

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number: 1841-PE **Comments Due:** November 8, 2018 **Proposed Effective Date:** January 1, 2019

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Policy Subject: Enforcement of Medicaid Provider Enrollment Requirement for Medicaid Health Plan and Dental Health Plan Typical Providers

Affected Programs: Medicaid, Healthy Michigan Plan, MICHild, Healthy Kids Dental

Distribution: All Providers

Policy Summary: This policy details the Michigan Department of Health and Human Services (MDHHS) enforcement of the Medicaid provider enrollment requirement for typical providers effective January 1, 2019.

Purpose: The purpose of this bulletin is to provide updated information about the MDHHS enforcement of the Medicaid provider enrollment requirement that was detailed in Bulletin MSA 17-48.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: All Providers

Issued: December 1, 2018 (Proposed)

Subject: Enforcement of Medicaid Provider Enrollment Requirement for Medicaid Health Plan and Dental Health Plan Typical Providers

Effective: January 1, 2019 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Healthy Kids Dental

The purpose of this bulletin is to provide updated information about the Michigan Department of Health and Human Services (MDHHS) enforcement of the Medicaid provider enrollment requirement that was detailed in Bulletin MSA 17-48. The bulletin detailed compliance with 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act. Compliance requires 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 Michigan Medicaid State Plan participating in a managed care organization's (MCO's) provider network must be screened and enrolled in the Michigan Medicaid program.

MDHHS enforcement of the Medicaid enrollment requirement was subsequently delayed in Bulletin MSA 18-07 and Letter L 18-15 due to overwhelming provider response to enroll in Michigan's online Medicaid provider enrollment system, the Community Health Automated Medicaid Processing System (CHAMPS).

The required enrollment of providers participating in Medicaid MCO networks ensures all providers providing services to Medicaid beneficiaries are compliant with Medicaid screening requirements. The Medicaid screening requirements are standard whether a provider participates in the Fee-for-Service (FFS) or managed care delivery system. Enrollment in CHAMPS neither requires nor mandates providers who are part of a managed care network to provide services to FFS beneficiaries. For providers who choose not to participate in Medicaid FFS, enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid in an effort to protect beneficiaries by strengthening care quality.

I. Provider Enrollment Enforcement

In calendar year 2019, MDHHS will begin implementation of phased provider enrollment enforcement of non-enrolled Medicaid providers. MDHHS will prohibit MCOs from making payment to Medicaid providers not enrolled in CHAMPS. The enforcement phases will clarify applicability and identify timely compliance for:

- Typical – Medicaid Health Plan (MHP) providers
- Typical – Prepaid Ambulatory Health Plan (PAHP) – Dental Health Plan (DHP) providers
- All prescribers
- Typical – Prepaid Inpatient Health Plan (PIHP) providers
- PAHP – MI Choice Waiver Agency providers
- Atypical providers
- Typical and Atypical – Integrated Care Organization (ICO) providers

A. Typical Providers

Beginning January 1, 2019, MDHHS will prohibit MHPs and DHPs from making payments to all **typical** network and out-of-network Michigan providers who appear on a claim and are not enrolled in CHAMPS. A list of currently allowed typical provider enrollment information is available on the Provider Enrollment website. Providers not included on the allowed list are not required to enroll. Providers should refer to Bulletin MSA 17-48 and the MDHHS Provider Enrollment website for typical provider distinctions and the current provider enrollment list at www.michigan.gov/medicaidproviders >> Provider Enrollment >> Step 1: Determine if a Provider Needs to Enroll.

B. Prescribers

In early 2019, MDHHS will communicate to providers the MDHHS enforcement implementation plan for prescribers. The MDHHS enforcement plan will prohibit payment for prescription drug claims written by any prescriber who is not enrolled in CHAMPS. This and the above typical provider enrollment requirement applies to resident physicians-in-training in graduate medical education programs (i.e., medical residents at teaching hospitals).

All prescribers are advised to begin reviewing the informational messages on Medicaid Remittance Advice transactions and take immediate action to resolve any issues before implementation of claim denials. There is a need and urgency for enrollment to avoid interruption of services to Medicaid beneficiaries served by providers.

C. Atypical Providers and Other MCO Provider Enrollment Enforcement

MDHHS will give further direction on the enforcement of atypical providers and providers participating in MCOs other than MHPs and DHPs at a later date. While compliance will be enforced in phases, all providers who have not yet enrolled in CHAMPS are encouraged to do so as soon as possible. A list of currently allowed atypical provider enrollment information is available on the Provider Enrollment website at www.michigan.gov/medicaidproviders >> Provider Enrollment >> Step 1: Determine if Provider needs to enroll.

D. Providers Participating in Multiple MCOs

Some providers participate in multiple MCOs. Providers who participate in MHP and DHP networks must enroll in CHAMPS, although they may also participate in other Medicaid MCO networks such as ICOs and PIHPs in which enforcement has not been implemented.

For example, on February 3, 2019, a non-enrolled, typical provider may provide services to a MI Health Link beneficiary as an ICO network provider and also provide services to a Healthy Michigan Plan beneficiary as an MHP network provider. When the provider submits a claim for the MI Health Link beneficiary, the claim would not be denied as enforcement has not yet begun for ICOs. However, when the provider submits a claim for the Healthy Michigan Plan beneficiary, the claim will be denied by the MHP.

II. Provider Enrollment Exceptions

MDHHS will not prohibit payment to out-of-state, out-of-network pharmacies and providers who provide Medicaid beneficiaries with emergency medical services. Exceptions, if any, for payment to out-of-state, out-of-network prescribers will be forthcoming in future MDHHS communications. Payment for out-of-state, out-of-network medical services is subject to Medicaid policy and applicable health and/or dental plan policies and procedures.

III. CHAMPS Provider Enrollment Updates

MDHHS will continue to update CHAMPS to allow additional provider types, both typical and atypical, to enroll according to Centers for Medicare & Medicaid Services (CMS) guidance and best practices. MDHHS has added additional provider types to CHAMPS since the publication of Bulletin MSA 17-48.

A. Recently Added Typical Provider Types

The following additional typical provider types are now available for enrollment in CHAMPS:

Effective March 28, 2018:

- Limited Licensed Professional Counselor-Managed Care Only
- Limited Licensed Psychologist-Managed Care Only
- Limited Licensed Social Worker-Managed Care Only
- Limited Licensed Marriage and Family Therapist-Managed Care Only

Effective September 24, 2018:

- Registered Dietitian – Managed Care Only
- Registered Dietitian Nutritionist – Managed Care Only

Only providers participating as a network provider in an MCO may enroll under the Managed Care Only provider type. Fee-for-Service limited licensed provider enrollment is prohibited.

B. Upcoming CHAMPS Provider Enrollment

In addition to provider enrollment information provided in this bulletin, providers may also refer to updates to provider enrollment requirements affecting the following provider types:

- Speech-Language Pathologists, Occupational Therapists, Physical Therapists, and Audiologists provided in Bulletin MSA 18-29; and
- Advanced Practice Registered Nurses with the specialty certification of Clinical Nurse Specialist (CNS) discussed in Bulletin MSA 18-XX.

These policies are impacted by the provider enrollment requirements outlined in this bulletin. Detailed policy information is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Updates regarding CHAMPS enrollment provider types can be found on the MDHHS Provider Enrollment website at www.michigan.gov/medicaidproviders >> Provider Enrollment >> Getting Started – Enrollment >> Step 1: Determine if a Provider Needs to Enroll. Any updates to the MDHHS Provider Allowed Enrollment lists will be subject to the provider enrollment requirement.

IV. Billing Submission

In addition to following Medicaid billing requirements, providers participating in a managed care network must adhere to the MCO's contractual obligations and policies and procedures regarding claim reimbursement. Medicaid billing requires the following:

1. The name and National Provider Identifier (NPI) of the attending physician must be reported on all institutional claims.
2. The name and NPI of the ordering/referring or attending provider must be reported on all claims for services rendered as a result of an order/referral. Refer to the Michigan Medicaid Provider Manual for order/referral requirements for specific services.
3. Ordering/referring and attending providers must be enrolled and active in CHAMPS on the date of service on the claim.

4. Ordering/referring providers must be one of the following practitioner types, acting within their scope of practice under State law and MDHHS Medicaid policy requirements: Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife, Dentist, Podiatrist, Optometrist, or Chiropractor (limited to spinal x-rays only)
5. Claims for beneficiaries with Medicare or private insurance coverage are not exempt from these claim edits and requirements. (This is in reference to coordination of benefits and does not apply to MI Health Link-ICO participants)
6. Completion of the billing provider loop or field is mandatory on all claims
7. Operating, rendering, supervising, and attending providers must be used in appropriate fields according to services delivered.

V. Provider Resources

Provider General Information: www.michigan.gov/medicaidproviders

Provider Enrollment Information including Getting Started-Enrollment, Step-by-Step CHAMPS Enrollment Guides, Tutorials and Resources, and Medicaid Resources: www.michigan.gov/medicaidproviders >> Provider Enrollment

MDHHS Current Allowed Typical and Atypical Enrollments: www.michigan.gov/medicaidproviders >> Provider Enrollment >> Getting Started – Enrollment >> Step 1: Determine if Provider needs to enroll

CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>

Medicaid Provider Manual and Policy Documents: www.michigan.gov/medicaidproviders >> Policy, Letters & Forms

Provider Support Help Line

- Typical Providers: 1-800-292-2550
- Atypical Providers: 1-800-979-4662