

Suspended Claims

Historically providers were informed that Provider Relations/Support staff could not expedite a suspended claim until it had been in suspend status for at least 6 months. Due to improved CHAMPS efficiencies we will now assist in expediting your claim if it should suspend for more than 60 days.

If providers have claims that are suspended for more than 60 days from the date of submission they should send their list of TCN's with their Reason/Remark codes to the below email to have the claim(s) expedited. Please include in your email Subject: **Claim Suspend>60 days** and your provider type (i.e.: Hospital, DME, Practitioner, Skilled Nursing Facility etc.)

Claims Suspended for Predictive Modeling

Claims suspended for Predictive Modeling have established time frames for submitting documentation and claim review that will cause longer claim suspension than claims suspended for other editing.

- Initial request for medical records allows providers 45 business days to submit records (claims will not be processed before that time expires even if records are uploaded prior).
- Processors are allotted 60 business days to review medical records.
- May be an additional 10 business days added if Document Management Portal (DMP) message is sent requesting additional records (messaging capability only available if provider uploads or faxes into the DMP).

If a claim has been suspended for predictive modeling more than 120 days after documents have been requested, then contact provider support to have the claim reviewed.

- To determine how long the claim has been suspended please review the [TCN Composition](#).
- Use the [Claim Inquiry Function](#) select the "In process" filter option to locate suspended claims.
- Also use the Claim Inquiry Function to determine what Reason/Remarks codes have set that are causing the claims to suspend

Suspended claims that need to be reviewed can be sent to ProviderSupport@Michigan.gov .