

Provider Contact Information

Provider Enrollment

- [Provider Enrollment Website](#)
- 1-800-292-2550
- ProviderEnrollment@Michigan.gov

CCBHC Resources

- [CCBHC webpage](#)
- mdhhs-ccbhc@michigan.gov

Third Party Liability or Other Insurance

Federal regulations require state Medicaid agencies to identify other (third party) payers that may be available to pay for the care and services provided to Medicaid beneficiaries and ensure that Medicaid pays secondary to those payers.

Providers must investigate and report the existence of other insurance or liability to Medicaid and must utilize other payment sources to their fullest extent prior to filing a claim with MDHHS.

Michigan Medicaid eligibility policy >> [Michigan Medicaid Provider Manual](#) >> Coordination of Benefits

- ◆ [Third Party Liability \(TPL\) Coordination of Benefits \(michigan.gov\)](#)

Beneficiary Contact Information

Beneficiary Hotline
▪ 1-800-642-3195

MI Bridges
▪ www.Michigan.gov/mibridges

Additional Resources

- [CHAMPS Website](#)
- [Provider Alerts](#)

Medicaid Guide for Certified Community Behavioral Health Clinics (CCBHC)

Follow the below steps to register for access to the Community Health Automated Medicaid Processing System, CHAMPS and start billing.

This guide is intended for Clinics that are already certified.

Step 1. Register for MiLogin, Request CHAMPS Access, and Submit the Provider Enrollment Application

- ◆ [MiLogin and CHAMPS access](#)
Current CHAMPS users with access to a provider domain do not need to create another MiLogin account. The CCBHC provider enrollment application can be completed under an existing account.
- ◆ Review the [Domain Administrator Guide](#) for instructions on how to grant or get access to a provider's domain.
- ◆ CHAMPS [CCBHC Provider Enrollment Application Instructions](#)

Step 2. Verify the Beneficiary or Patient Eligibility

Check beneficiary eligibility: Reference [Eligibility Inquiry](#) (review page 7-8 for steps on identifying other insurance)

- ◆ What is covered? Visit the [Benefit Plan & Service Type Codes Table](#)
Michigan Medicaid eligibility policy >> [Michigan Medicaid Provider Manual](#) >> Chapter Beneficiary Eligibility
- ◆ [Additional eligibility resources](#)

Step 3. Submit or Bill the Claim

Claims must be submitted with a combination of the T1040, any applicable modifier, the qualifying CCBHC visit code, and a qualifying diagnosis for the services to be recognized as a CCBHC service. A codes list can be found at [Reporting Requirements](#) click on Encounter Data Integrity Team (EDIT) .

How to submit a claim via:

- ◆ CHAMPS Direct Data Entry (DDE) [Professional](#)
- OR
- ◆ Electronically [Submitting Claim Files Electronically](#) or [Associate to a Billing Agent](#) for billing agents to submit on behalf of a billing provider.

Step 4. Payment/RA/ERA

MDHHS will reimburse CCBHCs with a daily clinic-specific prospective payment system 1 (CC PPS-1). A list of current CCBHC clinics PPS-1 rates can be found here: [PPS-1 Rates](#)

- ◆ How to status a claim >> [Claim Status Instructions](#)
- ◆ How to locate the Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) explanation >> [External Links Quick Reference](#)