Community Transition Services: Rendering/Servicing Only Enrollment

December 2021



"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations



Policy Background



Provider Enrollment Webpage

Table of Contents



CHAMPS Provider Enrollment Type: Rendering/Servicing Only



Billing Overview



Provider Resources



Overview

• <u>MSA 21-11</u>

Community Transition Services (CTS) are Home and Community-Based Services (HCBS) for Medicaid beneficiaries who meet eligibility criteria.

The benefit is administered by the Michigan Department of Health and Human Services (MDHHS) on a fee-for-service (FFS) basis through transition agencies including Area Agencies on Aging (AAA), Centers for Independent Living (CIL), and other qualified community-based organizations.

Beneficiaries eligible for CTS include nursing facility and institutional residents who meet needs-based criteria and have at least one risk factor as described in the Medicaid Provider Manual.

• The intent of this webinar is to promote the requirement of provider enrollment for CTS providers through our Medicaid system, CHAMPS.



CHAMPS Enrollment Types

Facility Agency Organization (FAO)

- Center for Independent Living (CIL)
- Area Agencies on Aging (AAA)
- Community Based Organization

Rendering/ Servicing Only

- Registered Nurse (RN)
- Limited License Bachelor of Social Worker
- Limited License Master of Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Master Social Worker
- Community Health Worker

Atypical

• Agency

• Individual:

Individual Driver

• Home and Community Based Personal Care



<u>www.Michigan.gov/Me</u> <u>dicaidProviders</u> >> Provider Enrollment



- Medicaid Providers Main webpage
- Click Provider Enrollment

Medicaid Provider Information - www.michigan.gov/medicaidproviders

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.





- Step 1: Determine if the provider needs to enroll
- Step 2: <u>Determine CHAMPS</u> <u>Enrollment Type</u>
- Step 3: Register for SIGMA Not necessary for Rendering/Servicing Provider Enrollment Types
- Step 4: <u>Register for a MILogin</u> <u>Account for Access to CHAMPS</u>
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet (<u>MDHHS-5405</u>)
 - Form: Electronic Signature Agreement (<u>DCH-1401</u>)

Provider Enrollment

Learn about our responses to Coronavirus and find the latest program guidance. www.Michigan.gov/Coronavirus >> Resources >> For Health Professionals

MDHHS advises review of "Actions for Caregivers of Older Adults During COVID-19" and supporting Frequently Asked Questions (FAQ) document.

Michigan's stay at home order has been lifted, learn about each phase of the MI Safe Start Plan

Resuming Standard Operations for Case Management and Home and Community Based Services

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550 option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

All documents are provided in Acrobat format. To install Acrobat Reader, click on the icon.



Getting Started - Enrollment

- Step 1: Determine if Provider needs to enroll
- Step 2: Determine CHAMPS Enrollment Type
- Step 3: Register for SIGMA
- Step 4: Register for MILogin Account for access to CHAMPS

Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources



 Community Transition
 Service Navigators will select the Rendering/Servicing hyperlink.

Provider Enrollment

Learn about our responses to Coronavirus and find the latest program guidance. www.Michigan.gov/Coronavirus >> Resources >> For Health Professionals

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Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- Individual/Sole Proprietor
- Rendering/Servicing
- Group
- Billing Agent
- Facility/Agency/Organization (FAO)
- Atypical

Medicaid Resources



- For complete instructions on entering a Rendering/Servicing enrollment please click the <u>CHAMPS Enrollment</u> <u>Application:</u> <u>Rendering/Servicing User</u> <u>Guide</u> hyperlink.
- Additional Rendering/Servicing resources listed can be utilized to assist providers in completing the CHAMPS Rendering/Servicing enrollment.
- For Rendering/Servicing providers needing access to the FAO domain be sure to contact the domain administrator for the FAO.

Rendering/Servicing

A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Servicing provider.

