

Bulletin Number: MMP 22-52

Distribution: All Providers

Issued: December 1, 2022

Subject: New Enrollment Option for Medicare Provider Submission of Dual Eligible Cost-Sharing Only Claims

Effective: January 1, 2023

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Maternity Outpatient Medical Services (MOMS)

The purpose of this policy is to implement a new federal rule requiring State Medicaid Agencies to provide an enrollment path for Medicare providers who only intend to submit claims to Medicaid for reimbursement of Medicare cost-sharing for dual eligibles. This special enrollment will be limited to cost-sharing only claims and still requires that the provider enroll through the Community Health Automated Medicaid Processing System (CHAMPS).

Background

Final Centers for Medicare & Medicaid Services (CMS) rule, *Medicaid Enrollment of Medicare Providers and Suppliers for Purposes of Processing Claims for Cost-Sharing for Services Furnished to Dually Eligible Beneficiaries* (86 FR 45521), aims to ease barriers for Medicare providers submitting claims to Medicaid for payment of Medicare cost-sharing for dually eligible beneficiaries. The rule requires Medicaid to address two processes:

1. Permit Medicare providers to enroll solely for the purpose of submitting Medicare cost-sharing claims.
2. Limit these provider claims to only cost-sharing and allow adjudication even if the Medicaid State plan does not recognize a service or provider category.

Medicare providers who are not enrolled with Medicaid are unable to receive reimbursement for cost-sharing of dually eligible beneficiaries. Without reimbursement, providers may choose not to treat, or continue treating, dually eligible beneficiaries. Medicare providers can recover a portion of unpaid costs through federal provisions that identify such costs as Medicare bad debt. Per 42 CFR 413.89, to claim Medicare bad debt, providers must submit a remittance advice from Medicaid and must exclude any cost-sharing amount legally owed by the State from the Medicare bad debt amount claimed.

Provider Enrollment

Beginning January 1, 2023, Medicare providers who are not currently enrolled with Michigan Medicaid may choose the restricted cost-sharing option, *Medicare Cost Share*, during CHAMPS enrollment. Billing, rendering, attending, ordering, and referring provider types reported on these cost-sharing claims must be enrolled either as a Medicare cost-sharing only or full Medicaid provider. Medicare provider types not recognized by Medicaid must choose the Medicare Cost-Sharing Only option. These providers must contact Provider Enrollment at ProviderEnrollment@michigan.gov for enrollment assistance.

This special enrollment type is only available to providers participating in original Medicare. Providers participating in Medicare Part C, also known as a Medicare Advantage Plan, must complete a full Medicaid enrollment.

Claims

Claims submitted by providers with a cost-sharing only enrollment type will process beginning with dates of service January 1, 2023. Claims will only adjudicate if Medicare is reported primary for these providers. Claims submitted for reimbursement of Medicaid primary services will deny for Medicare cost-sharing only providers.

Medicaid Health Plans and Integrated Care Organizations

Medicaid Health Plans and MI Health Link Integrated Care Organizations are not required to maintain similar provider enrollment through their plan or adjust current claims processing operations for Medicare cost-sharing only providers.

Manual Maintenance

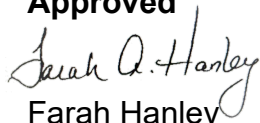
Retain this bulletin until the information has been incorporated into the MDHHS Medicaid Provider Manual.

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-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Farah Hanley
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