCD Verification Review and Secondary Review for Door 0*
- *Exception/Frailty Criteria Supporting Documentation Examples*
- *LOCD End Dates Matched to Provider Enrollment*
- *LOCD Selected for Verification Review*
- *User Guide for My Inbox Messages*
- *Managing List Page with Excel*

3. Providers must use LOCD action notice examples provided on the LOCD website when issuing action notices related to LOCD eligibility. Providers must ensure notices include information on how to request a Secondary Review and appeal to Michigan Office of Administrative Hearings and Rules (MOAHR).

May 22, 2019: IPH A8 Denials Attention Inpatient Hospital Providers: MDHHS is aware of a system issue that began after the last system release March 22, 2019, that is causing some Inpatient Hospital claims to deny with Claim Adjustment Reason Code A8-Ungroupable. MDHHS is researching the issue and will post an update when available. It is suggested that providers review the coding on their claim for accuracy as all claims denied A8 are not invalid. Please refer to the provider tip A8 Claim Denial Inpatient Hospital for further information.

May 21, 2019: CHAMPS Outage: Attention ALL providers: Due to a System Release, the CHAMPS system will be down between 7:00 PM EST Friday, May 24th through 2:00 AM EST Saturday, May 25th, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 16, 2019: File Transfer Service Portal Downtime: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable Sunday, May 19, 2019, from 8:00 AM EST – 9:00 AM EST for scheduled maintenance. Maintenance will include replacing SSL Certificate dxgweb.state.mi.us. Providers and Trading Partners may need to accept the new certificate or fingerprint after certificate replacement. Please refrain from sending files during this time. We apologize for any inconvenience this may cause.

May 15, 2019: Clinic Reduction Factor Fix: Clinic Providers reduction factor update: Attention Clinic Providers (FQHC, RHC, and THC) posted January 24, 2018. The other insurance reduction factor is now working for all Medicaid secondary claims no matter the primary payor. MDHHS will begin adjusting the overpaid claims, and provider will begin seeing the adjustments on the May 30, 2019, remittance advices.

May 7, 2019: Health Savings Accounts: Attention ALL Providers: Health Savings Accounts (HSAs) are not considered to be commercial health insurance policies. Therefore, this type of asset does not need to be reported to Third Party Liability (TPL) or listed on a Medicaid claim as other insurance. Since these are counted as “assets,” the beneficiary should report this to their case worker.

May 6, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, May 11th through 9:00 AM EST Sunday, May 12th, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 6, 2019: Clinic Up charging: Attention FQHC, RHC and IHC Providers: When billing, submitted charges reported on the claim line should reflect the cost for the specific services. Do not report the clinics all-inclusive rate as the submitted charges, this is not within the guidelines of proper billing.

April

April 29, 2019: CHAMPS Outage: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, May 3rd through 2:00 AM EST Saturday, May 4th, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 26, 2019: MILogin Outage: System Outage: Due to system maintenance, MILogin will be unavailable on Sunday, April 28, 2019, from 6:00 AM EST to 8:30 AM EST. MILogin services will be unavailable during that time. This outage will impact all MILogin portals including those for Citizens, Third Party and Worker. We apologize for any inconvenience this may cause.

April 25, 2019: File Transfer Service Downtime: Attention ALL Providers: The File Transfer Service (FTS) will be unavailable on Sunday, April 28, 2019, from 6:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

April 22, 2019: Hospice Home Care Billing Reminder: Attention Hospice Providers: In order to receive the correct Tier reimbursement, it is imperative that all routine home care (Revenue code 0651) claims be billed in sequential order. Also, the correct Hospice certification date as required with Occurrence code 27. All Hospice claims with routine home care services billed out of order or with the incorrect Hospice certification date will be denied.

April 22, 2019: Chronic Condition Diagnosis Code: Medication Therapy Management (MTM) Providers: MDHHS has identified claims are being denied when an approved Chronic Conditions diagnosis code is being reported. MDHHS has documented the issue and will keep providers updated as soon as resolution has been made.

April 15, 2019: Home Health Therapy Claims: Attention Home Health Providers: As a reminder when billing claims for therapy it's imperative to report both header as well as service line from and to dates. As the result of missing dates, MDHHS has identified duplicate payments. These identified claims will be voided, and we will continue to monitor. Additionally, to avoid delay in processing, when submitting more than one claim for the same month, it's encouraged to adjust the first paid claim and report all charges for that month on one claim with the header and service line from and to dates.

April 8, 2019: CHAMPS Outage: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, April 13th through 9:00 AM EST Sunday, April 14, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 8, 2019: PPA Offset Billing: When submitting a claim with a Patient Pay Amount (PPA) and PPA Offset, the entire PPA must be reported with the D3 value code along with the applicable Offset Value code and PPA offset amount. The current policy instructs providers to deduct the Offset amount from the reported PPA, however, due to system constraints, this is not working correctly. Please continue billing the PPA/ PPA Offset as noted until further notice.

March

March 28, 2019: Outpatient Hospital Providers: January 2019 Quarterly APC & ASC Software: Outpatient Hospital Providers: January 2019 Quarterly APC & ASC software: This is a notification that the January 2019 Quarterly APC & ASC software, was loaded into the CHAMPS system March 22, 2019. MDHHS has begun adjusting and resurrecting claims that were paid under the previous quarter's software. If claims are not captured through the resurrect process providers are encouraged to adjust or rebill for correct processing.

March 28, 2019: File Transfer Service Downtime: **Attention ALL Providers:** The File Transfer Service (FTS) portal will be unavailable on Sunday, March 31, 2019, from 6:00 AM to 12:00 PM EST to perform scheduled maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

March 26, 2019: Update: Inpatient Hospital Providers FFS and Managed Care Duplicate Payments: Attention Inpatient Hospital Providers: Update to the original alert posted February 27, 2019: Inpatient Hospital Providers FFS and Managed Care Duplicate Payments. Please note that takebacks are based on the capitation payment made to the Managed Care (MC) plan, and not the eligibility file. Providers with further questions are advised to work directly with the responsibleManaged Care plan.

March 18, 2019: CHAMPS Outage: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, March 22, 2019 through 6:00 AM EST Saturday, March 23, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 18, 2019: TPL Commercial Coverage: **Attention all providers:** The Michigan Department of Health and Human Services (MDHHS) Third Party Liability Division (TPL) partners with commercial health insurance companies to receive their coverage information. This information is directly verified with their official eligibility source. Each insurance company assures that policies in CHAMPS are reported exactly as they are needed to submit claims. The insurance companies who currently report coverage directly to TPL include BCN, BCBSM, McLaren,Priority Health, Administration Systems Research, Physician's Health Plan, Medimpact, Express Scripts, OptumRX and Delta Dental. TPL will not change the format of policy information for these payers. Pleasedo not submit this type of request, including the following examples:

- Adding or removing the alpha prefix for BCBSM coverage or other insurance companies
- Terminating McLaren coverage based on the legacy system web portal when it is continuing on the new system web portal
- Adding or removing hyphens and/or leading 0s from group numbers or policy numbers for Delta Dental, ASR, EHIM or other insurance companies

If providers determine coverage is being reported incorrectly by these insurance companies, please contact them to update their records. If the insurance company makes corrections, they will also send the update to TPL.

March 18, 2019: United Healthcare Coverage: Attention ALL Providers: Effective April 1,2019, commercial coverage that is received from United Healthcare, United Medical Resources (UMR), Golden Rule Insurance, Sierra Health & Life Insurance, and Oxford Health Plan will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these TPL records unless changes are available in one of United Healthcare's web portals after the last load date of eligibility from the National Roster File. Providers are asked to please contact United Healthcare for any questions related to loaded coverage.

March 11, 2019: FQHC and RHC Providers Clinic 2019 PPS Rate UPDATE to January 15, 2019 Attention FQHC and RHC Providers: PPS rates for 2019 have been loaded in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will begin to adjudicate these claims with the updated PPS rate beginning March 25, 2019, for previously adjudicated claims with dates of service from 1/01/2019 forward. Please be patient as this process will take multiple weeks to complete due to the number of impacted claims.

March 4, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, March 9, 2019, through 9:00 AM EST Sunday, March 10, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 1, 2019: File Transfer Service downtime: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 3, 2019, from 6:00 AM to 12:00 PM EST to perform maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

February

February 27, 2019: Inpatient Hospital Providers FFS and Managed Care Duplicate Payments: Attention Inpatient Hospital Providers: MDHHS has identified claims with dates of service for years 2017 and 2018 that were paid by both Fee For Service Medicaid (FFS MA) and the Managed Care plan in error. These claims will have the FFS MA payment recouped through the claim void process. These claims can be identified by the claim note "*Encounter MHP and FFS MA duplicate payment takeback*". MDHHS will continue to monitor for duplicate payments made by FFS MA and MC plans for future dates of service and initiate claim voids every 6 months.
Please note that takebacks are based on the capitation payment made to the Managed Care (MC) plan, and not the eligibility file. Providers with further questions are advised to work directly with the responsible Managed Care plan. *Added as of March 26, 2019.

February 27, 2019: Update to Claims for Medicaid Beneficiaries Eligible for Medicare but not enrolled: Attention All Providers: This is an update to the Provider Alert issued on January 2, 2019: Claims for Medicaid Beneficiaries Eligible for Medicare but not enrolled. MDHHS has identified an internal issue that is causing claims that should be paid based on MSA Policy 18-50 to deny with claim adjustment reason code (CARC) 22. MDHHS is working on a permanent resolution in the interim there will be weekly reports ran to identify and reprocess these claims. Please allow 30 days from the date of submission for the claim to be resurrected prior to contacting provider support.

February 20, 2019: Outpatient Hospital Providers: October 2018 Quarterly APC & ASC software: Outpatient Hospital Providers: October 2018 Quarterly APC & ASC software: This is a notification that the October 2018 Quarterly APC & ASC software, were loaded into the CHAMPS system December 14, 2018. MDHHS has begun adjusting and resurrecting claims that were paid under the previous quarter's software. If claims are not captured through the resurrect process providers are encouraged to adjust or rebill for correct processing.

February 19, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be unavailable between 6:00 PM EST Friday, February 22,2019 through 11:59 PM EST Sunday, February 24,2019, with the exception of CORE 270/271 Real-Time Transactions which will be unavailable from 6:00 PM EST to 10:00 PM EST on Friday February 22, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 15, 2019: File Transfer Service Downtime: **Attention ALL Providers:** The File Transfer Service (FTS) portal will be unavailable on Sunday, February 17, 2019, from 8:00 AM to 10:00 AM EST to perform maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

February 7, 2019: LOCD In-Person Training Dates: Attention Nursing Facility, Mi Choice, PACE, and ICO Providers: Effective January 1, 2019, MSA 18-48 introduced significant CHAMPS and policy changes to the Level Of Care Determination (LOCD). The CHAMPS changes are tentatively scheduled as part of the March 22, 2019, release.
MDHHS is offering the following in-person trainings to discuss the details of the CHAMPS and LOCD policy changes. Each training date will have a morning and afternoon session available for registration. The morning session will be from 9:00 AM to 12:00 PM EST. The afternoon session will be from 1:00 to 4:00 PM EST.
Each individual from a provider's office wanting to attend will need to complete their own registration. The information presented in all sessions will be the same. After registration providers will receive an email confirmation with the training location address.

Tuesday, February 26, 2019, in Grand Rapids, MI
Thursday, February 28, 2019, in Midland, MI
Tuesday, March 5, 2019, in Gaylord, MI
Tuesday, March 12, 2019, in Dearborn, MI
Tuesday, March 19, 2019, in Lansing, MI

February 5, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, February 9, 2019, through 9:00 AM EST Sunday, February 10, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 4, 2019: Upcoming LOCD Webinar Training Dates: Attention Nursing Facility, MI Choice, PACE, and ICO Providers: Effective January 1, 2019, MSA 18-48 was published introducing significant CHAMPS system and MSA policy changes to the Level Of Care Determination (LOCD). The CHAMPS system changes are tentatively scheduled as part of the March 22, 2019, release.
MDHHS is offering the following webinar training to discuss the details of the CHAMPS and LOCD policy changes. In addition, in-person training dates will be scheduled throughout February and March 2019. Information regarding dates and locations of the in-person training will be provided soon.

Thursday, February 14, 2019: 10:00 AM - 12:00 PM EST
Thursday, February 21, 2019: 10:00 AM -12:00 PM EST

To register for one of the above training dates and times please visit the Medicaid Provider Training website: Training (michigan.gov)

January

January 25, 2019: MILogin Outage: **System Outage**: Due to system maintenance, MILogin will be unavailable on Sunday, January 27, 2019, from 6:00 AM EST to 7:00 AM EST. MILogin services will be unavailable during that time. This outage will impact all MILogin portals including those for Citizens, Third Party and Worker. We apologize for any inconvenience this may cause.

January 23, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS archived documents function will be down between 6:00 PM EST Friday, January 25th through 6:00 PM EST Sunday, January 27, 2019. The CHAMPS system will be unavailable between 6:00 AM through 11:00 AM EST Sunday,

January 27th, 2019. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

January 16, 2019: Quarterly Newborn Recoveries: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 16, 2019: Professional Providers: Claim adjustments for non-physicians: Attention Professional Providers: Claims with dates of services on or after 1/01/16 for professional non-physician providers (Psychologists, Social workers, Marriage/Family Therapists, and Professional Counselors) were paying incorrect rates. This has been corrected in CHAMPS as of the December 14, 2018 release to allow claims to properly pay the correct rates, per MSA 15-44 and MSA 15-14. MDHHS will adjust the impacted claims beginning on pay cycle date 1/17/2019 until complete. The claims can be identified with claim note "*Correcting overpayments for non-physicians*".

January 16, 2019: FQHC and RHC Providers 2019 All-Inclusive Rate: Attention FQHC and RHC Providers: The 2019 All-Inclusive (PPS) rates have not been updated via CHAMPS to date, resulting in all claims with dates of service beginning 1/1/2019 to be denied. Once the rates have been updated in CHAMPS, the claims will be reprocessed for appropriate claim adjudication.

January 16, 2019: Inpatient Hospital Providers: DRG Grouper 36: Attention Inpatient Hospital Providers: The MDHHS updated its software on December 14, 2018, to the new APR DRG grouper 36. Claims that were paid under the previous DRG or denied due to the system not being updated have begun to be reprocessed by MDHHS. These claims can be identified by the claim note "Adjusting with DRG version 36 update". If after 30 days providers identify claims that were not resurrected through this process they can adjust or resubmit the claim for correct processing.

January 15, 2019: Certain Providers one day delay for January 17, 2019 payment: Attention Providers: Certain hospital or professional providers could see a one-day delay in their CHAMPS payments for pay cycle 3, pay date 1/17/19, delayed to 1/18/19. We apologize for any inconvenience this may cause.

January 8, 2019: Outpatient Hospital Providers U6 modifier update: Attention Outpatient Hospital Providers: Update to BBA posted August 24, 2018. For dates of service January 1, 2018, and ongoing MDHHS was continuing to reject claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare's Addendum B. This was fixed in the system update on December 14, 20,18 and MDHHS will resurrect all affected claims. Claims with dates of service prior to December 31, 2017, began to process correctly in the last software update on September 21, 2018.

January 8, 2019: Provider-initiated claim adjustments denied for duplicate: Attention All Providers: MDHHS identified an issue with provider-initiated claim adjustments submitted December 14, 2018, through December 20, 2018, that caused claims and service lines to be denied as duplicates (CARC 18 and RARC N522). The issue has been resolved and MDHHS will begin to resurrect and adjust the impacted claims on the January 17, 2019, pay cycle date. The impacted claims can be identified with the claim note "*Claim initially denied as duplicate due to system issue. Issue has been resolved and should process as appropriate*."

Not all provider-initiated claim adjustments with duplicate denials were incorrectly denied during this time, it is advised that providers use the CHAMPS claim limit list function to determine if their claim or service line was processed correctly or not.

January 7, 2019: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, January 12th through 9:00 AM EST Sunday, January 13, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

January 4, 2019: CHAMPS Outage: Due to system release, the CHAMPS system will be down between 10:00 PM EST Friday, January 4th through 12:00 AM EST Saturday, January 5, 2019. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

January 4, 2019: ASR coverage loaded directly into CHAMPS TPL file: Attention ALL Providers: Effective January 7, 2019, coverage that is received from Administration Systems Research (ASR) will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in ASR's web portal after the last load date of eligibility from the National Roster File. Providers are asked to please contact ASR for any questions related to loaded coverage. Phone 1-800-968-2449 or web portal https://www.asrhealthbenefits.com

January 2, 2019: Outpatient Hospital Providers ESRD Reporting Reminder: Attention Outpatient Hospital-based ESRD providers and Independent ESRD providers: MDHHS would like to remind providers that we continue to follow Medicare's guidelines in reference to reporting requirements for ESRD claims. All applicable information needs to be reported to ensure that the correct grouper sets on the claim. This includes and is not limited to value codes, occurrence span codes, condition codes etc. Detailed reporting information can be found within the Medicare Claims Processing Manual > Chapter 8- Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims > Section 50.3 RequiredInformation for In-facility Claims Paid Under the Composite Rate and the ESRD PPS.

January 2, 2019: Claims for Medicaid Beneficiaries Eligible for Medicare: Attention All Providers: Per MSA policy bulletin MSA 18-50 effective for dates of service on and after January 1, 2019 MDHHS will begin to pay claims for Medicaid beneficiaries who are eligible and NOT ENROLLED with Medicare, this includes beneficiaries that are only partially Medicare enrolled (i.e. enrolled in Medicare Part A and not Medicare Part B). The claims will be paid as Medicaid primary, once the beneficiary obtains Medicare coverage Medicare should be billed and the Medicaid claim should be adjusted by the provider to reflect the primary payer processing. If claim adjustments are not performed by providers, then MDHHS Third Party Liability (TPL) will initiate claim voids.

Return to Top

2018

December

December 13, 2018: Medicaid Managed Care Plan Provider Enrollment Deadline: Health care providers that serve Medicaid beneficiaries are facing an upcoming enrollment deadline that is necessary for them to continue to receive payments from Medicaid. While the Michigan Department of Health and Human Services (MDHHS) has revised the timeline to giveproviders more time to enroll, the department is urging providers to complete the screening and enrollment process as soon as possible.
For dates of service on or after Jan. 1, 2019, MDHHS will prohibit contracted Medicaid Health Plans and Dental Health Plans from making payments to typical providers not actively enrolled in Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment and billing system.
Typical providers are health care professionals that provide health care services to beneficiaries. They must meet education and state licensing requirements and have assigned National Provider Identifiers (NPI). Examples include, but are not limited to, physicians, physician assistants, certified nurse practitioners, dentists and chiropractors. At this time, contracted Integrated Care Organizations (ICOs), Prepaid Inpatient Health Plans (PIHPs)and MI Choice Waiver agencies are exempt from this requirement. CHAMPS enrollment neither requires nor mandates providers in a managed care network to accept Fee-for-Service Medicaid beneficiaries. CHAMPS enrollment is used solely to screen providers participating in Medicaid.

Resources:

- MSA 18-47
- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step by Step Instructions:
    - Individual /Sole Provider Type

  - Rendering/Servicing Provider Type
- CHAMPS Provider Verification Tool
- Providers who have questions about the enrollment process or require assistance may contact the MDHHS Provider Enrollment Help Desk at 1-800-292-2550.

December 10,2018: CHAMPS Facility Settlement Outage: The CHAMPS Facility Settlement subsystem will be down Thursday, December 13, 2018, at 6:00 PM EST through Sunday, December 16, 2018, at 11:59 PM EST to allow for system updates and incorporate hospital settlements within the CHAMPS Facility Settlement subsystem.

December 10, 2018: CHAMPS Outage: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, December 14th through 6:00 AM EST Saturday, December 15, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 6, 2018: Nursing Facility LOCD Reminder: Attention Nursing Facility Fee For Service Providers: Effective January 1, 2019, per MSA 18-48, all Level Of Care Determinations (LOCD), including those conducted by a nursing facility, **must be conducted prior to or on the day of an individual's admission.** The LOCD must be conducted face-to-face by a qualified and licensed health professional.

- Nursing facilities will continue to have 14 days from the conducted date to enter the LOCD in CHAMPS.
- If there is a significant change in condition prior to entering the admission date LOCD in CHAMPS, then a new LOCD should be conducted.
- Both LOCDs must be entered in CHAMPS with the appropriate conducted dates.

In addition, nursing facility providers should be aware that the lookback period requirements for the LOCD are defined differently from the observation period requirements for the MDS (Minimum Data Set). Per MSA policy, the nursing facility provider can utilize many different methods on the day of admission for assessing LOCD criteria, including but not limited to, outside medical documentation, day of observations, and resident and caregiver interviews. Future training dates will discuss additional CHAMPS LOCD system changes. Training dates and times will be posted on the Medicaid Provider Training website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html

December 6, 2018: Hospital Providers TPL Credit Balance Reminder: Attention Hospital Providers: As a reminder, Hospitals are responsible for submitting Third Party Liability (TPL) credit balances in CHAMPS per Section 3.2. of the Coordination of Benefits Chapter in the Michigan Medicaid Provider Manual. Providers must refund credit balance overpayments by submitting claim adjustments or claim voids through CHAMPS or submitting them via an electronic claim vendor. Providers are required to include a comment on the claim adjustment or claim void that reads "Credit Balance MM/DD/YYYY" where MM/DD/YYYY is the date the overpayment was identified.

December 3, 2018: CHAMPS Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, December 8th through 9:00 AM EST Sunday, December 9, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 3, 2018: File Transfer Service Maintenance Please be advised: The File Transfer Service (FTS) performed scheduled maintenance 8:00 am EST to 4:00 pm EST which began Monday, November 26, 2018, through Thursday, November 29, 2018, which provided a testing window for FTP/SSL submitters to be compliant with TLSv1.2. Services were restored at 4:00 pm EST on each day of the maintenance to prevent any TLSv1.2 support issues for submitter file transfers overnight. Submitters may have received an error attempting to connect via FTP/SSL services during the test.
On Friday, November 30, 2018, at 9:00 am EST, TLSv1.2 only support will be disabled only if submitter connectivity is an issue. Connection impacted: FTP/SSL, 136.181.135.38 port 11250.

November

November 21, 2018: All Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 25, 2018, from 8:00 AM to 12:00 PM EST to perform maintenance. Please refrain from sending files during this period. We apologize for any inconvenience this may cause.

November 13, 2018: Attention Institutional Providers: It was found that the Michigan Department of Health and Human Services (MDHHS) has incorrectly been reimbursing claims secondary to Medicare when a negative dollar amount is reported as payment. MDHHS has taken back claims with dates of service from 2014 to current, these claims can be identified with the claim note "OICU Recovery due to incorrect reporting of Medicare (negative OI payment are not allowed)" on the credited TCN.
Any newly submitted claims with a negative payment amount reported from Medicare will be denied per the Medicaid policy below:
Medicaid Provider Manual >>> Billing and Reimbursement for Institutional Providers >>> Section 6.2.G
For Medicaid reimbursement, the amount billed for services does not equal the sum of the coinsurance and deductible items. It must be calculated as the gross hospital charges minus all Medicare payments, minus other insurance payments, and minus any patient-pay and/or copayment amount. If a claim is submitted with the amount billed equal to zero, other payment greater than or equal to Medicaid's payment, or a negative amount, Medicaid does not make a payment. If there is a balance to be billed to Medicaid, the hospital may bill Medicaid for covered services only.

November 5, 2018: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, November 10th through 9:00 AM EST Sunday, November 11, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 31, 2018: The purpose of this communication is to inform providers of the appropriate process to use to request payment of claims during a beneficiary appeal process. It is also intended to reinforce existing federal regulations pertaining to the appeal process. *Pursuant to 42 CFR 431.230, the state cannot reduce or terminate services, and must maintain services, if a request for a hearing is made before the effective date of the adverse action. Per 42 CFR 431.221, anindividual has no more than 90 days to appeal an adverse action.* Recently, there were system changes in CHAMPS affecting Door 0 (zero) LOCD records (ineligible LOCD). Door 0 (zero) LOCD records are non-payable records. Therefore, a provider cannot receive Fee-for-Service claims payments when a Door 0 (zero) LOCD is active for the claim dates of service. Please see below for the requirements and steps to take when a beneficiary is found ineligible.

An individual does not meet LOCD:
The beneficiary is currently receiving Medicaid-reimbursable services.

1. Action notice is provided by the Nursing Facility to include information about immediate review process and information for requesting a hearing through the Michigan Administrative Hearing System (MAHS).
2. The effective date of the adverse action should be 90 days from the notice date of the action letter. This is the date that Medicaid will no longer pay for services.

If the individual does NOT request an appeal:

1. The individual has 90 days form the adverse action notice to request an appeal through MAHS. On day 91, if the individual has not appealed the adverse action, the provider may request payment for the allowable appeal timeframe (up to 90 days).
2. Claims must be submitted for the dates covered only under the Door 0 (zero) LOCD, for up to a 90-day period. Do not include dates of services where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
3. To request payment, the provider must email provider support with the following information;
    a. Beneficiary name and Medicaid ID number
    b. Billing NPI number
    c. Door 0 (zero) conducted on date
    d. TCN's provider is requesting payment on
4. Once the information is reviewed, a gross adjustment will be issued if applicable.

If the individual requests an appeal:

1. If the individual appeals an adverse action, Medicaid will reimburse for services until a final determination is reached or the effective date of the adverse action whichever is later.
2. The provider must submit claims for the dates covered only under the Door 0 (zero) LOCD. Do not include dates of service where there is a qualifying door (1-8). Claims must be submitted for

the provider to receive reimbursement.

3. Once a determination is made, the provider must email provider support for payment with the same information as above. In addition, a copy of the decision order must be attached.

NOTE: If the Decision and Order are unfavorable to the individual, they are allowed 30 days to request an appeal in Circuit Court or request a rehearing/reconsideration from MAHS. Therefore, the provider should wait an additional 30 days following the Decision and Order to request payment.

October 29, 2018: Attention All Providers: As the result of a system interruption, Predictive Modeling Letters, for claims flagged between September 5, 2018, to September 20, 2018, were delayed. As a workaround, providers are encouraged to use the CHAMPS "Archived Document" function within "My Inbox" to pull the letters. Any claims that are affected by this delay will be allotted additional time to submit the medical records to accommodate for the delay.

October 26, 2018: The File Transfer Service (FTS) will replace the Comodo SSL Certificates for FTP/SSL on Sunday, October 28, 2018, 8am-10am EST. Providers should refrain from sending files during this time. Providers and trading partners that are using FTP/SSL will need to accept the new certificate(s). The FTS web client will also be unavailable on Sunday, October 28, 2018, from 10am-11am EST.

October 24, 2018: Due to release the CHAMPS system will be down between 7:00 PM through 11:00 PM EST Friday, October 26, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 22, 2018: Effective November 5, 2018, coverage that is received from Priority Health will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in Priority Health's web portal after the last load dateof eligibility from the National Roster File. Providers are asked to please contact Priority Health for any questions related to loaded coverage phone1-800-942-4765 or web portal www.priorityhealth.com

October 22, 2018: Attention All Providers The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 17, 2018: Attention Home Health Providers: As a reminder Medicaid Policy standard coverage for home health therapies (PT & OT) allows up to a maximum of 24 therapy visits (for each PT& OT) within 60 consecutive calendar days per year without prior authorization. Prior authorization (PA) is required for treatment that exceeds this visit limitation or for continued treatment beyond the initial 60 days. Home health speech therapy is only covered for CSHCS beneficiaries and always require PA. Claims that exceed these parameters without PA will be denied with Claim Adjustment Reason Code (CARC) 119 and Remittance Advice Remark Code (RARC) N640. Due to processing guidelines, it is critical that claims are billed in sequential order to avoid claim denials.

October 17, 2018: Attention Nursing Facility, MI Choice, PACE, and ICO Providers: Effective November 1, 2018, the first of a series of quality improvement measures designed to improve the Level Of Care Determination (LOCD) process for beneficiaries and providers will go into effect as outlined in MSA 18-39.

MDHHS is offering the following virtual trainings to discuss in further detail the LOCD system and policy changes.

Tuesday, October 23, 2018 10:00 AM - 12:00 PM
Thursday, October 25, 2018 1:00-3:00 PM
Tuesday, October 30, 2018 10:00 AM - 12:00 PM & 1:00-3:00 PM
Thursday, November 1, 2018 10:00 AM - 12:00 PM & 1:00-3:00 PM

To register for one of the above training dates and times please visit the Medicaid Provider Training website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html

October 17, 2018: All Providers: Aliens not enrolled for Medicare: Medicare coverage is not available to a Medicaid beneficiary who is 65 years or older and is an alien who has been in the country less than five consecutive years. The TPL information will be listed in CHAMPS as Payer Name - Aliens not enrolled for Medicare and Payer ID - 7777777. If the beneficiary is listed as Alien not enrolled for Medicare, providers should bill Medicaid or the Medicaid Health Plan and do not have to report Medicare on the claim. If the TPL file was updated after the date(s) of service, providers should rebill the claims to either Medicaid or the Medicaid Health Plan.

October 16, 2018: 270/271 requests are currently experiencing connectivity issues. We are currently working to analyze and resolve this issue. Additional notification will be sent once the issues have been resolved. We apologize for any inconvenience. Please contact Automatedbilling@michigan.gov with any further questions.

October 15, 2018: All Providers: Due to necessary system maintenance, CHAMPS will be down between 7:00 PM through 10:00 PM EST Monday, October 15, 2018, to address system performance issues. This outage will affect the CHAMPS system access for all functionality. We apologize for the inconvenience.
October 12, 2018: The CHAMPS system experienced connectivity issues affecting real-time 270/271 transaction processing on October 11, 2018. MDHHS has resolved the issue and continues to monitor the system. We apologize for any inconvenience.

October 4, 2018: Attention All Providers: The Centers for Medicare & Medicaid Services (CMS) is required to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new, unique Medicare Beneficiary Identifier (MBI) Number is replacing the SSN-based Health Insurance Claim Number (HICN) on each new Medicare card. Beginning October 1, 2018, CMS will begin mailing new Medicare Cards to people with Medicare in the state of Michigan.
Beginning October 1, 2018, providers may begin to see the Medicare Beneficiary Identifier (MBI) in CHAMPS member eligibility screens. The MBI will also display in the 270/271 eligibility response if the beneficiary has an MBI on file in CHAMPS.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

October 2, 2018: Attention Outpatient Hospital Providers: MDHHS is aware of a system issue that caused claim lines with drugs purchased through the 340B program to be incorrectly underpaid. This may have also affected a small volume of claims that have claim lines with submitted charges that are less than the payment rate. The issue was resolved with the July 2018 quarterly updates that went into the system on September 21, 2018. All affected claims have been identified and adjusted for correct payment. If claims were missed during the resurrection process, providers should adjust them with the claim note “340B underpayment defect”. Any claims billed ongoing will be reimbursed accurately.

October 2, 2018: Attention Providers: Certain hospital or professional providers could see a one-day delay in their CHAMPS payments for pay cycle 40, pay date 10/04/18, delayed to 10/05/18. We apologize for any inconvenience this may cause.

October 2, 2018: Attention Hospital Providers: This is a notification that the October 2018 Quarterly APC & ASC software, as well as the annual APR DRG grouper 36 updates, are scheduled to be loaded into the CHAMPS system December 14, 2018. Until the system is updated Outpatient claims will be processed under the previous quarter’s software, and Inpatient claims will be processed under grouper 35.

Providers should expect to see an increase in claim denials when new codes are reported as well as incorrectly paid claims. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be resurrected/adjusted.

October 1, 2018: Attention Outpatient Hospital Providers: The July 2018 quarterly APC/OPPS software was successfully uploaded into the CHAMPS system as of September 21, 2018, and MDHHS will attempt to reprocess all claims that were processed under the previous quarter's software. If providersfind claims that were not captured by MDHHS during the recycling process, we suggest that providers rebill or

adjust the claims and add claim note “Previous TCN XXXXXXXXXXXXXXXXX rebilling July 2018 quarterly updates”

October 1, 2018: Hospital and Professional Providers: Effective for dates of service on and after October 1, 2018, MDHHS will be reimbursing hospitals for immediate postpartum Long-Acting Reversible Contraception (LARC) implants and intrauterine devices (IUDs) separate from the maternity Diagnosis Related Group (DRG). To receive reimbursement hospitals will be required to bill a separate invoice on the electronic professional 837P or CMS-1500 paper claim form using the hospital NPI as the billing and the rendering NPI of the physician that performed the insertion reporting place of service 21 Inpatient hospital. It is also required that all rendering providers be associated to the hospital NPI within their CHAMPS provider enrollment file. Reporting Requirements:

- NDC
- POS
- HCPCS
- All appropriate modifiers
    - 340B Drug Pricing Program use modifier U6
- Professional 1500 claim form

Professional providers will continue to bill for the insertion of the device with their group NPI and rendering NPI being reported on the electronic professional 837P or CMS-1500 paper claim form.

September

September 26, 2018: Attention Providers: Certain hospital or professional providers could see a one-day delay in their EFT CHAMPS payments for pay cycle 39, pay date 9/27/2018, delayed to 9/28/18. We apologize for any inconvenience this may cause.

September 19, 2018: Attention Providers: Providers who share a tax ID with a Hospital, Skilled Nursing Facility, or other Facilities will see a one-day delay in their CHAMPS payments for pay cycle 38, pay date 9/20/2018, delayed to 9/21/18. This impacts interim payments, settlements, and special financing pools. This impacts providers who receive both EFT and Warrants but does not impact all provider types.

September 19, 2018: Attention Dental Providers: This serves as a reminder to dental providers that Medicaid Health Plans (MHP) are responsible for pregnant beneficiaries during their pregnancy and 3 months postpartum. Refer to policy bulletin MSA 18-18.

August

August 29, 2018: As a reminder, per MSA 18-12 effective July 1, 2018 services provided by a home health aide require prior authorization (PA) for all Medicaid beneficiaries after the initial 90 days of services, and every 90 days thereafter for continuation of service. The Program Review Division requires the submission of PA requests for home health aide services provided on or after August 1, 2018.

August 29, 2018: Healthcare providers that serve Medicaid beneficiaries are facing an upcoming enrollment deadline that is necessary for them to continue to receive payments from Medicaid. While the Michigan Department of Health and Human Services (MDHHS) has revised the timeline to give providers more time to enroll, the department is urging providers to complete the screening and enrollment process as soon as possible.

For dates of service on or after Jan. 1, 2019, MDHHS will prohibit contracted Medicaid Health Plans and Dental Health Plans from making payments to typical providers not actively enrolled in CHAMPS. Typical providers are health care professionals that provide health care services to beneficiaries. They must meet education and state licensing requirements and have assigned National Provider Identifiers (NPI). Examples include, but are not limited to, physicians, physician assistants, certified nurse practitioners, dentists, and chiropractors.
At this time, contracted Integrated Care Organizations (ICOs), Prepaid Inpatient Health Plans (PIHPs) and MI Choice Waiver agencies are exempt from this requirement.

For dates of service on or after July 1, 2019, MDHHS Fee-for-Service and Medicaid Health Plans will prohibit payment for prescription drug claims written by a prescriber who is not enrolled.
CHAMPS enrollment neither requires nor mandates providers in a managed care network to accept Fee-for-Service Medicaid beneficiaries. CHAMPS enrollment is used solely to screen providers participating in

Medicaid.
Resources:

- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step by Step Instructions:
  - Individual /Sole Provider Type
  - Rendering/Servicing Provider Type
- CHAMPS Provider Verification Tool
- Providers who have questions about the enrollment process or require assistance may contact the MDHHS Provider Enrollment Help Desk at 1-800-292-2550.

August 24, 2018: Attention Outpatient Hospital Providers: Update to BBA posted April 13, 2018: MDHHS continues to reject claims with adjustment reason code A8 when reporting drugs that are acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613, J7620, J7644, J7676, and J7682) have assigned status indicators M on Medicare's Addendum B. This was projected to be fixed with our April quarterly updates that took place June 22, 2018, and this did not occur as planned. Additional communication will be issued when theissue is resolved.

August 23, 2018: Attention Dental Providers: Per the ADA guidelines and CDT (Current Dental Terminology) procedure code descriptions, MDHHS no longer reimburses claims where a full mouth debridement (D4355) is completed on the same day as a comprehensive oral evaluation (D0150). Dentists must report procedures using the appropriate dental procedure codes and descriptions defined in the CDT manual. Dentists are expected to maintain documentation in the beneficiary's file that supports the requirements of the procedure code billed.

August 22, 2018: Rural Health Clinic (RHC) Providers: It has been determined that the reduction factorfor Medicaid secondary and tertiary claims has not been properly adjudicating payments. MDHHS is aware of the issue and will keep providers updated, when corrected.

August 20, 2018: Attention ALL Providers: Update: Posted June 11, 2018: MDHHS has completedthe voids of the identified Medicare primary claims. Providers should appeal the claims effected with Medicare to receive the correct CARC. Once the correct CARC has been obtained, rebill Medicaid including the claim note "TCN Takeback (include the voided TCN)".

August 20, 2018: Attention ALL Providers: To better provide you with the information you need, the Michigan Department of Health and Human Services (MDHHS) will be updating the look and feel of this Medicaid Alerts webpage.

August 16, 2018: Suspended Claims Tip

August 7, 2018: Attention Home Health Aide: Services are covered only when ordered by the attending physician and performed in conjunction with direct ongoing skilled nursing care and/or PT.
When submitting claims and reporting aide services along with skilled nursing care or physical therapy, it's recommended to report the services in the following sequential order to allow for proper processing. The nursing and/or PT HCPCS code on the first claim line, followed by the Aide HCPCS codes. CHAMPS logic looks for a PAID nursing or physical therapy HCPCS service line during the same calendar month. Therefore, when billing both services on the same claim, aide services could be denied ifthe service line is billed out of order.

August 7, 2018: Attention All Providers: MDHHS is aware of a system issue that caused a delay in Predictive Modeling medical request letters being sent out between July 16, 2018, through July 19, 2018. Providers with claims flagged for predictive modeling during this time that received delayed request for medical records will be allotted additional time to submit the requested documents.

August 7, 2018: Attention Nursing Facility and Hospice Providers: As a reminder it is the responsibility of the Hospice provider to enter the admission record in CHAMPS, when Hospice services are being rendered to a beneficiary in a Nursing Facility.

July

July 18, 2018: Attention All Providers: This serves as a reminder of MDHHS timely filing policy effective January 1, 2017. All claims must be submitted within a year of the date of service. For institutional

invoices this would be the header “To/Through” date of service; for professional invoices, this would be the claim line “From” date of service. Any claims with dates of service greater than a year old are **REQUIRED** to have a claim note to be considered for reimbursement, claims that do not have a claimnote will be suspended/denied with CARC 16 and RARC N307. Reporting of a claim note does not guarantee reimbursement; the claim will be manually reviewed to determine if it meets one of the exceptions to the timely filing policy.

- MSA 16-37 Timely Filing Billing Limitations
- MSA 17-44 Clarification to MSA 16-37
- Timely Filing Provider Tip

July 18, 2018: Attention All Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 3, 2018: Attention Outpatient Hospital Providers: This is an update to the notification posted April 13, 2018. MDHHS has resolved the system issue affecting claims that have a payment status indicator K or G on Medicare’s Addendum B and the supporting payable procedure is on MDHHS wrap around list with an assigned MDHHS status indicator. This issue was fully resolved for all providers and all dates of service with the April 2018 OPPS/ASC quarterly updates implemented on June 22, 2018. Providers with affected claims are advised to rebill claims for correct adjudication. For claims that are outside of timely filing providers will need to append the claim note “OCE 99”

July 3, 2018: Attention Outpatient Hospital Providers: The April 2018 quarterly APC/OPPS software was successfully updated as part of the CHAMPS system update on June 22, 2018. MDHHS will attempt to reprocess all claims that were processed under the previous quarter’s software. If providers find claims that were missed by MDHHS during the recycling process, we suggest that providers rebill or adjust the claims with claim note “Previous TCN XXXXXXXXXXXXXXXXX rebilling April 2018 quarterly updates”

July 2, 2018: The Michigan Department of Health and Human Services (MDHHS) has recently updated the CHAMPS web-page www.Michigan.gov/medicaidproviders >> CHAMPS. The page has a new look and feel while preserving the previous materials.

June

June 28, 2018: Attention Rural Health Clinic Providers: Beginning on July 1, 2018 MDHHS will begin voiding claims where the T1015 visit code is being billed without a qualifying visit code. MDHHS will continue to void claims on a quarterly basis until a system fix can be put in place.

June 22, 2018: MILogin Outage: Due to a scheduled system maintenance, the MILogin Production system users may experience intermittent service interruptions on Sunday, June 24th, 2018, from 6:00 AM EST to 12:00 PM EST. This will impact all MILogin Production Worker, Third party, and Citizen Systems functionality. We apologize for any inconvenience this may cause.

June 20, 2018: Attention All Providers: The Center for Medicare & Medicaid Services (CMS) has issued additional guidance regarding the Bipartisan Budget Act of 2018 which was signed into law February 9, 2018. Previously, the law required that state Medicaid Agencies make payments for prenatal services, including screening and diagnosis, within 30 days without regard to third party liability, and if a third party is found to be liable, seek reimbursement after payment is made. For dates of service on or after February9, 2018, Michigan Medicaid will use standard coordination of benefits cost avoidance when processing prenatal services claims. Providers must bill prenatal service to the primary payer per MSA policy outlined in the provider manual, Coordination of benefits Chapter, Section 1.3 Verification of Other Insurance. Once the claim has been processed by the primary payer, providers can bill their claim to Medicaid reporting the primary payer information. In the future MDHHS will void prenatal claims with dates of service on or after February 9, 2018 that paidand reported no primary insurance. CMS bulletin: https://www.medicaid.gov/federal-policy-guidance/downloads/cib060118.pdf

June 20, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, June 22nd through 2:00 AM EST Saturday, June 23rd, 2018. This outage will affect the system access for all functionality. We apologize for any inconvenience.

June 18, 2018: Attention SNF, Hospice, Hospital Providers: As a reminder when emailing Provider Support regarding an Admission, Discharge, PET code missing, or LOCD inquiry please ensure the email contains all the following information:

- NPI
- Beneficiary ID
- Transaction ID
- Admission Date
- Discharge Date
- A brief description of what needs to be corrected or the issueSkilled Nursing Facility (SNF) providers:
- If the beneficiary received Hospice services while in the Nursing Facility, include date range(s)
- LOCD Created Date

This will allow Provider Support to adequately review the inquiry and provide a quicker response.

June 13, 2018: System Outage: Due to MILogin system maintenance, the CHAMPS system will be down between 9:00 PM EST until 10:00 PM EST on Thursday, June 14th, 2018. This outage will affect the system access for all functionality. We apologize for any inconvenience.

June 13, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) would like to remind providers of their obligation to adjust claims when a primary or other insurance payer recovers a payment. The claim should be adjusted to update the other insurance dollar amounts or remove the other insurance information completely if no longer applicable. A claim note indicating the reason for the recovery or negative payment amount from the other insurance should be submitted for the claim to be considered for payment. Providers cannot bill beneficiaries for services except for the situations outlined in the MSA Provider Manual, General Information for Providers Chapter, Section 11-Billing Beneficiaries.

June 11, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) has identified claims that adjudicated on or after 2015 that reported Medicare primary in the other payer's information and processed and paid incorrectly. The identified claims reported:

- Medicare primary with CARC 2, Coinsurance Amount, and no Medicare primary payment

OR

- Medicare primary with CARC 1, Deductible Amount, over the yearly Medicare Deductible amount for the date of service:
  - 2015=$147.00
  - 2016=$166.00
  - 2017 and 2018= $183.00

Providers should review their paid claim(s) and adjust the claim(s) to make the necessary corrections to the CARC or dollar amount. Providers should include a claim note indicating why the claim(s) are being adjusted. MDHHS will begin voiding the identified claims on pay cycle 29, July 19, 2018, until complete. The voidedclaims can be identified with claim note "*OICU Recovery due to incorrect OI reporting of Medicare*".

May

May 29, 2018: System Outage: Due to system maintenance, the CHAMPS system will be down between 8:00 PM EST Friday, June 8th through 8:00 PM EST Sunday, June 10th, 2018. This outage will affect the CHAMPS system access for all functionality. Due to this extended outage, the 270/271 batch, real-time and online transactions will be unavailable until Monday, June 11, 2018. We apologize for any inconvenience.

May 22, 2018: Attention ALL Providers: As outlined in L-Letter 17-61 the Michigan Department ofHealth and Human Services (MDHHS) will be making changes to the Level of Care Determination (LOCD) tool. The system changes will take place in CHAMPS as part of the June 22, 2018 update. MDHHS will offer virtual training dates to discuss in further detail these LOCD system changes:

- LOCD screen will have a new search by NPI feature
- Completed LOCD's will have an end date of 365 days from the conducted-on date
- Conducted on date will be a visible field in the LOCD tool screen
- Ability to view the LOCD from the admission screen

To register for a virtual training date please visit our Medicaid Provider Training webpage.

May 15, 2018: Attention ALL Submitters: The DTMB File Transfer Service (FTS) portal is incorrectly allowing submitters to log in with a lower case DEG ID or username, DCHXXXX. Submitters are reminded that the DEG ID username should be entered in all uppercase when logging into the FTS as outlined in the electronic submission manual, section 4.1.3 *Logging onto the MDHHS Internet Connection*.

Electronic files submitted using a lower case DEG ID will fail to load into CHAMPS and submitters will need to resubmit the file using the correct uppercase DEG ID.

May 14, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services is in the process of removing Social Security Numbers (SSN) from Medicare cards to prevent fraud, fight identity theft, and keep taxpayer's dollars safe. The current Health Insurance Claim Number (HICN) will be replaced with a new unique Medicare Beneficiary Identifier (MBI). Providers can use the MBI as soon as it's received.

April 2018 – April 2019: Removal of SSN and distribution of New Medicare Cards with MBI.
April 2018 – December 2019: Confirm system acceptance and transmission of the new MBI.
January 1, 2020: Providers are required to use the new MBI.

Three Ways Providers Can Locate a New MBI:

- **Ask your Medicare patients:** Medicare is mailing the new Medicare cards in phases by geographic location to people with Medicare. Ask your Medicare patients for their new Medicare card when they come for care. If they've received a new card, but do not have it with them at the time of service, remind them they can use MyMedicare.gov to get their new Medicare number.
- **Use** the **Medicare Administrative Contractors' (MAC) secure MBI look-up tool**: Learn about and sign up for the Portal to use the tool when it's available in June 2018. Providers can look up MBIs for their Medicare patients who don't have their new cards when they come for care.
    - Michigan MAC https://mycgswebportal.cms.gov/
- **Check the remittance advice**: Starting in October 2018 through the end of the transition period, Medicare will return the MBI on every remittance advice when providers submit claims with valid and active HICNs.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

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

May 7, 2018: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, May 12th through 9:00 AM EST Sunday, May 13th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May 3, 2018: UPDATE to Non-Clinic Dental Providers BBA posted April 12, 2018: The dental issue resulting in claims being underpaid has been corrected. MDHHS has adjusted the claims and providers should see these claims appear on their remittance advice within the next 2 pay cycles. The adjusted claims can be identified with claim note "Dental Paying $0 Adjustments".

May 2, 2018: Outpatient Hospitals and End-Stage Renal Disease (ESRD) Providers: Effective for dates of service on or after January 1, 2017, procedure code G0491, dialysis procedure at a Medicare-certified ESRD facility for acute kidney injury without ESRD, has been added to MDHHS wrap-around list as a covered service. MDHHS will follow CMS guidelines for reporting and billing of beneficiaries with the CMS approved Acute Kidney Injury diagnosis codes. MDHHS will reprocess affected claims retroactively up to January 1, 2017, scheduled for June 22, 2018, along with the April 2018 APC/OPPS quarterly updates.

April

April 25, 2018: Institutional Providers: MDHHS is aware of the issue on the FD 622 Report for pay cycle 14, pay date 4/05/2018; it is not reflecting the specific "Funding Source". MDHHS is currently working to resolve the issue. Once the issue is resolved, the corrected FD 622 Report will be reposted. A subsequent notification will be sent once the issue is resolved.

April 25, 2018: Inpatient and Outpatient Hospital Providers: As outlined in MSA policy bulletin MSA 17-47 the Inpatient and Outpatient Short Hospital Stay Rate of reimbursement has increased to $1608 effective for dates of service or inpatient discharges on and after January 1, 2018. The CHAMPS system was updated April 20, 2018, to pay the new rate. Claims billed prior to CHAMPS being updated will be adjustedby MDHHS. Future adjustments to the Short Hospital Stay rate of reimbursement and applicable diagnosis codes will be published on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> "Inpatient Hospitals" or "Outpatient Hospitals."

April 23, 2018: ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Fee for Service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 23, 2018: System Outage: Due to system release the CHAMPS system will be down between 7:00 PM EST until 11:00 PM EST Friday, April 27, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

April 20, 2018: MILogin Outage: Due to scheduled system maintenance, MILogin system users may experience intermittent service interruptions on Sunday, April 22nd, 2018, from 6:00 AM EST to 10:00 AM EST (MILogin for Workers will be available at 9:00 AM EST). This outage will impact all MILogin Production Worker, Third party, and Citizen System's functionality. We apologize for any inconvenience.

April 13, 2018: Attention Non-Clinic Dental Providers: Currently, the CHAMPS system is paying multiple dental codes at $0.00 resulting in underpayments. MDHHS is working on the issue and will keep providers updated.

April 13, 2018: Attention Rural Health Clinic (RHC) Providers Only: Currently the CHAMPS system is only paying the rate associated to the T1015 line, resulting in underpayments. MDHHS is currently working on the issue and will keep providers updated.

April 13, 2018: Attention Outpatient Hospital Providers: MDHHS is aware of claims that are being denied with claim adjustment reason code A8 when reporting drugs that were acquired through the 340B program with the accompanying required U6 modifier. The affected codes (J7606, J7608, J7611, J7612, J7613. J7620. J7644, J7676 and J7682) have assigned status indicator M on Medicare's Addendum B This is projected to be fixed with our April quarterly updates scheduled for June 22, 2018, at that time MDHHS will resurrect affected claims.

April 13, 2018: Attention Outpatient Hospitals and End Stage Renal Disease Providers: Update to BBA posted January 18, 2018: MDHHS has corrected the system issue that was causing procedure code J0882 -Darbepoetin Alfa, ESRD to process incorrectly. For dates of service April 1, 2016, through December 31, 2016, the code was inadvertently terminated in the Medicaid system and removed from the MDHHS wrap-around code list causing claims to deny. The CHAMPS system and wrap-around code list were both March 23, 2018, and MDHHS has begun to reprocess affected claims.

April 13, 2018: Attention Outpatient Hospitals: The January 2018 Quarterly APC & ASC software was loaded into CHAMPS March 23, 2018, and MDHHS has begun to adjust and reprocess claims that were processed under the previous quarter's software.

April 13, 2018: Attention Outpatient Hospital providers: Update to BBA posted January 18, 2018: The CHAMPS system was updated to fix claims that were being denied with claim adjustment reason code A8 that have services with status indicators K or G on Medicare's addendum B and the supporting payable procedure is on MDHHS wrap-around list with an assigned MDHHS status indicator. Providers will see claims with dates of service 1/01/2018 adjudicate appropriately. There are some providers that will continue to see denials for claims with dates of service prior to January 1, 2018. MDHHS will contact those affected providers directly with additional information and is currently working to correct the system.

April 9, 2018: System Outage: Due to system maintenance the CHAMPS system will be down between 6:00 PM EST Saturday, April 14th to 9:00 AM EST Sunday, April 15th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

April 4, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary

Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018. Providers systems and business processes must be ready to accept the new MBI number by April 2018 fortransactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers. There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018. Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive theMBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

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

March

March 28, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has made an update to the CHAMPS system to allow certain limited licensed professionals to enroll. These enrollment types will enroll as managed care only providers and will not be eligible to bill Medicaid Fee for Service (FFS).
Effective immediately, individuals with the following license types may enroll in CHAMPS:

- Limited License Professional Counselor
- Limited License Psychologist
- Limited License Social Worker (Master's Level)
- Limited License Marriage & Family Therapist

Providers needing to enroll in CHAMPS are encouraged to review the Provider Enrollment webpage for further resources.

March 28, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is aware of a delay in newborns being retroactively enrolled in the appropriate managed care plan. We are actively working to correct the system. Under normal circumstances, the automated newborn enrollment process takes up to 60 days to complete. We ask that providers allow additional time for the managed care plan to be retroactively added. Providers should work directly with the managed care plan prior to contacting provider support with enrollment issues.

March 28, 2018: Attention Clinic (FQHC and THC) Dental Providers: Beginning after March 26, 2018, providers will begin seeing takebacks for clinic dental claims where more than one (1) dental qualifying visit was paid for the same beneficiary, same date of service. As of 3/26/2018 dental claims will only be reimbursed for one (1) dental qualifying visit per beneficiary, per date of service. The Alternative Payment Methodology (APM) will also be applied when appropriate. Please refer to MSA 17-10 and MSA 17-24 for further clarification.

March 21, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is aware of multiple issues regarding PET code and Benefit Plan segments missing, updating and not assigning in real time.
Until these are resolved MDHHS will be performing correction files to:

- Identify the impacted beneficiaries
- Assign the appropriate benefit plans and PET codes based on the admission record
- Add missing PET codes or benefit plan segments

Providers are encouraged to continue to view CHAMPS frequently to verify if the PET and Benefit Plans have been updated. We will continue to provide updates as they become available.

March 20, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, March 23rd to 2:00 AM EST Saturday, March 24, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 15, 2018: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 18, 2018, from 6:00 AM EST to noon EST for maintenance. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

March 7, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) Provider Support is in the process of upgrading our Call Center experience. Over the next couple of weeks, you may experience higher than normal wait times and slower response times. We apologize for any inconvenience and frustration this may cause during our transition, but we are confident this upgrade will lead to shorter hold durations and an overall better customer service experience. While we will continue to do our best to answer all calls coming in, we would like to remind providers that the option toemail ProviderSupport@Michigan.gov with your inquiries still exists. MDHHS will send an update to this notice when the upgrade has been completed.

March 7, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018. Provider's systems and business processes must be ready to accept the new MBI number by April 2018 fortransactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers.
There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018.
Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

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

March 6, 2018: Attention ALL Providers: To better provide you with the information you need, the Michigan Department of Health and Human Services (MDHHS) has created a new Provider Enrollment (PE) webpage. Access the new webpage by using the link below. If you have the previous webpage bookmarked, you will need to re-link to the new page. Provider Enrollment webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

March 5, 2018: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, March 10th through 9:00 AM EST Sunday, March 11th, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 2, 2018: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, March 4, 2018, from 6:00 AM EST to noon EST for maintenance. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

February

February 23, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) requirement of Managed Care Organization (MCO) typical providers needing to be enrolled in CHAMPS by March 1, 2018, has been delayed. Additional communication will be issued when a date has been finalized. We continue to encourage all typical rendering, referring, ordering, prescribing, and attending MCOproviders to enroll in CHAMPS. As of a future date, MDHHS will prohibit MCOs from making payments to all typical non-enrolled providers. Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Fee-for-Service Medicaid beneficiaries. Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid. Resources:

- Medicaid Provider Enrollment webpage
- CHAMPS Provider Enrollment Step By Step Instructions:
  - Individual /Sole Provider Type
  - Rendering/Servicing Provider Type
- CHAMPS Provider Verification Tool

February 21, 2018: Attention ALL Providers: Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, February 25, 2018. This outage will affect the CHAMPS system access

for all functionality. We apologize for any inconvenience.

February 8, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified an issue with Patient Pay Amount (PPA) not displaying within the CHAMPS member eligibility screen. Until this is resolved providers should report the known monthly PPA on their claim or if unknown contact the MDHHS county worker. It is not necessary for providers to contact Provider Support to have these records corrected. AdditionalMCC resources can be found on the MCC portion of this webpage.

February 7, 2018: Attention ALL Providers: The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018. Provider's systems and business processes must be ready to accept the new MBI number by April 2018 fortransactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers. There will be a transition period when providers can use either the HICN or the MBI to exchange data andinformation with CMS. The transition period will start April 1, 2018 and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018. Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive theMBI: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

February 6, 2018, and January 16, 2018: Attention ALL Providers: In preparation for the CMS New Medicare Card project, beginning in February 2018, Third Party Liability (TPL) will be removing the Social Security Number (SSN) or policy number from the monthly Pending Void Report when the payer is Medicare. The appropriate policy number per beneficiary will be available directly in CHAMPS if needed. Learn more about the CMS New Medicare Card Project: https://www.cms.gov/medicare/new- medicare-card/nmc-home.html Instructions on how to verify other insurance information within CHAMPS: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-344079--,00.html

February 6, 2018: Attention ALL Providers: On January 16, 2018, the Michigan Department of Health and Human Services (MDHHS) removed the associated age restriction of 0-18 years to diagnosis code F98.8- Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence and the associated age range. Claims billed prior to the CHAMPS system being updated may have been affected if the beneficiary was not within the age range of 0-18 years. Providers should rebill or adjust any affected claims for correct processing.

February 5, 2018: Attention All Providers: The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, February 6, 2018, 2:00-3:00 PM EST.

CMS's Office of Information Technology (OIT) will host a Special Open-Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS's approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI). Instructions on how to attend this open forum: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/02062018SODFAgenda.pdf

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

Feedback and questions on the New Medicare Card Project can be sent to: NewMedicareCardSSNRemoval@cms.hhs.gov

February 5, 2018: Attention ALL Providers: CHAMPS Direct Data Entry (DDE) issues have been resolved and the screens restored for providers. We apologize for any inconvenience.

February 5, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified not all Managed Care (MA-MC, MA-HMP-MC etc.) benefit plan segments are displaying in CHAMPS eligibility screens correctly. Providers can use the 270/271 eligibility transaction to verify eligibility as a workaround until this issue is resolved.

February 5, 2018: System Outage: Due to system release and maintenance the CHAMPS system willbe down between 6:00 PM EST Saturday, February 10, 2018, through 9:00 AM EST Sunday, February11, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 2, 2018: System Outage: Due to system maintenance the CHAMPS system will be down between 7:00 PM through 9:00 PM EST Saturday, February 3, 2018. This outage will affect the CHAMPSsystem access for all functionality. We apologize for any inconvenience.

February 2, 2018: Attention ALL Providers: Due to system issues, the CHAMPS Direct Data Entry (DDE) function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

February 2, 2018: Attention Outpatient Hospital Providers: Providers may notice an increase of claim adjustment reason code A8 denials as the MDHHS CHAMPS system is processing current claims with the October 2017 quarterly APC/OPPS software and wrap-around codes list. The implementation of the software for the January 2018 quarter is planned for March 23, 2018, and will resolve this issue. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the dateof service the charges were incurred on. Any claims affected by this software update will be processed in April and may be identified by the claim note: APC January 2018 quarterly updates.

February 1, 2018: Attention FQHC Dental Providers: Currently the CHAMPS system is not paying the APM rates associated with qualifying dental procedure codes. A system fix is currently scheduled for the end of March 2018. Once the fix is implemented previous incorrectly processed claims will be adjusted forproper claim adjudication. In addition, after the fix, these claims will pay the PPS rate plus the APM rate atthe time of claim adjudication.

January

January 31, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) would like to remind Individual Providers when completing their enrollment within CHAMPS the 'Associate MCO Plan' step does not require the Managed Care Organization (MCO) or Medicaid Health Plan (MHP) Contract Agreement to be uploaded. This step is optional and is used to associate the providerwith their participating or networked MCO or MHP.

Step-by-step CHAMPS enrollment instructions can be found on the Provider Enrollment website: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html

January 25, 2018: Attention ALL Providers: Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, January 28, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 24, 2018: Attention Clinic Providers (FQHC, RHC, and THC): It has been determined that the reduction factor for Medicaid secondary and tertiary claims is only working for Medicare primary claims. When billing with another primary payer, the primary payment is not being subtracted from the Medicaid PPS rate, resulting in overpayments.

MDHHS is currently working on this issue and will update providers when a resolution has been determined.

January 24, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has identified an issue when an admission record is created for a beneficiary which does not have current eligibility or a beneficiary applying for coverage. Once the eligibility has been established andsent to CHAMPS, the benefit plans and PET codes are not updating. Until this is resolved MDHHS will be performing a weekly correction file to:

- Identify the impacted beneficiaries
- Assign the appropriate benefit plans and PET codes based on the admission record
- Update the admission record status from 'Completed-waiting for MA' to 'Completed'.

Providers don't need to contact Provider Support to have these records corrected as MDHHSwill be internally correcting these records. Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

January 24, 2018: System Outage: Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, January 26, 2018, to 2:00 AM EST Saturday, January 27, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 19, 2018: Attention Outpatient Hospital and End-Stage Renal Disease Providers: MDHHS is aware of a system issue with procedure code J0882-Darbepoetin Alfa, ESRD. For dates of service April 1, 2016, through December 31, 2016, the code was inadvertently terminated in the Medicaid system and removed from the MDHHS wrap-around code list causing claims to deny. The CHAMPS system and wrap-around code list are both projected to be updated in the next system release scheduled for March 23, 2018. An update will be posted once the system has been updated.

January 18, 2018: Attention Hospital Providers: This is an update to the notification posted on October 26, 2017. The October 2017 Quarterly APC & ASC software and APR DRG grouper 35 were both loaded into the system on December 29, 2017. MDDHS will identify affected claims and adjust or resurrect accordingly.

January 18, 2018: Attention Outpatient Hospital Providers: This is an update to the Biller “B” Aware posted on July 13, 2017. MDHHS recognizes that claims continue to be denied with CARC A8-ungroupable incorrectly. The affected claims have services that are assigned a payment status indicator G or K on Medicare’s Addendum B and the supporting payable procedure is on MDHHS wrap-around code list with an assigned MDHHS status indicator. The issue is projected to be fixed in the system update scheduled for March 23, 2018. A subsequent Biller "B" Aware will be posted once the issue is resolved with informationfor rebilling affected claims.

January 18, 2018: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborntake backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 18, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, January 23, 2018, 2:00-3:00 PM EST.

CMS’s Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS’s approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI). Instructions on how to attend this open forum: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/01232018SODFAgenda.pdf

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

Feedback and questions on the New Medicare Card Project can be sent to NewMedicareCardSSNRemoval@cms.hhs.gov

January 16, 2018: Attention ALL Providers: The CHAMPS system issues have been resolved and the Archived Documents function has been restored and is functioning properly. We apologize for any inconvenience.

January 10, 2018: Attention ALL Providers: Due to system issues, the CHAMPS Archived Documents function is still not accessible. MDHHS is continuing to work on resolving the issues. Notification will be posted when resolved. We apologize for any inconvenience.

January 9, 2018: Attention ALL Providers: MDHHS would like to remind providers when adding other insurance information in the MCC Admission screens to enter the greatest demographic information available (e.g., policy name, policy number, policyholder etc.). Provide all known information so that Third Party Liability (TPL) can validate the policy information reported for possible addition to the beneficiaries TPL file. Providers should only report other insurance information **not found** on the CHAMPS TPL coverage file. Information regarding coverage already on file can be found using the ‘View TPL’ hyperlinkin the MCC Admission screens.

January 8, 2018: System Outage: Due to system maintenance, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, January 13, 2018, through 9:00 AM EST Sunday, January 14, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 4, 2018: Attention ALL Providers: Due to system issues the CHAMPS Archived Documents function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

January 4, 2018: Attention Hospice Providers: MSA policy bulletin MSA 17-46, issued December 1, 2017, requires that hospice providers print the admission form in CHAMPS and obtain the beneficiary (or authorized representative) signature and hospice provider personnel signature on the form. For hospice providers unable to print the admission form generated by CHAMPS (due to admissions during home visits, after hours etc.), hospice providers may instead utilize an alternative form the "Hospice Election Statement" that meets the Medicare requirements outlined in MLN Matters Number SE1631, issued December 13, 2016.

As of January 2, 2018, the hospice beneficiary's or authorized representative's signature and hospice provider personnel completing the admission must be present on the Hospice Election Statement form. It is the hospice provider's responsibility to upload a copy of the signed Hospice Election Statement form to the Document Management Portal (DMP) in conjunction with the completion of the hospice admission or discharge in CHAMPS. The printed admission generated by CHAMPS and the signed Hospice Election Statement form must be retained in the beneficiary's record. This clarification will also be issued in the April 2018 Michigan Medicaid Provider update bulletin. When uploading the Hospice Election Statement form to DMP, follow the guidelines as listed below:

Document Type: Claim
Document Title: Forms
Date of Service From: Enter the hospice election date
Date of Service to TCN: Enter the hospice election date
Message: Hospice Election Statement

After the alternative form is uploaded, providers may verify receipt by searching the beneficiary ID numberin DMP. First-time users of Document Management Portal please review the DMP users guide.

January 2, 2018: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has been notified that Patient Pay Amounts (PPA) are not displaying in the CHAMPS eligibility screen. MDHHS is working to resolve this issue and further notification will be posted when resolved.

Return to Top

2017

December

December 28, 2017: Attention ALL Providers: As part of updating the Medicaid Alerts page MDHHS has created a combined Provider Tips Archived document. The provider tips document is organized by provider type and will continue to be updated as new provider tips are created or updated.

December 27, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. As part of this upgrade, the Other Insurance screens will be updated with a new look and feel. These screens will be accessible within CHAMPS as of January 2, 2018. Providers can familiarize themselves with these new screens by reviewing the CHAMPS how to adjust a claim with other insurance presentation.

December 26, 2017: Attention ALL Providers: CHAMPS Outage: As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 6:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST. CORE 270/271 Real-Time Transactions will be unavailable Thursday, December 28, 2017, from6:00 PM EST to 10:00 PM EST and Monday, January 1, 2018, from 3:00 PM to 7:00 PM EST.

During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted. Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted during the outage period.

December 19, 2017: Attention ALL Providers: Website update: In the coming weeks the Michigan Department of Health and Human Services (MDHHS) will be working to reconfigure the look and feel of the Medicaid Alerts, Provider Enrollment and CHAMPS webpages.

December 18, 2017: Attention ALL Providers: As part of MCC, January 2, 2018, provider's that need to add or view admission records (required for certain provider types as outlined within MSA 17-46) will need to select the applicable profile when logging into CHAMPS. January 2, 2018, MDHHS will manually add one of the below-listed specialty-driven admission profiles to all CHAMPS Full Access Profile users. The CHAMPS profile options available will be determined by a providers NPI enrollment information in CHAMPS. Admission profile options are: Hospital Admission, NF Admission, Hospice Admission, MI Choice Enrollment, PACE Enrollment or SPF Admin. Providers who need to have an admission profile added after January 2, 2018, will need to work with theirdomain administrator to obtain the appropriate access. For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage. Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

December 18, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 4:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST.

As part of this outage:

- Cut-off for pay cycle 2 (pay date January 11, 2018) will be Thursday, December 28, 2017, at 4:00 pm EST.
- During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted during the outage period.

Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted. Please reference the Michigan Department of Health and Human Services (MDHHS) pay cycle date calendar.

December 14, 2017: System Outage: Due to MILogin system maintenance for worker, third party,and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, December 16, 2017, through 12:00 AM EST Sunday, December 17, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 14, 2017: Attention ALL Providers: The DTMB File Transfer Service (FTS) portal was updated as of December 10, 2017. As part of this update, the FTS is incorrectly allowing submitters to log in with a lower case DEG ID or username, DCHXXXX. Submitters are reminded that the DEG ID username should be entered in all uppercase when logging into the FTS as outlined in the electronic submission manual, section 4.1.3 *Logging onto the MDHHS Internet Connection*. Electronic files submitted using a lower case DEG ID will fail to load into CHAMPS and submitters will needto resubmit the file using the correct uppercase DEG ID.

December 14, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. As part of this upgrade, the Prior Authorization (PA) screens will be updated with a new look and feel. These screens will be accessible within CHAMPS as of January 2, 2018. Providers can familiarize themselves with these new screens by reviewing the CHAMPS PA Presentation.

December 13, 2017: Attention ALL Providers: CHAMPS Remittance Advices (RA), i.e. HIPAA Electronic 835 transactions & paper, for pay cycle 50, pay date 12/14/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 12/15/2017.

December 13, 2017: Attention All Providers: This is a reminder to all providers sending documents to Children's Special Health Care Services (CSHCS) that all required documentation must be uploaded or faxed into the Document Management Portal (DMP). Please do not send required documentation via regular mail. Using DMP will allow faster processing time by CSHCS staff. When using DMP for CSHCS it is required that the system be changed from "FFS" to "CSHCS" for proper routing of the forms. When using DMP to fax documentation for multiple CSHCS beneficiaries a new fax cover sheet is required for each beneficiary.

A complete guide to using DMP for CSHCS is available on MDHHS website: CSHCS – Document Management Portal

December 12, 2017: Attention ALL Providers: CHAMPS EFT payments for pay cycle 50, pay date 12/14/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 12/15/2017.

December 7, 2017: Attention All Providers: This serves as a reminder Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS. Medicaid rules prohibit payment to providers not appropriately screened and enrolled. Beginning March 1, 2018, MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering, and attending providers not enrolled in CHAMPS. Additional information can be found in MSA 17-48 policy bulletin. A CHAMPS Provider Verification tool is available for providers to verify if a provider is enrolled/registered within CHAMPS. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the provider and select Verify.

December 5, 2017: Attention ALL Providers: Due to scheduled year-end maintenance and system upgrade activities, CHAMPS Provider Enrollment Screens will be view only starting at 6:00 PM EST, Friday, December 22, 2017, to 4:00 PM EST, Thursday, December 28, 2017. During this time, Providers will not be able to enroll or make enrollment modifications. Beginning Thursday, December 28, 2017, 4:00 PM EST, the entire CHAMPS system will be unavailable until Tuesday, January 2, 2018, 12:00 AM EST.

December 5, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, December 9, 2017, through 9:00 AM EST Sunday, December 10, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 4, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update, the entire CHAMPS system will be moving to a cloud storage system. CHAMPS will be down beginning Thursday, December 28, 2017, 4:00 PM EST, through Tuesday, January 2, 2018, 12:00 AM EST.
As part of this outage:

- Cut-off for pay cycle 2 (pay date January 11, 2018) will be Thursday, December 28, 2017, at 4:00 pm EST.
- During the outage there will be no acknowledgments, 999, sent for electronic transactions submitted during the outage period.

Once CHAMPS is restored, submitters will receive their electronic acknowledgments for files submitted. Please reference the Michigan Department of Health and Human Services (MDHHS) pay cycle date calendar.

December 4, 2017: Attention ALL Providers and Trading Partners: The DTMB File Transfer Service (FTS) portal will be unavailable on Sunday, December 10, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

December 1, 2017: Attention All Providers: This serves as a reminder to policy bulletin MSA 16-37 Timely Filing Billing Limitation effective January 1, 2017, that all claims with dates of service prior January 1, 2017, must be submitted no later than December 28, 2017 (CHAMPS will be down December 28, 2017, to January 2, 2018) . Claims with dates of service prior to December 31, 2016, must have been kept active as required in the previous policies guidelines. Claims that were not kept active will not be considered unless they meet one of the exceptions to the NEW MSA 16-37 Timely Filing policy or MSA 17-44 which includes a clarification of MSA 16-37.

November

November 30, 2017: Attention ALL Providers: Effective January 1, 2018, any individual or entity that provides services to, or orders, prescribes, refers or certifies eligibility for services for, individuals who are eligible for medical assistance under the State Plan participating in a managed care organization's provider network are required to be screened and enrolled in the Michigan Medicaid Program. Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS. Medicaid rules prohibit payment to providers not appropriately screened and enrolled. Additional information can be found in MSA 17-48 policy bulletin. A CHAMPS Provider Verification tool is available for providers to verify if a provider is enrolled/registered within CHAMPS. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the provider and select Verify.

November 20, 2017: Attention SNF and Hospice Providers: As part of the Modernizing Continuum of Care (MCC) project CHAMPS will become the record of source for beneficiary admissions and enrollments. After MCC implementation, January 2, 2018, the current paper MSA 2565-C will be repurposed, and the DCH-1074 paper process eliminated. The MDHHS county caseworker will no longer update the admissionor enrollment information via the Bridges eligibility system. Providers should submit their MSA 2565-C andDCH-1074 paper forms to the MDHHS county caseworker by **December 15, 2017.**

Beginning in January 2018 Providers will be required to enter the admission, enrollment, and discharge notice through CHAMPS via the admission/enrollment and discharge screens. For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage.Additional MCC resources can be found on the MCC portion of the Medicaid Provider Tips webpage.

November 16, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Saturday, November 18, 2017, from 6:00 PM EST to 12:00 AM EST. We apologize for any inconvenience this may cause.

November 16, 2017: Attention Clinics and School Based Services Providers: January 2018, the Michigan Department of Health and Human Services (MDHHS) Facility Settlement process will be changing from a paper process to an electronic process within the Community Health Automated Medicaid Processing System (CHAMPS). MDHHS currently has four virtual presentation dates available and is in the process of creating educational materials for a smooth transition. Check back frequently for additional resources to be available under Provider Tips and the CHAMPS webpage.

Current Trainings Available:

- December 6, 2017 – Local Education Agency (LEA) and Intermediate School District (ISD) Facility Settlement Virtual Training (10:00-11:00AM)
- December 13, 2017 – Local Public Health Department (LPHD) Facility Settlement Virtual Training (10:00-11:00AM)
- December 14, 2017 – Federal Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Facility Settlement Virtual Training (10:00-11:00AM)
- December 20, 2017 – Tribal Health Center (THC) Facility Settlement Virtual Training (10:00-11:00AM)

To register please visit our Medicaid Provider Training webpage.

November 9, 2017: Attention ALL Providers: MDHHS Website update: The Michigan Medicaid website is changing its look! To better provide you with the information you need, Michigan Department of Health and Human Services (MDHHS) has reconfigured our web pages and given them a new look and feel. If you have pages bookmarked, you may need to re-link them to the new pages. Look for the new website to be released in the next few days. It can be accessed by going to www.michigan.gov/medicaid or www.michigan.gov/medicaidproviders.

November 9, 2017: Attention Clinic Providers (FQHC, RHC, and THC): this serves as a reminder that when reporting other insurance on the Institutional format the information must be reported on the header and line levels. If you need assistance on which loop and segment this information goes in please refer to the HIPAA Companion Guides.

November 8, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, November 12, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause. As a reminder during this outage, the FTS web interface will be updated to process only TLS 1.2 or higherencryption.

November 7, 2017: Attention All Providers: Due to CHAMPS maintenance, claim adjudication and loading within CHAMPS will be stopped beginning 3:00 PM EST Friday, November 10, 2017, through 9:00 AM EST Sunday, November 12, 2017.

- Claims submitted in CHAMPS via electronic batch or Direct Data Entry (DDE) will generate a TCN but will not display within CHAMPS claim inquire until loading is restored.
- HIPAA transactions (837,270, and 276) submitted through the File Transfer Service (FTS) will **not** receive a 999 acknowledgment. Once CHAMPS loading and adjudication has beenrestored, 999 and response files will generate.

Due to the volume of transactions received, providers should wait until at least Tuesday, November 14, 2017, to ensure all submitted transactions have been loaded and adjudicated prior to contacting Provider Support.

November 6, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, November 11, 2017, through 9:00 AM EST Sunday, November 12, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 1, 2017: Attention ALL Providers: As part of the December 29, 2017, CHAMPS update the entire CHAMPS system will be moving to a cloud storage system. This will increase the CHAMPS functionality and performance. As part of this upgrade, the prior authorization screens and other insurance screens will be updated with a new look and feel.

Continue to check the CHAMPS website or the Medicaid alerts page for further updates associated with this change.

October

October 31, 2017: Attention Trading Partners: The File Transfer Service (FTS) portal will replace the Comodo SSL Certificate(s). FTP/SSL and SFTP services will be unavailable Saturday, November 4, 2017 from 7:00 AM EST to 9:00 AM EST while the certificate(s) is replaced. Trading partners that are using FTP/SSL will need to accept the new certificate(s). We apologize for any inconvenience this may cause.

October 26, 2017: Attention Hospital Providers: This is notification that there will be a delay in uploading the October 2017 Quarterly APC & ASC software as well as the annual APR DRG grouper 35. Both updates are scheduled to be loaded into the CHAMPS system December 29, 2017. Until the system is updated Outpatient claims will be processed under the previous quarter's software, and Inpatient claims will be processed under grouper 34. Providers should expect to see an increase in claim denials when new codes are reported as well as incorrectly paid claims. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelinesfor the date of service the charges were incurred on. Any claims affected by this software update will beresurrected/adjusted.

October 25, 2017: Attention ALL Providers: Third Party Liability (TPL) will be performing scheduled updates to our web server. Between the hours of 5:00 PM EST on October 25, 2017, and 8:00 AM EST on October 26, 2017, the form to report Other Insurance Adds, Terminations and Updates at www.michigan.gov/reportTPL will not be available. Please enter your request after this period or report the change using an alternate method.

October 25, 2017: Attention ALL Providers: On November 12, 2017, the State of Michigan (SOM) will reconfigure the File Transfer Service (FTS) web interface, URL https://dxgweb.state.mi.us, to process only TLS 1.2 or higher encryption to align with security and data integrity requirement.

Web users are encouraged to check their browser settings to ensure TLS 1.2 is enabled prior to the date above to prevent any possible disruption to your ability to connect.

October 24, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborntake backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 24, 2017: System Outage: Due to system maintenance, The CHAMPS system will be unavailable between 6:00 PM EST Friday, October 27, 2017, through 11:59 PM EST Sunday, October 29, 2017. Real-Time 270/271 Transactions will be unavailable from 6:00 PM EST to 11:00 PM EST on Friday, October 27, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize

for any inconvenience.

October 24, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailableon Sunday, October 29, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

October 19, 2017: MILogin and CHAMPS Outage: Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, October 21, 2017, until 12:00 AM EST on Sunday, October 22, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 19, 2017: Attention ALL Providers: CHAMPS EFT payments for pay cycle 42, pay date 10/19/2017, from Michigan Department of Health and Human Service (MDHHS) will be delayed one day to 10/20/2017. CHAMPS Remittance Advices (RA), i.e., HIPAA Electronic 835 transactions & paper, will be generated as scheduled today, Thursday 10/19/17.

October 18, 2017: Attention ALL Providers: Due to maintenance activities, the FileNet system will be down between 9:00 PM and 10:00 PM today, October 18, 2017. Providers will not be able to search Archived Documents, Complete EHR applications, View Paper Claims and/or use DMP application/faxesduring this time. We apologize for any inconvenience.

October 12, 2017: Attention ALL Providers: Third Party Liability (TPL) will be performing scheduled updates to our web server. Between the hours of 5 PM EST on October 25, 2017, and 8 AM EST on October 26, 2017, the form to report Other Insurance Adds, Terminations and Updates at www.michigan.gov/reportTPL will not be available.

Please enter your request after this period or report the change using an alternate method.

October 12, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailableon Sunday, October 15, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

October 11, 2017: Attention ALL Providers: As part of the transition to Statewide Integrated Governmental Management Application (SIGMA), a very small number of providers will experience a one day or two-day delay in payment for combined 40 & 41 pay cycles from Michigan Department of Health and Human Service (MDHHS). Please note: MDHHS will make all efforts to directly contact providers impacted by this delay. CHAMPS Remittance Advices (RA), i.e., HIPAA Electronic 835 transactions & paper, will be generated asscheduled on Thursday 10/12/17. We appreciate your patience during this transition. If you have not received your payment from pay cycles40 & 41 by pay cycle 42, please contact Provider Support. Additional SIGMA resources and Provider information can be found at Michigan.gov/MedicaidProvidersFor more information on SIGMA's major improvements, visit Michigan.gov/SIGMAVSS

October 10, 2017: Attention ALL Providers: In January 2018, the Michigan Department of Health and Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project. As part of MCC, Medicaid Health Plan (MHP) Providers will need to enroll in CHAMPS (MSA 17-04).

Additional resources can be found on the Michigan Medicaid Provider Enrollment website: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html

October 10, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down from 6:00 PM EST Saturday October 14, 2017, through 9:00 AM EST Sunday, October 15, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September

September 28, 2017: Attention Nursing Facility Providers: Revised Medicaid Enrollment Checklist (New or Currently Enrolled Facilities Undergoing Change of Ownership). The Medicaid Enrollment Checklist has been revised to include information on:
1) Cost Reporting – Request for use of Alternative Statistical Basis". A new provider wishing to change the allocation basis for a particular cost center, or the order in which the cost centers are allocated, must

submit a written request to DARS@Michigan.gov. The request must include reasonable justification and supporting documentation that the new basis is more accurate and appropriate for allocation of the cost activity for Medicaid reimbursement determination. The request must be made at the time of the request of Medicaid enrollment.
2) Under a change of ownership, a nursing facility does not have to notify the local MDHHS office if there is a change in the facility's NPI/Medicaid Provider ID number. Rather, the Medical Services Administration will have the old LOC 02 NPI/Provider ID transferred over in BRIDGES to CHAMPS to the new NPI/Provider ID. The checklist is posted online at www.michigan.gov/medicaidproviders >>Billing and Reimbursement>>Provider Specific Information>>Nursing Facilities.

September 28, 2017: Attention Clinic Providers (FQHC, RHC, and THC): This serves as a reminderper the Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 9.3.A Definitions, Attending/Treating Physician: *"The physician (MD or DO) may be either a primary care doctor or a specialist whose scope of practice enables the interventions necessary to treat the serious condition."* Providers listed within MSA 15-44 (Social Worker, Professional Counselor or Psychologists), who haverendered services can only be reported within the Rendering Provider Field of the UB claim form.

September 25, 2017: System Outage: Due to system release, the CHAMPS system will be down from 8:00 AM EST through 2:00 PM EST Saturday September 30, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September 19, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, September 24, 2017, from 7:00 AM EST to 1:00 PM EST. We apologize for any inconvenience this may cause.

September 18, 2017: Attention ALL Providers: This serves as a reminder of current Medicaid Policy as outlined in the Medicaid Provider Manual, in both the Billing & Reimbursement for Professionals and Billing & Reimbursement for Institutional Providers, Section Remittance Advice*:*

"A Remittance Advice (RA) is produced to inform providers about the status of their claims. RAs are available in paper and electronic formats and utilize the HIPAA-compliant national standard claim adjustment group codes, claim adjustment reason codes, and remarks codes, as well as adjustment reason codes, to report claim status. Code definitions are available from the Washington Publishing Company." It is a provider's responsibility to review the claim adjustment reason codes (CARC) and remittanceadvice remark codes (RARC) on their RA to determine why a claim(s) denied or paid. A complete listing of the CARC and RARC Codes can be found on the Washington Publishing Company website at http://www.wpc-edi.com/reference/ .Claim status and paper RA navigation steps within CHAMPS.

September 15, 2017: Attention Trading Partners and Billing Agents: The File Transfer Service (FTS) portal will be unavailable on Sunday, September 17, 2017, from 8:00 AM EST to 2:00 PM EST. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

September 13, 2017: Attention Inpatient Hospital Providers: MDHHS is aware that there is a system issue causing claims to deny for newborns that are born in one hospital and subsequently transferred to another hospital the same day. NUBC rules state that only the initial hospital claim should have the newborn admit type reported, and the subsequent claim should be reported with the "true" admit source 5- Transfer. The CHAMPS system is currently incorrectly denying the second admission if the admit date and the date of birth are the same and the admit type is anything other than 4-Newborn. Until the system is updated, it is advised that providers report admit type 4- Newborn and notate within the remarks "Newborn Admit Type Defect". There is currently no projected fix date for this issue. Another notification will be sent to providers after thesystem fix with instructions for identifying and adjusting affected claims.

September 12, 2017: Attention ALL Providers: In January 2018, the Michigan Department of Healthand Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project.

Features of the MCC project include:

- Admissions, Enrollments, Discharges, and Dis-enrollments will be completed within CHAMPS (only required for certain provider types).
- Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes.