- Rendering Enrollment Checklist PDF (The intent of this resource is to provide a document that can be prefilled with the required information for completing a provider enrollment application to allow for ease of completion.)
- CHAMPS Enrollment Application: Rendering/Servicing User Guide
 - Step 1: Provider Basic Information PDF, Recording
 - Step 2: Add Specialties -PDF, Recording
- Primary Specialty PDF
- Quick Reference Guide PDF
- Track Application- PDF, Recording
- Prescriber Requirement Information PDF, Recording

Domain Administrator Resources

- Domain Administrator Functions- PDF
 - Quick Reference Guide
 - Manage User List Page for Domain Administrators
- Electronic Signature Agreement Cover Sheet MDHHS-5405
- Electronic Signature Agreement DCH-1401



Community navigator providers will be required to enroll in CHAMPS as a Rendering/ Servicing enrollment type.

The following slides will walk through the CHAMPS Rendering/Servicing enrollment resources and the specific specialty needed for CTS.

All resources can be found on the Medicaid Provider Enrollment website: <u>www.Michigan.gov/MedicaidPro</u> viders >> Provider Enrollment



CHAMPS Enrollment Type: Rendering/Servicing

MILogin

- A MILogin user ID and password is required to subscribe and access the Community Health Automated Medicaid Processing System (CHAMPS) application.
- How to access:
 - <u>https://MILogintp.Michigan.g</u> ov
- For complete instructions on how to register for MILogin and access CHAMPS reference the below resources:
 - MILogin Instructions
 - <u>MILogin Help Page</u>
 - Access CHAMPS





Rendering/Servicing

Click New Enrollment

 Refer to <u>Enrollment Guide for</u> <u>Rendering/Servicing</u> <u>Providers</u> for complete stepby-step instructions.

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Rendering/Servicing

- Select Regular Individual/Sole Proprietor
- Click Submit

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| Enrollment Type Select the Applicable Enrollment Type dividual/Sole Proprietor |
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| typical (non-medical) provider (Choose this option if you do not have a NPI) |
| |
| ○ Individual (Driver, Home Help/Personal Care, Carbenter, etc.) |
| |
| ○ Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.) |



Rendering/Servicing Step 1: Basic Information

Select Applicant Type: Rendering/Servicing Only

Information needed:

- First Name
- Last Name
- Social Security Number (SSN)
- Date of Birth
- 🗖 NPI
- Contact Email Address
- Home Address
- City/Town
- State/Province
- Country
- Zip Code

Refer to <u>Enrollment Guide for</u> <u>Rendering/Servicing Providers</u> for complete step-by-step instructions.

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|------------|--|---|---|--------------------------|
| > Ne | Basic Information | | | |
| | First Name: | * | Middle Initial: | |
| | Last Name: | * | Gender: | |
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| \bigcirc | SSN: | * | | |
| OE | Date of Birth: | * | Applicant Type: | Rendering/Servicing Only |
| | | | Contact Email Address: | |
| | NPI: | * | Email-1: | Email-2: |
| | | | * | |
| | | | Email-3: | Email-4: |
| | Home Address | | | |
| | Please ensure you are providing the hon | ne address of this provider. Failure to do | so may result in this application/modification being denied. | |
| | Please ensure you are providing the hor Address Line 1: | ne address of this provider. Failure to do | so may result in this application/modification being denied. Address Line 2: | |
| | Address Line 1: | e address of this provider. Failure to do * (Enter Street Address or PO Box Only) | Address Line 2: | |
| | Address Line 1: | * | | OTHER V * |
| | Address Line 1: | * | Address Line 2: | OTHER V * |
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| | Address Line 1: Address Line 3: | (Enter Street Address or PO Box Only) | Address Line 2: City/Town: | |
| | Address Line 1: Address Line 3: State/Province: | (Enter Street Address or PO Box Only) | Address Line 2: City/Town: County: | |



