

**Michigan Department of Health and Human Services**

**Bulletin Number:** MSA 17-04

**Distribution:** All Providers

**Issued:** February 1, 2017

**Subject:** Claims for Non-Enrolled Providers

**Effective:** March 2, 2017

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services, Maternity Outpatient Medical Services

The purpose of this bulletin is to further align Medicaid policy with Sections 6401 and 6501 of the Affordable Care Act (ACA), and bulletins MSA 12-55 and MSA 13-17 regarding provider screening and enrollment requirements. Federal provider screening regulations require that all providers who participate in Medicaid complete the appropriate screening steps. Claims submitted by fee-for-service providers who have not fully completed provider enrollment with Michigan Medicaid will deny and/or not appear on a remittance advice. Provider enrollment must be completed in the Community Health Automated Medicaid Processing System (CHAMPS).

## **HEALTH PLANS**

Beginning in 2018, Medicaid Health Plans (MHPs) and other managed care plans and organizations will be required to implement the screening and enrollment requirements as required by 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act. All providers furnishing services to Medicaid beneficiaries will be required to enroll in CHAMPS as a requirement for reimbursement.

Providers can access information about how to enroll online at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Enrollment.

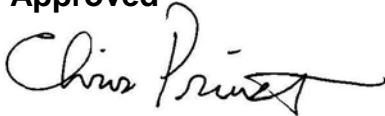
## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

**Approved**

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long, sweeping tail.

Chris Priest, Director  
Medical Services Administration