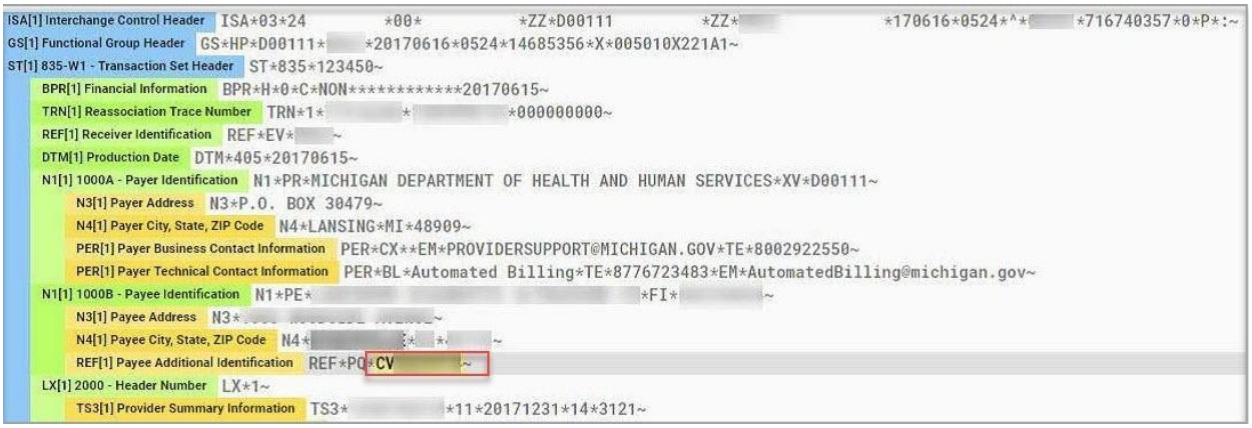
- Patient Pay Amounts (PPA) will be displayed separately in a new 'Patient Pay' section at the bottom of the CHAMPS Eligibility response page.
- Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

A LOC to PET crosswalk table can be found on our Provider Tips webpage.
For a list of MCC training dates and to register, please visit our Medicaid Provider Training webpage.

September 12, 2017: Attention Billing Agents and Trading Partners: As part of the SIGMA transition the electronic HIPAA Remittance Advice (835) will display the Vendor ID in existing loop 1000B – Payee Identification, REF02 Additional Payee Identifier segment.

Example 835, vendor ID outlined in red box:

**Please note the vendor ID is not required to be reported on the 837 file.*



For more information on SIGMA's major improvements, visit Michigan.gov/SIGMAVSS Additional SIGMA resources and Provider information can be found at Michigan.gov/MedicaidProvidersAdditional Billing Agent and Trading Partner resources can be found at Michigan.gov/MedicaidProviders>>Billing and Reimbursement >>Electronic Billing

September 5, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down from 6:00 PM EST Saturday, September 9, 2017, through 9:00 AM EST Sunday, September 10, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September 5, 2017: Attention Outpatient Hospitals: The July 2017 Quarterly APC & ASC software was loaded into CHAMPS August 12, 2017, and MDHHS will begin to adjust claims that were processed under the previous quarter's software.

August

August 28, 2017: Attention Professional Providers: This serves as a reminder to all providers that bill for emergency room charges. Per Medicaid Policy Bulletin 04-03 and Section 1.2 of the Practitioner Chapter, effective for dates of service on or after January 1, 2004, the two-tiered fee screen for emergency department (ED) attending physician services is based on whether the beneficiary is treated and released from the ED or treated and admitted to the hospital/transferred to another hospital.

Treated and Released: When billing for the attending ED physician E/M service, the modifier UD must be used with the appropriate E/M procedure code to designate that the beneficiary was released (discharged) from the ED. This modifier must be placed in the first modifier position on the claim line to ensure correct processing. The UD modifier indicates the physician billing for the ED E/M service was theattending ED physician and allows the appropriate fee screen to be used. E/M services provided by otherphysicians in the ED must not use the UD modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UD modifier.

Treated and Admitted/Transferred: When billing for the attending ED physician E/M service, the modifier UA must be used with the appropriate E/M procedure code to designate that the beneficiary was admitted to the hospital or transferred to another hospital from the ED. This modifier must be placed in the first

modifier position on the claim line to ensure correct processing. The UA modifier indicates the physician billing for the ED E/M service was the attending ED physician and allows the appropriate fee screen to be used. E/M services provided by other physicians in the ED must not use the UA modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UA modifier.

August 23, 2017: Attention Outpatient Hospital Providers: This is an update to the Biller "B" Aware posted on July 19, 2017. MDHHS identified a system issue that was causing services on MDHHS wrap-around list with status indicator A8-*Healthy Michigan Plan only* to incorrectly pay $0.00. The affected procedure codes were G0104, G0105, G0121, G0297, and G0328. MDHHS has updated the system effective August 12, 2017. MDHHS will identify and reprocess the affected claims.

August 17, 2017: System Outage: Due to scheduled MILogin maintenance, the CHAMPS system will not be accessible from 7:00 AM EST until 1:00 PM EST on Sunday, August 20th, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 17, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, August 20, 2017, from 8:00 AM to 10:00 AM. We apologize for any inconvenience this may cause.

August 14, 2017: Attention ALL Providers: In January 2018, the Michigan Department of Health and Human Services (MDHHS) will implement the first phase of the Community Health Automated Medicaid Processing System (CHAMPS) Modernizing Continuum of Care (MCC) project.
Features of the MCC project include:

- Admissions, Enrollments, Discharges, and Dis-enrollments will be completed within CHAMPS (only required for certain provider types).
- Level of Care (LOC) codes will be replaced with Program Enrollment Type (PET) codes.
- Patient Pay Amounts (PPA) will be displayed separately in a new 'Patient Pay' section at the bottom of the CHAMPS Eligibility response page.
- Managed care entities will move from multiple CHAMPS provider identification numbers (CHAMPS provider IDs) to a single provider ID per contract.

Additional information and details to follow.

August 14, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 20, 2017, from 6:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 11, 2017: Attention ALL Providers: Effective September 3, 2017, coverage that is received from McLaren Health Advantage will be loaded directly into the CHAMPS TPL Coverage File. MDHHS Third Party Liability (TPL) will no longer update these records unless changes are available in McLaren Health Advantage's web portal after the last load date of eligibility from the National Roster File. Providers are asked to please contact McLaren Health Advantage for any questions related to loaded coverage.

August 10, 2017: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM EST Saturday, August 12, 2017, through 9:00 AM EST Sunday, August 13, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

August 3, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, August 6, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

August 2, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 6, 2017, from 6:00 AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

July

July 28, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday,July 30, 2017, from 8:00 AM to 4:00 PM. We apologize for any inconvenience this may cause.

July 19, 2017: Attention Outpatient Hospital Providers: This is an update to the Biller B Aware posted on June 29, 2017. MDHHS recognizes that claims continue to be denied with CARC A8-ungroupable incorrectly. The affected claims have services that are assigned a payment status indicator G or K on

Medicare's Addendum B and the supporting payable procedure is on the MDHHS wrap-around list with an assigned MDHHS status indicator. MDHHS is working to correct the system, there is no projected fix date at this time. A subsequent Biller B Aware will be posted once the issue is resolved with information for rebilling affected claims.

July 19, 2017: Attention Outpatient Hospital Providers: MDHHS has identified a system issue that is causing services on MDHHS wrap around list with status indicator A8-*Healthy Michigan Plan only* to incorrectly pay $0.00. The affected procedure codes are G0104, G0105, G0121, G0297 and G0328. MDHHS is working to update the system, there is no projected fix date at this time. A subsequent Biller B Aware will be posted once the issue is resolved with information for rebilling affected claims.

July 19, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, July 23, 2017, from 6:00 AM to 9:00AM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

July 18, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 2:00 PM until 6:00 PM EST on Saturday, July 22, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

July 12, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 11, 2017: Attention ALL Providers: Please be advised: As part of the transition from the current State of Michigan (SOM) financial system, Michigan Administrative Information Network (MAIN), to Statewide Integrated Governmental Management Application (SIGMA), there will be a delay in payment and Remittance Advices (RA), i.e., HIPAA Electronic 835 transactions & paper, from the Michigan Department of Health and Human Services (MDHHS). CHAMPS Pay cycle 40 payments (pay date 10/5/2017) and RAs will be delayed and pushed into pay cycle 41 (pay date 10/12/2017). **Please be mindful as there will be no payments and RAs generatedon 10/5/2017; pay 40 and 41 payments and RAs from CHAMPS will be combined on pay date of 10/12/2017.**
In the event issues may arise given the transition from MAIN to SIGMA, MDHHS will immediately notify providers.
SIGMA Key Dates:

- July 31, 2017: Providers converted to SIGMA VSS
- September 22, 2017: C&PE no longer available for update
- October 3, 2017: SIGMA Go Live
- October 5, 2017: No Payments and RAs from CHAMPS
- October 12, 2017: Combined 40 & 41 pay cycles from CHAMPS

Benefits Include:

- Manage account information, view invoice and payment information for checks and EFTs 24 hours a day, 7 days a week!
- Improved communication through automated e-mails
- Unique Vendor/Customer ID improves privacy
- Provides more detailed spending analysis and robust report options

For more information on SIGMA's major improvements, visit Michigan.gov/SIGMAVSS
Additional SIGMA resources and Provider information can be found at Michigan.gov/MedicaidProviders

July 11, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday,July 16, 2017, from 7:00 AM to 1:00 PM. We apologize for any inconvenience this may cause.

June

June 29, 2017: **System Outage:** Due to monthly maintenance, the CHAMPS system will be down between 6:00 PM Saturday July 8, 2017, through 9:00 AM Saturday July 9, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 29, 2017: Attention Outpatient Hospital Providers: This message is an update to the Biller "B" Aware posted on May 24, 2017, alerting providers of erroneous claim rejections. The CHAMPS system was updated on June 24, 2017, and MDHHS will begin resurrecting and reprocessing any of the affected claims.

June 27, 2017: Attention Clinic Providers (FQHC, RHC, THC): Michigan Department of Health and Human Services (MDHHS) will be delaying implementation of policy Bulletin MSA 17-10. The bulletin indicated the change was effective for dates of service on or after July 1, 2017, the change has been delayed until August 1, 2017. A bulletin announcing the delay in implementation of the institutional billing format will be forthcoming.

June 23, 2017: Attention Clinic Providers: Please note the Clinic Revenue Codes for **FQHC/RHC/THC's** have now been added to the Medicaid Provider Webpage, which can be accessed by going to www.michigan.gov/medicaidproviders >> Provider Specific Information >> Inpatient Hospital >> Revenue Code Requirement Table.

June 23, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Saturday, June 24, 2017, from 10:00 AM to 12:00 PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

June 22, 2017: Attention Skilled Nursing Facility Providers: When emailing Provider Support regarding LOCD issues the applicable documents must be uploaded to Document Management Portal (DMP) instead of sending as a PDF attachment. Please visit our Medicaid Provider Training page for guidance in using DMP – See Recorded Medicaid CHAMPS Trainings 2016 Document Management Portal (DMP).

June 19, 2017: **System Outage:** Due to the CHAMPS system release, the CHAMPS system will be down between 7:00 PM Friday June 23, 2017, through 2:00 AM Saturday, June 24, 2017. This outage will affectthe CHAMPS system access for all functionality. We apologize for any inconvenience.

June 14, 2017: Attention Private Duty Nursing Agencies: Michigan Department of Health and Human Services (MDHHS) reminds providers of the current Michigan Medicaid Policy within the Provider Manual, Billing and Reimbursement for Institutional Providers, section 10-Private Duty Nursing Agency Claim Submission/Completion.
Service Dates "**Each date of service must be reported on a separate serviceline**". In the instance two nurses provide services on the same day to the same beneficiary, the services must be combined and reported on one claim service line. Providers will no longer be able to bill each nurse service on a separate claim line as this will result in a denial of the second service as an exact duplicate (CARC 18 and RARC N522).

June 14, 2017: System Outage: Due to MILogin maintenance, CHAMPS will be unavailable on Sunday, June 18, 2017, from 7:00 AM to 1:00 PM. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 14, 2017: Attention All Providers: As we approach the one-year mark of MILogin implementation users may be prompted to update their MILogin password. Current MILogin password requirements call for users to reset their password every 365 days. For instructions on how to reset your MILogin password refer to MiLogin instructions.

June 13, 2017: Attention Outpatient Hospital Providers: Providers may have noticed an increase in claims denied with Claim Adjustment Reason Code 23 "The impact of prior payers adjudication including payments/and or adjustments". If the other insurance information is reported at the header of the claim and there is a CARC reported from the other payer that is considered a denial (example: CARC 50) or would cause the claim to suspend (example: CARC 16) the claim is denied by CHAMPS. Claims will needto be rebilled with the other insurance information reported at each service line level for correct processing or providers will need to contact the primary payer to further resolve the primary payers' actions.

June 13, 2017: Attention All Providers and Trading Partners: CHAMPS has noticed intermittent delays in returning 271 transactions. This delay is due to the volume of requests being submitted with 5,000 or more transaction sets in a single group header and each transaction set only containing one beneficiary. To help avoid the delay MDHHS would like to remind trading partners that 270 transactionscan be

submitted with multiple group headers and multiple transaction sets within those headers and each transaction set can contain up to 1,000 beneficiaries.

June 7, 2017: Attention Clinic Providers: Please note the Clinic codes for **FQHC/RHC/THC's** have now been added to the Medicaid Provider Webpage, which can be accessed by going to www.michigan.gov/medicaidproviders >> Provider Specific Information >> Clinic Institutional Billing. Please save this webpage as a favorite as additional information is posted here. These codes are not related to the OPPS Hospital defect.

June 7, 2017: **System Outage:** Due to CHAMPS system release, the CHAMPS system will be down between 6:00 PM Saturday, June 10, 2017, through 9:00 AM Sunday, June 11, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 7, 2017: Attention ALL Providers: The State of Michigan is upgrading its financial and business systems to a new system, SIGMA.
SIGMA, Statewide Integrated Governmental Management Application, will improve the way Michigan performs all financial activities, including budgeting, accounting, payments, and business and grant opportunities. SIGMA Vendor Self-Service (VSS) improves how we work with vendors, payees and grantees, replacing Contract & Payment Express (C&PE) and Buy4Michigan.
If you have an active account in the C&PE system on June 30, 2017, you will be converted to the user-friendly SIGMA VSS.
Key Dates:

- July 31, 2017: Claim your account and verify information
- October 2, 2017: C&PE is no longer available for

updateBenefits Include:

- Manage account information, view invoice and payment information for checks and EFTs 24 hours a day, 7 days a week!
- Improved communication through automated e-mails
- Unique Vendor/Customer ID improves privacy

For more information on SIGMA's major improvements, visit Michigan.gov/SIGMAVSSFor questions please contact the SIGMA Vendor Customer Support Center (VCSC) at SIGMA-Vendor@Michigan.gov

June 2, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday,June 4, 2017, from 8:30 AM to 9:30 AM. We apologize for any inconvenience this may cause.

May

May 24, 2017: Attention Outpatient Hospital Providers: MDHHS has identified an issue that began with claims received on and after 5/13/2017. Any "new" claim that came in was affected as well as any suspended claim that was processed on and after 5/13/2017. It appears within the latest quarter's OPPS release there were some procedure codes that were loaded incorrectly and are causing an incorrect status indicator to set making service lines or in many cases making the entire claim reject with A8. Please do not take any action until the system has been updated, rebilling prior to the system being corrected will cause additional denials. Once the system has been corrected providers will be notified. Providers with further questions can contact Provider Support by email. Please include in thesubject: Attention OPPS Claim Question.

May 23, 2017: Attention Home Health Providers: Michigan Department of Health and Human Services (MDHHS) reminds provider of current Michigan Medicaid Policy within the Medicaid Provider Manual, Home Health Chapter, section 8 "*Home health aide services are covered only when ordered by the attending physician and performed in conjunction with direct, ongoing skilled nursing care and / or PT*".

MDHHS will void identified claims received on or after January 2011 which were paid in error. Provider's will see these recoveries beginning with June 2017 pay cycle dates. The voided claims can be identified by the claim note "aide service billed without skilled nursing or PT".

May 23, 2017: Attention All Providers: Update to message posted on April 25, 2017: There will be a delay in the implementation of enhanced pharmacy claim processing edits to deny prescriptions or refills written by a prescriber NPI that is not actively enrolled with Michigan Medicaid. The Michigan Department of Health and Human Services (MDHHS) does not want to create access to care issues for Medicaid

beneficiaries. In the future, to ensure there is not a lack of payment due to claim denials prescribers need to enroll with MDHHS via CHAMPS as soon as possible. Please refer to policy bulletin MSA 13-17 for further details. Enrolled pharmacies can verify whether aprescriber is enrolled with Michigan Medicaid by using the CHAMPS provider verification tool. To enroll with Michigan Medicaid, prescribers can review provider enrollment information on the ProviderEnrollment MDHHS website.

May 18, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday,May 21, 2017, from 8:00 AM to 9:00 AM. We apologize for any inconvenience this may cause.

May 17, 2017: Attention Hospice Providers: Michigan Department of Health and Human Services (MDHHS) is aware of incorrect reimbursement rates for routine care (revenue code 0651) for dates of service on and after October 1, 2016. MDHHS is working to resolve this issue. An update will be posted when the issue has been resolved. We apologize for any inconvenience.

May 12, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Saturday, May 13, 2017, from 10:00 AM to 2:00 PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

May 11, 2017: Attention All Providers: Effective June 1, 2017, Provider Support will no longer give beneficiary eligibility information to providers. Providers may verify eligibility information through a variety of resources. Please refer to the Michigan Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 3 for further information and exceptions. In addition, MDHHS has created Virtual Training Resources and Provider Tips to aid providers in learning how to verify beneficiary eligibility. Providers will receive assistance from Provider Support to learn how to verify beneficiary eligibility within CHAMPS.

May 8, 2017: **System Outage:** Due to CHAMPS system release, the CHAMPS system will be down between 6:00 PM Saturday May 13, 2017, through 9:00 AM Sunday May 14, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May 4, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, May 7, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

April

April 28, 2017: Attention ALL Providers: Due to a system issue the Document Management Portal (DMP) was down yesterday, Thursday April 27, 2017, from 6:00PM through Friday April 28, 2017 at 7:48AM. If any documentation was faxed through DMP during this time frame the information was not received by MDHHS. The issue has been resolved, please resubmit any documentation submitted during this outage to ensure it is received by MDHHS.

April 27, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, April 30, 2017, from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

April 25, 2017: Attention All Providers: Pharmacy claims adjudicated on or after June 1, 2017, Michigan Department of Health and Human Services (MDHHS) will be enforcing enhanced claim processing edits to deny prescriptions or refills submitted through Medicaid's Pharmacy Benefit Manager(Magellan) when the prescription is submitted with a type 2(Group NPI) or any non-enrolled NPI as the prescribing provider. This editing will affect all pharmacy claims paid under the Fee For Service (FFS) Medicaid Program, including Medicaid Health Plan carve out drugs. Claims billed with a Type 2 NPI or anNPI that is inactive or non-enrolled in CHAMPS in the NCPDP Field: #411-DB Prescriber ID will deny. It is the prescribing physician's responsibility to ensure they are actively enrolled within CHAMPS to inorder to prevent beneficiary access to care issues. Further technical questions regarding this requirement please contact Magellan Technical Helpdesk at: 1-877-624-5204.

April 25, 2017: Attention Hospital Providers: Pharmacy claims adjudicated on or after June 1, 2017, Michigan Department of Health and Human Services (MDHHS) will be enforcing enhanced claim processing edits to deny prescriptions or refills submitted through Medicaid's Pharmacy Benefit Manager(Magellan) when the prescription is submitted with a type 2 (Group NPI) or any non-enrolled NPI as the prescribing provider. Hospital interns, residents or students should not prescribe hospital discharge medications for Medicaid or other MDHHS pharmacy program beneficiaries unless they are actively enrolled in CHAMPS. MDHHS encourages participating hospital providers to review their internal protocols to ensure the attending

physician's NPI and name are identified on discharge prescriptions in order to prevent access to care issues. Claims billed with a Type 2 NPI or an NPI that is inactive or non- enrolled in CHAMPS in the NCPDP Field: #411-DB Prescriber ID will deny. It is the prescribing physician's responsibility to ensure they are actively enrolled within CHAMPS. Further technical questions regarding this requirement please contact Magellan Technical Helpdesk at 1-877-624-5204.

April 21, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 10:00 PM Friday, April 21, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

April 20, 2017: Attention Outpatient Hospital Providers: This is an update to the message posted on February 23, 2017. The January 2017 quarterly APC/OPPS software and wrap-around codes list were successfully uploaded to CHAMPS as of March 24, 2017, and all claims adjudicated with dates of service January 1, 2017, through March 24, 2017, for outpatient hospitals are currently being reprocessed. The next software update for the April 2017 quarter is scheduled to be loaded to CHAMPS on May 13, 2017.

April 18, 2017: Attention Clinic Providers: MDHHS would like to encourage Clinic providers to review MSA policy bulletin 17-10 regarding Clinic billing changes to the Institutional claim format. MDHHS Provider Relations is currently working on training materials and would appreciate provider input. Please email ProviderOutreach@Michigan.gov with topics or questions and refer often to the Medicaid Provider training page for upcoming informational and billing-specific training sessions.

April 13, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 13, 2017: Attention ALL Providers: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, April 16, 2017, from 8:00 AM to 10:00 AM. We apologize for any inconvenience this may cause.

April 13, 2017: Attention ALL Providers: Effective April 3, 2017, the name of Fidelis SecureCare of Michigan Integrated Care Organization (ICO) will be known as Michigan Complete Health (MCH) ICO. Providers may notice this name change when verifying eligibility and the beneficiary is enrolled with this ICO-MC plan.
MCH provider IDs and customer number phone numbers will remain the same.Updated website address: https://mmp.michigancompletehealth.com/2017.html Providers with further questions should contact Michigan Complete Health at 844-239-7387

April 12, 2017: Attention ALL Providers: MDHHS Provider Relations would like to remind providers of the opportunity to register your email-address or update your Listserv subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty-specific alerts. Click here to subscribe or update your listserv subscription and receive updates and announcements delivered to your registered email address. You may unsubscribe at any time.

April 11, 2017: Attention All Providers and Trading Partners: Due to system response times the batch 271 response may be delayed by one business day.

April 4, 2017: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, April 8, 2017, through 9:00 AM Sunday, April 9, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March

March 30, 2017: Attention Clinic Providers: Professional Claims submitted by a clinic provider type onor after April 1, 2017, must include the Rendering Provider NPI for proper adjudication. Failure to comply will result in claim denials and could cause lack of payment in the future.

March 30, 2017: Attention ALL Providers: For dates of service on or after April 1, 2017, co-pays for certain Healthy Michigan Plan beneficiaries are going up. MSA Policy 17-02 includes the revised co-pay amounts and describes how this change will impact Healthy Michigan Plan beneficiaries and providers.

Beginning April 1, 2017, the eligibility response within CHAMPS will provide the tiered co-pay amounts applicable to the beneficiary. Beneficiaries have been notified of these changes by MDHHS. The Healthy Michigan Plan list of chronic health conditions that are exempt from beneficiary co-pay requirements has also been updated for dates of service on or after April 1, 2017. It is located at www.michigan.gov/healthymichiganplan.

Finally, consistent with MSA letter L 14-52, the handout "Information on HMP Co-pays" has been updated to reflect the revised co-pay structure. It is located at http://www.michigan.gov/healthymichiganplan under the Healthy Michigan Plan Provider information page.

March 30, 2017: MILogin Outage: Due to system maintenance, MILogin will be unavailable on Sunday, April 2, 2017, from 8:00 AM to 12:00 PM. We apologize for any inconvenience this may cause.

March 24, 2017: Attention ALL Providers: Effective Sunday April 2, 2017, the MI Login for Third Partylink will receive an update which will change the look and feel for Providers and advocates. Overall functions and access to applications will remain the same. Further MI Login instructions can be found on the CHAMPS webpage.

March 23, 2017: System Outage: Due to system maintenance, MILogin will be unavailable on Sunday, March 26, 2017, from 8:00 AM to 12:00 PM. This outage will impact all system functionality. We apologize for any inconvenience this may cause.

March 22, 2017: **System Outage:** Due to system release, the CHAMPS system will be down between7:00 PM Friday, March 24, 2017, through 2:00 AM Saturday, March 25, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 6, 2017: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, March 11, 2017, through 9:00 AM Sunday, March 12, 2017. This outage willaffect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March 1, 2017: Attention ALL Providers: Due to administrative error, fees for procedure codes 99381-99387 and 99391-99397 were altered within CHAMPS. This caused claims billed with dates of service January 1, 2017, to February 23, 2017, to process incorrectly within CHAMPS. MDHHS has corrected the error and will be adjusting the affected claims.

February

February 28, 2017: Attention Dental Providers: MDHHS has identified a system error, Dental Providers were sent out a Third-Party Liability (TPL) void letter for claims with dates of services prior to May 1, 2016. Please disregard the void letters for these claims as the take backs will not be processed. We havea resolution in place to eliminate this system error from occurring in the future. For dates of service on or after May 1, 2016, TPL will process take backs.

February 23, 2017: Attention Outpatient Hospital Providers: Providers may notice an increase of claim adjustment reason code A8 denials as the MDHHS CHAMPS system is processing current claims with the December 2016 quarterly APC/OPPS software and wrap around codes list. The implementationthe software for the January 2017 quarter is planned for March 24, 2017 and will resolve this issue.MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will beprocessed in April and may be identified by the claim note: APC January 2017 quarterly updates.

February 22, 2017: Attention ALL Providers: MDHHS no longer accepts the paper MSA-1380 835-Electronic Remittance Advice Request for Billing Agent Change/Update. Providers wanting to change their billing agent information need to submit a provider enrollment modification within CHAMPS. Pleaserefer to Associate new billing agent and authorize 835 instructions.

February 22, 2017: System Outage: Due to MILogin system maintenance, users may experience intermittent outages while accessing the CHAMPS system between 7:00 AM and 1:00 PM on Sunday, February 26, 2017. This outage will affect the CHAMPS system access for all functionality. We apologizefor

any inconvenience.

February 16, 2017: Attention ALL Providers: Beginning on RA date 02/02/2017 Providers may have claims incorrectly being denied with CARC 204 and RARC N448 when the beneficiary is enrolled in the QMB benefit plan. MDHHS has resolved the issue and will resurrect affected claims.

February 7, 2017: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, February 11, 2017 through 9:00 AM Sunday, February 12, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 1, 2017: Attention ALL Providers: Providers submitting batch 270 eligibility transactions may experience a delay in receiving their 271-response file; providers submitting real time 270 transactions may receive error 'AAA*42' if the 271 is unable to be generated. This is due to beneficiaries having an invalid zip code on file in either their address information or their Third-Party Liability (TPL) information. MDHHS is working to resolve this issue and will continue to monitor the system. We apologize for any inconvenience.

January

January 26, 2017: Attention Inpatient Hospital Providers: This is to remind providers per the MSA Policy Bulletin 14-37 and effective 10/01/2014, the following revenue codes will be covered for nursery related charges: 0170, 0171, 0172, 0173, 0174, 0179 Prior to 10/01/2014, revenue code 0173 was not payable, and providers should be advised that this codeis only to be used for admissions on or after 10/01/2014. Designated providers with an alternate weight assignment, per Medicaid policy, may continue to use Revenue Code 0174 for Neonatal Intensive Care Unit admissions and proper reimbursement.

January 26, 2017: Attention Skilled Nursing Facility Providers: Instructions on Inactive Level of Care Determination (LOCD) Completed waiting for LOC/MA

January 19, 2017: Attention Private Duty Nursing Providers: MDHHS has identified a processing issue. Claims that were submitted with dates of service for December 25, 2016 and/or December 26,2016 were paid at the incorrect rate. MDHHS is working on a resolution. Once resolved, MDHHS willadjust the effected claims.

January 19, 2017: Attention ALL Providers: The File Transfer Service (FTS) portal will be unavailableon Sunday, January 22, 2017, from 10:00AM to 12:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

January 17, 2017: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborntake backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 9, 2017: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, January 14, 2017 through 9:00 AM Sunday, January 15, 2017. This outagewill affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

January 6, 2017: **System Outage:** Due to MILogin system maintenance, users may experience intermittent outages while accessing the CHAMPS system between 7:00 AM and 1:00 PM on Sunday, January 8, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize forany inconvenience.

January 5, 2017: Attention All Physical and Occupational Therapy Providers: Effective January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) has issued updated physical and occupational therapy evaluation codes.

- PT code 97001 is now replaced by one of the following codes: 97161, 97162 or 97163
- PT code of 97002 is now replaced with 97164
- OT code 97003 is now replaced by one of the following codes: 97165, 97166 or 971637
- OT code 97004 is now replaced by 97168

Please refer to this CMS resource for additional information.

Return to Top

2016

December

December 22, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function issues have been resolved and both should be functioning as expected. We apologize for any inconvenience. Providers still experiencing problems should contact Provider Support.

December 20, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function are currently experiencing issues. MDHHS is working to resolve this issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

December 20, 2016: Attention Free Standing Dialysis Centers: MDHHS has identified a system issue causing claims for dialysis services to inadvertently deny with CARC A8. The CHAMPS system is not setting the correct status indicator when reporting a pass through or non-pass-through drug or biological along with an OPPS payable procedure when billing for dialysis services. This is projected to be fixed in a system release scheduled for 03/24/2017. At that time, MDHHS will recycle affected claims. MDHHS apologies for any inconvenience this may cause.

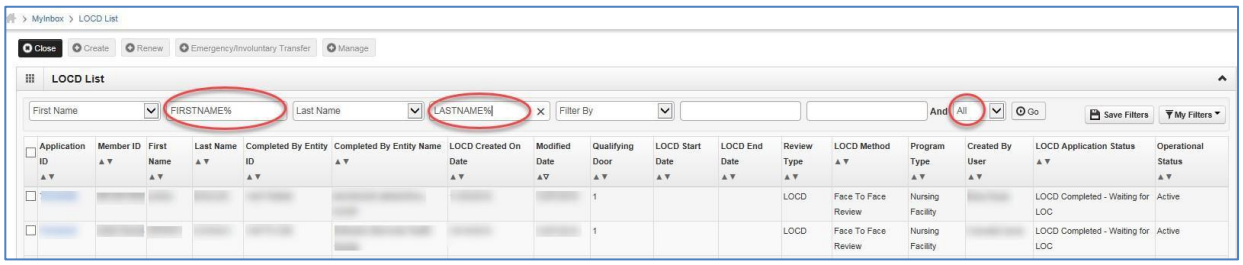
December 20, 2016: Attention All Providers: Due to planned 2016 year-end system maintenance activities, the CHAMPS system will be down between 8:00 PM Saturday, December 31, 2016, through 12:00 AM Sunday, January 1, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 13, 2016: Attention Hospice Residence Facilities with Licensed-Only Nursing Facility Beds: Reimbursement of room and board for Medicaid-eligible beneficiaries should be submitted on a separate claim from other charges. Please be reminded to report the taxonomy code 315D00000X on these Hospice Residence room and board services only. Other services should be billed on a separate claim with no reported taxonomy code.

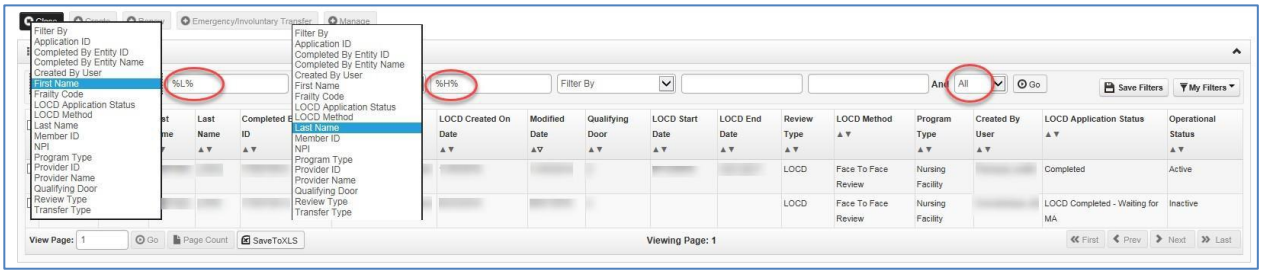
December 12, 2016: System Outage: Due to a system release, the CHAMPS system will be down between 7:00 PM Friday, December 16, 2016, through 6:00 AM Saturday, December 17, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 07, 2016: Attention Nursing Facilities: To reduce the unnecessary duplication of CHAMPS-based Michigan Medicaid Nursing Facility Level of Care Determinations (LOCD), MDHHS is instructing providers to open the LOCD LIST page and utilize FILTERs before conducting another LOCD to determine if an online LOCD already exists for a beneficiary.

FILTER: Filter first by the beneficiary's First Name. Including the wild card (%) after the first name will provide better search results. The second filter is the beneficiary's Last Name. Again, include the wild card (%) after the last name to bring back the best results. Select 'ALL' from the drop-down arrow, then select GO. All LOCDs conducted for a beneficiary, including Active and Inactive LOCDs, will be listed.



If your search does not provide expected results, filter by First Initial for both the first and last name, and use the wild card (%) before and after each initial (Example: Last Initial %H% and First Initial %L%).



December 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, December 10, 2016, through 9:00 AM Sunday, December 11, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November

November 23, 2016: Attention LTC Providers: MDHHS received notification this morning that LTC provider's November 2016 monthly interim Quality Assurance Supplement (QAS) Payments, scheduled for payment this week, has been delayed one week due to a processing issue within CHAMPS. These interim monthly payments have now been processed and sent to Treasury for warrant generation dated December 1, 2016. The payments will appear on the provider's Remittance Advice and FD 622 Report for pay cycle #48 dated Thursday, December 1, 2016. MIP providers will receive both their MIP payment and their November interim QAS payment on this pay cycle. We apologize for the late notification and the payment delay.

November 23, 2016: Attention Ambulance Providers: Effective for Dates of Service (DOS) on or after October 1, 2016, CMS has assigned Medically Unlikely Edits (MUE) to procedure code A0425 with a value of 250. For ambulance runs requiring over 250 miles, prior authorization (PA) from the Medicaid Program Review Division will be required for the entire run. Ambulance runs billed in excess of 250 miles without PA will deny with CARC 273 and RARC N362. Mileage can only be reimbursed for loaded miles. Refer to MSA 16-16 for PA requirements for Medicaid-enrolled providers.

November 21, 2016: Attention Providers: MDHHS Third Party Liability (TPL) is in the process of receiving the National Roster File directly from Delta Dental via the PA593 format. Effective December 1, 2016, coverage that is received from Delta Dental will be loaded directly into CHAMPS. TPL has received written notification that the Delta Dental PA593 is considered to be the record of source. Therefore, if a provider contacts MDHHS regarding coverage that loaded via the PA593, MDHHS will be informing the provider to contact Delta Dental.

November 17, 2016: **System Outage:** Due to MILogin system maintenance, the CHAMPS system will not be accessible between 8:00 AM and 12:00 PM on Sunday, November 20, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 7, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: This is an update to the message posted on November 3, 2016, regarding a system issue causing claims received on and after November 1, 2016, to suspend. MDHHS has corrected the issue and all affected claims will be recycled.

November 7, 2016: **System Outage:** Due to maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 12, 2016, through 9:00 AM Sunday, November 13, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 3, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: MDHHS has identified a system issue causing claims received on and after November 1, 2016, to suspend. MDHHS is currently working to remedy the issue and once completed, affected claims will be recycled.

November 2, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: As a reminder, when billing for Room and Board, the service line from and to date (if reported) must match that of the claim header from and through dates and be reflected in the units billed. Please ensure the room and

board revenue code being billed for the resident is accurate for the bed type as MDHHS is seeing an increase of both Revenue Code 0110 and 0120 being billed on two separate claims for same beneficiary and same/overlapping services dates. These claims will be denied or recouped if paid incorrectly. For further clarification please refer to the National Uniform Billing Committee (NUBC) Manual whenpreparing Nursing Facility room and board claims.

November 1, 2016: Attention Hospital Providers: Effective 10/01/2016, 2,400 new diagnosis codes and more than 4,300 new PCS codes have been loaded into the CHAMPS system. Outpatient hospital providers may notice an increase in OPPS claim denials with Claim Adjustment Reason Codes (CARC) A8 and 146 for dates of service on and after 10/01/2016 when using any of these new diagnosis codes.

MDHHS asks for your patience as it loads grouping and pricing software for the 4th Quarter 2016 OPPS Outpatient claim type. Inpatient hospital claim types may notice an increase in APC/DRG claim denials with CARC A8 for discharges with dates of service on and after 10/01/2016 when using any of the new diagnosis or surgical procedure codes. MDHHS ask for your patience as it loads Grouper Version 34 software. Providers are reminded to use diagnosis coding to the highest level of specificity. Projected implementation date for the 4th Quarter 2016 OPPS and Grouper Version 34 software is Mid November 2016. All claims affected by these diagnosis coding denials will be reprocessed and notification of such action will be made in the near future.

November 1, 2016: **System Outage:** Due to system updates, the CHAMPS system will be down between 7:00 PM Friday, November 4th, 2016, through 2:00 AM Saturday, November 5th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October

October 19, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: Effective October 17, 2016 providers emailing MDHHS Provider Support for Level of Care Determination (LOCD) inquiries will receive a Service Request (SR) Number and information on how to check the status of their inquiry online. This LOCD Status Inquiry will be updated each Monday beginning Monday October 24, 2016 and willprovide the SR Created on Date, Facility NPI, SR Status (Open/Closed) and Disposition (Approved/Denied/Pending/Documentation Requested). If Final Disposition is DENIED, Provider Relations will contact you with further details. The LOCD Status Inquiry is being implemented to effectively allow providers to check the status of theirown inquiry without contributing additional LOCD inquiry volume to Provider Support. Provider Support will have no additional information related to these LOCD inquiries. Please allow up to 45 business daysfrom the SR Number Created Date to status your LOCD inquiry. Thank you for your continued patience.

October 19, 2016: Attention Providers: Due to server system maintenance, the CHAMPS File Transfer application will be down between 5:00 PM Wednesday October 26, 2016 through and 12:00 AM Thursday October 27, 2016. This down time will affect access to the File Transfer application the application should be accessible again on October 27, 2016. We apologize for any inconvenience.

October 18, 2016: **System Outage:** Due to MILogin system maintenance, the CHAMPS system will be down between 7:00 AM and 1:00 PM on Sunday, October 23, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 13, 2016: Attention Inpatient Hospital Providers: MSA Bulletin 15-30 announced the MDHHS conversion of the inpatient reimbursement episode of care grouping structure from the MS-DRG systemto the APR-DRG system. This bulletin informed providers final APR-DRG relative weights, Hospital DRG rates, per diem rates, and cost to charge ratios would be published on the MDHHS Inpatient Hospital website at www.Michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Inpatient Hospitals. MDHHS uses the APR-DRG Grouper Version effective nationally on October 1, 2015, with updates to the most recent version schedule to occur annually on October 1.
MDHHS is currently working to post the APR-DRG Grouper Version 34 technical information to our website and will notify providers with an update as soon as the information is available.

October 13, 2016: Attention Providers: MDHHS has scheduled an enhancement to the Document Management Portal effective with the next release on December 16, 2016. The system will be updated to accept documents up to 30MB size so that users can upload one single document rather than sending

multiple documents. The Predictive Modeling Medical request letter will appear attached to the TCN in CHAMPS as well as in the archived documents of the providers NPI#. The View Message Icon will be hidden if there is no message attached to the documents and only appear if there is a message.

October 12, 2016: Attention Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 5, 2016: Attention Ambulance Providers: UPDATE: MDHHS is rescheduling the Ambulance provider virtual training to December 8, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our Medicaid Provider Training page to register.

October 5, 2016: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 8th through 9:00 AM Sunday, October 9th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 4, 2016: Attention Providers: The Core 270/271 real-time eligibility transaction timeout issue has been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

October 4, 2016: Attention Providers: The CHAMPS system has been experiencing connectivity issues affecting real-time 270/271 transaction processing. MDHHS is working to analyze this issue andwill continue to monitor the system. We apologize for any inconvenience.

October 4, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: As relayed in the MDHHS messages dated August 23, 2016, and September 21, 2016, claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. Thisis effective October 4, 2016. Please refer to letters L 16-13, L 16-16, and L 16-53 for further information.

October 3, 2016: Attention Inpatient Hospital Providers: This is an **UPDATE** to the message posted on September 26, 2016, regarding the MDHHS Inpatient Hospital Updates virtual training scheduled for October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates. The updated agenda is listed below:

- Eligibility Verification
- Top Inpatient Claim Suspend/Rejection Reasons
  - TIPS how to resolve denials
- CHAMPS Recently Corrected Items/Impacts
- Policy Updates
- Questions
- Provider Resources

Please visit our Medicaid Provider Training page to register.

October 3, 2016: Attention Ambulance Providers: MDHHS is offering an Ambulance provider virtual training on October 13, 2016, from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions

- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our Medicaid Provider Training page to register.

September

September 30, 2016: Attention Providers and Trading Partners: This Sunday, October 2, 2016, from 10:00 AM – 12:00 PM, the SFTP/SSL connections will be replacing the current SSL certification. Please refrain from submitting any files during this time. All must accept the new certification (fingerprint) prior to the submission of files.

September 30, 2016: Attention Providers: October 2016 is 'Breast Cancer Awareness Month' and the state is going "Pink" to raise awareness. As part of this effort, various screens and text within CHAMPS will appear pink, instead of the normal blue.

September 28, 2016: Attention Outpatient Hospitals: July 2016 Quarterly APC & ASC software was loaded into CHAMPS and MDHHS has begun to adjust claims that were processed under the previous quarter's software. In addition, MDHHS has begun adjusting claims with CPT codes G0477-G0483 with dates of service between January 1,2016, through March 31, 2016, that may have inadvertently paid $0.00. These claims can be identified by the claim note "APC July 2016 quarterly updates. G04XX".