Rendering/Servicing

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

| oplication ID: 20171106241608 | Name: Tester, Testing | |
|---|-----------------------------------|--|
| Basic Information | | |
| ou have successfully completed the basic information of | on the Enrollment Application. | |
| our Application ID is: 20171106241608 | | |
| lease make note of this Application ID. This is the numb | er vou will be required | |
| o use to track the status of your enrollment application. | Without this number, | |
| ou will not be able to access your application and your | information will be deleted. | |
| lease make sure to complete your application and subn | nit it for State Review within 30 | |
| alendar days OR your application will be deleted. | | |
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Information needed:

Provider Type

Specialty

Subspecialties: range dependent on specialty chosen

 Refer to <u>Enrollment Guide for</u> <u>Rendering/Servicing</u> <u>Providers</u> for complete stepby-step instructions.

| Application ID: 20171106241608 Name: Tester, Te Close Enroll Provider - Individual Step 1: Provider Basic Information Required Step 2: Add Specialties Required Step 3: Associate Billing Provider Required | tess Wizard - Provid d Start Date d 11/06/2017 | der Enrollment (Individu End Date | ual). Click on the Step Status | p # under the Step (Step Remark | Columr |
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| Step 3: Associate Billing Provider Required | | | Incomplete | | |
| | 1 | | Incomplete | | |
| Step 4: Add License/Certification/Other Optional | | | Incomplete | | |
| Step 5: Add Provider Controlling Interest/Ownership Details Optional | | | Incomplete | | |
| Step 6: Add Taxonomy Details Required | i | | Incomplete | | |
| Step 7: Associate MCO Plan Optional | | | Incomplete | | |
| Step 8: Upload Documents Optional | | | Incomplete | | |
| Step 9: Complete Enrollment Checklist Required | 1 | | Incomplete | | |
| | | | Incomplete | | |
| Step 10: Submit Enrollment Application for Approval Required | 1 | | | | |
| Step 8: Upload Documents Optional | 1 | | Incomplete | | |



Click Add

Refer to <u>Step 2:Add</u> <u>Specialties</u> for Rendering/Servicing providers for complete instructions.

| CHAMPS | ۲ | Provider • | | | | | | | | | | | > |
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- From the Provider Type dropdown menu select Non-Physicians in the Provider Type.
- From the Specialty dropdown menu select Community Transition Services Navigator .
- From the Available Subspecialties select one of the following :
 - Community Health Waiver
 - Licensed Baccalaureate Social worker
 - Licensed Master Social Worker
 - Limited License Bachelor of Social
 Worker
 - Limited License Master of Social worker
 - Registered Nurse (RN)

(Please Note: There is no need to fill in an End Date)

Click Ok





Once the Specialties/Subspecialties have been added, click Primary Specialty.

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| New Enrollment > Individual Enrollment | | | | | |
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Rendering/Servicing Step 2: Primary Specialty

- From the Primary Specialty/Subspecialty select the specialty that has been added for the provider from the dropdown menu.
- Click Save when complete to return to the Specialty/Subspecialty screen.

(Please Note: There is no need to fill in an End Date)

| CH | AMPS | ۲ | Provider - | | | | | | | | | | | | | > |
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| | Pr | imary Spe | ecialty/Subspecialty: | NON-PH | HYSICIANS/Communi | ty Transition Services Navigato | or/Corr 🗸 * 🗲 | | Your designation and at | estation of a prim | ary specialty will | be utilized to identi | fy and evaluate your eli | gibility for the Primar | y Care Rate In | crease. |
| | | | Board Certified: | ⊖Yes | ⊙ No | | | | (If Board Certified, pleas | e provide Board C | ertification No. in | License/Certification | on/Other step.) | | | |
| | | | Board Eligible: | ⊖Yes | ⊙ No | | | | (If Board Eligible, please | provide Board Eli | igibility Informatio | on. in License/Certif | fication/Other step.) | | | |
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 Click close to return to the Business Process Wizard or list of enrollment steps.

