

April 5, 2018

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

RE: Medicaid Provider Enrollment Requirement

On January 22, 2018, the Michigan Department of Health and Human Services (MDHHS) issued a letter to providers regarding federal screening requirements. All providers who serve Michigan Medicaid beneficiaries, including providers participating in a Managed Care Organization's (MCO) provider network, must be screened and enrolled in the Michigan Medicaid program. Federal regulations prohibit payment to providers who are not appropriately screened and enrolled.

Due to overwhelming response from providers, we have extended the implementation date of March 1, 2018 for denying claims for typical non-enrolled MCO providers. We have also extended the implementation date of May 1, 2018 for denying pharmacy claims for non-enrolled MCO and Fee-for-Service prescribers. While regulatory compliance is still mandated, MDHHS will continue to work with the Centers for Medicare and Medicaid Services (CMS) staff to identify implementation guidelines that will support beneficiary access to care.

Despite the delays, MDHHS continues to encourage providers to enroll as soon as possible using the state's online Medicaid enrollment and billing system, Community Health Automated Medicaid Processing System (CHAMPS). MDHHS will monitor enrollment processing time and determine new enforcement dates.

Providers enrolling in CHAMPS are divided into two categories: typical and atypical. Typical providers are professional health care providers that provide health care services to beneficiaries. Typical providers must meet education and state licensure requirements and have assigned National Provider Identifiers (NPIs). Examples of typical provider types include, but are not limited to: physicians, physician assistants, certified nurse practitioners, dentists and chiropractors. Atypical providers provide support services for beneficiaries. These providers generally do not have professional licensure requirements, and may not have an NPI.

MDHHS will give at least 60 days advance notice for implementing the following actions for providers who are not enrolled:

- MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering, operating, billing, supervising, and attending providers not enrolled in CHAMPS.
- MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

In addition, MDHHS is awaiting guidance from our federal partners regarding the enrollment requirements for atypical providers and will share those updates once available.

As a reminder, enrollment requirements for providers submitting claims to Medicaid Fee-for-Service continue to be enforced. These requirements are outlined in the MDHHS Medical Services Administration (MSA) Provider Bulletin 13-17.

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.

For more information about the provider enrollment requirement, view the MDHHS MSA Provider Bulletins [17-48](#) and [18-07](#). For information about the Provider Enrollment process, visit www.michigan.gov/MedicaidProviders >> Provider Enrollment.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler".

Kathy Stiffler, Acting Director
Medical Services Administration