September 27, 2016: Attention Outpatient Hospital Providers: Effective September 30, 2016, MDHHS will change the error disposition from suspend to DENY for claims that are split billed, duplicates, or arenot those approved by Medicare for repetitive billing. Current Medicaid policy 7.1.E Date of Service requires all services for a single encounter be billed on one claim with the exception of the services outlined in policy. Claims can be identified with **CARC 97 - RARC M86**.The claim limit list function in CHAMPS can be utilized to identify the previously paid claim.

September 26, 2016: Attention Inpatient Hospital Providers: MDHHS is offering an Inpatient Hospital Updates virtual training on October 6, 2016, from 10:00-11:00 AM. This training will present important topics and updates, including:

- Inpatient Authorization Requirements
- Prior Authorization/PACER/Transfers/15 day readmits/CSHCS
- Claim completion/3 Day or 1 Day Window
- Newborns
- Time limit Exceptions
- Audits/Rebilling rules

Please visit our Medicaid Provider Training page to register.

September 26, 2016: **System Outage:** Due to CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 30th, 2016, and 2:00 AM Saturday, October 1st, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience.

September 21, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: This is an update to the messages posted August 23, 2016, and September 12, 2016 specific to the importance ofthe Provider Identification (ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016, claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters L 16-13 and L 16-16 for further information. MDHHS has also posted L 16-53 dated September 2016 to provide additional information.

September 20, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: Medicaid letterL 16-16 issued on April 28, 2016, informed nursing facilities that the Medicaid Enrollment Checklist was revised. The revision included a new MDHHS local office reminder regarding the submission of a revised MSA-2565-C by the facility if the facility's NPI/Medicaid Provider ID number changed. This checklist has been revised again to include a reminder that a revised MSA-2565-C must be sent to the local office forall current Medicaid residents and newly admitted Medicaid beneficiaries in the event of a change in a facility's

NPI/Medicaid Provider ID number. The revised Medicaid Enrollment Checklist is posted online.

September 15, 2016: Attention Providers: MDHHS Provider Relations has begun adding recordings of recently conducted virtual trainings on our Medicaid Training site. Recordings will continue to be added and providers are encouraged to check this site regularly to listen to past presentations or to register for upcoming scheduled virtual trainings.

September 12, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: This is an update to the message posted on August 23, 2016 specific to the importance of the Provider Identification(ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters L16-13 and L 16-16 for further information. A MDHHS Medicaid virtual training entitled "Institutional Level of Care and Patient Pay" is scheduled for September 13, 2016, that will include information about this update. Please visit the MDHHS Medicaid Training site to register for this training.

September 9, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: Instructions for the Facility Admission Notice (MSA-2565-C) have been revised to indicate: If there is a change in the nursing facility's NPI/Medicaid Provider ID number the local MDHHS office must be notified via a revised MSA-2565-C. A revised MSA-2565-C must be completed for all current and newly admitted Medicaid beneficiaries. The NPI field must contain the effective date of the NPI. An MSA-2565-C is not submitted for beneficiaries receiving hospice services in a nursing facility. The revised MSA-2565-C is posted.

September 9, 2016: Attention Skilled Nursing Facility Providers: MDHHS is offering a Skilled Nursing Facility Document Management Portal (DMP) virtual training on September 14, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation related to the Level of Care Determination (LOCD) process. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Messaging
- Provider Resources

Please visit our Medicaid Provider Training page to register.

September 2, 2016: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, September 10th through 9:00 AM Sunday, September 11th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September 1, 2016: Attention Outpatient Hospital Providers: MDHHS has identified a system issue causing secondary and tertiary claims to Medicaid to inadvertently pay $0.00. This is primarily happening when the other insurance has no payment amount at the header or the line level but there is beneficiary liability indicated (example: CARC 1, 2, or 3) and MDHHS has liability. This is projected to be fixed in a system release scheduled for December 16, 2016. At that time, MDHHS will identify affected claims and adjust them for correct processing. We apologize for any inconvenience.

August

August 29, 2016: Attention Providers and Trading Partners: September 10, 2016 MDHHS will change the disposition for the below 837 and 835 EDIFECS edits to normal, which means reject. With the exception of 0x3939447(zip-plus-four zip codes cannot end in four "0"s or four "9"s) will remain as a warning.
The specific edit codes and their descriptions are:

- 0x3939447: Zip-plus-four zip codes cannot end in four "0"s or four "9"s
- 0x39393D1: Validation of Canadian zip code (N403) will only allow a value of 6characters

- 0x39394BB: The N404 Country Code cannot be one of the US Territories
- 0x393967E: A description is required for NOC procedure codes
- 0x39394BF: The K3 segment can be submitted with an original NDC code
- 0x3938C91: Restricted usage of ICD-10 codes for External Cause of Injury can only befrom code range V00-Y99
- 0x3938C8F: The ICD-10-CM Primary/Principal Diagnosis cannot be an External Causecode
- 0x3938C8F: Usage is restricted for certain External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis: for codes starting with "V0" and codes starting from V-Y
- 0x3939685: Usage is restricted for certain UB-04 "Payer-Only" codes (reserved for payer internal use only and should not be used on a claim). "Payer-Only" codes for NUBC UB-04 ECLs are:
- 132 Condition:12-16, 62-65, M0-M9, MA-MZ, UU;
- 132 Occurrence:23, 48-49;
- 132 Occurrence Span:79; and
- 132 Value:17-20, 62-65, 70-79, Q0-Q9
- 0x3939386:Updated function for the date format (expected date format CCYYMMDD/CCYYMMDD-CCYYMMDD when = D8/RD8 qualifier).
- 0x393941C: The ST02 value format is restricted to numeric characters on the 835.
- 0x39393FA: Certain CARCs may be used more than once: the list of these CARCsis shown in User Global Declaration CARC and should be unique only *exclusion CARC 137,237.*
- *0x39393FA: Use of duplicate CARCs is restricted within the claim/service line.*

Now that the edits have changed to reject, the following will occur:

- If one of the edits set in a single-transaction file, **the entire file will be rejected.**
- If one of the edits sets for a multiple transaction file, **only the failed transactions will be rejected;** any other transactions that pass all edits will be accepted and loaded into CHAMPS.

August 29, 2016: Attention Providers: MDHHS Third Party Liability (TPL) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare enrollment and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claimsprocessing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After receiving Medicare adjudication information, the provider may submit the claim to Medicaid for adjudication within 120 daysfrom the date that Medicare paid the claim. Please submit the claim and report the following in the remarks section: “Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed.”

August 22, 2016: **System Outage:** Due to a CHAMPS Emergency Release, the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 26th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 23, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: MDHHS would liketo remind providers of the importance of their Medicaid Provider Identification (ID) Number with the LOC02 segment in the member’s eligibility file and the facility who conducted the Level of Care Determination (LOCD). Medicaid will continue to remind facilities of this information as claims may deny in the future if the LOC 02 segment in the member's eligibility file is not that of the facility that conducted the LOCD and/or match the claim NPI. Please refer to L-Letter 16-13 for additional information.

August 18, 2016: Attention Trading Partners and Providers: Due to a system issue, electronic files submitted after 4:55AM on 08/17/2016 through 11:00AM on 08/18/2016 will see duplicate 999’s. This system issue has been resolved and there is no need to resubmit any files. If you do **NOT** receive a 999, please contact AutomatedBilling@Michigan.gov.

August 16, 2016: Attention Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 21, 2016, from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause.

August 11, 2016: Attention Providers: MDHHS is continuing to see a high volume of claim denials where the ordering/referring provider is not enrolled in CHAMPS. Ordering/referring providers are encouraged to share their individual NPIs with rendering providers, so they may submit the information required for payment of claims. A CHAMPS Provider Verification screen is available for providers to verifyif an ordering/referring provider is enrolled/registered with Michigan Medicaid. Select the My Inbox tab within CHAMPS and choose

the Provider Verification option in the drop-box menu. Enter the NPI of thereferring/ordering provider and select Verify. Ordering/referring and attending providers must be enrolled and active in the Michigan Medicaid program on the date of service. Please refer to MSA 12-55 and MSA 13-17 for additional guidance.

August 10, 2016: Attention Providers: MDHHS Provider Relations has created a new Provider Inquiry Email Form for Medicaid Providers. This form includes information that Medicaid Provider Relations needs to answer most inquiries. Once you have downloaded this document, complete and save the form to your computer and attach it to your email to ProviderSupport@Michigan.gov.

August 9, 2016: Attention Ambulance Providers: MDHHS is seeing an increase of emergency ambulance transport claims denying CARC 50 for a non-supporting emergency ambulance diagnosis code. Providers are not utilizing the highest specificity of the diagnosis code, when possible. For example, using DX S82899A: Unspecified fracture of unspecified lower leg. The more specific DX code could be S82891A: Other fracture of right lower leg or S82892A: Other fracture of left lower leg. The Medicaid Code and Rate Reference Tool can be used to verify which diagnosis codes support Emergency Transport by having an ambulance indicator. Also, many providers are not utilizing the emergency in Loop 2400, SV109 segment or the CMS 1500, 24C to indicate emergency services. If left blank, the indicator defaults to N, which indicate no.

August 03, 2016: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, August 13, 2016, through 9:00 AM Sunday, August 14, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 03, 2016: Attention ALL Providers: This is an update to the message posted July 25, 2016 regarding Children's Special Health Care Services (CSHCS) migration from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. A user guidefor providers is now available to assist in this migration.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

July

July 27, 2016: Attention All Providers: MDHHS now receives weekly files from BCBSM and BCN. All Policy Changes (adds, terminations and other changes) are reported on the file. Therefore, in most cases you will not need to notify TPL of a Policy Change. However, please report Policy Changes that occur:

- within the last 30 days if there are access to care issues
- more than 30 days ago

Note:

- Changes reported to http://www.michigan.gov/reportTPL with an email address will receive an email confirmation when TPL completes the review.
- If a change is not made, your Blue Cross provider consultant can ensure that the coverage on web- DENIS is correct and can help get BCBSM and BCN records updated when necessary.
- TPL may close the request due to a system (file) update made after the request was received. If your confirmation states that the system has been updated and you feel a change is still needed, please report the change again.

July 27, 2016: Attention Nursing Facility Providers: MDHHS is aware of delays in updating Provider IDs and Level of Care (LOC). We are currently working on addressing the issue to expedite these updates. Thank you for your patience.

July 25, 2016: Attention All Providers: Children's Special Health Care Services (CSHCS) will be migrating from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. Electronic document submissions for eligibility, renewal, and provider additions for CSHCS clients will only be received through DMP beginning August 1, 2016. Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

July 20, 2016: Attention All Providers: This is an update to the message posted on June 19, 2016 regarding Document Management Portal (DMP) and the messaging function for claims suspending for Predictive Modeling. This messaging function is only available for medical documentation submitted via the DMP or FAX. This function is not available for medical documentation submitted via mail.

July 19, 2016: Attention All Providers: Beginning July 22, 2016, the messaging function within the

Document Management Portal (DMP) will be available for claims suspending for Predictive Modeling. This messaging function will allow providers and MDHHS staff the ability to communicate when it is determined that certain documentation is missing or not legible after an initial review of submitted documentation has been completed. This messaging function **does not** replace the initial documentation request letter that providers receive when the claim initially suspends for Predictive Modeling.

MDHHS will send a message to the provider indicating which document (s) is needed and the provider will have **10 business days** to upload additional requested documentation and respond back to MDHHS via DMP messaging.
There are two ways to access messages within DMP:

1: Message Tab within DMP:

2: Message Icon within search messages:

When a new message is available in DMP, an email will be sent to the provider's email associated to the MiLogin account that was created when you signed up for CHAMPS. For detailed instructions for this messaging function, click on DMP/Messaging.

July 19, 2016: **System Outage:** Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Friday, July 22nd, 2016, and 2:00 AM Saturday, July 23,2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

July 12, 2016: Attention Professional Providers: This is an update to the June 14, 2016, message relatedto the MUE on Subsequent Hospital Care 99231-99233 updated to reflect 1 visit per day per same rendering/servicing provider. The affected claims from DOS 10/1/2015 forward will be recycled and the recycled claims will appear on a future remittance advice. Claim adjustments on incorrectly paid claims may also be initiated by the provider. Initial Hospital Care 99218-99223 will remain one visit per day per same group/billing provider.

July 11, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 07, 2016: Attention Outpatient Hospital Providers: This is an update to the messages posted June 28, 2016, and April 7, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016-March 31, 2016, billed with codes G0477-G0483 may have incorrectly paid zero dollars. The codes rates will be updated in the July 2016 quarterly APC/OPPS software updates which will be completed on September 30, 2016. MDHHS will adjust any paid claims that were affected. We apologize for any inconvenience.

July 07, 2016: Attention Trading Partners: Electronic claim submission files submitted in June 2016 may have been accepted and a 999 acknowledgment was returned through the File Transfer Service (FTS) connection. The 999 acknowledgments were not stored in Champs and the file was not loaded through claims adjudication. The missing 999s have been re-loaded by MDHHS and files are now in claim adjudication process and will appear on a future remittance advice. Trading Partners may see two duplicate 999 acknowledgment files if they retrieved them through the FTS connection. Any Affected Trading partners will be contacted via e-mail by MDHHS.

July 06, 2016: Attention ALL Providers: MDHHS is offering a CHAMPS Document Management Portal (DMP) virtual training on July 21, 2016, from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation for Medicaid claims filed electronically through CHAMPS, submit consent forms, and submit records requested for Predictive Modeling requirements. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP

- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Beginning July 22, 2016, MDHHS use of the messaging function to providers to communicate requests for additional documentation on claims suspending for Predictive Modeling.
- Provider Resources

Please visit our Medicaid Provider Training page to register.

July 05, 2016: Attention ALL Providers: As part of the most recent update within CHAMPS, providers will now see a change in how claim adjustment reason code (CARC) 23 is reported on the 835/Electronic Remittance Advice (ERA). Claims will be impacted by prior payer's adjudication, including prior payment and/or adjustments, which are contractual CARC amounts and will be reported back to providers as CARC 23. Any Medicaid liability CARCs will be reported back to providers in CARC 45.

July 01, 2016: System Outage: Due to CHAMPS release deployment, the CHAMPS system will be down between 6:00 PM Saturday, July 9, 2016, through 6:00 AM Sunday, July 10, 2016. This outage willaffect the system access for all functionality. We apologize for any inconvenience this may cause.

June

June 29, 2016: Attention ALL Providers and Trading Partners: CHAMPS has been updated to EDIFECS version 8.6.2 as part of the most recent CHAMPS system update, 6/24/16. A number of 837 and or 835 edits have been updated, added, or deleted since this last upgrade. For reject edits that may have a significant impact on Fee for Service (FFS) submission, MDHHS is delaying turning the disposition to reject until the end of August 2016 (60 days after 6/24/2016).

The edits are as follows:

- Description is required for NOC procedure code
- Updated edit for validation of Canadian zip code (N403) to allow value of 6 characters only.
- Added new edit for N404 Country Code not to be one of US territories.
- Added new edit for ICD-10-CM Primary/Principal diagnosis: it cannot be External Causecode.
- Added new edit allowing to send K3 segment with original NDC code.
- Added new edit restricting usage of UB-04 "Payer-Only" codes. These codes are reservedfor payer internal use only and should not be used on a claim. "Payer-Only: codes for NUBC UB-04 ECLs are:
  -132 Condition: 12-16, 62-65, M0-M9, MA-MZ, UU;
  - 132 Occurrence: 23, 48-49;
  - 132 Occurrence Span: 79;
  - 132 Value: 17-20, 62-65, 70-79, Q0-Q9.
- Updated edit restricting usage of External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis from codes starting from "V0" and codes having V-Y to codesstarting from V-Y.
- Added new edit restricting usage of ICD-10 codes for the purpose of External Cause of Injury.
- Updated edit to provide infrastructure to specify the list CARCs that may be used more than once. The list of such CARCs can be edited in User Global Declaration.
- Updated edit to restrict usage of duplicate CARCs within claim/service line.
- New edit for zip plus four zip codes cannot end in four "0"s or four "9"s
- Updated function for the date format
- New edit to restrict ST02 value format to numeric character (on 835).

Please review your audit files with extra scrutiny to ensure that you have accounted for these new edits prior to the status changing to reject. If one of these edits sets after they are turned to reject, **your entire file will be rejected in only one transaction.** If multiple transactions within the file are rejected, then only that transaction will be rejected and not loaded.

June 28, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted April 7, 2016, and May 04, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service

on and after January 1, 2016, through March 31, 2016, billed with codes G0477-G0483, may be paying at zero dollars. Claims with dates of service on or after April 1, 2016, billed with these codes are paying appropriately. MDHHS will notify providers with an update as soon as the rates records issue is resolved.

June 23, 2016: Attention Providers: **Beginning June 27th MILogin will be replacing Single Sign-On.**If you are a current SSO user, you will use your same User ID and Password to access MILogin. DO NOT register as a new user. You will access CHAMPS through MILogin at: https://milogintp.Michigan.gov

There will not be any changes within CHAMPS, just a new portal to access it. If you log in through Single- Sign on (SSO) on or after June 27, 2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change. Further information that explains this change can be accessed on the MILogin informational site.

June 23, 2016: Attention ALL Providers: This is an update to the message posted on August 27, 2015, related to systems issues that caused some beneficiaries to not receive timely Medicaid coverage. Guidance on how affected beneficiaries and providers could obtain appropriate reimbursement was provided. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groupsas outlined in L-letter 15-48 were directed to resubmit those claims for consideration by March 31, 2016.

MDHHS has experienced some delays in the processing and letter notification to individuals and families who were eligible for Transitional Medical Assistance (TMA) and Special N Support (SNS) fromMarch 2014 through March 2015. Providers have up to 6 months from the beneficiary deadline date listed on the beneficiary notice to submit claims. Claims with dates of service greater than 12 months from the date of submission need to have “MAGI Corrective Action” reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly.

MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance and encourages providers to delay initiation of any collections proceedings untilaffected claims are submitted and reprocessed.

June 20, 2016: **System Outage:** Due to a CHAMPS Release deployment, the CHAMPS system will bedown between 7:00 PM Friday, June 24, 2016, and 2:00 AM Saturday, June 25, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 16, 2016: Attention Inpatient Hospital Providers: MDHHS is receiving multiple inquiries regarding authorization guidelines for care in a Long-Term Acute Care Hospital (LTACH). Bulletin MSA 15-30 addressed the reimbursement methodology changes made by the Hospital Reimbursement Reform Initiative (HRRI) Technical Workgroup. There were no changes nor was there any intent to change authorization/PACER requirements. All inpatient hospital services require authorization.

June 14, 2016: Attention Professional Providers: The MUE on Initial and Subsequent Hospital Care, Procedure Codes 99218-99233, have recently been updated and limited to reflect 1 visit per day per same group/billing provider. These claims will deny with CARC 18, 119. This service is “per day”, as such, all visits from the same group would be encompassed into the payment regardless of the numberof times the patient was seen on that day.

June 09, 2016: Attention ALL Providers: Beginning June 12, 2016, the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently, if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password, please refer to the Electronic Submissions Manual.

June 07, 2016: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 11, 2016, through 9:00 AM Sunday, June 12th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 03, 2016: Attention ALL Providers: June 2016 is ‘Alzheimer’s Awareness Month’ in Michigan and the state is going “Purple!" to raise awareness of this effort. As part of this effort various screens and text within CHAMPS will appear purple, instead of the normal blue.

Those seeking more information about Alzheimer's disease and the free support and services the Alzheimer's

Association offers are encouraged to call the 24/7 helpline at 1-800-272-3900 or visit http://www.alz.org to find out how to contact the Chapter that serves their community.

June 02, 2016: Attention ALL Providers: **Beginning June 27th MILogin will be replacing Single Sign-On.** You will access CHAMPS through MILogin at: https://milogintp.michigan.gov There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single- Sign on (SSO) on or after June 27,2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change. Further information that explains this change can be accessed on the MILogin informational site.

May

May 25, 2016: Attention ALL Providers: Blue Cross Blue Shield of Michigan (BCBSM) has recently begun sending Third Party Liability (TPL) voided coverage to remove coverage which had previously loaded and was later identified as invalid. TPL has made efforts to identify any voids that have been missed; those records were removed in April and May. Beginning in June 2016, BCBSM will be sending all necessary coverage records, including adds, terms, updates, and voids.

May 25, 2016: Attention ALL Providers: This is an update to the message posted on May 24, 2016, related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

May 24, 2016: Attention ALL Providers: CHAMPS Real-time 270/271 Eligibility transactions are experiencing network connectivity issues. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

May 24, 2016: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has recently updated the Predictive Modeling FAQ resource document on the provider website.

May 16, 2016: Attention ALL Providers: On June 12, 2016, the passwords for user login for the Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently, if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password please refer to the Electronic Submissions Manual.

May 09, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down Saturday, May 14, 2016, 6:00 PM EST through Sunday, May 15, 2016, 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2016: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2016 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 18 (4-28-2016 Remittance Advice (RA)). Adjusted claims can be identified by the claim note “APC Jan 2016 quarterly updates.”

May 09, 2016: Attention ALL Providers: A new ICD-10 Resource Tool, "ICD-10 Code Lookup," has been posted to the Michigan Department Health and Human Services (MDHHS) ICD-10 Webpage. This helpful conversion tool provides quick access to frequently used codes. Please note that this tool should be not used as a final mapping for ICD-10 Codes and all codes should be verified via Centers for Medicare and Medicaid Services (CMS).

May 06, 2016: Attention ALL Providers: The Michigan Departments of Health and Human Services (MDHHS) will initiate claim adjustments on pay cycle 5/12/2016 for HCPCS and CPT codes that have a lifetime limit. Beginning with dates of service from 2011 and continuing adjustments until completed. Previously, lifetime limits were not storing correctly within CHAMPS and claims may have been processed incorrectly. The adjustment claims can be identified by the claim note “Lifetime Limit Adjustments to setflag”. The Medicaid Code and Rate Reference Tool can be used to verify which HCPCS and CPT codes have a lifetime limit. Please review the following for information on how to verify the “Adjustment Source”of your claim.

May 04, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted on April 7,2016, related to APC/OPPS quarterly software updates. Analysis of claims processed on or after March 25, 2016, show certain service lines are setting incorrect status indicators. Providers may notice an increase in the amount of claims that are suspending for dates of service on or after January 1, 2016.

The correction to this issue is scheduled to be installed on May 14, 2016. MDHHS will release any suspending claims affected by this issue. MDHHS asks that providers not send in duplicate claims but wait for their suspending claim to be resolved.

May 03, 2016: System Outage: Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Saturday, May 7th, 2016, and 2:00 AM Sunday, May 8th, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April

April 21, 2016: Attention ALL Providers: **This is an update to the messages posted on October 30, 2015,and November 10, 2015, related to Predictive Modeling (PM).** The Michigan Department of Health andHuman Services (MDHHS) will be requesting medical records for any claim that is flagged for PM. Providers may notice an increase in the volume of affected accounts. MDHHS wants to remind providers that they must attach their medical records to the suspending TCN within 45 days from the date of the medical records request letter. Please do not upload documentation until the letter is sent. Please do notsubmit duplicate claims until the suspending claim is resolved. Providers can expect their claim to be resolved within 60 days from the date medical records are uploaded through the Document ManagementPortal (DMP). Please refer to our PM Frequently Asked Questions for more details.

April 12, 2016: Attention ALL Providers: This is an update to the message posted on April 11, 2016, related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS are still working to analyze this issue and we will continue to monitor the system. We apologize for any inconvenience.

April 12, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice (RA) date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 12, 2016: Attention Hospice Providers: The Centers for Medicare & Medicaid Services (CMS) has clarified that the hospice day count begins when a beneficiary becomes Medicaid eligible and not before. Therefore, the Michigan Department of Health and Human Services (MDHHS) cannot count days in hospice when the member was self-pay or under another insurance payer. Once the beneficiary becomes Medicaid eligible, Occurrence Code (OC) 27 will need to contain the hospice start date of when the individual became Medicaid eligible, and then higher tiered hospice rate for days 1-60 will be paid to the provider.

April 11, 2016: Attention ALL Providers: Core 270/271 Real-time Eligibility transactions are currently experiencing session time-outs. MDHHS is currently monitoring the system to identify the problem. We apologize for any inconvenience and will provide an update once the issue is resolved.

April 11, 2016: Attention PDN Providers: MDHHS has identified a database issue. Claims that were submitted with date of service falling on Easter were paid at the regular rate instead of the holiday rate. MDHHS is working on creating a resolution for this issue and once the issue is resolved, MDHHS will adjust the claims to pay at the correct rate.

April 7, 2016: Attention Outpatient Hospital Providers: Due to delays in coding updates, claims with dates of service on and after January 1, 2016, billed with codes G0477-G0483 will deny with reason code A8. Once the April 2016 APC/OPPS quarterly software updates are completed on June 26, 2016, MDHHS will identify affected claims and resurrect them.

April 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down Saturday, April 9, 2016, 6:00 PM EST through Sunday April 10, 2016 9:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March

March 21, 2016: Attention All Providers: MDHHS is experiencing technical difficulties with the File Transfer Service (formerly known as the Data Exchange Gateway-DEG). Additional information will be sent as we receive it. We apologize for this inconvenience.

March 18, 2016: Attention All Providers: On Sunday, March 20th, 2016, the File Transfer Service (FTS) will undergo screen revisions. All functions will remain the same, but screens will look different only when accessing the web interface using the HTTPS Connection. ****Please DO NOT SEND files through the HTTPS web Internet connection Sunday, March 20th, between 8:00 A.M. and 6:00 P.M. EST**

Please review the important information below. You must refer to the Electronic Submission Manual, Section 4, for new information on the FTS.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS)
- Effective March 20, 2016 at 6:00 P.M., the Transfer Mode defaults to binary – previously, the transfer mode defaulted to text.
- You must refer to the new Electronic Submissions Manual for changes related to the new download file extension .msg, transfer mode.
- No changes are planned for your current password: refer to Section 7 of the Electronic Submissions Manual for password change information.

March 18, 2016: Attention Nursing Facilities: TPL (Third Party Liability) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider can bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After submitting claims to Medicare and if there is a balance that must be submitted to Medicaid, please rebill and report the following in the remarks section: "Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed".

March 3, 2016: **System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, March 12, 2016, 12:00 PM EST through Sunday, March 13, 2016, 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 2, 2016: Attention Nursing Facility Providers: When creating the LOCD tool, please enter the member's Medicaid ID when available. By entering the member's Medicaid ID, the system will pre-populate the member's information. If the Medicaid ID is not available, please verify and enter the correctspelling of the member's first and last name into the system. If a member's spelling of their name is not entered correctly, the Medicaid ID cannot be captured to that LOCD even if a member's Medicaid ID exists. CHAMPS is in the process of creating a warning message for providers to prompt them to reviewa member's first name, last name, DOB, and SSN. It is tentatively scheduled to release after June 3, 2016.

February

February 26, 2016: **System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 27, 2016, from 6:00 PM EST through 9:00 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 22, 2016: Attention ALL Providers: On an ongoing basis, MDHHS will be clearing duplicate 'Suspending' claims off of CHAMPS claim inquire and keeping only the most recently submitted claim that has a 'Suspending' status. These claims will be denied with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) N35. Providers who receive this claim denial are encouraged to perform a search within the CHAMPS claim inquire function to identify the other TCN thatis 'Suspending'. If your claim status shows 'In Process' or 'Suspending' within the CHAMPS claim inquiry, **DO NOT** resubmit another claim.

February 16, 2016: Attention Nursing Facility Providers: When completing the MSA-2565-C, the facility's seven-digit Medicaid Provider ID number is required in the box (12. b.) of the form. The Medicaid Provider ID number associated to the LOC 02 segment in the member's eligibility file must be that of the Medicaid Provider who conducted the LOCD. If these two do not match, the LOCD tool remains incomplete. Claims may deny with the following CARC/RARC codes: CARC B7, CARC 96 with RARC N216. These codes indicate that the submitting billing NPI does not match to Member LOC 02authorization in CHAMPS or the LOCD record is not active/not complete/not met. You may contact Provider Support to obtain the seven-digit Medicaid Provider ID.

February 8, 2016: **System Outage:** Attention All Providers: Due to system maintenance, the CHAMPS

system will be down Saturday, February 13, 2016, 6:00 PM EST through Sunday February 14, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 8, 2016: The Data Exchange Gateway will be unavailable from 9:00 A.M. EST – 12:00 P.M. EST on Sunday, February 7, 2016. Please do not submit files during this outage. We apologize for this inconvenience.

February 2, 2016: Attention Dental Providers: MDHHS has identified a CHAMPS defect with dental claims. Instead of the system deducting a $3.00 copay for prior authorized services, the system is payinga $3.00 copay. This defect is projected to be corrected in the CHAMPS June 2016 update, after which time MDHHS will adjust identified claims.

January

January 29, 2016: Attention Trading Partners: This is an update to the message posted on January 19, 2016, related to the File Transfer Service (FTS), previously referred to as the Data Exchange Gateway (DEG). Beginning February 1, 2016, user screens will look different, but all functions will remain the same when accessing the Web Interface utilizing an HTTPS Connection. Please review the below information.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL – must all be in CAPS);
- Transfer Mode defaults to Binary – in the past, the transfer mode defaulted to Text;
    - Refer to the Electronic Submissions Manual (ESM) for changes related to the new download file extension .msg, transfer mode; and
    - There are NO changes to the current password. Please refer to the ESM, Section 7 for password information.

Please refer to the ESM, Section 4 for updated FTS information. Additional FTS Web Client information, including how to connect and log in, can be accessed here.

January 29, 2016: Attention Trading Partners: Web Interface Connection HTTPS for the File Transfer Service (FTS) will be unavailable on Sunday, January 31, 2016, between 9:00 AM through 2:00 PM EST. Please do not submit any files through the HTTPS connection during this time. All other access connections (SFTP, FTP/SSL) will remain available for the submission of files. We apologize forany inconvenience.

January 21, 2016: Attention Hospice Providers: This is a reminder of the message posted on October 19, 2015. Effective January 1, 2016, the following billing requirements are being required for all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

January 21, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Friday, January 22, 2016, at 6:00 PM until Monday, January 25, 2016, at 12:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

January 20, 2016: Attention ALL Providers: The Plan First! program is coming to an end. In the next couple of weeks, MDHHS will be reviewing Plan First! recipients' eligibility for other Medicaid programs. MDHHS would like to remind Plan First! recipients to update their mailing address and phone number. MDHHS is requesting this poster (<<hyperlink to this poster for BBA and the word "below" for the pdf embedded in the list-serv>> be printed on 8.5 by 14-inch paper and prominently displayed in your waiting or reception area(s). An all-provider bulletin regarding the termination of the Plan First! Program will be issued shortly. Providers with further questions can contact Provider Support.

January 19, 2016: Attention All Trading Partners: Beginning February 1, 2016, the File Transfer Service will replace the existing Data Exchange Gateway. Please review the information below. Additional information is provided by selecting the blue hyperlink located at the bottom.

- There is now a Java Mode option and Non-Java Mode option - please use the Java Mode option forfull functionality;
- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS);

and

- Transfer Mode defaults to Binary - **prior to February 1, 2016, the transfer mode defaulted to Text.**

The text transfer mode must be manually selected.

January 19, 2016: Attention Inpatient Hospital Providers: MDHHS has identified a CHAMPS defect with Inpatient Hospital claims span billing the ICD-10 implementation date that is not triggering the alternate NICU DRG rate. These inpatient claims billed with the revenue code 0174 are paying at the normal DRG rate. This defect is projected to be corrected in the March 25, 2016, CHAMPS update, after which time MDHHS will adjust identified claims to ensure they assign the alternate NICU DRG rate.

January 19, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 12, 2016: Attention All Providers: This is an update to the message posted on January 11, 2016, related to technical issues with outbound files. The electronic file technical difficulties are now resolved. Please check frequently for files that you normally receive from MDHHS Michigan Medicaid. Please do NOT resubmit a file to MDHHS Michigan Medicaid unless you have received an acknowledgment file indicating that your file was rejected. We apologize for any inconvenience and willcontinue to monitor file traffic and provide any updates, as necessary.

January 11, 2016: Attention All Providers: MDHHS Medicaid EDI is experiencing a technical difficulty with the SFTP for inbound and outbound files. Please expect delays with the receipt of the 999 acknowledgment files. This affects all Data Exchange Gateway (DEG) submissions including HTTPS and SFTP connections. We apologize for the inconvenience and will post an update when the issue is resolved.

Return to top

2015

December

December 22, 2015: Attention Home Health and Hospice Providers: In alignment with CMS and effective January 1, 2016, the CHAMPS system will recognize new G-Codes to differentiate levels of nursing services provided during a hospice stay and a home health episode of care.

- G0299 Service is provided by an RN
- G0300 Service is provided by an LPN

Effective for hospice dates of service on and after January 1, 2016, and for home health episodes of care ending on or after January 1, 2016, the previous code G0154 will be retired.

December 22, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down Thursday, December 31st, 2015, between 8:00 PM EST and 11:59 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2015: Attention All Providers: Per MSA-15-49 Cost-Sharing Limits, the eligibility response within CHAMPS includes the following cost-sharing information: Cost-Share Met (Y or N); Cap Amount Remaining; and Copayment (for various services). Please see Cost-Share Examples for further information including CHAMPS screenshots. Cost-sharing information will be reported within the MSG section found under each beneficiary on the 271-eligibility response file. Providers with further questions can contact Provider Support.

December 15, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: As part of the December 11, 2015, CHAMPS system update, the final phase of the Medicare Advantage CoinsurancePricing Logic was implemented. For claim dates of service in 2010 and prior, please refer to the MedicaidProvider Manual under General Information for Providers Chapter, Section 12.4

Provider Returning Overpayments.

For claim dates of service 2011 and forward, MDHHS will be initiating the claim adjustment within the next few weeks. Providers with further questions can contact Provider Support.

December 15, 2015: Attention Hospice Providers: CHAMPS will be ready to process and reimburse claims for the two-tiered routine hospice rates beginning January 1, 2016. However, CHAMPS will not be able to process the new SIA payment until an upgrade is completed in late March 2016. Starting January 1, 2016, providers may bill for the SIA with G codes G0299 and G0155, but these will reject in CHAMPS until the system updates are functional. Once the functionality is in place, MDHHS will resurrect any claims with G-codes G0299 and G0155 from January 2016 onward and process SIA payments to providers.
Providers with further questions can contact Provider Support.

December 10, 2015: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Thursday, December 10, 2015, at 6:00 PM until Monday, December 14, 2015, at 8:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

December 9, 2015: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 2:00 PM Saturday, December 12th, 2015, and 6:00 AM Sunday, December 13th, 2015.This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 01, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: **UPDATE:** This is an update to the message posted on November 18, 2015, related to the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) migration from the Legacy LOCD System into CHAMPS. MDHHS has identified rejected claims that were denied incorrectly and are re- processing these denied claims. The re-processing will include only those denied claims affecting LOCDs that were conducted more than once within the Legacy system whereby the incorrect migrated LOCD was end-dated. MDHHS is aware the end dates remain incorrect and are working to resolve this issue. Newly submitted claims will no longer be denied for LOCD end dates.

November

November 20, 2015: Attention ALL Providers: Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to provide notification that we will begin using Adobe Connect for virtual Medicaid trainings. Adobe Connect is a web-based program that offers many features and will be beneficial in providing better customer service to providers. There will be some minor changes with registration and accessing the trainings. The information within this guide will provide assistance. We ask that you please take the time before the training to review theguide to best assist us in this transition. We will begin using this new tool immediately. December trainings are now available and additional virtual trainings will be posted on our website on or around January 1, 2016.

November 19, 2015: Attention ALL Providers & Trading Partners: Due to the State of Michigan Holiday (Thursday, November 26, 2015, and Friday, November 27, 2015),the date for warrants and Electronic Fund Transfers (EFTs) will be moved to Wednesday, November 25, 2015.

November 18, 2015: Attention ALL Providers: MDHHS will no longer reimburse claims for a newborn when CHAMPS identifies the mother is enrolled in a Medicaid Health Plan (MHP). Initial informational claim editing will begin with claims adjudicated on or after December 11, 2015. Providers will see the Claim Adjustment Reason Code (CARC) 128 – Newborn's services are covered in mother's allowance ontheir remittance advice. Initial claim editing will result in informational editing only. At a future determined date, claims billing to the incorrect payer will result in a denial.

Providers are encouraged to review L-letter 15-66 for further information and to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.

November 18, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: Due to system issues in the migration of the Level of Care Determination (LOCD) from the Legacy into CHAMPS, two issues have been identified: The LOCDs that migrated from Legacy to CHAMPS and did not contain the member ID numberwere not included in the nightly match process. To address these affected LOCDs, we are requesting the provider to enter a copy of the Legacy LOCD into CHAMPS and include the member ID number. If the LOCD date does not go back to the date of the Legacy LOCD, pleaseemail copies of BOTH the Legacy LOCD and the CHAMPS-based LOCD Freedom of Choice (FOC) forms to ProviderSupport@Michigan.gov . Provider Support will adjust the CHAMPS- based LOCD start date to the LOCD start date that was registered in the Legacy system. REMINDER: For any new Level of Care Determination (LOCD) tool created in the CHAMPS system, theNPI number in the LOC 02 segment must match that of the NPI conducting the LOCD tool. The LOCD tool will remain incomplete until they match with the following status: LOCD complete waiting LOC.

November 10, 2015: Attention ALL Providers: **UPDATE:** This is an update to the message posted October 30, 2015 related to access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents being temporarily unavailable. Effective November 9, 2015, Requests forDocumentation Letters can be accessed within CHAMPS archived documents.

November 10, 2015: Attention ALL Providers: Due to maintenance activities, the FileNet system will bedown between 6:00 PM and 11:59 PM Thursday, November 12th, 2015. Providers will not be able to search Archived Documents, Complete EHR applications, View Paper Claims and/or use DMP applications/faxes during this time.We apologize for any inconvenience.

November 10, 2015: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 14th, and 6:00 AM Sunday, November 15th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for anyinconvenience.

November 9, 2015: Attention Dental Providers: Effective January 1, 2016, the Michigan Department of Health and Human Services (MDHHS) is converting the MIChild program to a Medicaid expansion program. Although individuals will be enrolled in a Medicaid expansion program, the program will continue to be referred to as the MIChild program. All MIChild eligible children will receive dental services only through Delta Dental/ Healthy Kids Dental program. MIChild dental benefits will be identical to the current Healthy Kids Dental benefits. Beneficiariescurrently receiving dental services through Golden Dental will be transitioned to the Delta Dental/Healthy Kids Dental program and will receive a letter about this transition. Providers are to complete any dental procedures that are in progress. If you are not currently enrolled with Delta Dental, please contact Delta Dental for enrollment and billing requirements. Please be reminded, Michigan Medicaid policy requires verification of a beneficiary's eligibility information prior to rendering services. MDHHS will continue to provide update notices throughout this conversion. Please visit the MIChildProvider website for more information.

November 02, 2015: Attention ALL Providers: Currently the hyperlink within CHAMPS to view "Commercial/Other" Third Party Liability (TPL) information is disabled in error for beneficiaries who do not have an active Medicaid (MA) benefit plan but have active coverage through another benefit plan (example, beneficiaries with Children's Special Health Care Service (CSHCS) only coverage). This defect will be corrected at a later date and until resolved, providers can use alternate tools to verify other insurance information for these beneficiaries.

October

October 30, 2015: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is currently reviewing Predictive Modeling processes. Due to this review, access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents are temporarily unavailable. Additional information will be posted as it becomes available. We apologize for any inconvenience.

October 29, 2015: Attention Nursing Facilities, PACE, MICHOICE and MIHealth Link Plans: The Michigan Medicaid Nursing Facility Level of Care (LOCD) will not be available at its current location beginning Thursday, October 29th, 2015 at 5:00 PM. The LOCD application will be migrated to the

CHAMPS system. All online LOCDs created in the current legacy system as of October 29th, 2015 will be migrated to the CHAMPS LOCD system over the weekend. Providers may begin entering online LOCDs on Monday, November 2nd, 2015 and must have an LOCD profile to complete an LOCD. Please do not recreate online LOCDs in CHAMPS that you created in the legacy LOCD system.

October 28, 2015: System Outage: Due to a CHAMPS system release, the CHAMPS system will be down between 7:00 PM Friday, October 30th, 2015 and 2:00 AM on Saturday, October 31st, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

October 26, 2015: Attention Outpatient Hospital Providers: In alignment with MSA policy bulletin 15-38: *Effective for dates of service on and after October 1, 2015, the outpatient hospital non-emergency room visit copayment requirement will no longer apply to outpatient hospital claims billed with Revenue Code 0451* ***without*** *Revenue Code 0452*. CHAMPS system updates to the claim editing will not take place until the December 11, 2015 release. After the December release, MDHHS will adjust any affected claimsto allow them to correctly adjudicate and no longer apply a copayment.

October 21, 2015: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to hear from you. To plan for upcoming training webinars and provide the best resources to suit your needs, your assistance is needed. Please participate in a short survey to indicate your topics of interest. This survey will remain open until Friday, November 6, 2015.

October 21, 2015: Attention ALL Providers: Effective September 25, 2015, a change was made to the CHAMPS system. This change modified the provider view for the Member Eligibility Inquiry screen. If a member no longer has active Medicaid, the hyperlink to view “Commercial/Other” Third Party Liability (TPL) information is disabled. Because TPL does not always maintain TPL/Other Insurance information for members that do not have active Medicaid coverage, this information was disabled to prevent inaccurate information from being reported.

October 20, 2015: Attention ALL Providers: Effective October 26, 2015, the MDHHS Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. You will now receive a confirmation number when you submit your request. If an email address is added within the Requestor Information section, once TPL completes your request, you will receive an email with the confirmation number and the status of your request. Please allow up to 10 business days for the information to be verified and updatedin the system. Please check your spam or junk email folders if you do not receive the email after 10 business days.

October 19, 2015: Attention Hospice Providers: Effective January 1, 2016, the following billing requirements are being recommended to all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

October 14, 2015: Attention ALL Providers: MDHHS would like to remind providers to check CHAMPS or DEG inboxes weekly for 835/ERA files. 835/ERA files are posted weekly and remain posted for a period of ten days.

