

### **Mode of Claim Submission**

To submit claims directly into CHAMPS using the Direct Data Entry (DDE) tool, Providers must have the “Direct Data Entry” option selected within the “Mode of Claim Submission” step in the Group or Facility (Type 2 NPI) Provider Enrollment application.

### **Eligibility Change to Benefit Plan Data**

With the implementation of CHAMPS the eligibility scope and coverage codes have been replaced with MDCH Benefit Plans. With this new format, providers must use the Benefit Plan data indicated in the eligibility response to determine the coverage for the date of service (DOS), this includes Dental coverage. For example:

Healthy Kids Dental (HK-Dental) is the only benefit plan that specifically indicates dental coverage. If the beneficiary does not have HK-Dental, but has MA (Full Fee-for-Service Medicaid), HK-EXP (Full Fee-for-Service Healthy Kids Expansion), or a TMA-PLUS (Full Fee-for-Service Transitional Medical Assistance Plus) Benefit Plan and are under the age of 21, the beneficiary will have Fee-for-Service Dental coverage.