

Bulletin Number: MSA 15-06

Distribution: Home Help Agency and Individual Providers

Issued: May 1, 2015

Subject: Changes to Provider Enrollment and Service Verification

Effective: As Indicated

Programs Affected: Home Help

On January 2, 2015, the Michigan Department of Health and Human Services (MDHHS) distributed bulletin MSA 15-01, which delayed the effective date of bulletin MSA 14-58 until further notice. MSA 14-58 modifies requirements for provider enrollment and verification of provider services in the Medicaid Home Help Program. **This bulletin serves as notification that MSA 14-58 will be effective on June 1, 2015.**

Manual Maintenance

Retain this bulletin until the information is incorporated into the 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. 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



Stephen Fitton, Director
Medical Services Administration

enclosure



Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 14-58

Distribution: Home Help Agency and Individual Providers

Issued: December 1, 2014

Subject: Provider Enrollment and Service Verification

Effective: January 1, 2015

Programs Affected: Home Help Program

This bulletin addresses modifications to the requirements for provider enrollment and verification of provided services in the Medicaid Home Help program. Specifically, it updates and replaces processes identified in the Adult Services Manual. This bulletin will apply to all individual providers in the program who receive an individual rate for services. Additional guidance will be provided to agency providers as changes are made that would affect them.

Updates are being made to the provider enrollment and service verification processes to create efficiencies for providers, Department of Human Services (DHS) staff, and increasing the accuracy of service reporting. Additionally, these modifications are necessary to prepare the program for future changes that might be required. Providers will no longer be enrolled into the Bridges system operated by DHS. Rather, they will now be enrolled into the Community Health Automated Medicaid Processing System (CHAMPS) operated by the Michigan Department of Community Health (MDCH), which will become the system of record. Provider logs (DHS-721) will not be used to verify the services provided to clients. The program has established an Electronic Service Verification (ESV) system as the mechanism to submit verification of the hours of services provided.

Provider Enrollment

Home Help service providers will no longer be enrolled directly into the Bridges system. Instead, providers will be enrolled into CHAMPS, and that system will interface with other necessary systems for provider information. Information for existing providers will be imported into CHAMPS from Bridges, so they will not have to take any additional steps initially for that enrollment. Enrollment for new providers will be initiated through the local DHS offices, but will be completed online. Upon enrollment approval, providers will be issued a CHAMPS ID number, which will replace the Bridges ID number previously assigned.

Providers will be required to confirm their enrollment information at least every three years or as contact information changes. Providers will be notified by MDCH at least 30 days prior to their revalidation deadline. Providers must update contact information in CHAMPS within 10 business days of any change.

Verification of Services Provided

Beginning January 1, 2015, Home Help providers will no longer submit a provider log (DHS-721) to the local DHS office to verify that authorized services were provided. Providers will be required to submit verification of provided services through the ESV system in CHAMPS. CHAMPS is a web-based system available through the internet. The ESV is to be submitted on a monthly basis as opposed to the previous quarterly submission of the DHS-721. A separate ESV must be submitted by the provider for each client served during a month.

The ESV form will include the services **authorized** for the client. The provider must accurately report services **provided** on each day of the month. The provider will also be required to provide any additional information on the ESV that is pertinent to the services provided to the client that day, e.g. the client is unavailable because of a hospitalization. Providers are required to report any change in services to the Adult Services Worker within 10 business days.

Payment for the services provided during a month is contingent upon the receipt of the service verification. Payment will not be released until the ESV system confirms that services have been verified for that month.

Alternate Submission of Service Verification

Providers that do not have any means of accessing the ESV system will be able to submit their service verifications manually. The handling time involved in processing alternative methods of submission might lead to delays in making payments as compared with electronic submissions.

Transition Plan

The revised enrollment process is effective January 1, 2015 for individual providers. Guidance for agency providers will be disseminated as it becomes available. Providers will be required to begin using the ESV system to verify services effective for dates of service on or after January 1, 2015. Providers will be notified in advance of any additional alterations to the enrollment or service verification processes.

Client Confirmation of Services

The client's signature on provider logs has historically served as an important confirmation that services had been provided as reported. Clients will no longer be required to sign the verification form as they had previously done with provider logs. Instead, MDCH will send out an Explanation of Benefits form to a random sample of clients each month that will reflect the services they were to have received during the period. They will be asked to report back on the services that were actually provided.

Manual Maintenance

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

Questions

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