October 7, 2015: Attention All Providers: In compliance with CMS guidance, any Predictive Modeling Request for documentation letter will now advise providers that the time frame allowance to submit the required medical records has been increased from 30 days to 45 days.

October 7, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 10th, 2015 and 6:00 AM Sunday, October 11th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 01, 2015: Attention Hospice Providers: Effective October 1, 2015, four Michigan Core Based Statistical Area (CBSA) codes (24340, 99923, 26100, 47644) will be eliminated. Providers will need to report a new CBSA code assigned by the Centers for Medicare & Medicaid Services (CMS). This is due to changes in the fiscal year (FY) 2016 Hospice Wage Index and a transition to revise geographic area delineations.

September

September 24, 2015: Attention ALL Providers: Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (MDHS) have recently merged to form the Michigan Department of Health and Human Services (MDHHS). Effective October 1, 2015, the merge of the MDCH and MDHS websites will be completed. There may be a time period where links are broken, and pages may not function correctly during this merger process. MDHHS will be working ongoing to correct these issues during this website merge. Thank you in advance for your patience.

If you are unable to find something on the new website, please contact ProviderOutreach@Michigan.gov or MSAPolicy@Michigan.gov for assistance.

September 22, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 25th 2015 and 2:00 AM Saturday, September 26th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 09, 2015: System Outage: Due to CHAMPS Interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, September 12th, 2015, and 6:00 AM Sunday, September 13th, 2015. This outage will affect the system access for all functionality.

August

August 27, 2015: Attention ALL Providers: Due to unanticipated systems issues, some beneficiaries did not receive timely Medicaid coverage. While this issue has been resolved, MDHHS is notifying affected beneficiaries and providers and is providing further direction on how both may receive appropriate reimbursement. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groups as outlined in L-letter 15-48, are directed to resubmit those claims for consideration by March 31, 2016. Claims with dates of service greater than 12 months from the date of submission need to have "MAGI Corrective Action" reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly. MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

August 26, 2015: Attention Ambulance Providers: The system issue that is currently denying claims with CARC 18, exact duplicate claim/service, has been corrected. The system has been updated and the claims can now be rebilled. Please provide the appropriate Patient Account Number (Run number) on each claim when billing for two exact separate transports on the same date of service. The Ambulance Multiple run billing policy can be reviewed in the Medicaid Provider Manual under Billing and Reimbursement for Professionals Chapter, Section 7.2.B. Multiple Transports per Beneficiary; and Billing and Reimbursement for Institutional Providers Chapter, Section 7.3.B. Multiple Transports per Beneficiary.

August 20, 2015: Attention Inpatient Hospital Providers: Inpatient Hospital confinements that contained a "from" 2013 date of service spanning to a "through" 2014 date of service, may have inadvertently reflected an inaccurate reimbursement amount. Claims affected have been recycled and will begin to appear on your remittance advice by September 3, 2015. Please review the following for information on how to verify the Adjustment Source of your claim.

August 19, 2015: Attention ALL Providers: Core 270/271: Real-time Eligibility transactions were

experiencing session time-outs between 6:00 and 7:30pm on August 18, 2015. The issue has been resolved and we currently monitoring the system to ensure all services are running normal. We apologize for any inconvenience.

August 14, 2015: Attention ALL Providers: Intermittent Delays: Due to CHAMPS system maintenance, 270/271 files are experiencing intermittent delays. Our system continues to be monitored closely and additional information will be posted as it becomes available. We apologize for any inconvenience.

August 11, 2015: Attention Outpatient Hospital Providers: April 2015 Quarterly APC & ASC software was loaded to CHAMPS on May 9, 2015. There will be a delay in loading the July 2015 Quarterly APC & ASC software until September 12, 2015. Claims with dates of service on or after July 1, 2015, will be adjusted or resurrected to process using the appropriate software version.

August 11, 2015: Attention Hearing Providers: The Michigan Early Hearing Detection and Intervention (EHDI) program collaborates with professionals to promote newborn hearing screening, diagnostic hearing testing, and early intervention for newborns and young children with hearing loss. The MichiganMedicaid State Plan is an agreement between the state and federal government that identifies the general health care services, reimbursement, and eligibility policies in effect under Michigan Medicaid.

Currently, Medicaid is offering virtual training sessions to help hearing providers navigate the billing system to help decrease errors in billing and to help ensure a smooth reimbursement process. Please take the time to provide your input and training needs by responding to this survey link by September 1,2015

August 11, 2015: Attention ALL Providers: MDHHS would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Practitioner Chapter, Section 3.13.A. Coverage of the Injectable, “When administering a dose drawn from a multi-dose vial, only the amount administered to the beneficiary is covered. If a drug is only available in a single-use vial and any drug not administeredmust be discarded, the amount of the drug contained in the vial is covered."

August 04, 2015: System Outage: Due to a CHAMPS interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, August 8th, 2015, and 6:00 AM Sunday, August 9th, 2015. This outage will affect the system access for all functionality. We apologize for any inconvenience this causes.

August 04, 2015: Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers: UPDATE:In regard to the message posted July 28, 2015, related to the April FD622 MC (for Managed Care Encounter Data) reports for April 5, 12, 19, and 26th, 2015 pay cycle dates, most of these reports for April payroll are now complete. However, due to system issues, the FD622 MC Outpatient report for April5, 2015, payroll date is still in the process of being re-run with an expected completion date of August 5,2015.

July

July 28, 2015: Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers: Due to a system issue, the April FD622 MC (for Managed Care Encounter Data) reports will be purged and reloaded for April 5, 12, 19, and 26th, 2015 pay cycle dates. These reports will be completed by August4th, 2015.

July 27, 2015: System Outage: Due to a CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM Friday, July 31st, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

July 16, 2015: Attention ALL Providers: Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows:

Main Menu:

Option 1: Medicaid Beneficiaries Only
Option 2: Adult Foster Care and Home Help (Chore) Services Option 3: All claims status and

payment-related questions
Option 4: All non-claims questions including assistance with Provider Enrollment

July 13, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 07, 2015: Attention ALL Providers: Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows:

Main Menu:

Option 1: Medicaid Beneficiaries Only
Option 2: Adult Foster Care and Home Help (Chore) Services Option 3: All claims status and payment-related questions
Option 4: All non-claims questions including assistance with Provider Enrollment

July 07, 2015: System Outage: Due to a CHAMPS major release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 2:00 PM Saturday, July 11, 2015, and 6:00 AM Sunday, July 12, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

July 01, 2015: Attention ALL Providers: As part of the Document Management Portal (DMP) update on June 26, 2015, DMP is now compatible with different browsers and versions including: IE 8-11, Mozilla Firefox and Google Chrome. If you are experiencing issues with these changes in DMP, please follow these instructions to delete your browser's cache: DELETING CACHE INSTRUCTIONS.

June

June 23, 2015: Attention Inpatient and Outpatient Hospital Providers: MDHHS misidentified Title XIX as Title XVIII claims on the FD-622 reports for both Fee for Service (FFS) and Managed Care (MC). MDHHS will be re-running FD-622 reports beginning June 22, 2015 until completed for both the CVS and PDF versions beginning with the May 7, 2015 pay cycle date up to the current pay cycle date.

June 23, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 26th, 2015, and 2:00 AM Saturday, June 27th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 03, 2015: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 13th through 6:00 AM Sunday, June 14, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May

May 28, 2015: Attention Inpatient Hospital Providers: As part of the CHAMPS update on April 24, 2015, inpatient hospital claims processed and denied with RARC N47 (15-day readmission). Providers can now view the paid inpatient claim that is causing their current claim to deny if the paid claim was to a different or the same facility by utilizing the claim limit list function within CHAMPS.

To find the paid claim, locate the current denied claim within the CHAMPS claim inquire and select the TCNnumber and the service line ending in '01' of the denied claim and choose the claim limit list from the show drop-down box. The current claim displayed will be the current denied claim and the history claim displayed will be the paid claim. For further instructions follow the Claim Limit List tutorial.

May 28, 2015: Attention ALL Providers: Effective June 1, 2015, MDHHS Third Party Liability (TPL) has

updated the Pending TPL Void Letter and Report. The content of the letter and report remains the same, only the view has changed. As part of the update, one report will now be generated for BCBS, Commercial and Medicare primary beneficiaries. These were previously separate generated reports. Providers can still access the Pending TPL Void Letter and Report within CHAMPS archived documents. For further instructions on finding the information within CHAMPS please visit http://www.Michigan.gov/mdch/0,4612,7-132-2943-343541--,00.html.

May 28, 2015: Attention ALL Providers: The Data Exchange Gateway (DEG) will be unavailable on Saturday, May 30, 2015, from 10:00 AM to 4:00 PM EST. Please refrain from submitting files during this maintenance period.

May 21, 2015: Attention ALL Providers: MDHHS would like to remind providers of current Medicaid policy for newborn billing. Medicaid Provider Manual, Beneficiary Eligibility Chapter, Section 7: Newborn Child Eligibility: If the mother is enrolled in a Medicaid Health Plan (MHP) at the time of delivery, the newborn's services are also the responsibility of the MHP unless the child is placed in foster care. Providers are encouraged to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.

May 19, 2015: Attention ALL Providers: **As part of the June 26 update within CHAMPS, starting with Remittance Advice July 2:** To comply with ACA guidelines, MDHHS will change the way the Claim Adjustment Reason Code (CARC) is reported on the 835 and Paper Remittance Advice. CARC 22 will be replaced with CARC 23 - the impact of prior payer(s) payments and/or adjustments. CARC 22 will continue to be reported for when a claim denies for Other Insurance that was not reported on the claim. Providers are encouraged to review their internal systems to see if changes are needed for the automatic posting of remittance advices.

May 19, 2015: Attention Vision Providers: MDHHS would like to remind providers of current Medicaid policy for vision frames and lenses. Medicaid Provider Manual, Vision Chapter, Section 1: Vision providers (e.g., opticians, dispensing ophthalmologists, optometrists) must order frames and lenses from the contractor. A list of lenses is available on the MDHHS Vision Services Fee Schedule located on the MDHHS website. A list of available frames is available from the contractor which is currently Classic Optical Laboratories. This policy applies to beneficiaries that do not have current primary insurance coverage from either Medicare and/or other commercial insurance and are not enrolled in a Medicaid Managed Care Plan.

May 14, 2015: Attention Inpatient & Outpatient Hospital Providers: MDHHS will void Outpatient Hospital claims for 2012 dates of service to recover paid claims which were not processed in compliance with MSA policy bulletin 10-60 and L-letter 14-25. Beginning on pay cycle 21 (05/28/2015), the voided claims can be identified by the claim note “OPH 72 hrs rule, DOS 2012 void batch”. Providers wanting to adjust their paid Inpatient claim to add the Outpatient charges will need to include “72 hour rule and the Outpatient credited TCN” in the notes or remarks of the Inpatient adjustment in order to bypass timely filing.

May 05, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, May 9th, 2015 thru 6:00 AM Sunday, May 10th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 01, 2015: **System Outage:** Due to system maintenance on the State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 2:00 AM and 12:00 PM Sunday, May 3rd, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April

April 24, 2015: Attention ALL Providers: Due to a system error, some providers who receive Electronic Funds Transfer (EFT) payments may have only received an 835 file and remittance advice (RA) showing

denied claims for pay cycle 16 (4/23/15). Affected providers did receive their EFT payment but payment information was missing from the 835 file and RA. MDHHS has now completed 835 files and RAs for the paid claims information.

April 20, 2015: System Outage: Due to CHAMPS system maintenance, the CHAMPS system downtime will be down between 7:00 PM Friday, April 24, 2015, and 2:00 AM on Saturday, April 25, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 17, 2015: Attention Adult Home Help Services: MSA L-Letter 15-22 was inadvertently mailed to all Adult Home Help Services Providers. This L-Letter only pertains to Adult Home Help Services providers in the current MI Health Link demonstration counties: Alger, Baraga, Barry, Berrien, Branch, Calhoun, Cass, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Kalamazoo, Keweenaw, Luce, Mackinac, Macomb, Marquette, Menominee, Ontonagon, Schoolcraft, St. Joseph, Van Buren, and Wayne. If you are an Adult Home Help Services Provider not within one of these demonstration counties, please disregard this L-Letter as you are not affected by this change.

April 15, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries iscurrently being processed. This batch includes fee for service claims for newborns that were retroactivelyenrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claimsmust be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 07, 2015: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, April 11th thru 6:00 AM Sunday, April 12th, 2015. This outage will affect theCHAMPS system access for all functionality. We apologize for any inconvenience.

March

March 31, 2015: Attention Nursing Facility and Waiver Agency Providers: **UPDATE**: In regard to the message posted on March 10, 2015, related to the Level of Care Determination (LOCD) tool, the CHAMPSsystem issue with adding the beneficiary identification number to a LOCD tool where the beneficiary's active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCDs affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

March 31, 2015: Attention ALL Providers: As part of the April 24th update within CHAMPS, MDCH willno longer report Claim Adjustment Reason Codes (CARC) with a zero dollar amount on the electronic835 and Remittance Advice. Claims denied for multiple CARCs will only have one CARC reported at the line level but will have all Remittance Advice Remark Codes (RARC) reported. Providers are encouraged to review their internal systems to see if changes are needed for the automatic posting of remittance advices. Providers with further questions can contact Provider Support.

March 27, 2015: Attention ALL Providers: Due to the State of Michigan network maintenance activities,the following periodic outages may cause a delay for electronic files:

Core 270/271 Real-time transactions: Saturday, March 28, 2015, 5:00 PM - 9:00 pm EST

Sunday, March 29, 2015, beginning at 6:00 AM EST and ending Monday, March 30, 2015, at 2:00 AM EST Batch 270/271: There may be a delay in receiving batch 271 response files for 270 files submittedafter 7:00 PM EST, Friday, March 27, 2015. We apologize for this inconvenience.

March 24, 2015: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2015 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 13 (4/02/15 remittance advice). Adjusted claims can be identified by the claim note "APC Jan 2015 quarterly updates." For further information, providers can review how to verify the Adjustment Source of your claim. Providers with further questions

can contact Provider Support

March 16, 2015: Attention Professional Providers: MDCH would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Billing & Reimbursement for Professionals Chapter, Section 6.4 Ancillary Medical Services, “Immunizations must be reported using the administration fee code(s) and the code identifying the type of vaccine given”. In April 2015, MDCH will begin voiding paid claims that reported the administration code without the corresponding immunization code. Medicare primary claims will not be included in these voids. Providers with further questions can contact Provider Support.

March 10, 2015: **System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 14, 2015, thru 6:00 AM Sunday, March 15, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 10, 2015: Attention Nursing Facility and Waiver Agency Providers UPDATE: When attempting to add the beneficiary identification number to a Level of Care Determination (LOCD) tool where there is eligibility other than MA, MA-HMP or Spend-down, the following error code is once again being displayed: “LOCD may not be conducted for private pay individual; MA not active as of the date of this LOCD.” Untilthe issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in the current policy.

March 05, 2015: System Outage: Due to CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, March 6th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February

February 19, 2015: System Outage: Attention All Providers: Due to CHAMPS system maintenance, the CHAMPS system will be down between 7:00 PM Friday, February 27, 2015, through 2:00 AM on Saturday, February 28, 2015, with the exception of Core 270/271 real-time transactions which will be down between 7:00 PM and 11:00 PM on Friday, February 27, 2015. This outage will affect the CHAMPSsystem access for all functionality. We apologize for any inconvenience this may cause.

February 11, 2015: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, February 14th through 6:00 AM Sunday, February 15, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 04, 2015: Attention Nursing Facility and Waiver Agency Providers: **UPDATE:** In regards to the message posted on January 8, 2015, related to the Level of Care Determination (LOCD) tool, the CHAMPS system issue with adding the beneficiary identification number to a LOCD tool where the beneficiary’s active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCD’s affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

February 04, 2015: Attention Home Health Providers: Home Health Agencies are reminded that in accordance with the Medicaid Provider Manual, HCPCS code G0154 (Direct skilled Nursing Services ofa Licensed Nurse in the Home Health Setting) cannot be billed when a Medicaid beneficiary is receiving private duty nursing (PDN) services (HCPCS code T1000). Specifically, the Medicaid Provider Manual, Home Health Chapter, Section 6 states; “Intermittent nurse visits are not covered for a beneficiary receiving Private Duty Nursing Services.” When PDN is authorized, the expectation is that all skilled nursing services will be rendered by the PDN, and therefore, intermittent nurse visits by a home health agency would be duplicative. An enhancement to CHAMPS is under development to prevent the ability to bill HCPCS code G0154 when PDN has been authorized. Recoveries will be initiated to address this duplication of service.

February 03, 2015: Attention Vision Providers: Providers who order services must be listed correctly on

the DCH-0893 submitted to the MDCH Vendor (currently Classic Optical). Box 3 of the DCH-0893 requires the provider to enter the Ordering Provider NPI Number. Providers must enter the individual NPIof the provider that is ordering the glasses/lenses or other equipment from Classic Optical. Please referto policy bulletins MSA 12-55 and MSA 13-17 for further information.

January

January 30, 2015: Attention Ambulance Providers: Effective for claims submitted on and after February1, 2015, MDCH is implementing new claim submission requirements that apply to claims for multiple ambulance transports rendered to the same beneficiary on the same date of service. Multiple transports provided on the same date of service must be reported on separate lines and include the origin and destination modifier with both the base rate and mileage procedure codes. Modifier 22 is no longer required. The use of modifier 22 will result in claim suspension and may delay in resolution. Providers are encouraged to review MSA 14-65 for further information.

January 28, 2015: Attention Nursing Facility and Waiver Agency Providers: After the CHAMPS December 12, 2014 update, when Nursing Facility and Waiver Agencies attempt to add the beneficiary identification number to a Level of Care Determination (LOCD) tool and the beneficiary's active benefit plan is other than Medicaid Fee for Service (FFS), the following error code is displayed: "LOCD may notbe conducted for private pay individual; MA not active as of the date of this LOCD." Until the issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in the current policy.

January 28, 2015: Attention ALL Providers: Effective January 5, 2015, the United States Postal Service (USPS) announced that the standard for first-class mail delivery has changed from 1-2 days to 2-3 days for all regions of Michigan. MDCH will make every effort to mail paper warrants and paper remittance advices as early as possible. However, this change in the standard for the first-class mail delivery may increase the likelihood that some providers may experience a delay in receiving paper warrants and paper remittance advices. MDCH would like to encourage providers to sign up for Electronic Funds Transfer (EFT) and receive electronic remittance advices by end-dating the paper RA location address within their CHAMPS enrollment information. Providers with further questions can contact Provider Support.

January 26, 2015: Attention Professional Providers: As part of the December 12, 2014, CHAMPS update, there is an update to the Children's Special Health Care Services (CSHCS) editing of claims. For professional claims, if the rendering provider NPI is enrolled as a Nurse Practitioner or Physician Assistant, the rendering provider NPI does not need to be authorized by CSHCS if the referring, ordering,or supervising NPI is an authorized provider within the client file. These claims will no longer deny for the rendering NPI not being authorized.

January 21, 2015: Attention All Providers: System maintenance for the Data Exchange Gateway (DEG)is scheduled for Saturday, January 24, 2015. The scheduled downtime is between 8:00 A.M. and 5:00 P.M. There will also be a brief period of downtime on Sunday, January 25, 2015, between 9:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

January 16, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 15, 2015: Attention Outpatient Hospital Providers: CMS has approved G0463 as a payable HCPCS code within the Plan First benefit plan. The CHAMPS system has recently been updated to reflect this change. For dates of service on or after January 1, 2014, MDCH will resurrect Outpatient Hospital claims billing HCPCS code G0463 that were denied due to the beneficiary being enrolled with the Plan First benefit plan on the date of service. The resurrected claims will begin to appear on pay cycle 4 dated January 29, 2015, and identified with the claim note "OPH Claims with G0463 proc. code and Plan First

benefit plan".

January 06, 2015: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 AM Saturday, January 10th, 2015, through 9:00 PM Sunday, January11th, 2015 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Saturday, January 10th, 2015. This outage will affect the CHAMPS system accessfor all functionality. We apologize for anyinconvenience.

Return to top

2014

December

December 23, 2014: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down Wednesday, December 31, 2014, between 6:00 PM and 11:59 PM EST. Service will resume at 12:01 AM on Thursday, January 1, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2014: Attention ALL Providers: As part of the December 12, 2014, CHAMPS update, there is an update to the Children's Special Health Care Services (CSHCS) editing on claims. For professional claims, if the rendering provider NPI is a physician provider type and has one of the following specialties within their enrollment information: Anesthesiology, Pathology, Radiology, MRI, or CAT scan; therendering provider NPI does not need to be authorized by CSHCS if the referring or ordering or supervising NPI is an authorized provider on the client file. These claims will no longer deny the rendering of NPI not being authorized.

December 17, 2014: Attention Nursing Facility Providers: **UPDATE**: In regard to the message posted on December 12, 2014, related to Medicare Advantage Plan Coinsurance claims, Third Party Liability is in the process of identifying and adding the Medicare Advantage Plan Coinsurance rates. Until this processis complete, if a provider chooses to adjust an incorrectly paid claim, and it pays the same, please understand that the rate may not yet be verified and/or loaded.

December 15, 2014: Attention Inpatient Hospital Providers: Effective for discharge dates on or after January 1, 2015, claims that fail the newborn claim reporting edits for newborn priority (type of) admissionor visit and newborn birth weight will be denied. Providers are encouraged to review current MSA policy bulletins 14-34 and 14-59 for reporting information. Claims denied for incorrect type of admission can be identified with claim adjustment reason code (CARC) 16 and remittance advice remark code (RARC) MA42 or MA41. Claims denied for incorrect, invalid, or non-reporting of the newborn birth weight can be identified with CARC 16 and RARC N207.

December 15, 2014: Attention Outpatient Hospital Providers: MDCH has resurrected Outpatient Hospital claims billing the L1 modifier for dates of service 1/1/14 which adjudicated on or after July 2014 remittance advice date. These claims can be identified with the claim note "APC July 2014 quarterly updates. Modifier L1 resurrects" and will begin processing on pay cycle 52 (12/23/14 remittance advice). How to verify the adjustment source of your claim

December 15, 2014: Attention ALL Providers: Health Savings Accounts (HSAs) are not considered to be commercial health insurance. Therefore, this type of asset does not need to be reported to Third Party Liability (TPL). Since these are counted as "assets," the beneficiary should report this to their DHS worker.

December 12, 2014: Attention Nursing Facility Providers: As part of the December 12, 2014, CHAMPS system update, Medicare Advantage Plans Coinsurance claims that do not mirror Medicare Fee-for-Service will correctly adjudicate. To ensure proper adjudication of these Medicare Advantage Plan Coinsurance claims, other insurance information must be reported as listed in the member's Third Part Liability (TPL) file under Medicare Part C.

December 11, 2014: Attention ALL Providers: This is a reminder that effective December 12, 2014, EZ Link portal and Fax numbers will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation, and Predictive Modeling. Please refer to MSA Policy Bulletin 14-06 for more information and instructions on the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid for electronic claims.

December 09, 2014: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be down between 2:00 PM on Saturday, December 13th, 2014, to 6:00 AM on Sunday, December 14th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 03, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, December 13, 2014. The scheduled downtime is between 9:00 A.M. and 5:00 P.M. Please do not submit any files during this period.

November

November 21, 2014: Attention Dental and Professional Providers: Beginning January 1, 2015, MDCH will begin enforcing claim processing edits on payments for provider services rendered in appropriate places of service. Claims denied for inappropriate place of service can be identified by claim adjustmentreason code (CARC) 5 and remittance advice remark code (RARC) M77. Providers are encouraged to

refer to appropriate provider-specific chapters of the Medicaid Provider Manual for further information.

November 21, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Sunday, December 7, 2014. The scheduled down time is between 8:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

November 21, 2014: Attention Hearing Providers: MDCH is requesting input regarding your interest in the development of a virtual training specific to the needs of hearing providers. Please respond to this survey link by Friday December 19, 2014.

November 18, 2014: **System Outage:** Due to CHAMPS system maintenance, the CHAMPS system will be unavailable between 6:00 AM Friday, November 28th, 2014 to 6:00 PM on Saturday, November 29th, 2014 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Friday November 28th. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

November 12, 2014: **Attention ALL Providers:** A tutorial containing screenshots has been created to provide clarification in determining beneficiary participation with Michigan Medicaid Healthy Michigan Plan (MA-HMP), Michigan Medicaid Healthy Michigan Managed Care (MA-HMP-MC), or a Prepaid Inpatient Health Plan (PIHP). Once beneficiary participation is identified, providers must contact the appropriate plan for any additional assistance or questions. View the tutorial here!

November 05, 2014: **UPDATE**: In regard to the message posted on September 23, 2014 for ALL Providers: MDCH Third Party Liability (TPL) will no longer add, update, or term records to match web- DENIS. Providers are asked to please contact Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) for any questions related to loaded coverage. If CHAMPS and/or web-DENIS indicate active BCBSM or BCN coverage, please follow all Coordination of Benefits (COB) rules when submitting Medicaid claims.

November 05, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down 6:00 PM Saturday, November 8, 2014, thru 6:00 AM Sunday, November 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 28, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 7:00 PM through 11:00 PM Friday, October 31st, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 09, 2014: Attention ALL Providers: A CHAMPS defect has been identified within Archived Documents for providers working in Internet Explorer (IE) Version 9. Providers are encouraged to click here for Adobe setting instructions to allow the CHAMPS Archived Documents to function properly while working in IE9 as well as multiple web browser platforms. Providers with further questions can contact Provider Support

October 08, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11th, 2014 through 6:00 AM Sunday, October 12th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 02, 2014: Attention ALL Providers: A defect has been identified within the new CHAMPS Eligibility Inquire screen. When users attempt to print eligibility information using the Print Member Summary hyperlink, the page does not print all displayed information. As a workaround, users are encouraged to use the Print tool in the blue ribbon across the top of CHAMPS.

October 01, 2014: Attention ALL Providers: The new look of CHAMPS has encountered problems when users are working in Internet Explorer version 8 through 11. Providers using these versions of Internet Explorer are encouraged to clear the cache which should allow the screens to function properly. Click here for instructions.

October 01, 2014: Attention ALL Providers: Due to a system issue with the CHAMPS interface file to MAIN during the current Pay Cycle 40, EFT's will be delayed by one day and issued on Friday, October 3, 2014. Checks will be issued on schedule on Thursday, October 2, 2014.

October 01, 2014: Attention ALL Providers: Due to a system issue, some Fee-for-Service Healthy Michigan Plan (HMP) beneficiaries were incorrectly enrolled retroactively (instead of prospectively) into Health Plans for the months of April, May and June 2014. Claim voids will be initiated by MDCH and should appear on pay cycle 42 (10/16/2014). Providers will need to verify eligibility for these dates of service to determine which HMP Health Plan these beneficiaries are enrolled and submit the claim to that Health Plan within 60 days from the MDCH take back Remittance Advice date. Please note MSA L-letter 14-28 was only mailed to affected providers.

September

September 30, 2014: Attention ALL Providers: Effective October 2, 2014, MDCH Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. While the look and feel of the form will be different, the information the requestor will submit on the form will remain the same. Some new added features include allowing the submission of information for multiple individuals and a drop-down menu of options for who is submitting the form. The form can be accessed at www.michigan.gov/ReportTPL

September 26, 2014: Attention ALL Providers: Effective Monday, September 29th, 2014 the CHAMPS system will receive an update to screens which will change the look and feel. CHAMPS training is offered by MDCH and is posted on the MDCH Provider Training website. Providers are encouraged to visit the website to register for upcoming trainings or schedule a one on one appointment.

September 23, 2014: Attention ALL Providers: Effective September 21, 2014, coverage that is received from Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) will be loaded directly into the CHAMPS TPL Coverage File. MDCH Third Party Liability (TPL) will no longer update these records unless changes are available in web-DENIS after the last load date of eligibility from the NationalRoster File. Providers are asked to please contact BCBSM/BCN for any questions related to loaded coverage.

September 23, 2014: System Outage: Due to CHAMPS major release, the CHAMPS system will bedown between 7:00 PM on Friday, September 26th through 2:00 AM Saturday, September 27th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 15, 2014: Attention ALL Providers: Michigan Medicaid would like to remind providers of the opportunity to register your email-address or update your listserv subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include: training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty specific alerts.

Click here to subscribe or update your listserv subscription and receive updates and announcements delivered to you registered email address. You may unsubscribe at any time.

UPDATE: Attention FQHC Providers: **In regard to the message posted on August 27, 2014** related to dental claims where the beneficiary does not have commercial dental insurance coverage on the claims date of service that were voided in error - MDCH will be unable to resurrect these claims on a future pay cycle. Provider must resubmit claims voided in error and enter the comment "TPL take back done in error."

September 09, 2014: Attention ALL Providers: Due to a Champs system issue, there is a delay in the posting of the acknowledgements (999). Any files that were submitted after 1:00 p.m. on September 9, 2014, were affected. MDCH is working to resolve this issue as soon as possible.

September 09, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, September 13, 2014, thru 6:00 AM Sunday, September 14, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 09, 2014: Attention ALL Providers: Effective December 12, 2014, the EZ Link portal will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation and Predictive Modeling. Please refer to MSA policy bulletin 14-06 for more information and instructions about the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid electronic claims.

August

August 27, 2014: Attention FQHC Providers: MDCH has identified dental claims reported on the Michigan Department of Community Health Pending TPL Void Reports where the beneficiary does not have commercial dental insurance coverage on the claim date of service. MDCH has canceled the dentalclaims on the pending TPL void reports affected by this error with report date of August 6, 2014. In addition, dental claims that were previously voided in error will be resurrected on a future pay cycle.

August 14, 2014: System Outage: Due to system maintenance the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 15, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

August 04, 2014: System Outage: Due to system maintenance the CHAMPS system will be down between 6:00 PM Saturday, August 9, 2014 through 6:00 AM Sunday, August 10, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause

July

July 24, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, July 25th, 2014. This outage will affect the CHAMPS systemaccess for all functionality. We apologize for any inconvenience this may cause.

July 21, 2014: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 16, 2014: Attention Hospital Providers: In compliance with MSA policy bulletin 10-60 and L-Letter 14-25, MDCH has initiated void claims for 2013 and 2014 dates of service for Outpatient Hospital claimswhich were billed within 3 days of the Inpatient claim. These void claims will begin to process on pay cycle 31 (07/31/14) and can be identified by claim note “OPH within 3 days of IPH”.

July 09, 2014: Attention ALL Providers: Effective August 1, 2014, the prior informational edits for providers who do not have their billing agent associated to their NPI within CHAMPS will be set to deny and denial of claims may occur. The claim adjustment reason code used to communicate this issue was non-covered charges (CARC 96) and remittance advice remark code procedure for billing with group/referring/performing providers were not followed (RARC N55). Providers that receive this denial will need to update their Associated Billing Agent step within their Champs Enrollment.

July 09, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, July 12, 2014, thru 6:00 AM Sunday, July 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 08, 2014: Attention ALL Providers: The 2012 PERM error results have been updated and posted on the MDCH website. Please visit the Medicaid Provider Support website at www.michigan.gov/medicaidproviders and select the PERM PROVIDER EDUCATION hyperlink.

July 01, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between5:00 PM and 9:00 PM Sunday, July 6th, 2014. This outage will affect the CHAMPS system access for allfunctionality. We apologize for any inconvenience this may cause.

June

June 20, 2014: Attention ALL Providers: Due to a system issue the Medicaid Health Plan Primary Care Physician (MHP PCP) information is not being returned on the 271-eligibility response file for individuals enrolled with MME-MC, MA-HMP-MC and CSHCS-MC benefit plans. Until this is resolved please verify eligibility via CHAMPS when verifying MHP PCP information for a beneficiary in one of the above-mentioned plans. If there is no PCP currently listed for the beneficiary, then the hyperlink for the MHP PCP will be N and not display any PCP information.

The MHP PCP information for individuals with MA-MC benefit plan is returning on the 271 correctly. We apologize for any inconvenience that this may cause, and we are working to get this corrected.

June 17, 2014: **System Outage:** Attention ALL Providers: Due to MDCH Single Sign-On (SSO) maintenance, the CHAMPS application will not be accessible Wednesday June 18th, 2014, Thursday June 19th, 2014, and Friday June 20th, 2014 between the times of 2:00am and 5:00am. This Outage will affect CHAMPS front end systems access via the MDCH Single Sign-On. We apologize for any inconvenience this may cause.

June 11, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 4/01/2014 will be adjusted with the newly loaded April APC software updates and will appear on pay cycle 26 (6/26/14). Adjusted claims can be identified by the claim note “APC April 2014 quarterly updates.” For further information, please review how to verify the Adjustment Source of your claim

June 11, 2014: Attention Inpatient & Outpatient Hospital Providers: As part of the most recent CHAMPS update, claims are now processing in alignment with current MSA policy bulletin 10-60. Effective for DOS on and after January 1, 2011, MDCH will follow Medicare’s policy for all preadmission diagnostic services and other preadmission services. All non-diagnostic services rendered in the three-day window prior to the inpatient hospital admission may not be billed separately and must be bundled into the inpatient stay, unless the hospital can document they are unrelated services. Claims can be identified with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) M2.

June 10, 2014: **System Outage:** Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 14th through 6:00 AM Sunday, June 15th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 06, 2014: Attention ALL Providers: Due to a system update and the MDCH Other Insurance Claims Unit (formerly Third-Party Liability Claims Processing Unit) claims review process, some providers may experience a delay in payment.

June 03, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 5:00 PM Saturday, June 7, 2014, thru 1:00 AM Sunday, June 8, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May

May 21, 2014: ATTENTION TRADING PARTNERS AND BILLING AGENTS: Automated Billing for

Michigan Medicaid announces an opportunity to register your email address for immediate updates. This is a great way to receive direct, immediate communication. Common updates will include: training opportunities, CHAMPS system updates and outages, and other important automated billing specific alerts. Click here to subscribe and receive updates for Automated Billing announcements delivered to your registered email address. You can unsubscribe at any time.

May 20, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 7:00 PM Friday, May 30, 2014 thru 2:00 AM Saturday, May 31, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2014: Attention Nursing Facility Providers: When billing for days that include coinsurance, all Medicare insurance payments and CARC information must be reported as listed on the Explanation of Benefits (EOB) received by Medicare. Refer to the Medicaid Provider Manual – 8.16 MEDICARE - MEDICAID NURSING FACILITY CROSSOVER CLAIMS WITH GROUP HEALTH INCORPORATED (GHI) (COORDINATION OF BENEFITS). Claims reported with missing or incomplete Medicare payment information will be denied.

May 06, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday May 10th, 2014 thru 6:00 AM Sunday, May 11th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 06, 2014: Attention ALL Providers: Due to a CHAMPS system issue, The Fee for Service (FFS) Remittance Advice (RA) and Electronic Funds Transfer (EFT) payments will be delayed by one day. Warrants are unaffected by this issue and will remain on schedule.

April

April 16, 2014: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) has identified and will adjust claims which were incorrectly over paid in CHAMPS by not reducing payment correctly when there was more than one service line of other insurance information reported. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter, "MDCH payment liability for beneficiaries with other insurance is the lesser of the beneficiary's liability (including coinsurance, copayments, or deductibles), the provider's charge minus contractual adjustments, or the maximum Medicaid fee screen minus the insurance payments." These claims may be identified by the following note: **"adjustments – Lesser of Logic correction."**

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) will be adjusting claims to correct a system defect within CHAMPS which allowed claims and service lines to process for payment in error. The other payers claim adjustment reason codes (CARC) were not appropriate for Medicaid to make reimbursement based upon current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied byMedicare or other insurance plans due to noncompliance with Medicare or other insurance planrequirements." These claims may be identified by the following note: **"CARC reported does not allow payment."**

April 15, 2014: Attention ALL Providers and Trading Partners: Due to the Heartbleed virus, all accounts interfacing with the State of Michigan's Data Exchange Gateway (DEG) system are required to change their passwords by 5:00 p.m. on Friday April 18, 2014. This includes all passwords associated with individual users as well as automated systems. If you do not change your password by this date and time, your password will be disabled, and you will be unable to submit any files.

April 15, 2014: UPDATE: In regard to the message posted on April 7, 2014 for Institutional providers; providers should no longer be experiencing the DDE screen error message when entering a secondary or tertiary claim when the other payer's information does balance on the claim.

April 10, 2014: Attention Outpatient Hospital Providers: Due to APC software updates, MDCH has resurrected claims for dates of service on or after January 1, 2014, that previously denied for procedure code G0463. Providers can identify the affected claims by reviewing the claim note which will read "G0463 resurrects."

April 07, 2014: Attention Institutional Providers: Providers submitting secondary/tertiary claims through the CHAMPS portal using Direct Data Entry (DDE) with a claim adjustment reason code (CARC) reportedat the header with a value ending in .00 are receiving the following message in error: "Total submitted charges is not equal to the sum of Payments and CARC amounts for payer" when the charges and other payers information does balance. Providers are encouraged to submit these claims through their electronic vendor until this defect has been resolved, a subsequent message will be posted once resolved.

April 07, 2014: **System Outage:** Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, April 12, 2014, thru 6:00 AM Sunday, April 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 02, 2014: Attention ALL Providers: This is an update to the Biller B Aware posted on February 25, 2014, in reference to Section 1104 of the Affordable Care Act (ACA). As of March 28, 2014, MDCH will set informational edits which will be used to alert providers when their billing agent is not properly associated to their NPI within CHAMPS. The codes used to communicate this issue will be claim

adjustment reason code (CARC) 96 -Non-covered charges and remittance advice remark code (RARC) N55 -Procedures for billing with group/referring/performing providers were not followed. Providers are encouraged to resolve this as soon as possible, by updating their Provider enrollment application within CHAMPS and associate the appropriate billing agent. Another Biller B Aware will be posted in the near future to inform providers of the date these edits will be changed to a deny level edit.

April 02, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 1/01/2014 will be adjusted with the newly loaded January APC software updates and will begin to appear on pay cycle 14 (4/03/14). Adjusted claims can be identified by the claim note "APC Jan 2014 quarterly updates". Please review the following for information on how to verify the Adjustment Source of your claim.

April 02, 2014: Attention ALL Providers: Beneficiaries may have Medicare Advantage Plans with an additional Traditional or PPO BCBSM policy that includes medical and hospital coverage. "Federal regulations require that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries." In most cases, the beneficiary has coverage with a Medicare Advantage plan and a BCBSM Traditional or PPO plan that covers medical and hospital services. Providers must bill all resources prior to billing Medicaid. Any questions on how toreport other insurance information on your claims, please contact the Provider Hotline at 1-800-292-2550.

March

March 20, 2014: System Outage: Due to system maintenance, CHAMPS will be down Friday March 28, 2014, between 7:00 PM through 11:00 PM. This outage will affect CHAMPS system access for all functionality, we apologize for any inconvenience.

March 20, 2014: Attention Dental Providers: Since the initial release of CHAMPS in 2009, procedure code D9240 has paid in error when billed for places of service that are not appropriate based on the CDT description. The system has been corrected and MDCH will be performing adjustments to recover the incorrect payments as of 04/15/2014. To avoid financial hardship, providers are encouraged to adjust their claims prior to this date and include the following note "rebilling for change in place of service."

March 05, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 8 thru 6:00 AM Sunday, March 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 03, 2014: Attention Nursing Facility Providers: Medicare Coinsurance rates for 2014 will not be loaded in CHAMPS until March 28, 2014. This is resulting in Coinsurance Day claims, reporting value code 82, to be reimbursed at zero dollars in error. Once the 2014 Coinsurance rates have been loaded into CHAMPS MDCH will adjust any incorrectly paid claims.

March 03, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) will be converting to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will be implementing a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. Providers are encouraged to review MSA 14-07 for further information and guidelines.

February

February 25, 2014: Attention ALL Providers: Due to a problem with the eligibility system, eligibility for some beneficiaries was incorrectly showing SPENDOWN and Medicare primary indicating that the beneficiary was enrolled within the Special Low-Income Medicare Beneficiary (SLMB) benefit plan. If a claim denial with claim adjustment reason code (CARC) 31 was received, providers should re-verify eligibility for that date of service and re-bill any claim(s) if necessary.

February 25, 2014: Attention ALL Providers: Per Section 1104 of the Affordable Care Act (ACA), MDCHwill begin enforcing providers who submit Fee for Service (FFS) electronic claims to verify eligibility or claim status. Within CHAMPS Provider Enrollment, providers will need to verify that all appropriate Billing Agents whosubmit any electronic transactions on their behalf are listed. Billing Agents have received a letter regarding this association requirement which included their CHAMPS Billing Agent/Provider ID, as well as how they can review which providers currently are associated to them within CHAMPS. However, thisassociation can only be made by the provider. Providers must go into their CHAMPS Provider Enrollmentinformation and verify that they have 'Billing Agent' under the "Mode of Claim Submission "step. The correct CHAMPS Provider ID associated

to the billing agent needs to be listed in the "Associate Billing Agent" step. If the correct billing agent is not listed within the Provider Enrollment information, it will needto be added and updated and the "Submit Modification Request for Review" step must be completed. Failure to comply could result in claim denials and lack of payment in the future.

February 25, 2014: Attention Nursing Facilities and Hospice Providers: REPORTING OCCURRENCE SPAN CODE 80 WHEN BILLING FOR ADMISSIONS NOT COVERED BY CMS DENIAL OF PAYMENTS FOR NEW MEDICAID ADMISSIONS Effective April 1, 2014, when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subjectto the payment ban, the nursing facility must report Occurrence Span Code 80 and the from/through dates the beneficiary resided in the same nursing facility prior to the payment ban. Medicaid policy and guidelines for the definition of a new admission are published in the Medicaid Manual, Nursing Facility Chapter, Certification, Survey, and Enforcement Appendix, Section 5.7 Denial of Payment for New Admissions (DPNA). Hospices must also report in the above manner when billing for "room and board" when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban. Hospices can obtain Information regarding a CMS denial of payments for new Medicaid admissions from the nursing facility.

