

Distribution: All Provider 04-06

Issued: June 1, 2004

Subject: Supplemental Bulletin List;
Returning Overpayments;
Claims Exceeding 12-Month Billing Limitation Due to Retroactive Eligibility;
Enrollment of Out of State Providers; and
Nonenrolled Michigan and Borderland Providers

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services

SUPPLEMENTAL BULLETIN LIST

Providers are reminded that a list of bulletins supplementing the electronic Medicaid Provider Manual is maintained on the MDCH website at www.michigan.gov/mdch (click on Providers, Information for Medicaid Providers, Medicaid Provider Manual, Supplemental Bulletin List). When using either the CD or online version of the manual, the list should always be reviewed to assure the most recent policy is being referenced. Bulletin lists published as part of policy bulletins are quickly outdated and should not be retained for future reference.

RETURNING OVERPAYMENTS

Effective July 1, 2004, return of overpayments made by the MDCH, due to either payment from a third party resource or due to an error, must be done through the use of a replacement claim or void/cancel claim. This process will result in a debit against future payment.

This requirement does not apply to inactive providers or monies being returned to MDCH due to settlements or lawsuits.

Refer to the Billing & Reimbursement chapters of the Medicaid Provider Manual for information on replacement and void/cancel claims.

CLAIMS EXCEEDING 12-MONTH BILLING LIMITATION DUE TO RETROACTIVE ELIGIBILITY

Effective July 1, 2004, providers with approved MSA-1038s (Exception to the Twelve-Month Billing Limitation) must submit their claim(s) directly to MDCH rather than through the local FIA office. The comment section of the claim must indicate "**MSA-1038 approval on file**". The exception process will continue to be handled through the FIA. Refer to Section 10.3 of the General Information for Providers chapter of the Medicaid Provider Manual for additional information about billing limitations.

ENROLLMENT OF OUT OF STATE PROVIDERS

Effective July 1, 2004, Section 6.3 of the General Information for Providers chapter of the Medicaid Provider Manual will be modified to reflect changes related to out of state (beyond borderland) providers rendering services to Michigan Medicaid beneficiaries.

To clarify current policy intent, the list of conditions that must exist for out of state services to be covered will read:

- Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations
- Prior authorized services
- Medicare copays and deductibles

All providers rendering services to Michigan Medicaid beneficiaries must have a signed DCH-1625 Medical Assistance Provider Enrollment/Trading Partner Agreement on file with the MDCH in order to receive reimbursement. Out of state providers should contact the MDCH Provider Enrollment Unit to obtain a copy of the DCH-1625. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.)

Out of state providers enrolled with the Michigan Medicaid program may submit their claims directly to the MDCH billing system. Providers should refer to the appropriate Billing and Reimbursement chapter of the Medicaid Provider Manual for billing instructions. The Manual is available on the MDCH website at: www.michigan.gov/mdch , click on Providers, Information for Medicaid Providers.

Providers that choose not to enroll as a Michigan Medicaid provider may enter into a "trading partner only" arrangement with the MDCH by including that statement on the DCH-1625. If selecting this option, providers must contact the Miscellaneous Transaction Unit (MTU) for billing instructions. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.) Claims submitted through the MTU will experience significant delays in processing.

NONENROLLED MICHIGAN AND BORDERLAND PROVIDERS

All nonenrolled Michigan and Borderland providers providing services to Michigan Medicaid beneficiaries must have a signed DCH-1625 Medical Assistance Provider Enrollment/Trading Partner Agreement on file with the MDCH in order to receive reimbursement. Providers that choose not to enroll as a Michigan Medicaid provider may enter into a "trading partner only" arrangement with the MDCH by including that statement on the DCH-1625. If selecting this option, providers must contact the Miscellaneous Transaction Unit (MTU) for billing instructions. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.) Claims submitted through the MTU will experience significant delays in processing.

Providers should contact the MDCH Provider Enrollment Unit to obtain a copy of the DCH-1625. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.)

Section 6.2 of the General Information for Providers chapter of the Medicaid Provider Manual will be updated to reflect this change.

QUESTIONS

Any additional questions regarding this bulletin should be directed to Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail 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 telephone toll-free 1-800-292-2550.

APPROVAL

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration