

Bulletin Number: MMP 23-53

Distribution: All Providers

Issued: September 1, 2023

Subject: Update to the Provider Enrollment Fitness Criteria Policy; Application Fees

Effective: October 1, 2023

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this policy is to include additional and clarifying language to the Provider Enrollment Fitness Criteria policy. The following changes will be made:

- Clarification of state limited and suspended licenses;
- Addition of felony and misdemeanor theft;
- Change to Non-Emergency Medical Transportation (NEMT) use of Personal Choice and Acknowledgement of Provider Selection process;
- Update to policy exception requests for excluded providers; and
- Application fees at revalidation.

State Limited and Suspended Licenses

In accordance with the [Michigan Medicaid State Plan](#) and the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#), providers are required to comply with all licensing laws and regulations applicable to the provider's practice or business in Michigan. Enrollment will be denied or terminated based on a disciplinary limited or suspended license as designated by the licensing entity. Other non-disciplinary limited licenses recognized for enrollment continue to be accepted.

Felony and Misdemeanor Theft

The following crimes are added to existing felony and misdemeanor crimes that result in denial or termination of provider enrollment:

- a felony conviction of theft that occurred within the preceding 10 years of a provider's enrollment application; and
- a misdemeanor conviction of theft that occurred within the preceding five years of a provider's enrollment application.

NEMT Use of Personal Choice and Acknowledgement of Provider Selection

A beneficiary receiving transportation services through the NEMT program may select a transportation provider who has been convicted of certain crimes by signing a personal acknowledgement form. The beneficiary must submit their request on the Personal Choice and Acknowledgement of Provider Selection form (MSA-119) that indicates receipt of notification of the criminal offense(s) that prompted the exclusion and must indicate their selection of that provider to deliver services. After the signed acknowledgement is received, processed, and recorded by MDHHS, the effective start date for the selected individual caregiver is the date the client signs the MSA-119. Payment will not be authorized prior to the signature date on the form.

NEMT personal choice selections are subject to the following restrictions:

- The provider does not have a disqualifying conviction that is one of the four exclusions under 42 USC 1320a-7.
- The provider must be capable of providing the required services and must be otherwise qualified to do so.
- The provider has complied with the criminal history screening conducted by MDHHS.
- The provider is not an agency or associated with an agency.

A personal choice selection may be applied for the limited purpose of providing NEMT services to the specific beneficiary identified on the MSA-119. A personal choice selection shall not be construed as approval, authorization or permission to provide services to other beneficiaries. Providers selected through the personal choice provisions of this section must be registered in the Community Health Automated Medicaid Processing System (CHAMPS) and other systems (if applicable) for the purposes of monitoring, contacting, and generating payments.

The MSA-119 is updated to reflect the additional use by NEMT providers and beneficiaries.)

Current policy regarding the Personal Choice and Acknowledgement of Provider Selection process for NEMT providers in the Personal Choice and Acknowledgement Provider Selection Clarification subsection of bulletin [MSA 17-49](#) is obsolete.

Policy Exception Requests for Excluded Providers

Providers who are excluded from participation in the Medicaid program due to a conviction for an excludable crime may request a policy exception upon a showing that an exception is in the best interest of the Medicaid program and of Medicaid beneficiaries. The Medicaid Director has sole discretion under MCL 400.111e(7) to grant a policy exception to lift a sanction from an excluded provider. A request for a policy exception is not a request to participate in Medicaid. Factors that may be considered when determining the approval or denial of a policy exception are listed in the General Information for Providers chapter of the MDHHS Medicaid Provider Manual.

For providers indefinitely excluded due to a conviction listed in 42 USC 1320a-7(a), or who have been debarred or excluded for any reason by a federal or another state agency, an exception request will not be considered unless the federal or state agency has terminated the exclusion or lifted the sanction. However, reinstatement by, or termination of the exclusion by, a federal or state agency is never the sole determinative factor for policy exceptions under this subsection. For all other exclusions, the Medicaid Director may reduce or extend a provider's exclusion from the Medicaid program if, in the Medicaid Director's judgment, the continuation or reduction of the exclusion period is necessary to protect beneficiaries or the Medicaid program.

If a provider requests a policy exception and it is denied, subsequent requests for an exception will only be considered upon providing documentation that a substantive change in circumstances has occurred since the last exception request. Providers may not request a policy exception for an exclusion while a termination or denial of enrollment is still under administrative or judicial appeal. The denial of a policy exception request is not an adverse action and providers may not appeal the denial.

Providers who have been excluded due to one of the convictions listed in 42 USC 1320a-7(a) shall remain on the [MDHHS Sanctioned Provider List](#) indefinitely. A policy exception may be requested as described in this section.

MDHHS will address requests for a policy exception within 60 days after all requested information has been provided.

Application Fees at Revalidation

Consistent with Section 1866(j)(2)(D) of the Social Security Act, enrollment application fees are required for all institutional providers, as defined by the Centers for Medicare & Medicaid Services (CMS), to offset the cost of conducting mandatory screening. In addition to initial enrollment and reenrollment, application fees are also collected at revalidation.

Manual Maintenance

Retain this bulletin until the information is 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 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

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

Approved

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, stylized "M" and "G".

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

**PERSONAL CHOICE AND ACKNOWLEDGEMENT OF PROVIDER SELECTION
HOME HELP AND NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES**

Michigan Department of Health and Human Services

Purpose: To obtain beneficiary acknowledgement of an individual Home Help or NEMT provider's criminal history background prior to receiving Home Help or NEMT services from that provider.

Beneficiary Information

Beneficiary Name (Last, First)	Medicaid ID Number
Beneficiary's Legal Representative (if applicable)	Legal Representative's Relationship to Beneficiary

Provider Information

Provider Name (Last, First)	Provider ID Number
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Adult Services Worker or MDHHS Specialist Information

ASW/Specialist Name (Last, First)

Beneficiary Acknowledgement

<ul style="list-style-type: none">I acknowledge that the person listed above under Provider Information has a criminal conviction history and still choose this person to provide me Home Help/NEMT services.I understand the Michigan Department of Health and Human Services does not promise the criminal history information to be correct or complete.I understand I should not risk my safety, well-being, or personal or financial interests by choosing the person listed above under Provider Information.I understand I may choose another provider at any time or, if I have a current provider, to continue with that provider.	
Beneficiary Signature	Date Signed
Beneficiary's Legal Representative Signature (if applicable)	Date Signed

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

AUTHORITY: None	COMPLETION: Is voluntary, but required to obtain services from certain Home Help or Non-Emergency Medical Transportation providers.
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