February 10, 2014: Attention ALL Providers: Per the Affordable Care Act the 271-eligibility transaction no longer reports the Special Low-Income Medicare Beneficiary, SLMB, Benefit Plan. On the 271, it willreturn within the EB04 segment the SPENDOWN Benefit Plan, and within another EB04 segment it will return Medicare. This will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. In order to remain compliant CHAMPS eligibility also no longer shows the SLMB Benefit Plan. The SPENDOWN benefit plan will be displayed with the other insurance hyperlink active showing the Medicare policy information; this will indicate to providers that the beneficiary is enrolled within the SLMBBenefit Plan. Policy guidelines can be found within the Provider Manual, COB chapter section 2.6.E. MEDICARE BUY-IN/MEDICARE SAVINGS PROGRAM.

February 4, 2014: Attention Hospice Providers: Effective March 29, 2014, the Michigan Department of Community Health in compliance with NUBC (National Uniform Billing Committee) will require all Hospice claims to report the ADMISSION/START OF CARE DATE on their claim. Failure to report date of admission will result in the claim rejecting with reason/remark code 16/N46.

February 3, 2014: Attention ALL Providers: Effective January 26, 2014. MDCH released a new feature in CHAMPS. This implementation introduced Phase I of the Document Management Portal (DMP) now accessible for all CHAMPS users.

Information and tutorials on the Documentation Management Portal are available on the MDCH websiteat www.michigan.gov/medicaidproviders >> Document Management Portal

January

January 28, 2014: Attention ALL Providers: The system maintenance window for the DEG (Data ExchangeGateway) is scheduled for Saturday, February 1, 2014. The scheduled downtime will be from 10:00 a.m.to 12:00 p.m. During this downtime please do not submit any files for the above time period.

January 28, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) is in the process of remapping many of the following code sets: Claim Adjustment Reason Codes (CARC) and Remittance Remark Codes (RARC) Claim Status Codes, Group Codes, and Claim Status CategoryCodes due to the Affordable Care Act (ACA) Section 1104. Primarily CARC/RARC code combinations ofexisting edits are being expanded to accommodate new business rules per the ACA requirements.

Effective immediately, some of these codes changes will be reported to providers via the 835-electronic remittance advice and the 277-claim status response. For more information on the ACA Operating Rules, please refer to the CAQH-CORE website at www.CAQH.org > Core > Core Rules > Code Combinations.

January 21, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. The Pay Cycle date in Champs Inquiry will show 01/09/2014 and 01/13/2014. The RA and 835 file date will continue tohave the original date of 01/09/2014. MDCH has resolved all RAs and 835 files as well as checks and/orEFT

payments.

January 21, 2014: Attention OPH Providers: All paid claims with dates of service from 10/01/2013 through current will be adjusted with the newly loaded October APC software updates and should start to appear on pay cycle 5 (01/30/14). The adjusted claims can be identified by the claim note "APC Oct. 2013 quarterly updates".

Please review the following for information on how to verify the Adjustment Source of your claim.

January 14, 2014: Attention OPH Providers: Effective January 1, 2014, CMS has implemented their guidelines regarding HCPCS code G0463 and MDCH will be following those CMS guidelines:

G0463 "(Hospital outpatient clinic visit for assessment and management of a patient), for hospital use only representing any clinic visit under the OPPS and to assign new HCPCS code G0463 to new APC 0634. This replaces CPT codes 99201 through 99205 and 99211 through 99215." Please keep in mind that MDCH is currently adjudicating Outpatient Hospital claims with October 2013 quarter version APC software. MDCH, upon receipt of the CMS finalized January 2014 quarter APC software, will test and load the new software in late March. MDCH will claim adjust any claims that may be impacted by a delayed quarterly update implementation. The Medicare Addendum B is posted on the following CMS website:http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A- and-Addendum-B-Updates.html

January 09, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. MDCH expects to resolve all RAs and 835 files early next week as well as checks and/or EFT payments.

Return to Top

2013

December

December 30, 2013: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 52 dated 12/26/2013 may not balance. MDCH will recreate new RAs and 835 files that will process this week. Please avoid posting double payments.

December 17, 2013: Attention Community Mental Health Services Programs (CMHSPs): The psychiatric E&M codes (99201 – 99205 and 99211 – 99215) were added to the CWP and SED databases in August, effective for dates-of-service on/after January 1, 2013. As we are approaching the 12-month timely billing deadline for January services, we are providing this as a reminder that CMHSPs, enrolled as specialty providers for the CWP and SED, can now bill using these codes. The databases are posted at http://www.michigan.gov/mdch/0,1607,7-132- 2945_42542_42543_42546_42551-272724--00.html. Select "Jan 2013" for the Serious Emotional Disturbance (SED) database and "Apr 2013" for the Children's Waiver Services database.

December 17, 2013: Attention ALL Providers: Providers are reminded that immunizations are covered services by Medicaid Health Plans (MHPs) when provided to health plan beneficiaries and should be billed to the MHPs. Immunization related claims for health plan beneficiaries will not be paid by fee for service. See the Medicaid Provider Manual, Medicaid Health Plan Chapter at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

December 13, 2013: Attention ALL Providers: Due to Section 1104 of the Affordable Care Act (ACA), effective December 16, 2013, Electronic Funds Transfer (EFT) payments for Health Care Providers will be sent from the State of Michigan to respective financial institutions in the compliant CCD+ format. If you accept EFT payments and experience any issues with receiving payment, please contact providersupport.

December 09, 2013: Attention Home Health Providers: In the case of a dually eligible beneficiary, if the primary insurance denies payment of home health services due to not meeting the primary insurance's homebound requirement, Medicaid will cover services. Medicaid does not require a beneficiary to be entirely restricted to their home (i.e. "homebound") to receive home health services. When billing Medicaid secondary, a claim note is required stating "not covered by primary, as patient was not homebound."

December 04, 2013: Attention ALL Providers: We are experiencing connection errors with our Data Exchange Gateway (DEG). We are working to resolve this situation as quickly as possible. If you receivean error, please try again later.

December 04, 2013: Attention ALL Providers: **ICD-10 Testing is now available:** MDCH has created a survey-based tool that allows providers to review common medical scenarios and assign the ICD-10 diagnosis codes that they feel are appropriate. The survey is applicable to both medical professionals, such as physicians, nurse practitioners, and physician assistants, as well as coding and billing professionals. The survey link and instructions have been posted at www.michigan.gov/5010ICD10/ >> ICD-10 Information >> Testing. Should you have any questions, please feel free to contact our ICD-10 testing support team at MDCH- B2B-Testing@Michigan.gov. We look forward to testing with you!

December 04, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Medicare coverage and it was not reported on the claim, as outlined in MSA Policy Bulletin 12-01. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services providedto Medicaid beneficiaries. Medicaid is considered the payer of last resort. Providers will receive a TPL recovery letter on January 6, 2014 (also available Archived Documents in CHAMPS), and providers have30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no actionis taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

Note: When adjusting claim, please note in remarks “TPL recovery, adding OTHER INSURANCE.”

November

November 14, 2013: Attention Maternal Infant Health Program (MIHP): Effective October 1, 2013 the Current Procedural Code 99402 has had a change in the MUE (daily allowable units). The MUE on the procedure code 99402 has been changed to 1 unit per day. Please be aware that the claims will deny for exceeding the MUE when the units of 2 are billed.

November 12, 2013: Attention Durable Medical Equipment Providers: The Michigan Medicaid DME Liaison meeting scheduled for Monday, December 9, 2013 is cancelled. The 2014 DME Liaison schedule will be posted soon. To view the DME Liaison schedules, agendas and minutes, visit: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific>>Medical Suppliers, scroll down to DME Meetings.

October

October 31, 2013: Attention ALL Providers: Due to Rule 1104 of the Affordable Care Act (ACA) effective January 1, 2014, MDCH will make changes to the Electronic Funds Transfer (EFT) format. It will be changed to the Cash Concentration/Disbursement plus Addenda (CCD+). Please contact your Financial Institution to make sure they are ready and able to accept this new format. Batch Agency Identification will be changing from 39S to 38S on all EFT or check receipts.

October 28, 2013: Attention Orthotics and Prosthetic Providers: MDCH has updated the orthotics and prosthetic rates listed on the Medical Supplier database, effective for dates of service on and after October 1, 2013. A revised database will be posted to reflect the revised rates. MDCH will perform adjustments to claims with dates of service on and after October 1, 2013, within the next few weeks. Orthotic and Prosthetic providers should consult their remittance advices, which will reflect the adjustments.

October 09, 2013: Attention OPH Providers: All paid claims with dates of service from 07/01/2013 through current will be adjusted with the newly loaded July APC software updates and should start to appear on pay cycle 42 (10/17/13). The adjusted claims can be identified by the claim note “APC July 2013 quarterly updates”. Please review the following for information on how to verify the Adjustment Source of your claim.

October 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that wereretroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

October 08, 2013: UPDATE: CHAMPS has now been updated and providers should now be able to access their Archived Documents.

October 08, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function is currently unavailable. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience and anupdated message will be posted once access has been restored.

October 04, 2013: Attention ALL Providers: This stands as a reminder to providers that beneficiaries with the MI Choice-MC Benefit Plan are approved for the home and community-based services (HCBS)waiver. The provider listed under the MI Choice-MC Benefit Plan should only be billed for the HCBS waiver services authorized by that provider. All other non-HCBS waiver services covered by Medicaid should be billed by the appropriate provider type through CHAMPS.

October 03, 2013: Attention Professional Providers: Due to a CHAMPS defect paper claims submitted with a CLIA number correctly reported in box #23 were incorrectly denied with reason code 16 and remark code MA120-Missing/incomplete/invalid CLIA certification number. This defect has been resolved and providers will need to re bill the affected claims, MDCH would like to encourage providers to re bill electronically or utilizing the CHAMPS direct data entry claim function. For providers re billing older datesof service please include the following claim note to ensure that the claims get correctly process for timelyfiling: “CHAMPS CLIA defect.”

October 01, 2013: Attention ALL Providers: Third Party Liability (TPL) has identified overpayments on professional invoices which adjudicated between 9/09/2011-4/20/2012 which bypassed TPL editing incorrectly due to the claim adjustment reason code reported on the claim. To allow these claims to correctly process and price they will be adjusted by MDCH beginning on pay cycle 41 (October 10, 2013). Claims not adjustable due to additional claim editing will have to be voided. These adjusted and voided claims can be identified with the claim note “TPL claims processing – CARC adjustments”.

September

September 17, 2013: Attention Professional Providers: Pursuant to federal guidance, providers enrolledin the Physician Adjustor program are not eligible to participate in the Affordable Care Act (ACA) PrimaryCare Incentive Payment Program. MDCH will begin adjusting claims on pay cycle date 09/12/2013 to re-coup the ACA incentive payment amount made on claims with rendering providers who are enrolled in the Physician Adjustor program. Additional void batches will be submitted on a later pay cycle date for claims that are not able to be adjusted due to additional claims editing. Providers are encouraged to review the MSA L Letter 13-41.

September 17, 2013: Attention Professional Providers: MDCH has identified professional claims billed with modifier 26 and a non-facility place of service which paid at the incorrect rate causing anoverpayment. MDCH will adjust these claims beginning on pay cycle 38 (9/19/13) to allow the claims to process and pay the correct rate. Providers with further questions can contact provider support

September 12, 2013: Attention ALL Providers: This serves as a reminder to providers that as of October 1, 2013 all Ordering/Referring/Attending NPI’s MUST be enrolled with Michigan Medicaid whenreporting Ordering/Referring/Attending NPI’s on a claim that requires them with dates of service on or after 7/1/2013. MDCH would like to encourage current billing providers to work with their Ordering/Referring/Attending providers to get them enrolled to avoid claim denials and non-payment. Providers are encouraged to review the current policy bulletins MSA 12-55 and MSA 13-17. Providerswith further questions or concerns in regard to claims can contact Provider Support.

September 11, 2013: REPOSTING from June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH beginning on PC 36 to recover the incorrect duplicate payments.

August

August 21, 2013: Attention ALL Providers (who use MPHI to verify Eligibility): MPHI is scheduling a maintenance window this weekend from Saturday, August 24, 2013, at 6:00pm to Sunday, August 25, 2013 at 6:00am; while we conduct a major upgrade to our network infrastructure. The Medicaid Eligibility services offered by MPHI may be available sporadically during this period but are generally expected to be offline. Please contact MedicaidEligibility@mphi.org if you have any questions or concerns.

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when claims were billed with the reason code of A1. Current policy

outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter “MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements.” MDCH will be adjusting these claims to allow them to properly adjudicate and deny the service line reported with A1. If the claim is not able to be adjusted MDCH will be voiding the claim, these adjustments and voids will be on pay cycle 33 (August 15, 2013)

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported on the claim. The majority of these claims paid in error when the Other Insurance payment information did not balance, or the other insurance information is not correct according to the TPL file for the beneficiary. Providers can adjust these claims to correctly report the Other Insurance information or the claims will be voided by MDCH beginning on pay cycle 34 (August 22, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

August 07, 2013: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, August 11, 2013. The scheduled down time will be from 9:00 a.m. to 5:00 p.m. During this downtime please do not submit any files for the above time period.

July

July 17, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function will unavailable beginning Friday, July 26th at 6pm until Monday July 29, 2013. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

July 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

July 09, 2013: Attention ALL Providers: System maintenance for CHAMPS is scheduled for Saturday, July 13 beginning at 7am and ending on Sunday July 14th at 9pm. During this maintenance period CHAMPS will be unavailable for use. We apologize for any inconvenience this causes your organization.

June

June 27, 2013: Attention All Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, June 30, 2013. The scheduled downtime will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files for the above time period.

June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH in the near future to recover the incorrect duplicate payments.

June 20, 2013: Attention Professional & Dental Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported at the header and not at the line level. Per Medicaid Policy, Professional and Dental invoice type claims have to report the Other Insurance information at each service line level. Providers can adjust these claims tocorrectly report the Other Insurance information at the service line level or the claims will be voided by MDCH beginning on pay cycle 30 (July 25th, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

June 12, 2013: Revised: Attention ALL Providers: System maintenance windows for the DEG (Data Exchange Gateway) are scheduled for **Sunday, June 23, 2013, and Sunday, July 21, 2013** The scheduled downtime will be from 10:00 a.m. to 1:00 p.m. each day. Also **Wednesday, July 24, 2013, t**he scheduled downtime will be from 12:00 p.m. to 4:00 p.m. During this downtime please do not submitany files during the above time periods.

June 6, 2013: Attention CMHSPs Billing fee-for-service for CWP Consumers: Please refer to L-Letter 13- 28 sent to CMH Directors clarifying instructions on billing and reimbursement regarding Financial Management Services for CWP consumers, with dates-of-service between October 1, 2010, and August

31, 2012. Medicaid L letters can be accessed on the MDCH website: www.michigan.gov/medicaidproviders >> Communication and Training >> Click 2012 through 2013 under Numbered Letters

May

May 22, 2013: Attention ALL Providers: If your practice/organization receives requests for Medical Records per Medicaid Policy Bulletin 12-65, please submit all requested materials without an invoice for reimbursement. For further information please refer to www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>> General Information for Providers>>Section 15.4.

May 21, 2013: Attention ALL Providers: If you are using Internet Explorer version 10 please follow the steps below to ensure that the CHAMPS system will properly function.

Open Internet explorer >> Tools >> Compatibility View Settings. Then enter in the website URL https://sso.state.mi.us click the Add button or torn piece of paper and then close the screen. After completing these steps open a new Single Sign On (SSO) and login to the CHAMPS system.

May 20, 2013: Attention Hospice Providers: MDCH has identified Hospice claims that have duplicate payments for the same month. MDCH will be initiating voids in the next couple of weeks to return monies that were incorrectly paid.

May 15, 2013: Attention Outpatient Hospital Providers: MDCH will be adjusting approximately 4,000 claims due to April APC software and pricing update. The adjusted claims will start to appear on pay cycle date 5/23/2013

May 14, 2013: Attention All Providers: Due to a system update, the CHAMPS Archived Documents function will be down from Friday, May 24th at 7pm until Tuesday, May 27th at 6am. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

May 06, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Commercial Insurance coverage with a nursing facility benefit. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. The recovery process will begin May 1, 2013, providers will receive a TPL recovery letter identifying thecommercial insurance (also available Archived Documents in CHAMPS), and providers have 30 days toadjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

May 02, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) are scheduled for **Sunday, May 5, 2013.** The scheduled down time will be from 10:00 a.m. to 1:00 p.m.During this downtime please do not submit any files for Sunday, May 5, 2013, only. System upgrades forthe DEG (Data Exchange Gateway) is scheduled for **Thursday, May 9, 2013.** The scheduled window will be from 9:00 a.m. until 3:00 p.m. During this time period you might receive some minimal delay in uploading or downloading files. We apologize for any inconvenience this causes your organization.

April

April 30, 2013: Attention ALL Providers: MDCH has identified manually priced claims or service lines that did not correctly report the Other Insurance information which resulted in overpaid claims. MDCH will be voiding these claims beginning on pay cycle 20 (May 16th, 2013) and providers will have the opportunity to rebill correctly reporting the Other Insurance information. Current Medicaid policy requires that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. The affected claims can be identified by reviewing the claim note within CHAMPS which will state "manually priced claim/lines bypassing OI".

April 29, 2013: Attention ALL Providers: MDCH will adjust incorrectly paid claims for voluntary sterilizations when the beneficiary was enrolled in the MOMS Benefit Plan. Voluntary sterilizations are not a benefit under the MOMS benefit plan. Current Medicaid Policy is outlined within the provider manual, Maternity Outpatient Medical Services Program Chapter, Section 2.2 NONCOVERED SERVICES.

April 22, 2013: Attention Professional Providers: MDCH has identified a high volume of claims that received overpayments as part of a CHAMPS defect which caused claims to pay above the billed amount. Current policy can be found within the Coordination of Benefits chapter, section **2.6.F. MEDICAID LIABILITY.** These claims will be adjusted or voided by MDCH in the near future for proper adjudication.

April 16, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

April 04, 2013: Attention ALL Providers: Due to CHAMPS server issues the archived documents functionis currently unavailable. Providers can continue to check archived documents for documents such as Remittance Advices.

April 03, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, April 21, 2013. The scheduled down time will be from 9:00 a.m. to 12:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

April 02, 2013: Attention OPH Providers: All claims paid with dates of service from 01/01/2013 through now will be adjusted with the newly loaded January APC updates and should start to appear on RA 04/04/2013. (Approximately 44,000 TCN's)

March

March 26, 2013: Attention Professional Providers: (Update to the Biller B Aware posting on February 5, 2013) Beginning on pay cycle 14 MDCH will start adjusting professional claims for dates of service on or after January 1, 2013, which were eligible for the Primary Care Rate Increase per MSA 12-66. Due to the volume of claims these adjustments will take place over multiple pay cycles.

March 20, 2013: Attention DMEPOS Providers: Effective April 1, 2013, Health Care Procedure Codes (HCPCS) E2373, K0733 and L3600 fees will be reduced below Medicare fees to align with Medicaid policy referenced in the Medicaid Provider Manual, Medical Supplier Chapter, Section 1.7.H. A formal announcement of these changes will not be indicated in a policy bulletin. Please refer to policy and the Medical Supplier Database for standards of coverage and code parameters. The new reimbursement rates are as follows:

HCPCS Code:	Rate Effective 04/01/13:
E2373	$560.10
K0733	$20.75
L3600	$52.43

March 13, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway)is scheduled for Sunday, March 24, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

March 11, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to theDiagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate ShareHospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s).
CMS link :https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdfpdf

March 11, 2013: Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for "Medicaid eligible, Medicaid pending, and Dually eligible beneficiaries" regardless of primary payer source. The LOCD must be conducted within the time frames stated in Medicaid policy.

Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at

http://www.michigan.gov/mdch > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual

March 11, 2013: Attention ALL Providers: MDCH is announcing new Medicaid training sessions. Please review the website for a training near you: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html . Please note, additional trainings will be posted as they are scheduled. If you are unable to attend a session and would like assistance or training, please contact a MDCH provider consultant at Provider Outreach.

March 07, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s). CMS link: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf

March 06, 2013: Attention ALL Providers: MDCH would like to remind providers billing claims for Plan First beneficiaries that the diagnosis code reported as the primary diagnosis code must be within the V25 series. This is outlined within current policy in the Medicaid Provider Manual, Plan First! Family Planning Waiver chapter. As provider's bill on multiple claim forms MDCH encourages providers to review the billing guidelines for their specific claim type to find the appropriate field to report the primary diagnosis. Claims not billed with the Plan First qualifying diagnosis as the primary diagnosis will be denied. Providerswith further questions can contact provider support.

February

February 26, 2013: Attention ALL Providers: On February 23rd, Takeda and Affymax voluntarily recalled all lots of OMONTYS. In addition to the recall, they have instructed health care professionals that no newor existing patients should receive OMONTYS. *Affymax and Takeda Announce a Nationwide Voluntary Recall of All Lots of OMONTYS* ® (peginesatide) Injection. Notice to Health Care Providers FDA Press Release

February 26, 2013: Attention ALL Providers: MDCH has identified certain claims denied in error when billing for the copayment for a beneficiary with a private health plan insurance and the capitation amount was reported and considered as a payment. Per current policy outlined in the Medicaid Provider Manual, Beneficiary Eligibility Chapter **9.10.C. HEALTH PLAN AS A PRIVATE INSURANCE (OTHER INSURANCE CODE 89),** the monthly capitation payment must **not** be reflected on the Medicaid claim. In most instances, the provider is billing Medicaid for the copayment amount only. Medicaid only reimburses the provider for the Medicaid fee screen or copayment amount, whichever is less. Providers are encouraged to resubmit or replace any claims previously billed incorrectly.

February 11, 2013: Attention ALL Providers: While doing an internal review of submitted claims, it has been identified that a high volume of claims are being submitted with Not Otherwise Specified (NOS) diagnosis codes. This serves as a reminder that all claims submitted to MDCH should be coded to the highest possible specificity based on the disease/condition/illness/injury for which the patient was seen.
February 05, 2013: Attention Professional Providers: MDCH has identified a problem paying the Primary Care Rate Increase as per MSA 12-66. A portion of this pricing was corrected within CHAMPS and claims should now correctly pay the rate increase for claims submitted after February 5th. Secondary claims eligible for the Primary Care Rate Increase will begin paying correctly after the next CHAMPS update, which is currently scheduled for February 22 . After the update MDCH will adjust these claims on behalf of providers so claims eligible for the primary rate increase should then pay the additional amount.

January

January 31, 2013: Attention Hospice Providers: MDCH has seen an increase in Hospice claims with the incorrect value code reported with the Core Based Statistical Area (CBSA) code. The reporting of the wrong value code can cause incorrect reimbursement. The National Uniform Billing Committee (NUBC) Manual states when reporting the CBSA code that Value Code of 61 must be reported. The billings instructions are contained in the National Uniform Billing Committee (NUBC) Manual as well as the

Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers, Section 11 - Hospice Claim Completion.

January 24, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that wereretroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

January 24, 2013: Attention Private Duty Nursing, Children's Waiver and SED Waiver: The previous posting dated January 14th has been resolved within the CHAMPS system. The affected claims have been identified and are in the process of being adjusted by MDCH to correct reimbursement of billing New Year's Day 2013.

January 24, 2013: Attention Professional Providers: Per Bulletin MSA 12-42 Medicaid Enrollment of Physician Assistants and Nurse Practitioners; Billing Provider must be associated to both the Rendering and Supervising Provider in Champs for correct adjudication CLICK HERE for claim reporting Information

January 22, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway)is scheduled for Saturday, February 2, 2013. The scheduled down time will be from 10:00 a.m. to noon. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

January 22, 2013: Attention ALL Providers: MDCH has developed an online DCH-0078 form to Add, Change or Terminate Other Insurance. The form can be found at: https://michigan.gov/mdch/0,4612,7-132-2943_4860-286772--SS,00.html In order for the form to be accepted the provider must fill out all of the required fields. This will remove the need to fax or email the completed DCH 0078 paper form.

January 17, 2013: Attention Outpatient Hospital Providers: MDCH has identified Outpatient Hospital secondary claims which were overpaid. MDCH has adjusted these claims and providers will begin seeing the adjustments starting on pay cycle number 4, dated 1/24/13, the Adjustment Source will be System Correction.

January 14, 2013: Attention Private Duty Nursing, Children's Waiver and SED Waiver: MDCH has identified a problem paying holiday rate for New Year's Day. MDCH is currently working on identifying and resolving this issue, once further information is available there will be a message posted.

Return to Top

2012

December

December 20, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: The CHAMPS problem previously posted on December 19th has been resolved and MDCH is planning to resurrect the denied claims which processed prior to this issue being resolved.

December 19, 2012: Attention ALL Providers: After the current CHAMPS update which took place over the weekend, providers will now see both "In Process" and "Suspended" claim status in CHAMPS claim inquire screens. When filtering using the filter by option, providers still only have the "In Process" selection but will return you both "in process" and "suspended" claim statuses permitting the NPI has claims in both statuses. Claims can be suspended for a multitude of reasons such as other insurance information reported on the claim, reviewing a prior authorization or EZ link documentation on file etc. Providers can use additional filter by options of Reason code % and Remark code % to view what couldbe causing their claim to suspend.

December 19, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: MDCH has identified a rate issue effecting the above noted provider types which may result in a delay in payment or claim being processed. MDCH is currently working on correcting the issue by possibly implementing an emergency fix within the CHAMPS system.

PDN provider type claims will be suspending and manually processed by MDCH until this had been

resolved. *Once this issue has been resolved MDCH will post an updated Biller B Aware to notify providers*

December 11, 2012: Attention ALL Providers: Effective 12/14/12, Beneficiaries with Medicaid and Medicare that are enrolled in a Medicaid Health Plan will now have Benefit Plan ID MMEMC assigned instead of MA-MC to indicate the Managed Care enrollment for dates of service 10/01/12 ongoing. There are no changes to the benefits.

December 3, 2012: Attention ALL Providers: Due to system maintenance, CHAMPS will be down on Saturday, December 15th, 2012, from 6pm to 11pm. This outage will affect CHAMPS system access for **all** functionality.

November

November 26, 2012: Attention ALL Providers: **Pay Cycle 48:** Inpatient Hospital providers may see a significant increase in adjusted claims on their 11/29/12 remittance advice. The MIP (Medicaid Interim Payment) indicator within the providers enrollment was incorrectly end dated and allowed the identified claims to pay instead of being MIP suppressed. MDCH has adjusted these claims to correctly allow themto pay under the MIP suppression. The affected providers received a letter advising them of why the adjustments were being done. Outpatient Hospital and Long-Term Care providers may also see an increase in voided claims for the above noted pay cycle. As a large TPL (Third Party Liability) void batch was submitted as part of the normal TPL take back process for beneficiaries with other insurance which was not reported on the claim.

November 5, 2012: Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 151 (Payment is adjusted because the payer deems the information submitted does not support this many/frequency of services) have been processed incorrectly. MDCH will be adjusting paid claims with this Claim Adjustment Reason Code submitted on or after 9/18/2009. You will begin to see these adjusted claims on future RA's.

November 1, 2012: Attention Nursing Facility and Hospice Providers: When a beneficiary has a monthly patient pay amount (PPA) and a level of care (LOC) for nursing facility (02) and hospice (16) on file, the patient pay amount (PPA) will be deducted from the first claim received in CHAMPS. This will occur regardless if the PPA is located on the eligibility segment for LOC 02 or LOC 16, and the higher PPA amount will be deducted. If the PPA is greater than the amount of the first submitted claim, the difference will be applied to subsequent claims until the total PPA for that month is met. The PPA must be exhausted each month before any Medicaid payment will be made. The nursing facility and hospice must bill in sequence, according to the level of care the beneficiary was at on the first of the month. This will preventthe PPA from being deducted from the wrong claim.

October

October 30, 2012: Attention Nursing Facility Providers: This is a reminder (previously posted February 28, 2012) MDCH has identified Nursing Facility room and board claims that have duplicate and/or payments for the same month. MDCH will be initiating voids in the next couple of months to return monies on claims with dates from 2009 and forward that meet these criteria.

October 29, 2012: Attention ALL Providers: Any Provider or Trading Partner who currently submits their 837 HIPAA Compliant Transaction through Champs Web Upload will need to change the file name. This will become Standard formatting for files effective December 14, 2012. By changing this now, you will not have any issues when this goes into effect. If you do not use this format, you will receive an error onyour screen and the file(s) will not load. Here is a listing of correct file names:

5475(837) - Health Care Claim
5414(270) - Eligibility Inquiry

4952(276) - Claim Status Inquiry

5386(278) - Prior Authorization Inquiry

Here are examples of the naming convention depending on if you Log into Champs using an NPI or Champs Provider ID:

NPI.5475.CCYYMMDDhhmm (example: 1234567890.5475.201210261208.dat)

Champs ProviderID.5475.CCYYMMDDhhmm (example: 1234567.5475.201210261209.dat)

October 22, 2012: Attention ALL Providers: MDCH previously experienced problems loading the 9/27/12paper Remittance Advices into archived documents for providers. This was resolved over the weekend of 10/20/12 if you are still experiencing problems finding this Remittance Advice please contact Provider Support

October 18, 2012: Attention ALL Providers: FDA advises healthcare professionals to follow-up with patients who were administered any injectable medication from or produced by NECC (New England Compounding Center) including injectable ophthalmic drugs used in conjunction with eye surgery, or a cardioplegic solution purchased from or produced by NECC after May 21, 2012. Healthcare professionals and medical care organizations should inform patients who received the NECC products noted above of the symptoms of possible infection and instruct patients to contact their healthcare provider immediatelyif they experience any of these symptoms. The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and state health departments including the Michigan Department of Community Health (MDCH) are coordinating a multi-state investigation of cases of fungal meningitis and strokes among patients who received epidural steroid injections after July 1.
For more information please see the following links:**FDA Safety information:** Click Here **CDC Official Health Advisory:** Click Here **MDCH Website**: http://www.michigan.gov/mdch/0,4612,7-132-8347-287681--,00.html.

October 18, 2012: Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 39 (Services denied at the time authorization/pre-certification was requested) have been processed incorrectly. All claims that have been paid with this Claim Adjustment Reason Code will be adjusted and processed according to policy. You will begin to see these claims on RA 10/25/2012.

October 16, 2012: Attention ALL Providers: A revision and update of the Medicaid NCCI webpage has been posted to the Medicaid.gov website at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html.

October 8, 2012: Attention ALL Providers: As previously posted on September 27th MDCH is still experiencing issues with the Remittance Advice process and the posting of the RA's into the CHAMPS archived documents system for the 9/27/12 pay cycle date. As a current work around providers can access their paid/denied claims within CHAMPS claim inquire filter by pay cycle date 09/27/2012. Oncethis issue is resolved and update will be posted notifying providers.

October 8, 2012: Attention ALL Providers: Due to the high volume of claims we were unable to process all claims that came in before 9/25/12 cut off. Payments for 10/04/12 payroll date have been issued, however Remittance Advices were incomplete for some providers. The providers effected will have two remittance advices dated 10/11/12. Providers will need to match the Warrant/EFT number to corresponding remittance advice to verify payments for each payroll.

October 4, 2012: Attention ALL Providers: Due to an unexpected accounting issue while processing checks, we expect a one to two day delay in delivering EFT and Paper checks. We apologize for any inconvenience this may cause.

October 4, 2012: Attention ALL Providers: Due to an unexpected system issue with claim adjudication, approximately 25,000 claims will not be adjudicated on time for pay cycle 41 (10/11/12) and will now be paid in the following pay cycle 42 (10/18/12). We apologize for any inconvenience this may cause.

October 3, 2012: Attention Nursing Facilities: The Medicaid Provider Manual, Beneficiary Eligibility Chapter, explains that nursing facilities can obtain patient-pay amount and eligibility information from theTentative Patient Pay Amount Notice (DHS-3227) or CHAMPS Eligibility Inquiry and/or other available eligibility options. The Medical Services Administration realizes that nursing facilities are responsible forcollecting the Patient Pay Amount (PPA). A timely collection of the PPA is vital for the nursing facility asit helps eliminate the need to claim adjustment Medicaid and the need to retroactively collect the PPA from the beneficiary. A timely collection of the potential PPA is also a safeguard for the facility where problems develop with the PPAs "dropping off" Bridges. To help alleviate unneeded claim adjusting andto collect a PPA more timely, the Medical Services Administration encourages nursing facilities to determine what a potential beneficiary's PPA will be and collect that PPA prior to receiving the DHS- 3227. Subsequently, the facility would bill Medicaid showing that potential PPA as determined by the nursing facility.

September

September 10, 2012: Attention Primary Care Practitioners: Providers who practice in primary care should select their primary specialty designation in CHAMPS. Providers may begin making this selection

in CHAMPS beginning October 1, 2012. Michigan Medicaid will be utilizing the physician specialty designations and board certification information for the Affordable Care Act Primary Care Rate Incentive effective for dates of services beginning January 1, 2013.

September 7, 2012: Attention Trading Partners: The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, September 16, 2012 and September 23, 2012 at 8:00 a.m. and will be back upat 5:00 p.m. During this downtime you will not be able to submit any files. Please submit your files beforeor after this time frame. We apologize for the inconvenience.

September 5, 2012: Attention ALL Providers: Due to intermittent connection issues with the State of Michigan Single Sign On (SSO), the States SSO will be down on September 9, 2012 from 9am until 12pm for repairs. This outage will affect all SSO applications including CHAMPS. We are sorry for any inconveniences this may cause.

August

August 23, 2012- Attention Trading Partners: The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, August 26, 2012 from 9:00 a.m. until Noon. Please submit your files before or after this time frame. We apologize for the inconvenience.

August 22, 2012- Attention ALL Providers: Due to a migration in MDCH's FILENET database server ARCHIVED DOCUMENTS will be down and inaccessible from Friday 09/07/2012 starting at 6:00pm until Sunday 09/09/2012 at 6:00pm. We are sorry for any inconveniences this may cause.

August 22, 2012- Attention OPH Providers: Previously rejected Medicare Crossover claims (per July 26, 2012 message below) will be resurrected and should start to appear on RA 08/23/2012. (54,000 TCN's)

August 22, 2012- Attention OPH Providers: All claims paid with dates of service from 07/01/2012 through now will be adjusted with the newly loaded July APC updates and should start to appear on RA 08/23/2012. (20,800 TCN's)

August 20, 2012- Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 151 have incorrectly denied starting with RA date 07/19/2012. MDCH will resurrect these denied claims to ensure proper adjudication. You will begin to see these claims on RA 08/23/2012.

July

July 30, 2012- Attention ALL Providers: Important message regarding CSHCS and Medicaid dually eligible beneficiaries: ENROLLMENT INTO MANAGED CARE. Please read L-12-26.

July 26, 2012- Attention OPH Providers: Medicare Crossovers made recent changes to no longer send the line level date of service (DOS) on OPH claims when the claim is a single line DOS per NUBC/5010/TR3 guidelines. Outpatient Claims without line level DOS sent to the CHAMPS APC/OPPS software are ungroupable which currently causes the entire claim to deny. MDCH is currently working ona fix to copy the header from/to dates of service to the line dates of service to send to the grouper software and will resurrect any denied claims for this issue once the fix is in place.

July 18, 2012- Attention Nursing Facility Providers: Room and Board claims received on or after June 22, 2012 reporting the Occurrence Code 24, are currently rejecting in error. Please wait to rebill until the problem is corrected. We will notify you immediately when the problem has been fixed.

July 17, 2012- Attention ALL Providers: When reporting primary insurance information on Medicaid secondary/tertiary claims the Claim Filing Indicator must be accurately reported to reflect the appropriate type of insurance, improper reporting may cause improper payments or your claim to deny. *Please note* that per the 837 Implementation Guide, the OF- Other Federal Program, Claim Filing Indicator should only be used when submitting Medicare Part D claims and should not be used when reporting Commercial or Federal Employee Program coverage. The inappropriate use of Claim Filing Indicators may cause claims to overpay and MDCH will initiate voids in the near future to return monies on claims with dates 2009 and forward that meet these criteria.

July 13, 2012- Attention ALL Providers: Due to the Holiday and high volume of claims we were unable to process all claims that came in before 7/2/2012 cut off. These payments will be delayed 1 week and will appear on the 7/17/2012 RA.

July 12, 2012- Attention ALL Providers: Please be advised that Procedure Code 99402 has been corrected in CHAMPS. Any claims denied from June 26 to June 28, 2012 have been resurrected (week of July 09, 2012) and do not have to be resubmitted by the provider. All claims that were suspended, per Biller B Aware posted on June 06, 2012, have been released for payment the week of July 09, 2012. Please allow 7-14 days for your payment and remittance advice.

July 3, 2012- Attention ALL Providers: Due to Independence Day State Holiday the warrant and EFT date that would have processed Wednesday, 07/04/2012 will be processed Thursday, 07/05/2012

June

June 29, 2012- Attention Chiropractic Providers: On May 1, 2012 MDCH released Bulletin MSA 12-14; Reinstatement of Chiropractic Services for Medicaid Beneficiaries Age 21 and Older. Due to a delay in implementation, the system did not update the codes until the June 22, 2012 release. This caused claims billed between June 1, 2012 and June 22, 2012 to reject. MDCH will recycle those claims on an upcoming remittance advice.

June 28, 2012- Attention ALL Providers: Please be advised that MDCH has resolved the issue in CHAMPS regarding Member Eligibility inquiries. Providers now have complete access to running eligibility.

June 26, 2012- Attention ALL Providers: CHAMPS RA date 6/21/2012 pay cycle 25 failed in the offsetting/netting process as a result there have been many receivables created and checks going out at 100% pay. This will be corrected for pay cycle 26 RA date 6/28/2012 for providers that had any offset/adjustments that should be recouped on the 6/21/2012 Ra.

June 26, 2012- Attention ALL Providers: Please be advised that MDCH is aware of Providers experiencing issues with Code 99402 and that payment for this code has been rejected. MDCH is working toward a swift resolution. For future claims submitted with this code, please note that the claim will automatically go into a "suspend" status until this issue is resolved.

June 26, 2012- Attention ALL Providers: Please be advised that MDCH is aware that there is in issue in CHAMPS regarding Member Eligibility inquiries. Providers are experiencing difficulty running eligibility while utilizing filters ***other than*** the ***Medicaid Beneficiary ID***. We are attempting to expedite a resolution and will post an update as soon as the issue is fixed. Meanwhile, MDCH recommend Providers using other web resources, Web Dennis and MIHeatlh, until a resolution has been generated.

June 19, 2012- Attention Dental Providers: **REMINDER:** Diagnosis codes are required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012.

These requirements apply to all claim submission formats (837D, DDE and Paper claims) If the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information please see Policy Bulletin MSA-11-36 and the Medicaid Policy Manual >> Billing and Reimbursement for Dental Providers Section 5.4

June 05, 2012- Attention ALL Providers: Please be advised that due to system maintenance,
EFT payments for pay cycle 23 (June 7, 2012) will be issued on Friday, June 8, 2012. Paper checks will be mailed on Thursday, June 7, 2012

May

May 24, 2012- Attention ALL Providers: MDCH has a Reimbursement Limitation on laboratory services rendered by the same provider, for the same beneficiary, on a single date of service. A processing error was allowing all laboratory services to be reimbursed beyond the above stated MDCH Policy Guidelines. The issue has been resolved and current claims are now being processed according to policy guidelines. Please be aware that MDCH will be reprocessing incorrectly processed claims and doing take backs on overpayments in the near future. For further information on this laboratory limitation policy, please refer to the MDCH Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>Laboratory >>Section 3, Reimbursement Limitations.

May 24, 2012- Attention Out-of-State Providers: MDCH reimburses out of state providers who are beyond the borderland area if the service meets one of the following criteria:

Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations; or Medicare and/or private insurance has

paid a portion of the service and the provider is billing MDCH for the coinsurance and/or deductible amounts; or The service is prior authorized by MDCH. MDCH will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas. For further information pertaining to MDCH's policy on out of-state Providers, please refer to our Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>General Information for Providers>>Section 7.3, Out of State/Beyond Borderland Providers. A processing error allowed payments to occur on claims that failedto meet the above outlined criteria. Please be aware that these payments will be recouped on a remittance advice in the near future.

May 07, 2012- Attention ALL Providers: Payments for pay-cycle 18 have been delayed due to an internal processing issue. The payment will be issued on Monday 05/07/2012. The remittance advice for these payments will be issued on 05/10/2012. This special remittance advice may be matched to your 05/07/2012 payment by the warrant/EFT number. Regular payments and remittance for pay-cycle 19 have not been affected and are planned to be issued in a timely fashion.

May 03, 2012- *UPDATED from 3/13: Attention Maternal Infant Health Program (MIHP) Providers: A systems issue has resulted in procedure code 99402 processing and paying the home rate of $83.72, regardless of the place of services reported on the providers claim. This issue was identified in 2009 and has now been corrected. Effective March 14, 2012 CHAMPS will begin process claims at the correct rate, based on the place of services reported. MDCH is currently reviewing the claim data related to improperly paid claims and is working on a resolution to recoup any overpayments. Please check back to Biller "B" Aware periodically for any updates on the resolution. The correct rates can be found on the MDCH fee screens at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Maternal Infant Health Program. *There are approximately 23,500 TCNs which need to be adjusted. MDCH will adjust these claims over 3 pay periods starting next week with pay cycle 19 (5/9/12). The remaining claims will be adjusted on either pay cycle 20 (5/16/2012) or pay cycle 21 (5/23/2012).

May 02, 2012- Attention Home Health Agencies: CSHCS AND REPORTING OF REFERRING PROVIDER NPI - Home Health Agencies are reminded that the NPI of the CSHCS authorized referring provider must be reported on the claim and must be listed as an authorized CSHCS provider. The reporting of the authorized referring provider NPI will eliminate rejected claim setting the B7 reason code
- CSHCS Has Not Authorized this Provider..

April

April 30, 2012- Attention PDN Providers: Billing for One Child When Two Have Been Authorized. A PDN authorized to provide services to two children at the same location may find that at times only one child is present to receive services. This may occur when the other child is in school, at a medical appointment, hospitalized, or on a family outing. When billing for services for one child (when two have been authorized), do not use the TT modifier along with the HCPCS code.
Claims will not pay for one child unless the following comment is entered in the REMARKS Section of the claim: "Only one child present at time of service, documentation on file." The beneficiary record must document the reason why only one child was present to receive the service as well as the beginning and end time of the service.

April 26, 2012- Attention ALL Providers: There was a processing issue with Secondary claims adjudicated April 21st - April 24th that resulted in over payments due to MDCH not recognizing the Primary Insurances CARC's. The issue has been resolved and any paid claims that were impacted will be adjusted by MDCH in the near future for proper adjudication.

April 04, 2012- Attention ALL Providers: Several NDC codes were end dated in CHAMPS in error. Thisis now corrected. If you have a claim that has rejected with CARC 16 RARC M119 please verify you havethe correct NDC on the claim. If all information is correct, please rebill or adjust as appropriate.

March

March 21, 2012- Attention ALL Practitioners: As a reminder, effective January 1, 2012, there was a modification to the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS).This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost.Utilization of lower cost alternative agents will have

increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equalto higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs that will be affected by this new pricing methodology

- Anti-Emetics: Kytril and Zofran
- Bisphosphonates: Aredia
- Colony Stimulating Factors: Neupogen and Leukine
- Taxanes: Taxol

For a full listing of both higher cost agents and lower cost alternatives included in the four drug categoriesand for more information about the change, please see policy bulletin number MSA 11-50 (Changes in Reimbursement for Injectables - J Code Updates) on the MDCH web site located at www.michigan.gov/medicaidproviders under "Policy and Forms," then "2011."

March 21, 2012- Attention ALL Providers: Third Party Liability (TPL) sends out Pending Adjustmentreports to providers when another insurance is found to be primary over Medicaid and the claim is pending to be recovered by Medicaid. These reports are sent to the provider's CORRESPONDENCE address that is listed in CHAMPS. These reports additionally are available on line in CHAMPS ARCHIVED DOCUMENTS. Many of these reports have been returned to MDCH as undeliverable. If you see that you have a report in CHAMPS and you did not receive it via Regular Mail as well, please confirmthe CORRESPONDENCE address listed in the Enrollment area of CHAMPS is accurate with all information needed for proper delivery example: Dept #'s, Suite or PO BOX.

March 20, 2012- Attention ALL Providers: **MDCH Update to HIPAA 5010 Deadline;** In response to CMS's most recent extension of the 5010-enforcement period from April 1, 2012 to June 30, 2012, MDCH will be continuing as planned and **not** be accepting 4010 claims after March 31, 2012. Effective Sunday,April 1, 2012, all transactions sent to MDCH Medicaid must be in 5010 format. Transactions submitted in 4010 format will be rejected. You will not receive payment from Michigan Medicaid on any claims submitted in 4010 format. In preparation for our final change-over to 5010, we have recognized that someclaims are still being submitted in the 4010 format. Please make the necessary changes needed prior toApril 1, 2012 so that your claims can be adjudicated properly in the 5010 format. You must also submit data using the appropriate Application IDs for 5010. Application IDs of 4780 (for fee-for-service claims) and 4951 (for managed care encounters) used for 4010 files will be discontinued and will reject at the Data Exchange Gateway.
For those Providers who are not prepared for 5010, or will not be ready by April 1, 2012 we recommend that you submit your transactions through Direct Data Entry screens in CHAMPS. For any questions please contact us at: ~~MDCH-5010@Michigan.gov~~

March 8, 2012- Attention Nursing Facility Providers: **REMINDER:** Effective 2/17/2012 Updates have been made to Nursing Facility pricing logic. Please refer to MDCH Policy Bulletin MSA 12-01 for specificpricing information.

March 8, 2012- Attention Outpatient Hospitals, Outpatient Rehabilitation Facilities, Practitioners: This isa clarification in regard to MSA 12-02 Outpatient Therapy service limitations: If therapies were started AFTER the policy implementation date of March 1, 2012, the beneficiary will be allowed 144 units in a 12-month time period. For therapies started BEFORE this policy implementation date of March 1, 2012 only 36 visits in a 90-day time period will be the limitation. Please refer to MSA 12-02 along with the Medicaid Provider Manual for prior authorization requirements and further policy on Outpatient TherapyServices

March 5, 2012- Attention In-Patient Providers: MDCH will be reprocessing approximately 2,700 claims due to Jan/Feb 2012 DRG V29 software and pricing update.

March 5, 2012- Attention Out-Patient Providers: MDCH will be reprocessing approximately 61,000 claims due to Jan/Feb 2012 APC software and pricing update.

March 5, 2012- Attention ALL Providers: Archived documents from CHAMPS, such as Remittance Advices, will not be available for viewing or to download for a period of time beginning Friday, March 9, 2012, at 6:00 PM and ending Monday, March 12, 2012, at 7am. This is due to a system upgrade that willtake place on the State of Michigan file management servers.

February

February 28, 2012- Attention Nursing Facility and Hospice Providers: MDCH has identified Nursing Facility and Hospice room and board claims that have duplicate payments for the same month. MDCH will be initiating voids in the near future to return monies on claims with dates from 2009 and forward thatmeet these criteria.

February 23, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility crossover ancillary claims (Part B). The coordination of benefits contractor for Medicare, Group Health Incorporated (GHI) is dropping the service line dates causing claims to process incorrectly at a $0 payment or to deny in error. Providers will need to submit a claim adjustment to correct claims that processed incorrectly or submit a new claim for any denied claims. As soon as this problem is correcteda new Biller "B" Aware will be posted.

February 23, 2012- Attention DMEPOS and Hospice Providers: The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF) most medical supplies and/or DME are considered as part of the facility's per diem rate or may be included in the hospice per diem rate. These claims for DME/supplies are subject to denial, claim adjustment, or post payment review.

February 22, 2012- Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: Please be advised that due to a system maintenance, the LOCD (Level of Care Determination) will be down Friday 02/24/2012 at 6:00 PM until Monday 02/27/12 at 6:00 AM. During this time providers will beunable to access the LOCD tool online.

February 16, 2012- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveriesis currently being processed. This batch includes fee for service claims for newborns that wereretroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim.

February 9, 2012- Attention Inpatient and Outpatient Hospital Providers: UPDATE: MDCH has re loaded the missing PDF file formats of the FD-622 reports which were previously only accessible under the CSV file type. The FD-622 should now be accessible under both file types and are loaded up to the 2/02/12 pay cycle date. The normal process for loading these files should resume with the next pay cycle date.

February 8, 2012- Attention Nursing Facility Providers: When reporting Value codes 80, 81 or 82, report the actual number of days without additional zeros. For example; when reporting 30 covered-days, report value code 80 with 30 (not 3000).

February 7, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility crossover therapy claims (Part B). The patient pay amount is setting against ancillary charges (Part B) in error. As soon as this issue is corrected a new Biller B Aware will be posted.

February 1, 2012- Attention Inpatient and Outpatient Hospital Providers: FD-622 Information

February 1, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with crossover claims (Medicare Part A) which are paying zero dollars. Upon system correction all affected claims will be re-pro

January

January 31, 2012- Attention ALL Providers: Due to a migration in MDCH's email system, there may be a delay in response to emails submitted to: Provider Outreach, Provider Enrollment and Provider Support email addresses. We appreciate your patience during this transition.

January 17, 2012- Attention ALL Providers: Benefit Plan ID NEMT Clarification: The eligibility response now returns a Benefit Plan ID NEMT (Non-Emergency Medical Transportation) which is assigned for

Medicaid beneficiaries that reside in Wayne, Oakland, and Macomb Counties. Logisticare is responsible for transportation when the beneficiary qualifies and has no other means of transportation to access services. Please see bulletin: MSA 10-56 for more information.

January 12, 2012- Attention Dental Providers: **REMINDER:** Diagnosis codes are now required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012. These requirements apply to all claim submission formats (837D, DDE and Paper claims) If the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information, please see Policy Bulletin MSA-11-36 and the Medicaid Policy Manual>>Billing and Reimbursement for Dental Providers Section 5.4

January 04, 2012- Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for Medicaid eligible or Medicaid pending beneficiaries and it must be conducted within the time frames stated in Medicaid policy. Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at http://www.michigan.gov/mdch > Providers > Providers > Medicaid > Policyand Forms > The Medicaid Provider Manual.

January 03, 2012- Attention Inpatient and Outpatient Hospital Providers: MDCH is aware of a current issue with FD-622 reports not being viewable within the PDF file type format. Until the PDF file type format is available the reports are still available within the CSV file type format. Instructions for viewing the report in this format are available under the previous Biller "B" Aware message posted December 8, 2011. Outpatient Hospitals please be aware that the majority of the FD-622 report for pay cycle date 12/08/11 were unable to load into CHAMPS archived documents. MDCH is also working on reloading these reports so they are accessible to providers. Please continue to check your archived documents forupdates as once the reports are re loaded they will be accessible.

Return to Top

2011

December

December 28, 2011- Attention ALL Practitioners: Effective January 1, 2012, there will be a modificationto the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS). This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will haveincreased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs thatwill be affected by this new pricing methodology

- Anti-Emetics: Kytril and Zofran
- Bisphosphonates: Aredia
- Colony Stimulating Factors: Neupogen, and Leukine
- Taxanes: Taxol
- For more information about the change, please see policy bulletin # MSA 11-50 on the MDCH web site located at www.michigan.gov/medicaidproviders >> Policy and Forms >> 2011

December 20, 2011- Attention Nursing Facility Providers: MDCH will be reprocessing over 1,600 claims that were processed incorrectly. These claims involve Medicare Coinsurance Days billed to Medicaid where Occurrence Span Code 70 (Qualifying Stay Dates for Skilled Nursing Facility- SNF) was not reported. Bulletin MSA 10-03 referenced the use of Occurrence Span Code 70 which aligns with the National Uniform Billing Committee (NUBC).

December 8, 2011- Attention Nursing Facility Providers: MDCH is finalizing a modification to the reimbursement methodology for Medicare Advantage Plan Co-Insurance Days. These claims may have originally been processed incorrectly. Once the modification is complete, MDCH will reprocess the affected claims on behalf of providers.

December 5, 2011- Attention Professional Providers: Effective January 1, 2012, there will be a

modification to the reimbursement methodology for specific injectable drugs. This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. This new methodology represents an opportunity for increased reimbursement.For additional information including the drugs and the programs affected, please see Policy Bulletin MSA- 11-50

November

November 30, 2011- Attention All Providers and Billing Agents: Though CMS recently announced it will not be enforcing penalties for non-compliance of the HIPAA 5010 version, MDCH would like to clarify Michigan Medicaid's position. MDCH does not see this as an exception to being compliant and will be requiring a full implementation to HIPAA 5010 standards on January 1, 2012.

November 30, 2011- Attention Outpatient Hospital Providers: MDCH will be reprocessing approximately 18,000 claims due to October APC software and pricing update.

November 22, 2011- Attention FQHC and RHC Providers: When completing the Health Plan detail for your Reconciliation Reports, you must report the Medicaid or MIChild issued Beneficiary ID number so eligibility can be verified. Any claim submitted for a beneficiary not enrolled with a Health Plan during that reported date of service will be excluded from your settlement.

November 16, 2011- Attention ALL Billing Agents: Effective mid-August MDCH changed and reposted a new 835 Electronic Remittance Advice Request for Billing Agent Change/Update form at the followinglink: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html If you book marked or saved the form previously, prior to the dates above, please use this link to obtain the correct form. When having providers fax that form to Automated Billing for processing, please use this new version. MDCH needs to have consistent information being received from all sources regarding this new835 form.

November 9, 2011- Attention ALL Providers: Due to the implementation of HIPAA 5010, CHAMPS will experience a complete system outage beginning at 12am Friday December 30, 2011. The system is scheduled to be back up and functional on Tuesday January 3, 2012 at 12am. During this 4 day outage, you will not be able to access the CHAMPS system at all. Additionally, the last opportunity to submit a HIPAA 4010 file will be on Wednesday December 28, 2011 at 3pm. After that only HIPAA 5010 claims will be accepted, and any submitted after Wednesday December 28, 2011 will be held during the outageand will be processed beginning on at 12am January 3, 2012. To check eligibility, we suggest you use web-Denis or the Michigan Public Health Institute's (MPHI) web service for beneficiary eligibility status. An L-Letter will be published soon with further details about the CHAMPS system outage.

For questions regarding the HIPAA 5010 implementation please go to www.michigan.gov/medicaidproviders >> HIPAA 5010/ICD10 Implementation or email MDCH5010@Michigan.gov .

November 7, 2011- Attention ALL Providers: All major identified CHAMPS defects have now been fixed and released into CHAMPS production in an effort to prepare for the January 1, 2012 implementation of HIPAA 5010. Please reference the CHAMPS Provider Update Table for a current list of system fixes.

The CHAMPS Provider Update Table can be found at www.michigan.gov/medicaidproviders >> CHAMPS>> CHAMPS Provider Update Table. For those of you who have been holding batches of claims, due to system defects, and have now exceeded timely filing limits, please submit a request for timely filing bypass/acceptance no later than 12/1/2011 to ProviderSupport@Michigan.gov with the subject line: CHAMPS BATCH TIMELY DEFECTS. Please include in the body of the email the total claim count to be submitted, the range of dates of service, and an explanation for the request. All batch requests will be reviewed by MDCH for validity. Upon approval response from MDCH, batches may be submitted applicable to outstanding claims previously withheld due to system defects/issues, whereby MDCH will consider for bypass of thetimely filing edit.

November 3, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveriesis currently being processed. This batch includes fee for service claims for newborns who wereretroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice

date. Please review the following for information on how to verify the Adjustment Source of your claim

November 1, 2011- Attention Vision Providers: MDCH has identified a systems issue that has caused claims for beneficiaries age 21 and older to deny incorrectly (e.g., RARC N129). This error has been corrected and claims will be adjusted by MDCH. Providers will see these claims on their remittance advice during November 2011.

October

October 31, 2011- Attention ALL Providers: **Reminder:** A primary care provider (i.e., MD, DO) or other Medicaid-approved provider (i.e., Certified Nurse-Midwife [CNM], Nurse Practitioner [NP]) can provide family planning/Plan First services. Beneficiaries eligible for this waiver are limited to the receipt of family planning services only. Family planning services are defined as any medically approved means, including diagnostic evaluation, medications, and supplies, for voluntarily preventing or delaying pregnancy.

Covered services include:

- Office visits for family planning related services. This includes preventive evaluation and Management office visits and other office/outpatient visits for family planning services.
- Contraceptives, including oral contraceptives and injectables.
- Contraceptive supplies and devices for voluntarily preventing or delaying pregnancy.
- Laboratory testing and pharmaceuticals related to contraceptive management or initial treatment of sexually transmitted infections (STIs).
- Sterilizations completed in accordance with current Medicaid policy.

PLEASE NOTE: Family planning/Plan First services are limited to the V25 diagnosis code series range. Providers must enter the appropriate V25 diagnosis code as the primary diagnosis on the claim form for services rendered.

October 25, 2011- Attention ALL Providers: Effective January 1, 2012, all trading partners must submit electronic healthcare transactions using the HIPAA 5010/NCPDP D.0 transaction formats.(Trading partners include: providers, clearinghouses, billing agents, vendors, and health plans.) **B2B testing is now available for all trading partners through the Ramp Manager testing website at** https://sites.edifecs.com/index.jsp?michigan . **All trading partners must test and be certified through the MDCH two-stage B2B testing process in order to successfully submit 5010/NCPDP D.0 transactions to CHAMPS**. If you are not certified to submit 5010 transactions, **your claims will not be accepted, and payments will not be processed.** Please see MSA 11-36.

October 25, 2011- Attention Nursing Facility Providers: MDCH is now accepting institutional crossover claims from the coordination of benefits contractor, Group Health Incorporated (GHI). The institutional nursing facility crossover claim process will allow nursing facilities to submit a single claim for residents dually eligible for Medicare and Medicaid. After processing the Medicare portion, GHI will forward the claim to Michigan Medicaid for processing and reimbursement. Once Medicare payment is received by the facility and Remark Code MA07 appearson the Medicare RA, the claim should appear on the Medicaid RA within 30 days. The facility may checkclaim status online through the Community Health Automated Medicaid Processing System (CHAMPS).If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

October 19, 2011- Attention DME Providers: Per Biller "B" Aware posted May 9th & August 22 2011, MDCH has issued voids for over 10,000 claims.

October 17, 2011- Attention Outpatient Hospital Providers: MDCH has identified an issue with G0434 which was paying zero dollars prior to the CHAMPS release on September 9th, 2011. After the release G0434 was denying in error as per MSA policy bulletin 10-65 this is a covered code. MDCH will be reprocessing the affected claims.

October 10, 2011- Attention Home Health Providers: MDCH will be reprocessing approximately 3700 claims that were billed with G0151, G0152 G0153, G0154, G0156, 99601 and 99602 and were not processed correctly.

October 5, 2011- Attention Nursing Facility Providers: THE NURSING FACILITY INSTITUTIONAL CROSSOVER CLAIM PROCESS IS DELAYED UNTIL OCTOBER 10, 2011 - OCTOBER 17, 2011 AT

THE LATEST. The Michigan Department of Community Health apologizes for this delay and inconvenience. Medicaid Bulletin MSA 11-32, issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI). In September 2011, notice was issued on Medicaid LISTSERVE and Biller "B" Aware advising nursing facilities that effective October 1, 2011, MDCH would begin accepting crossover claims from GHI.
Any questions regarding this message can be directed via e-mail to: ProviderSupport@Michigan.gov Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1-800-292-2550.

October 5, 2011- Attention ALL Providers- MDCH will be reprocessing approximately 12,000 PAID claims for beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS. If your claims denied for this reason, you must rebill your claim. These claims may have originally been processed incorrectly.

October 5, 2011- Attention Outpatient Providers - MDCH will be reprocessing approximately 21,000 claims due to April/ July APC software and pricing update.

September

September 28, 2011- Attention Hospital Providers: MDCH is pleased to announce the availability of the FD-622 Reports in a downloadable electronic format (pdf). The reports will be available for pay date cycles after October 1, 2011. In order to achieve savings, effective October 1, 2011 MDCH will cease to mail paper copies of the FD-622 to inpatient hospital, outpatient hospital, end stage renal dialysis centers, and outpatient rehabilitation facilities. The reports are available through CHAMPS archived documents. If you have difficulty accessing the report, please call provider hotline for assistance.

September 26, 2011- Attention ALL Providers: Revised Benefit Plan Handout with Service Type Codes *Updated 9/2011

September 21, 2011- Attention Nursing Facilities: Medicare - Medicaid Nursing Facility Crossover Claims with Group Health Incorporated (GHI) (Coordination of Benefits) Medicaid Bulletin MSA 11-32, issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI).

This notice is to advise nursing facilities that effective October 10, 2011, MDCH will begin accepting crossover claims from GHI. As such, claims that include Medicare as the primary payer and Medicaid as the secondary payer, will be crossed over to Medicaid from GHI. To avoid duplicate claim rejections and delay in payment, nursing facilities must avoid direct billing to Medicaid. Medicaid asks that nursing facilities await their Medicare RA for claim submission dates effective October 10, 2011. Once Medicare payment is received by the facility and Remark Code MA07appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days. The following website provides more information and frequently asked crossover question:www.michigan.gov/medicaidproviders>>Billing and Reimbursement >>Medicare Crossover. Any questions regarding this message can be directed via e-mail to: providerSupport@Michigan.gov. Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1- 800-292-2550.

September 8, 2011- Attention ALL Providers: MDCH has scheduled Michigan Medicaid Trainings and Champs Navigational sessions in the Upper Peninsula, Marquette MI during the last week of September 2011. These sessions will offer specific training to providers with an opportunity to have a one on one sessionwith a Medicaid Provider Liaison (note: one on one session time may be limited based on number of registered providers). To register for an AM or PM session, visit our training website at www.michigan.gov/medicaidproviders >> Communication and Training >> Medicaid Provider Training Sessions

August

August 30, 2011- Attention Outpatient Hospital Providers: Outpatient Hospital Providers with service lines denied with Reasons code 11 and Remark code N10 - may wish to adjust or re-bill their claim with documentation supporting the medical necessity of the procedure code. The documents should be sent

into EZ LINK and should include: Ultrasound, MRI, CAT scan, History and Physical, ER Report.

August 30, 2011- Attention ALL Providers: Providers may wish to re-bill for TPL take backs done in error but have dates of service over one year old. Please indicate in the remarks/comments section of your invoice the TCN/pay-cycle date of the void transaction that TPL used to take back the money.

Example: (4111xxx8xxxxxxx000 / pay-cycle date 08/25/2011 TPL take back in error)

The re-bill is due within 365 days from the date of the TPL take back done in error. Information supplied on the invoice will be verified.

August 29, 2011- Attention Professional Providers: MDCH has identified an issue with the reimbursement rates for the CPT codes activated for January 2011, as listed in Bulletin MSA 10-65. Rates have been re-calculated to reflect CMS's updated National Physician Fee Schedule Relative Value File for dates of service on or after January 1, 2011. MDCH has posted a revised Practitioner and Medical Clinic Database and will be reprocessing the affected claims on behalf of the providers. Professional Providers are also advised that payment status indicators related to CPT procedure codes (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.) can be referenced at the CMS website: http://www.cms.gov/apps/physician-fee-schedule/overview.aspx .

August 22, 2011- Attention ALL Providers and Billing Agents: With CHAMPS provision for automated/electronic processes, the Automated Billing phone number (877-672-3483) has been disconnected. You can reach Electronic Data Interchange (EDI) support services/Automated Billing for any questions or issues about electronic transactions with Medicaid by e-mail at AutomatedBilling@Michigan.gov.

August 22, 2011- Attention DME Providers: UPDATED MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02 (Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary's plan of care are included in the Nursing Facility's per diem rate and are not payable to DME providers. MDCH will begin voiding these claims August 22, 2011.

August 17, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the Adjustment Source of your claim .

August 12, 2011- Attention Nursing Facilities: Long-Term Care Insurance- The Coordination of Benefits Chapter in the Medicaid Provider Manual states that federal regulations require all identifiable resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. If a Medicaid beneficiary has long-term care insurance, it is recognized as another resource and that resource must be billed prior to billing Medicaid. In the event the facility is aware that a beneficiary has another resource (including long-term care insurance) but the resource is not reflected on the mihealth card or the Community Health Automated Medicaid Processing System (CHAMPS) eligibility inquiry, the facility must fill out form DCH-0078. This form can be found online at www.michigan.gov/medicaidproviders>> Policy and Forms >> Forms. The form shouldbe submitted before billing Medicaid. If known, please include the policy's per diem payment amount in the comments section of the form. Medicaid TPL will verify the information provided and update the beneficiary's CHAMPS eligibility information accordingly. The facility should bill the other resource first.Once payment has been received, the facility may bill Medicaid. The billing to Medicaid must include thepayment amount received from the other resource.

August 5, 2011- Attention ALL Providers: MDCH will be reprocessing approximately 4000 claims that were billed with Modifier 54 and were not processed correctly.

August 4, 2011- Attention ALL Providers: Per Biller "B" Aware posted July 19 2011, MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18, B5, B13, RARC B130, N10). Claims are setting these edits against different provider types in error. MDCH has corrected this error and claims will be adjusted by MDCH on a future remittance advice.

July

July 29, 2011- Attention Inpatient Hospital Providers: Subsequent to the June 2011 CHAMPS release it

has been reported that our MIP suppression rules have been overlooked for Medicare covered claims. Upon system correction all affected claims will be re-processed. As soon as this problem is corrected a new Biller B Aware will be posted.

July 27, 2011- Attention ALL Providers: The issue with the TPL Recovery Letters within the Archived Documents link in CHAMPS has been resolved. Providers should now be able to access these documents directly in CHAMPS.

July 27, 2011- Attention DMEPOS Providers: When billing equipment and supplies that must be reported as a daily rate (by entering total number of days used as units); it is recommended that providers use "span" dates. For example: S5498 (home infusion therapy catheter care/maintenance). If dates of service are July 15, 2011 through August 13, 2011; the dates should be reported using the "From" and "To" datesof 07/15/2011 - 08/13/2011 and report 30 units.

July 26, 2011- Attention ALL Providers: MDCH has identified that Providers are unable to access the TPL Recovery Letters within the Archived Documents link in CHAMPS. Please continue to check this site for an update on when this issue has been resolved. In the interim, all reports continue to be mailed to the correspondence address within the Provider Enrollment file.

July 25, 2011- Attention Nursing Facility Providers: MDCH has identified claims denying Reason Code 18 and Remark code N185 on some lines for ancillary services, once the system has been corrected the claims will be adjusted by MDCH.

July 19, 2011- Attention ALL Providers: MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18 B5 B13 RARC B130 N10). Claims are conflicting against different provider types in error. Please review the claim limit list at the line level in the Inquire Claim screen detail to confirm whether a claim has been affected by this error. As soon as this problem is corrected a new Biller B Ware will be posted.

June

June 30, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with codes G0380-G0384 and G0379. MDCH reprocessed approximately 4000 affected claims and providers should see those claims on their remittance advice dated June 30th.

June 27, 2011- Attention ALL Providers: MDCH has identified an issue with some claims from Tuesday, 6/21 which were submitted prior to the cut off time of 4 p.m. It appears the claims, were received within the correct time frame, however did not complete processing in Champs. The issue has been addressed and these claims should be released by next pay cycle. There is no need to resubmit any claims.

June 21, 2011- Attention Inpatient Hospital Providers: With the July 1st implementation of the Present on Admission requirement - Providers need to submit POA values on IPH claims.

June 20, 2011- Attention ALL Providers: Effective August 1st, 2011 the Department of Technology, Management and Budget (DTMB) will be implementing new password policies for all users that access the Single-Sign On (SSO) web portal for the CHAMPS system. All users will be required to change their passwords to the new configuration when their existing password expires. The new password configuration/requirement is:

Minimum password length is eight (8).

1. **Password must contain at least one letter and one number.**
2. **Passwords are case sensitive.**
3. **Maximum number of repeated characters is two (2).**
4. **Password cannot be same as user id or user name.**
5. **New password cannot be same as current password.**
6.

The SSO New Password Configuration instructions can be found on the MDCH website www.michigan.gov/medicaidproviders >>CHAMPS >>RESOURCES

June 16, 2011- Attention ALL Providers: Beginning in July 2011, The Third-Party Liability (TPL) Division will be completing claim voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid. Providers should begin to see these on the BCBS recovery reports, which will be available in early July 2011 through the Archived Documents link. Providers

will have 30 days to contact TPL if you have reasonto believe that the claim void should not be completed by MDCH. After 30 days, the claim will be voidedin CHAMPS and providers are expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary. The recovery reports are available in CHAMPS >> MY INBOX >> ARCHIVED DOCUMENTS >> in the Document TYPE field select: TPL RECOVERY

June 13, 2011- Attention ALL Providers: **UPDATED** Archived documents from CHAMPS, such as Remittance Advices, will not be available for viewing or download for a period of time beginning Thursday, June 16, 2011, at 7:30 PM and ending Friday, June 24, 2011. This is due to a system upgrade that will take place on State of Michigan file management servers.

June 8, 2011- Attention ALL Providers: The Third-Party Liability (TPL) Division will be issuing claim adjustments/voids on claims where they have found another payer as primary over Michigan Medicaid. Prior to these adjustments/voids being done, TPL will mail a recovery report to the providers Correspondence Mailing address on file. These letters will also be available in CHAMPS >>>MY INBOX>>> ARCHIVED DOCUMENTS >>>>in the Document TYPE field select: TPL RECOVERY

*Only contact TPL regarding adjustments if you have received a letter and are questioning the TPL recovery

If you are inquiring on an adjustment on your remittance advice, please click here for instructions on how to verify Adjustments Source.

June 6, 2011- Attention Home Health Providers: MDCH has identified a problem with claims processing incorrectly for Home Health Visits. Overpayments have been identified on procedures G0151, G0152 G0153, G0154, G0156, 99601 and 99602. Per Michigan Medicaid Policy providers can report up to two visits on the same day (i.e., two visits on the same day must be billed on individual lines of the same claim). MDCH will be initiating adjustments in the near future for all claims that did not meet these criteria.

June 3, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with procedure code Cxxxx billed with revenue code 027x denying with Remark code N56 (Procedure code billed is not correct/valid for the services billed or the date of service billed.). MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

June 2, 2011- Attention Hospital Providers: Providers should note that without proper consent forms for sterilizations (current Medicaid beneficiary or possible retro-eligible beneficiary) they run the risk of non-payment.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with codes G0380-G0384 and G0379. MDCH will reprocess the affected claims on behalf of providers.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a system issue with codes Q2035-Q2039. MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

May

May 18, 2011- Attention Professional Providers: Subsequent observation care codes 99224, 99225, 99226 are currently non-covered services based upon current Medicaid policy. Medicaid covers physician services for beneficiaries admitted and discharged from observation status in the hospital setting for a stay less than 24 hours. All nationally recognized codes are added to the CHAMPS reference file --with activation only as applicable to the Medicaid program's implementation of the State Health Planand policy. Medicaid, as a state governed program, has different eligibility requirements and offers different benefits from the federally governed Medicare. While the two separate programs share many similar regulatory requirements, the Medicaid program does operate within federal guidelines.

May 9, 2011- Attention DME Providers: MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02(Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary's plan ofcare are included in the Nursing Facility's per diem rate and are not payable to DME providers. MDCH will be initiating voids in the near future for all claims that meet these criteria.

April

April 29, 2011- Attention ALL Providers: MDCH has issued voids on claims paid in error for beneficiaries that had MA-ESO (emergency services only) benefit plans. These claims did not meet the emergency criteria and originally should have been denied. Beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS may have been voided in error by MDCH. MDCH is aware there are still claims not processing correctly with the Benefit Plans listed above and is currently working to resolve the issues in a future release. MDCH will post the information when corrected on our website and via ListServ message. For instructions on how to sign up for the LIST SERV notifications please go to the website at www.michigan.gov/medicaidproviders and click on >>> LISTSERV SUBSCRIPTION INSTRUCTIONS

April 14, 2011- Attention MIHP Providers: MDCH inadvertently initiated newborn recovery take backs on services provided by MIHP providers. Unfortunately, there is no way for CHAMPS to reverse this error, so the claims cannot be resurrected or reprocessed internally. MDCH is asking providers to re-bill the affected claims. Please add the following note to your claims to expedite processing of the affected claims: **newborn void error.**

April 4, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries started on Pay Cycle 13.

Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Support.

April 1, 2011- Attention DMEPOS and Hospice providers: The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF), claims for DME/supplies are subject to denial or post payment review because most medical supplies and/or DME are considered as part of the facility's per diem rate, or may be included in the hospice per diem rate.

March

March 15, 2011- Attention Professional Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries will begin on Pay Cycle 13. Please note, as with previous quarterly newborn takebacks, claims must be submittedto the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Support.

March 10, 2011- Attention ALL Providers: IMPORTANT NOTICE on Claim Adjustment Reports

February

February 23, 2011- Attention Critical Access Hospital Providers: MDCH has identified an issue with duplicate paid claims in error. ISSUE: CAH Providers are billing their professional charges on the institutional claim using the Professional Fee Revenue Codes in error. MDCH is paying both the professional fee revenue code service line(s) in addition to the facility charge service lines for same the service which is causing duplicate payments. RESOLUTION: For the interim solution and to prevent duplicate payments, MDCH will be issuing VOIDS for all claims paid in error. Once the voided claim appears on your Remittance Advice, providers can resubmit the claims properly. Providers must bill professional fees on a professional claim and institutional fees on institutional claim to receive appropriate payment.

February 16, 2011- Attention Inpatient Providers: There were some technical issues with DSH paymentsthat have been resolved. Providers should receive their payments by the 22nd or 23rd.

February 16, 2011- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility Therapy claims that processed at an incorrect rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of the providers. This will affect all Nursing Facility Therapy claims from dates of service 07/01/09 and forward. These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing.

February 14, 2011- Attention Medicaid Inpatient and Outpatient Providers: MDCH has identified an issue with duplicate claims. Providers are submitting secondary claims when Medicare is the primary payer to Michigan Medicaid and the same claim also comes to Medicaid through the Crossover process.Medicaid will process crossover claims first and deny any duplicate claim received directly from the provider. We would like to remind all providers: **Please do not submit duplicate claims.** If the Medicarecrossover claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

January

January 27, 2011- Attention Ambulance Providers: MDCH is reprocessing all denied transportation claims with valid diagnosis codes for Health Plan beneficiaries. Ambulance Providers are also remindedto review the policy manual for the reporting of Multiple Transports per Beneficiary, specifically the requirements regarding Modifier 22 and the detailing in remarks or via an EZ-link attachment.

January 27, 2011- Attention Hospice Providers: Hospice claims are being submitted with Value Code 66 to report the Patient Pay Amount (PPA). Although this was acceptable under legacy, CHAMPS doesnot accept the use of Value Code 66 to report the PPA. Per the National Uniform Billing Committee (NUBC), Value Code 66 is only to be used when reporting the Medicaid Spend-Down Amount (Deductible). **Value Code D3, Patient Estimated Responsibility, must be used to report the PPA.**

January 24, 2011- Attention ALL Providers: MDCH will be reprocessing 250,000 professional claims that were processed incorrectly due to an age calculation issue. MDCH will also be reprocessing approximately 200,000 outpatient Medicare secondary claims that were processed at an incorrect payment since CHAMPS go live. These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing. This may cause some claim lines that previously paid to reject, requiring the provider to add additional information and resubmit as new or an adjustment claim. For example: if claimpaid in 2010 without an NDC and there was an issue with the age calculation; the newly reprocessed claim may now deny because the NDC was not originally reported.

January 20, 2011- Attention Professional Invoice Providers: MDCH is attempting to resolve outstanding issues regarding the processing and payment of Medicare crossover claims in the upcoming releases. For the January 21 release, MDCH plans to implement changes to the logic which will allow procedure codes covered by Medicare but not covered by Medicaid to process through the system (CARC 204 & RRC N30 will no longer post). However, as a result of this update, some claims will deny with CARC 8 &RRC N65. These denials will be reprocessed by MDCH after Friday January 25, 2011 when the logic isupdated in CHAMPS. Furthermore, MDCH will be making additional changes on March 4, 2011 to allowMedicare Crossover claims suspended with CARC 133 to process without manual review. Claims whichhave been paid at a decreased rate due to limit quantities will pay appropriately (CARC B5, RRC N10 orN130). Please see the provider update table for modifications to this schedule.

January 19, 2011- Attention ALL Providers: Beginning in early spring 2011, The Third-Party Liability (TPL) Division will be completing claim adjustments/voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid. This adjustment/void process will begin with a small batch of inpatient hospital claims and providers should begin to see these on the inpatient BCBS recovery reports, which will be mailed in early February 2011.Providers will have 30 days to contact TPL if you have reason to believe that the claim adjustment/void should not be completed by the MDCH. After 30 days, the claim will be voided in CHAMPS and providersare expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary. TPL expectsto automate this process for inpatient providers beginning in March 2011, which will void claims in April 2011. Additional provider types will be added in the future as TPL moves towards this BCBS claim adjustment/void process.

January 10, 2011- Attention ALL Providers: All providers should contact Third Party Liability (TPL) to report any changes (including new coverage or terminations) in other insurance information **prior to submitting a claim to Medicaid**. All requests should be processed by TPL within 10 business days. After the information has been updated, the claim can then be submitted with the appropriate other insurance information reported, thus avoiding unnecessary suspends because the other insurance information has been properly updated in CHAMPS. Please submit all requests to TPL by completing theDCH-0078 form found on the TPL website at www.michigan.gov/medicaidproviders >>Billing andReimbursement>>Third Party Liability>> Health Insurance. Fax the completed form along with any supporting documentation to 517-346-9817 (preferred option) or email the form to TPL@michigan.gov.

Return to Top

2010

December

December 21, 2010- Attention Inpatient and Outpatient Providers: As per MDCH policy bulletin MSA 10-46, MDCH has received approval for institutional crossover files starting December 9, 2010, for inpatient and outpatient hospital claims. Once payment is received from Medicare and the MA07 remark code appears on the Medicare RA, providers should expect to see the claim appearing on the Medicaid RA within 30 days. The first two characters of the TCN will be 32. If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information. For more information regarding Institutional billing instructions and to access the crossover frequently asked questions (FAQ), providers may review the MDCH website at www.michigan.gov/medicaidproviders>> Billing and Reimbursement >> Medicare Crossover.

December 1, 2010- Attention: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Hospice, and Home Health Agencies: **Please see the following document regarding** Incorrect reporting of Other Insurance or Medicare on claims to Medicaid.

November

November 29, 2010- Attention Nursing Facility Providers: All Provider rates were updated in CHAMPS. Providers can submit adjustment claims for October 2010 dates of service to receive the difference.

November 23, 2010- Attention ALL Providers: **Claims Denied with REASON Code (CARC) 96 and Remark Code (RARC) N35.** As a reminder, if your claim status shows IN PROCESS in CHAMPS, **DO NOT** resubmit another claim. MDCH will be clearing these duplicate suspending claims off of the system on an ongoing basis, keeping only the most recently submitted claim that is suspending. You willsee these claims on your Remittance Advice denied with Reason code 096/Remark Code N35. Do not resubmit those claims. If you get this denial, please do a search in claim inquiry on CHAMPS to find theadditional claims.

November 20, 2010- Attention ALL Providers: We have identified an issue with claims sent on11/08/2010. They appear to be randomly processing as a denied claim for "limits exceeded"; with no original pay date. These claims should be released by next pay cycle.

October

October 26, 2010- Attention ALL Providers: MDCH has identified a system issue with providers that have multiple specialties on file within CHAMPS. The issue has affected approximately 40,000 claims. Theseclaims are incorrectly denying with Reason Code (CARC) 185 and Remark Code (RARC) N198 or the claims are not paying at the correct rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers.

October 21, 2010- Attention All Providers: Effective October 15, 2010 MDCH is reporting the following additional Managed Care Benefit Plans for Providers in the CHAMPS eligibility screen and 270/271 transactions. PIHP (Prepaid Psychiatric Inpatient Health Plan) SA (Substance Abuse) CMH (Community Mental Health) CSHCS-MH (Children's Special Health Care Services, Medical Home) Medicaid Managed Care (MA-MC)

and Adult Benefit Waiver Managed Care (ABW-MC) continue to be provided on the eligibility screen and 270/271 transactions. Please ensure that you are utilizing the correct contact information associated with the appropriate benefit plan. Please see the Benefit Plan Handout listed on our CHAMPS Resources page for additional definitions ofthese plans. http://www.michigan.gov/medicaidproviders >> CHAMPS. You can find the full plan descriptions in the Medicaid Provider Manual http://www.michgan.gov/medicaidproviders >> Policy andForms>> Medicaid Provider Manual.

September

September 14, 2010- Attention PDN Providers: **IMPORTANT NOTICE:** Effective October 1, 2010, the Michigan Department of Community Health (MDCH) will require Private Duty Nursing (PDN) providers tobill HCPCS codes S9123 and S9124 in one-hour increments as required in the 2010 HCPCS coding book. PDN services are prior authorized in hours. Therefore, when billing for services, the total numberof hours billed - whether with S9123 and/or S9124 - must not exceed the total number authorized for thatmonth. **Since whole hours of care are authorized, only those hours of care that entail a full hour of care may be billed. Please Note:** Authorization letters for the month of October will authorize care in units but the quantity will reflect the number of hours approved for the month. **One unit = one hour.** Refer to Bulletin MSA 10-35 for further information.

August

August 26, 2010- Attention All Providers: Quarterly Newborn recoveries were temporarily suspended asof July 2009 while MDCH implemented the new CHAMPS system. Beginning with Paycycle 33, MDCH will resume the quarterly takeback/recoveries for newborn beneficiary claims that were paid FFS wherethe newborn is now enrolled in a Medicaid HMO. The first recovery batch will be to catch up for claims paid prior to 3/31/2009, and MDCH will continue these takebacks in subsequent paycycles for legacy claims paid between 4/1/2009 - 6/30/2009 as well as claims paid between 7/1/2009 - 9/30/2009. After these 3 catchup batches, the next regular quarterly scheduled takeback/recovery will resume on a quarterly basis in October 2010. Please note, as with previous quarterly newborn takebacks, claims mustbe submitted to the Medicaid Health Plans within 60 days from the Medicaid Remit Advice date.

August 11, 2010- Attention IPH Hospitals: MDCH recognizes that many hospitals have aging accounts currently suspending in CHAMPS that may affect their DSH and/or MIP reconciliations. IPH claims with dates of service prior to 1/1/2009 will be identified for priority processing over the next two weeks. If afterthe two weeks, hospitals still have additional outstanding aging accounts; hospitals may then contact Providersupport@Michigan.gov with a listing of 25-50 TCNs for aging accounts that will be considered for priority processing. NOTE: Please only submit a list of the TCNs and as per HIPPA Privacy and Security guidelines, please do not send any Protected Health Information (PHI).

August 11, 2010- Attention Outpatient Providers: OPH claims with DOS on/after 7/1/2010 will no longer set the edit for "diagnosis code does not support procedure billed" when revenue code 450/452 is billed. Claim Adjustment Reason Code: 11 - The diagnosis is inconsistent with the procedure. Remittance Advice Remark Code: N10 - Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.

August 05, 2010- Attention ALL Providers: The error that began on July 24th that restricted the allowed amount quantity to one (1) unit of service per claim line regardless of the number of units billed or normally allowed for certain procedure codes **has been resolved** as of August 4th. Providers should no longer experience this issue for TCNs with Julian dates greater than or equal to 10216 (yyddd). MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers. Providersmay also adjust the affected claims.

July

July 26, 2010- Attention Outpatient Providers: MDCH has identified a system issue with the APC software which caused some Outpatient claims to pay $0 during the past week. Claims affected have been identified and will be mass adjusted by MDCH to correct the payment issue.

July 21, 2010- Attention ALL Providers: MDCH has identified an issue with a portion of the Outpatient legacy edit 743 Claims that were mass resurrected in CHAMPS in February. Some of these claims were

not able to be successfully resurrected and will be denied with reason code 17/remark code N379 on the next two Remittance Advices starting with 7/15/10. Beginning in early August, MDCH will be re-resurrecting these selected denied claims to process correctly through CHAMPS.

July 07, 2010- Attention Professional Providers: Claims which denied for Invalid Admission Date have been reprocessed and will appear on the next RA.

July 07, 2010- Attention Institutional Providers: An issue has been identified for Inpatient hospital claims whereby CHAMPS is not recognizing PACER numbers submitted using the Qualifier G4 (Loop 2300 Ref Segment). This issue is being worked on and until it is corrected, all Prior Authorization and/or PACER numbers should be submitted using the 2300 REF Qualifier G1 for Admission/Readmission/Elective IPH stays until further notice on all electronic claim submissions.

June

June 23, 2010- Attention All Providers: Due to planned upgrades to the FileNet system, Remittance Advices for Pay Cycle 25 (June 24, 2010) will not be available until Friday June 25, 2010. Thank You.

June 10, 2010- Attention Institutional Providers: MDCH is currently working on an implementation plan for Institutional Crossover claims received directly from Medicare. We plan to have Institutional Crossovers in production by Fall 2010. The appropriate NPI for Medicaid adjudication must be reportedon the initial claim sent to Medicare in order for the Crossover claim to adjudicate correctly in CHAMPS.MDCH will post additional information as it becomes available.

June 03, 2010- Attention All Providers: MDCH anticipates the next system update to occur on June 11th, 2010. As a reminder, please do not re-submit claims if your claims are currently suspended in CHAMPS.

June 02, 2010- Attention All Providers: During the first week of April 2010, MDCH identified an issue with the way CHAMPS calculates a beneficiary's age during the adjudication of some claims. This issue was corrected, and while it did not impact the actual editing or pricing of the claims, it still required that certain claims with incorrect ages be reprocessed so that reporting and statistical claims data is accurate. MDCH has reprocessed the impacted claims to correct the age calculation and these adjusted claims should appear on your next RA.

May

May 26, 2010- Attention All Providers: MDCH would like to remind Providers when billing secondary claims to Medicaid to report the Claim Adjustment Reason Code(s) (CARC) reported by the primary payer. If the primary payer typically covers the service, however, indicates the service is non-covered (CARC 96), claim notes indicating why the service was not covered by the primary payer are recommended.

May 24, 2010- MDCH is currently processing newborn applications after 4/18/2010 into Health Plans.

May 24, 2010- MDCH is currently processing the Hospice Membership Notice (DCH1074) Forms received as of 05/03/2010.

May 24, 2010- Attention All Providers: Per MDCH Policy, providers that are submitting secondary claims on paper must submit the Allowed Amount as the Submitted Charges on the paper claim form. If the Submitted Charges are different than the Allowed Amount from the Explanation of Benefits (EOB), MDCH will reject the claims. Please refer to the Provider Manual, Billing & Reimbursement for Professional chapter, Section 3 Claim Completion instructions, for additional information. Due to the number of secondary paper claims and the processing time, MDCH encourages all providers to submit claims electronically. If you do not have a Billing Agent, MDCH offers the free Direct Data Entry (DDE) option directly in CHAMPS.

May 20, 2010- Attention All Providers: MDCH has identified over 56,000 duplicate suspending claims in CHAMPS since go live. These duplicates are a result of multiple provider submissions of the same claim.In the next week, MDCH will be clearing these duplicate suspending claims off of the system, keeping only the most recently submitted claim that is suspending. You will see these claims on your next RA denied with Reason code 096/Remark Code N35.

Please do not resubmit these denied duplicate suspending claims. As a reminder, if your claim is currently suspending in CHAMPS, please do not resubmit another claim as this will increase our backlog and the time it takes to get to resolving your initial claim.

May 19, 2010- Attention All Providers: MDCH urges Providers that send secondary claims on paper to consider submitting those claims using the CHAMPS Direct-Data-Entry (DDE) Claim Submission or through a Billing Agent using the 837 electronic claim format. Use of the DDE and/or Billing Agent offers several advantages including:

- Eliminates the need to attach the Explanation of Benefits (EOB). DDE and the 837 allow other insurance payments to be reported using Claim Adjustment Reason Codes (CARC). In the CHAMPS DDE screens these codes are referred to as "Reason Codes." The CARC Codes can be found at www.wpc-edi.com/
- Claims that are submitted DDE will appear in CHAMPS within approximately 15 minutes
- Claims received electronically on the 837 appear in CHAMPS the following day.

May 17, 2010- Attention All Providers: MDCH is currently developing a training webcast focused on Medicaid Trading Partners; specifically, Medicaid Billing Agents or provider staff who transmit HIPAA 837 electronic claims directly to MDCH via the DEG or CHAMPS screens and who receive and translate HIPAA 835 electronic remittance advice and 277U electronic claims status (pended claims) files on behalf of Michigan Medicaid providers. The webinar is expected to be released in mid-to-late June and will be available on the CHAMPS informational website. Billing Agents are encouraged to submit questions and topics that they would like MDCH to cover duringthe training. All questions/comments must be submitted to Automated Billing by May 21st. The subject of the email must be "Webcast Questions/Comments - [Your Subject Here]". A listserv message will be sent when the webcast has been released on the CHAMPS informational website.

May 13, 2010- Attention All Providers: In the event you receive a denial as the result of a Champs related defect, please resubmit your claim. When the claim exceeds the one-year billing limitation, please include the TCN of the denied claim in the claim notes area.

May 13, 2010- Attention All Providers: The resubmission of "INPROCESS" claims is causing additional backlog for the claims processing unit. Claims with a status of "INPROCESS" in CHAMPS are pending for review. Providers should not rebill claims that are in this status as it will also pend or create a new "INPROCESS" claim.

May 12, 2010- Attention: Family Planning Clinics, FQHCs, Outpatient Hospitals, LHDs, Medical Suppliers, MH/SA, Nursing Facilities, Practitioners, RHC and THC providers: The implementation of theCHAMPS system allows MDCH to adjudicate claims compliant with the federal mandate requiring the National Drug Codes (NDC) for physician-administered drugs administered in a physician office, clinic, beneficiary home, local health department or outpatient hospital setting. MDCH policy was published effective for dates of service on or after July 15, 2007 for professional claims (MSA 07-33) and on or afterJuly 1, 2008 for institutional outpatient claims (MSA 08-02). This information is available in the on-line MDCH Provider Manual at www.michigan.gov/medicaidproviders .
In the CHAMPS system, if you bill aHCPCS code representing a physician-administered drug and your claim has one of the following conditions, then the service line will deny: service lines with an invalid HCPCS and NDC combination reported, service lines with an invalid or missing NDC at the service line and service lines with non- rebateable NDCs reported. The implementation of these edits has been phased in and will be fully operational by June 2010.

A denied service line on a claim will have these reason and remark codes:

Adjustment Reason Code	Remittance Remark Code
16 - Claim/service lacks information which is needed for adjudication	M119 -Missing/incomplete/invalid National Drug Code
181 - Procedure code was invalid on the date of service	
211 - National Drug Codes (NDC) not eligible for rebate, are not covered	

May 10, 2010: Attention Outpatient Providers: MDCH has begun reprocessing all Outpatient claims paid by CHAMPS to date. This reprocessing is to correct several systems and OPH pricing issues that have now been resolved. PLEASE NOTE: MDCH will only be reprocessing those paid claims which result in a payment/processing correction - not every OPH claim that has been adjudicated by CHAMPS. Startingthis week, MDCH has reprocessed all September and October pay cycles for these OPH claims and willbegin working to adjust November/December claims with payment/processing differences in the upcoming

weeks. Please check the CHAMPS Provider updates for more information.

May 5, 2010: Attention All Providers: Please be advised that the Third-Party Liability will resume the Pending Claim Adjustment Report process in the near future. This will include both Medicare and Commercial claims.

April

April 28, 2010: Attention Providers Submitting Paper Claims: Paper claims are inherently less reliable than electronic claims because paper claims require manual human intervention to adjudicate the claims. The adjudication steps for electronic claims are all automated, uniform, and therefore much more predictable. MDCH encourages all providers to either submit electronic claims or utilize the CHAMPS Direct Data Entry Claim Submission in order to avoid the unexpected and unreliable outcomes associated with paper claim submissions.

April 28, 2010: Attention Nursing Facility Providers: A beneficiary who has a patient pay amount cannot legally be charged more than the Medicaid rate for a short stay in a facility. For example, if a beneficiaryis in a long-term care facility for two days in a month, the provider must collect no more than the Medicaidrate for two days from the patient pay amount (even if the patient pay amount is great enough to cover the higher private pay rate). The balance or unused portion of the patient pay amount must be returned to the beneficiary or his family.

April 14, 2010- Attention CMH Providers: See Letter regarding: CHAMPS SED Waiver; Children's Waiver Program (CPW) Payment Implications.

April 13, 2010- Attention Outpatient Providers: The March CHAMPS system update resulted in a new issue with some Outpatient claims. If a provider bills zero dollars on a line of an outpatient claim, the linewill now pay zero instead of using the logic to take into account the dollars from the other lines. MDCH is working on resolving this error as soon as possible. Please continue to check this website for updates.

April 13, 2010- Attention Health Plan Network Providers: Providers who are both Medicaid enrolled, anda health plan network provider can see both their claims AND encounters in CHAMPS. An encounter canbe differentiated from a claim on the list page by looking at the Transaction Control Number (TCN). Thefirst two characters of an encounter TCN will always begin with 33. If the provider clicks on the TCN hyperlink, the encounter will show a "Source" of HIPAA ENCOUNTER in the upper right-hand corner. Onthe list page any Claim Status value of "Accept "or "Reject" indicates encounter (claims will never have these statuses).

April 1, 2010- Attention Institutional Providers: MDCH is now able to create the FD-622 report, dating back to the first pay cycle paid from CHAMPS (pay cycle 39). This report will be mailed to the correspondence address, on file within the Provider Enrollment application. MDCH is currently mailing the Outpatient and Inpatient reports separately until pay cycle 43 (October). Please be aware that the initial FD-622 mailed for Inpatient providers was identified as Payroll 11, 3/18/2010 and contained payroll11 information. This mailing sequence has been corrected and the report will now be mailed in date order(oldest to most recent). Beginning with pay cycle 44 both the Outpatient and Inpatient reports will be sent in a single mailing. TheFD-622 report for Long Term Care Facilities will be mailed in the near future. Please continue to check the website for updates.

April 1, 2010- Attention Hospice Providers: Recently hospice providers received a letter informing themof their seven-digit Medicaid Provider ID number in CHAMPS. This number is necessary when completing the Hospice Membership Notice, DCH-1074. Do not resend DCH-1074 forms to Enrollment Services Section (ESS) for the sole purpose of updating them with the new Provider ID number. This is not necessary and places an undue burden on the ESS causing a backlog of forms further delaying hospice enrollments.

March

March 30, 2010- Attention Nursing Facility, Private Duty Nursing, Home Health, Hospice Providers: MDCH would like to remind providers to verify the diagnosis codes being billed are valid ICD-9-CM andthat the beneficiary's age is valid for the diagnosis code being billed.

March 9, 2010- Attention Nursing Facility Providers: After the implementation of CHAMPS, the systems edit between the Medicaid Nursing Facility Level of Care Determination (LOCD) and the CHAMPS payment system was disabled. The Michigan Department of Community Health has addressed the issues

between the systems and is now ready to reactivate this edit. Please be advised that beginning April 1, 2010, the CHAMPS system will reinitiate editing to ensure that the LOCD is conducted timely and in accordance with Medicaid policy, which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D.

March 4, 2010- MDCH is currently completing the gap analysis and planning for the HIPAA 5010 and ICD-10 project. MDCH expects to follow the Industry timeline and is targeting for January 1, 2011external trading partner testing date. The HIPAA 5010 mandate for Production transactions is January 1,2012. MDCH will provide additional information regarding testing after the analysis has been completed. Please review the MDCH website for additional updates.

March 2, 2010- Attention All Providers: MDCH would like to remind Providers that only approved claims can be adjusted. A claim is considered approved if at least ONE line paid and paying $0.00 is considereda paid claim. Claims that have previously paid should not be resubmitted as a new claim in the system, but rather submitted as an adjustment if a change is necessary or reprocessing is in order. Claims will deny for duplicate if incorrectly submitted as a new claim rather than an adjustment claim.

March 2, 2010- Attention Home Health Providers: The Medicaid Payments Division has been seeing a large number of Home Health Agency claims for Procedure Code G0154 (Nurse Visit), that appear to be exact duplicates of a previous claim. Beginning March 1, 2010, these duplicate claims will reject with the appropriate Reason and Remark code(s). Note: If billing for more than one nurse visit on the same dateof service you must bill each visit on an individual claim line, on the same claim. Duplicate claims for services on the same date of service will be rejected.

February

February 19, 2010- Attention Nursing Facility Providers: A Reminder to Nursing Facility providers to verify the beneficiary's age is valid for the diagnosis code billed. Claims will pend if the age of the beneficiary is not valid for the diagnosis code being billed.

February 19, 2010- Attention All Providers: Please be advised that the Third-Party Liability Division has begun processing the 'Pending Claim Adjustment' reports that were sent to Providers in July, August, September, October and November 2009 as well as any outstanding claim adjustment letters. The claims will be adjusted over a period of several weeks to lessen the impact on the Providers. Please refer to the 'Pending Claim Adjustment' reports or the claim adjustment letters for contact information should you have any questions or concerns.

February 19, 2010- Claims submitted via paper will suspend for processing. MDCH recommends providers use the CHAMPS Direct Data Entry (DDE) tool for claims currently being submitted via the paper claim form. Submission through the DDE system will result in a faster turnaround time. Providers can contact the CHAMPS Helpline at 888-643-2408 for assistance on how to use this tool in CHAMPS.

February 19, 2010- Attention Dental Providers: MDCH continues to receive many dental claims in which the Rendering/Servicing Provider NPI is being incorrectly reported as the Billing Provider. All dental claims must report a Billing Provider (Type 2 NPI) in F.L. 49 and a Rendering/Servicing (Type 1 NPI) in F.L. 54. Claims submitted incorrectly will be denied.

February 19, 2010- Attention Nursing Facility Providers: MDCH is currently processing the Medicare Advantage (Medicare Part C) Nursing Home claims.

February 17, 2010- Attention All Providers: CHAMPS will be unavailable March 25th-30th. During this time enrolled providers may contact the CHAMPS Helpline at 888-643-2408 to verify member eligibility.

February 9, 2010- Attention Hospital, Nursing Facility Billers: MDCH would like to remind providers that Admission Source is a required field. Claims missing the Admission Source will deny.

February 9, 2010- Attention Clinic and Special Programs (i.e. FQHC, LHD, MIHP, FP, etc.) Issues Resolved: Agencies with a single NPI for multiple clinic and/or special program specialties can bill for all services including MIHP. Agencies can bill for blood-lead related services and hearing and vision screening for children 3-6 years old whether they are enrolled in fee-for-service Medicaid or a Medicaid health plan*. Agencies can also bill for MIHP services provided in the home and receive the appropriate

rate*. Billing NPIs that experienced denials because their enrollments were changed from Group to "FAO" enrollments have been able to bill since January 22nd. Some of the rendering providers from the group enrollments were not re-associated to the new FAO enrollments so some denials occurred between January 22nd and February 2nd for that reason. MSA's Provider enrollment staff have since added the missing associations but providers are encouraged to review both their rendering and billing NPI enrollments to ensure their accuracy.

Now that these issues have all been resolved, we recommend that each agency begin billing these services slowly with a small batch first and then larger batches after those claims. If submitted through the data exchange gateway by 5pm (the way that most billing agents like Netwerkes submit their claims)the claims will adjudicate overnight. If submitted by batch upload by 5pm the claims will also adjudicate overnight. If submitted by Direct-Data-Entry via the CHAMPS screens the claims are adjudicated within 15 minutes. Pay-cycle cutoffs are generally on Tuesday at 5pm for DEG and batch upload and Wednesday at 4pm for Direct-Data-Entry.

February 2, 2010- Attention Nursing Facility Providers: MDCH is automatically suspending Medicare Advantage nursing home claims for manual review. MDCH understands this is a timely process, but it is required to ensure claims are paid correctly. MDCH asks for your patience and assures you that every effort is being made to process effectively and efficiently.

January

January 29, 2010- MDCH Pay cycle Calendar

January 14, 2010 - Attention Outpatient Hospitals/Billers: MDCH has completed the testing and implementation of the October APC software and pricing updates in CHAMPS. Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October1st new ICD-9-CM diagnosis codes. MDCH will be reprocessing all CHAMPS adjudicated OPH claims mid to late February to resolve numerous issues with OPH editing and pricing since CHAMPS go live. Please continue to check the CHAMPS website for upcoming information and updates.

Return to Top

2009

December

December 7, 2009 - LOCDs must be entered online according to Medicaid Policy which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D. The Manual is posted online at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual. CHAMPS validates the LOCD creation date to the date of beneficiaries' Medicaid start date as determined by DHS.If a LOCD was created contrary to policy, you will receive an error message while trying to enter the beneficiary ID. Please note, if a beneficiary's application for Medicaid is denied, you will need to create a new LOCD when a new application is submitted.

November

November 23, 2009 - Urgent/Emergent Adult Dental Claims Denying with CARC 17 and RARC N379: In July, non-emergency dental benefits were eliminated for Medicaid beneficiaries 21 and over (Executive Order 2009-22). Only a few specific urgent/emergent dental services are currently billable for beneficiaries 21 and older. Claims for beneficiaries 21 and over receiving urgent/emergent dental services were being denied in CHAMPS with the reason code 17 and remark code N379. There are threeerrors here:

- First, the urgent/emergent dental services should not have been denied. This has now been corrected and providers may rebill or replace any affected claims by either HIPAA 837 or via the CHAMPS Manage Claims screens.
- Second, if the services were in fact non-emergent then the claim denial should have had a different HIPAA reason and remark code explanation. The change necessary to display the correct CARC and RARC when non-urgent/emergent adult services are billed is scheduled to be corrected in December.
- Third, the only exception for continued payment of the non-emergent services was if the provider

had a current prior authorization on file with MDCH prior to the implementation of Executive Order 2009-22. These claims are still being denied in error and should be held by providers until this correction is completed. Further guidance will be shared when an exact implementation date is known.

November 23, 2009 - Dental Procedure Code Correction: The combination of procedure code D1351 and tooth number 19 was not recognized. This has now been corrected and Providers may rebill.

November 23, 2009 - General Procedure Code Corrections: CPT 96372 (Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular) was missing a rate segment which has now been restored. Providers may rebill or replace any affected claims involving CDT D1351 or CPT 96372 through either the HIPAA 837 or via the CHAMPS Manage Claims screens.

November 20, 2009 - Medicare crossover claims are current in CHAMPS and are being processed for the month of November 2009. These claims will be listed on remittance advices. The remittance advice(s) will reflect the paid and denied claims. If you believe there are still missing claims, please contact provider support.

November 20, 2009 - Between the hours of 6am and 6pm on Sunday, November 22, 2009, the CHAMPS system is scheduled for routine maintenance. The system will be unavailable until the maintenance operations have been completed.

November 6, 2009 - With CHAMPS implementation the payment to providers at tax ID level is including all Capitation payments with the Fee for Service (FFS) payments. All capitation payments can be viewed from the 820's that are produced and transmitted. The FFS payments can be viewed from the Remittance Advice found in Archived Documents in CHAMPS. If you have questions regarding your 820 information, please contact your CMH or MCO Contract Manager.

November 5, 2009 - The CHAMPS generated paper remittance advices (RA) can be found in the "Archived Documents" link located on the Provider Portal page or "My Inbox" subsystem. Only those users with the profile of CHAMPS Full Access or CHAMPS Limited Access will have the ability to view this information. Paper RAs will be stored in CHAMPS for approximately three months.

These documentsare available to print or save for your records. In addition, MDCH was aware of missing RAs from remittance advice date 10/07/2009, this issue has been resolved. If providers feel they are missing a RA within this link, please contact provider support.

November 4, 2009 - Prior Authorization Numbers in CHAMPS: Providers have been experiencing a range of issues related to the use of prior authorization numbers on their claims. There were some changes to the format of the number. Pre-existing PA numbers remained their original 9-digits (i.g. 999999999). Pre- existing PACER numbers will appear in the PA system with the letter M added to the beginning, making them 10-digits (i.g. M999999999). The M was necessary to maintain the uniqueness of the PACER numbers as they were combined into one database with authorizations from other business areas. Providers should not include the M when billing though the ‘M' is necessary when querying the CHAMPS PA system. New Prior Authorizations and PACERs created in CHAMPS are now 10 digits, all numeric (i.g. 1111111111). These new PAs should be reported as 10-digits on claims. MDCH is also investigating issues related to billing multiple lines of prior authorized services. Currently providers are reporting that only the first line is being paid and subsequent claim lines are being denied. Providers will continue to be informed of resolutions to these issues as soon as they have been finalized.

November 4, 2009 - Attention Institutional Billers- Updated 11/14/09: Evaluation and management CPT codes reported on institutional outpatient claims with modifier 25 or 59 have been denied in error. After the issue has been resolved, MDCH will recycle the affected claims for proper adjudication.

November 4, 2009 - Executive Order 2009-22 - Elimination of Certain Medicaid Benefits for Adults 21 years & older: In July, dental benefits were restricted for adults 21 years and up to certain urgent/emergent services

only. **Vision, hearing, chiropractic, and podiatry services were also eliminated for adults 21 years and over (See MSA Bulletin 09-28 for details).** Currently, there is an issue with the editing of these claims for age and date of service. MDCH will reprocess the affected claims upon correction of system logic. The Claim Adjustment Reason Code (CARC - 17) and Remittance Advice Remark Code (CARC - N379) reported for these denials was also incorrect. These issues are being addressed separately. A complete review of CARC and RARC reported on remittance advice is underway and the updates to the system are expected to be finalized in December.

November 4, 2009 - Attention CMH Providers: Currently, claims for psychotropic injectable are being denied in CHAMPS because the combination of billing and rendering NPI on the claim is not recognizedas appropriate for the specific procedure codes being billed. This is an internal coding issue that MDCHis addressing. MDCH will add a new specialty to all fee-for-service CMH enrollments in CHAMPS so thatCMHs currently enrolled as Children's Waiver and/or SED Waiver agencies can bill for psychotropic drugs also. MDCH must also add the specialty to claims adjudication and financial management logic. All of the necessary changes are expected to be complete in early to mid- December. After completion, MDCH will reprocess all of the affected claims. Claims for psychotropic injectable submitted with a billingNPI that is enrolled as only a Medical Group are not experiencing this issue and can continue to be billed.When billing for psychotropic injectable, the rendering provider on the claim must be actively enrolled inCHAMPS as a physician and associated to the billing NPI on the claim.

October

October 26, 2009 - CHAMPS Claims Editing- Level of Care Determination (LOCD): MDCH is temporarily suspending the claims editing related to the LOCD that occurred with the implementation of CHAMPS. This editing was the result of an unanticipated interaction between the new system and the level of care determination tool. We are aware of the multiple issues providers are struggling with as both CHAMPS and Bridges are implemented and hope that this action will remove one of the barriers to reimbursement.It is important, however, that providers continue to perform the LOCD according to policy and enter it in the on-line system to ensure that beneficiaries do indeed meet the medical/functional level of care requirement for reimbursement. Notification will be issued prior to the claims editing for the LOCD being reactivated. The department will continue to work toward resolution of the implementation challenges and we thank all of you for your assistance and patience.

October 19, 2009 - MDCH has identified an issue with secondary claims paying $0 in error. Once the issue has been resolved, MDCH will be reprocessing the affected claims.

October 14, 2009 - Attention Providers: The pay cycle number on MSA [paper] Remittance Advice and electronic 835 Remittance Advice may have been incorrect for the last two pay cycles (39 and 40). This issue will be resolved as soon as possible. In addition, during the first full pay cycle processed in CHAMPS (Pay Cycle 39), RAs were generated on several different days causing different pay dates to be listed for that week, the earliest date being 09/26/2009. To ensure that no remittance is overlooked, providers and billing agents should use a range of pay dates to find all paid claims and remittance advices.

October 13, 2009 - DCH has identified an issue of incorrect HIPAA Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) being reported on providers' remittance advices. The most prevalent code is CARC- 110 - (Billing date predates service date). Any questions regarding this HIPAA CARC code may be directed to the Provider Support Line at ProviderSupport@Michigan.gov .MDCH is undergoing a review of all the affected CARC and RARC codes and will resolve the issue as soon as possible.

October 5, 2009 - MDCH has identified a difference in the way that the legacy MMIS system and CHAMPS reports the payment for providers that receive Medicaid Interim Payments (MIP) or are Warrant Suppressed. Currently, the approved amount for any MIP or Warrant Suppressed claim lines will incorrectly show as $0.00 within the 835 and Paper RA. For the 835, each individual line will report this approved amount within the CAS segment with Claim Adjustment Reason Code (CARC) 94, Processedin Excess of charges. This is the only time MDCH will use CARC 94, therefore any claim that has CARC94 within the 835 will be for a MIP or Warrant Suppressed claim. The approved amount within the ClaimsInquiry screen in CHAMPS

will show the actual approved amount. MDCH will be fixing this information to have it report correctly as soon as possible and will send out another update as soon as this issue is resolved.

September

September 30, 2009 - Attention Professional Billers: In accordance with the Executive Order 2009-22, the Michigan Department of Community Health (MDCH) eliminated certain covered service benefits for Medicaid beneficiaries age 21 and older and implemented program/fee reductions effective for dates of service on and after July 1, 2009. Currently claims that are affected by this Executive Order are denying incorrectly in CHAMPS. After the issue is resolved, MDCH will recycle all of the affected claims so that services are properly adjudicated. Please contact the Provider Inquiry at 1-800-292-2550 regarding cash flow concerns. For more information regarding the programs and services affected by Executive Order 2009-22, please refer to MSA Bulletin 09-28.

September 28, 2009 - Beginning Tuesday, September 29, 2009 the Automated Voice Response System (AVRS) service through Emdeon will no longer be available. Please contact Emdeon with questions regarding the discontinuation of this service.

September 24, 2009 - There are some remaining PDN claims in MI AuthentiCare that were exported for payment after the cutoff date of September 9, 2009. These claims will need to be resubmitted into CHAMPS. To determine if this issue applies to you, log onto CHAMPS and check your claims to identifyif any of your claims are affected. If so, the affected claims will need to be resubmitted through CHAMPS.

September 17, 2009 - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the Legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified and corrected an issue with some Medicaid Interim Payment (MIP) indicators. Those claims treated incorrectly will be tracked and resolved at reconciliation or settlement.

September 16, 2009 - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified an issue with certain void claims that providers should be aware of, though.

As announced previously, claims that were billed in the legacy MMIS (with what is now a Rendering/Servicing-Only Individual NPI in CHAMPS) have been migrated to CHAMPS with all other paid and denied claims for historical purposes, but they cannot be adjusted/replaced. If these claims need to be adjusted/replaced, providers must first void the original claim and then rebill the claim as a new original claim with the appropriate billing and rendering NPIs. The void process for these types of claims has not been fully automated in CHAMPS yet and is expectedto be fully functional in early November.

During the first day of adjudication in CHAMPS, MDCH staff identified a significant number of void and replacement claims that were incorrectly denied by CHAMPS for one of two reasons: the original claim was billed with a Rendering/Servicing-Only Individual NPI. (or) the billing NPI on the adjustment/void claim did not match the original claim because the adjustment or void claim now has a proper billing NPI though the original claim only had a Rendering/Servicing-Only Individual NPI.

MDCH has now resolved the error that caused these claims to deny. If a void claim is submitted for an original claim that meets these criteria, the claim will suspend until the process has been automated, at which time MDCH will force the claims back through the adjudication process. Providers have the choice of holding back these types of void claims or submitting them now so that they will suspend until the process has been automated.

September 14, 2009 - MDCH is excited to announce that CHAMPS is now adjudicating 837 files directly. CHAMPS will not change the way that any Trading Partners submit or transfer claims. CHAMPS will communicate directly with the DEG to receive any files that have been uploaded through theDEG. Any files submitted to the DEG September 10, 2009 through September 13, 2009 have been on hold and these will now be moved to CHAMPS. You may have originally received an accepted 997 from legacy, but now that these files will be moved into CHAMPS you will receive an additional 997. Any new files submitted

will receive the single 997 from CHAMPS. MDCH will be closely watching any new file transmissions into CHAMPS, therefore providers may not receive a 997 instantaneously.

September 10, 2009 - CHAMPS HIPAA File Submission Update: Due to the implementation of the CHAMPS system, all providers submitting 837 files will need to ensure that they are following HIPAA guidelines. Please review the updated CHAMPS HIPAA Companion Guides located on the CHAMPS website at www.michigan.gov/MDCH >>CHAMPS>>Resources. Failure to adhere to HIPAA guidelines will result in a rejected 997 acknowledgment file.

September 10, 2009 - Migration of Legacy Suspended Claims into CHAMPS Reminder: Projected to begin October 1, 2009 MDCH will initiate the process of resurrecting all claims that rejected with proprietary edit 743 for adjudication in CHAMPS. Claims will not be recreated in CHAMPS if any of the following occur: the claim was submitted without a reported billing NPI, the rendering/servicing only NPI was incorrectly reported in the billing NPI loop/field, or the provider has not revalidated in the CHAMPS Provider Enrollment subsystem. These resurrected claims **will not** be available for inquiry in CHAMPS until after the projected date.

September 10, 2009 - Attention Providers: Please view this CHAMPS Go-Live informational announcement.

September 9, 2009 - Per Policy Bulletin 09-48, as of 9/10/09 Private Duty Nurse providers will no longer be able to use MI AuthentiCare to bill Medicaid. PDN providers must be ready to bill Medicaid directly asof September 10, 2009. MI AuthentiCare will not be available after 9/9 at 12 midnight.

August

August 11, 2009 - Please be advised: Due to the transition from the legacy Medicaid Management Information System (MMIS) to the Community Health Automated Medicaid Processing System (CHAMPS) there will be no Medical Services Administration (MSA) payments made on pay cycle 38, paycycle date 9/23/09. Pay cycle 39, pay date 9/30/09 will include payments for both pay cycle 38 and pay cycle 39. Hospital Medicaid Interim Payment (MIP) program payments and Quality Assurance Supplement (QAS) payments for Long Term Care Facilities that were originally scheduled for pay cycle38 will be processed on pay cycle 37, pay date 9/16/09, a week early. In the event that issues arise during pay cycle 39, MDCH will. implement and communicate a process tomitigate the impact on providers.

August 11, 2009 - Attention: MDCH would like to remind those providers currently submitting paper claims that it is recommended that all paper claims be submitted electronically or through the Direct DataEntry (DDE) tool in CHAMPS beginning September 18, 2009. All Institutional providers must report 4- digit (leading zero) Revenue Code and Type of Bill. MDCH will no longer accept the 3-digit codes whenbilled.

July

July 30, 2009 - Please note: To access the CHAMPS system, all users must have a Single Sign-On (SSO) user ID and password. Please see the SSO instructions on how to obtain this. The Provider Domain Administrator will have responsibility of assigning rights for all other users within the organizationto access the provider's file. If necessary, multiple Provider Domain Administrators may be establishedfor a single organization but a separate application must be completed and approved for each administrator.

There are several profiles that may be assigned to each user within CHAMPS. Profiles must be established to grant access to the subsystems within CHAMPS. Users may have multiple profiles if necessary.

Below is a list of the profiles that are available for assignment only, but will not have system access until September 18, 2009:

- Domain Administrator - The ability to assign or remove domain and profile access to other CHAMPS users
- CHAMPS Full Access - Full Fee for Service access to Provider Enrollment, Prior Authorization, Eligibility, and Claimssubsystems
- CHAMPS Limited Access - View only access to Provider Enrollment and full Fee for Service access to Prior Authorization, Eligibility, and Claims subsystems
- Prior Authorization Access - Fee for Service access to Prior Authorization only
- MCO Provider Access - Access to Managed Care Organization Provider Enrollment only

- Eligibility Inquiry - Fee for Service access to Eligibility only
- Provider Enrollment Access - Fee for Service full access to Provider Enrollment only
- View Provider Enrollment - View only access to ProviderEnrollment
- Billing Agent Access - Access to Billing Agent Provider Enrollment only
- Claims Access - Full Fee for Service access to Claims only

July 30, 2009 - Please be advised: As part of the CHAMPS implementation plan, Michigan Departmentof Community Health (MDCH) will not allow any system changes or updates beginning August 28, 2009 through September 17, 2009. This includes any new enrollments or modifications to existing applications as well as any Domain Administrator functions. Please be aware that all changes or modifications mustbe completed prior to August 28, 2009 or on or after the Go-live date of September 18, 2009.

July 29, 2009 - Please be advised: As part of the CHAMPS implementation plan, the Michigan Department of Community Health (MDCH) will need to migrate all existing suspended claims within the current legacy system into CHAMPS. To accomplish this, a phased approach will be used to reject these claims in the legacy system and later resurrect them in CHAMPS.
Beginning August 12, 2009 (Pay Cycle 32), any suspended claims that have duplicates will be rejected with:

- Proprietary edit 713 (Claim rejected as it is a duplicate of another suspended claim. Do not resubmit.)
- Claim Adjustment Reason Code (CARC) 18 and Remittance Advice Remark Code (RARC) N185
- The oldest original claim will remain suspended in the legacy system. There is no need to submit a new claim. Any remaining suspended claims in the legacy system will be rejected August 26, 2009, (Pay Cycle 34) through September 9, 2009 (Pay Cycle 26) with:
    - Proprietary edit 743 (Claim manually rejected due to technical reasons.
    - CARC 101 and RARC N185

As stated above, please do not resubmit these claims as they will be migrated into CHAMPS.

NOTE: Any claims submitted into the legacy system on or after August 20, 2009, if they suspend,will be automatically rejected with edit 743 and transferred into CHAMPS.

The legacy system will continue to accept, and process claims during this transition period until September 9, 2009 at which time the adjudication system will be closed to prepare for CHAMPS implementation. For further details, please refer to MDCH Numbered Letter, L 09-19

July 18, 2009- MDCH has identified a system issue with Inpatient claims incorrectly paying Patient Status 43, 62 & 65. MDCH will be initiating claim adjustments for any claim with Patient Status 43, 62 or 65 with admit dates on/after 1/1/2007. These adjustments should appear on Pay Cycle 29 - RA 7/23/09.

June

June 22, 2009 - As a result of Executive Order 2009-22 mandating State of Michigan furlough days, youcould experience a delay in Medicaid payment. To avoid a delay, claims must be submitted one day earlier than the normal schedule. Please be aware, that claims must be submitted by noon June 29, 2009, inorder to appear on pay cycle 27, dated July 8, 2009.

June 16, 2009 - The April 15, 2009 Biller "B" Aware message instructed providers to submit the MedicareEOB when reporting the Medicare Part C deductible in error. Submission of EOBs is only required whendocumenting the billing time limit, non-standard payments for traditional Medicare, or for secondary paper claims. When billing electronic claims EOBs are not required when billing Medicare Part C (Medicare Advantage or HMO) or traditional Medicare claims with standard payments. Submitting EOBs will not replace the requirement for CAS codes. Claims without appropriately completed CAS codes will be rejected.

May

May 12, 2009 - Please be advised: Medicaid will no longer accept CO 42 (Contractual Obligation) for all Out-Patient Hospital (OPH) Claims as this was end dated as of June 2007. In replacement all providers should use the

CO 45 when reporting Contractual Obligations. Please make the necessary changes to all OPH claims submitted regardless of the date of service.

May 6, 2009 - Attention Rendering/Servicing Providers: Many providers billing within the professionalclaim format are reporting the same NPI in both the billing provider and rendering provider loops/fields. This is not correct. If you are a rendering/servicing provider who renders services on behalf of a group, the biller MUST report the GROUP NPI (Type 2 NPI) in the billing provider loop. Currently, within the legacy system, rendering/servicing only providers are incorrectly receiving payment. This will not happenwhen CHAMPS goes live, payments will stop if the claims continue to be billed incorrectly! Within the professional claim format, providers enrolled as rendering/servicing only must report the-group NPI of the billing provider (Type 2 NPI) in Loop 2010AA, Segment NM108, Qualifier 85 for electronic claims (or) Field 33a on the CMS 1500 paper claim form. The rendering provider (Type 1 NPI) must to be reported in Loop 2310B, Segment NM108, and Qualifier 82 for electronic claims (or) Field 24J on theCMS 1500 paper claim form. Within the dental claim format, providers enrolled as rendering/servicing only must report the group NPIof the billing provider (Type 2 NPI) in Loop 2010AA for electronic claims or Field 49 on the ADA 2006 paper claim form. The rendering provider NPI (Type 1 NPI) has to be in Loop 2310B for electronic claimsor Field 54 on the ADA 2006 paper form.

May 1, 2009 - Attention Outpatient Hospital Providers: The MDCH has implemented Medicare-specific quantity editing. Claims will be rejected when the reported quantity exceeds Medicare's expected allowable. Rejection code 294R will appear on the line and 841R at the header.

April

April 30, 2009 - Please be advised: Providers who have not completed their Provider Enrollment revalidation in CHAMPS will be end-dated in the Legacy System effective May 1, 2009. Any services provided on and after this date will result in claim rejections. Providers that are end-dated and wish to re-activate their enrollment will need to contact the ~~CHAMPS helpline at 888-643-2408~~ or ~~CHAMPS@michigan.gov~~

April 27, 2009 - Due to a system error the MDCH will initiate claim adjustments for Inpatient Hospital Medicare Secondary claims for dates of service back to 2007, which were paid incorrectly. Hospitals were underpaid because of incorrect logic in the Medicare payment/lesser of determination. Weapologize for any inconvenience this may have caused.

April 23, 2009 - Attention Inpatient Hospital providers: At a recent Hospital Work Group meeting provider were informed in Community Health Automated Medicaid Processing System (CHAMPS) they would need to enumerate their Inpatient services separately to receive Medicaid Interim Payments (MIP). Due to a large provider response, MSA is pursuing an enhancement to CHAMPS which will **not** require NPI re- enumeration for MIP.

April 22, 2009 - Due to systems issues, the April Medicare reports from Third Party Liability (TPL) will not be able to be sent out. We apologize for any inconvenience this may have caused.

April 17, 2009 - Attention Outpatient Hospital providers: Systems changes to implement January 2009 OPPS/APC updates have been completed. Claims with February 2009 dates of service have beenadjusted and will appear on the remittance advice dated 4/22/09, pay cycle 16.

April 17, 2009 - Attention inpatient hospital providers: A systems error has been identified which caused incorrect adjudication of secondary claims when Medicare part "A" exhausted Medicaid made $0.0 payment. This issue has been resolved. Claims may be resubmitted.

April 14, 2009 - Attention Practitioners, in the event a PACE number is obtained for an elective admission, the number must be reported in Item 23 of the CMS 1500 form. If authorization has also beengranted by the Office of Medical Affairs for the same admission, the PA number noted in the letter mustbe entered in the remarks section of your claim.

April 7, 2009 - The MDCH would like to inform Outpatient hospital providers that systems changes to implement January 2009 OPPS/APC updates has been completed. Claims with January 2009 dates of service have been adjusted and will appear on the remittance advice dated 4/8/09, pay cycle 14. When claims with February 2009 dates of service are adjusted you will be notified.

April 7, 2009 - Please be advised that providers are receiving 841 and 860 rejections on inpatient claims when they bill with a primary diagnosis code that went into effect 10/1/08. Our system has an error in the logic that is not able to group the claim to price. These rejected claims are for dates of service with admission date of 10/1/08 - 12/31/08. Once this has been fixed a notification will be sent out.

April 2, 2009 - Due to systems issues, the March Medicare reports, dated March 24, 2009, from TPL were sent out in error. Please disregard. We apologize for any inconvenience this may have caused.

March

March 23, 2009 - Due to the many concerns, Third Party Liability has removed all potential claim adjustments for providers: Home Health Agency, Hospice, Private Duty Agency, Family Planning, Local Health Departments, Federally Qualified Health Centers, Tribal Health Centers and Rural Health Centers from our pending claim adjustment process. Providers will be notified of any attempt to restart this process for these providers prior to implementation. We apologize for any inconvenience we unintentionally caused with our new process.

March 19, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly.

March 17, 2009 - The following counties have been added to the Michigan Department of Community Health's Bridges program: Allegan, Berrien, Cass, Clinton, Gratiot, Ionia, Jackson, Kalamazoo, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St Joseph and Van Buren County.

February

February 20, 2009 - Please be advised, the MDCH has added Patient Discharge Status Code 70, usedto report discharges or transfers to other types of health care institutions not defined elsewhere in the National Uniform Billing Committee manual.

February 18, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have not yet been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly once the implementation of the APC updates are completed.

February 17, 2009 - Ingham County has now been added to the Michigan Department of Human Services (DHS) Bridges program.

February 17, 2009 - Institutional providers billing for CPT code 90378 may have received the 099P 727R in error. The problem has been corrected and MDCH will recycle the claims that were rejected in error.

February 6, 2009 - Providers billing 36415 may encounter erroneous rejections. The error has been identified and corrected. Claims rejected with 761R, 099P and 104P may be resubmitted at this time.

January

January 28, 2009 -In August 2008, the Michigan Department of Human Services (DHS) kicked off its first pilot County for the Bridges program in Calhoun County. On 1/19/2009 Eaton and Barry counties were added to the Bridges program. Bridges is Department of Human Services' new eligibility and case management system. This online system will utilize beneficiary income and assets to determine all assistance programs the beneficiary is eligible for including medical assistance, food assistance, cash assistance and more.

January 26, 2009 -The 841 edit is setting erroneously on inpatient claims. As a result, claims are rejectingin error. A systems correction is required for the claims to process correctly. Providers will be notified when the correction is implemented.

January 21, 2009 - Please be advised, providers who submitted claims electronically and received an acknowledgment that their claims submitted on 1/5/09 were accepted; there was a system error which caused the claims to be dropped. The MDCH will internally submit the claims and providers can expect

to see them on pay cycle 4 dated 1/28/09.

January 5, 2009 - Please be advised: Pay cycle 52 will be issued on 12/23/2008 and will be the last pay date of the year. There will be no pay cycle dated 12/31/2008. The next pay cycle will be Pay cycle 1 which will include both the 12/31/2008 and 1/7/2009 pay cycles. (Originally posted 10/13/08)

Return to Top