| Close 🖸 Add 🛛 🔓 Primary Speci | ality | | | | | | | |
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| Community Transition Services Nav | igator/Community Health Worker | | | NON-PHYSICIANS | | 12/31/2999 | | |
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- Rendering/Servicing only enrollment types will need to associate to a billing provider. This is the NPI/provider you are rendering services for or on behalf of.
- Click step 3: Associate Billing Provider/Other Associations
- Information needed:
 NPI of Billing Provider
 Start Date
- Refer to <u>Enrollment Guide for</u> <u>Rendering/Servicing Providers</u> for complete step-by-step instructions.

| oplication ID | Name: | | | | | | | | |
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| Step 2: Add Specialties | Required | 11/23/2021 | 11/23/2021 | Complete | | | | | |
| Step 3: Associate Billing Provider/Other Associations | Required | | | Incomplete | Please add require | d Billing Provider. | | | |
| Step 4: Add License/Certification/Other | Required | | | Incomplete | Please add require | d License/Certification. | | | |
| Step 5: Add Provider Controlling Interest/Ownership Details | Optional | | | Incomplete | | | | | |
| Step 6: Add Taxonomy Details | Required | | | Incomplete | | | | | |
| Step 7: Associate MCO Plan | Optional | | | Incomplete | | | | | |
| Step 8: Upload Documents | Optional | | | Incomplete | | | | | |
| Step 9: Complete Enrollment Checklist | Required | | | Incomplete | | | | | |
| Step 10: Submit Enrollment Application for Approval | Required | | | Incomplete | | | | | |
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 Click Add to associate to the CTS FAO enrollment provider.





- Select NPI from the Type dropdown menu.
- Enter the NPI in the ID field.
- Enter the start date.
- Click confirm provider.





- After clicking the confirm provider button the screen will display the provider's name and enrollment type.
- Click Ok.
- Refer to <u>Enrollment Guide for</u> <u>Rendering/Servicing</u>
 <u>Providers</u> for complete stepby-step instructions.





- To add additional Billing Provider/NPI information click Add.
- Click Close to return to the business process wizard.

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| Filter By | 0 00 | Enroliment Type | | Start Date ▲▼ | | | |
| Filter By | Provider Name | | | | End Date | Status | |



Rendering/Servicing

- Providers will need to complete all the required enrollment steps and submit the application for approval.
 - Refer to <u>Enrollment Guide</u> <u>for Rendering/Servicing</u> <u>Providers</u> for complete stepby-step instructions.
- To track the status of the application it's important to take note of the Application ID-<u>Track Application</u> <u>Resource</u>

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| | Required | 11/23/2021 | 11/23/2021 | Complete | | | | | |
| ep 2: Add Specialities | Required Required | 11/23/2021 12/01/2021 | 11/23/2021 12/01/2021 | Complete Complete | | | | | |
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(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)



Billing Information

All claims must be submitted in accordance with the policies, rules, and procedures as stated in the <u>Michigan Medicaid Provider</u> <u>Manual and in compliance</u> with applicable coding guidelines and conventions.

The following slide will include resources for direct data entry (DDE) and electronic submission.



Claim Submission

- Claims must be submitted under the FAO domain using either a Claims Access or Full Access profile.
- Click on any of the below hyperlinks for detailed instructions.
- <u>CHAMPS Claims Resources</u>
- Direct Data Entry:
 - Professional
 - Search Template
- Electronic Billing:
 - <u>Electronic Submissions</u>
 <u>Transactions</u>
 - HIPAA Companion Guides
 - <u>Submitting Files Electronically</u>
- <u>Community Transition Services Program</u> <u>Grid & Fee Schedule</u>



This presentation, including screen images, is based on a CHAMPS Full Access Profile. Additional features/tabs will vary based upon profiles selected.



Provider Resources



CTS website: <u>https://www.michigan.gov/mdhhs/0,5885,7-339-</u> 71551_2945_42542_42543_42546_42551-481963--,oo.html



We continue to update our Provider Resources: CHAMPS Resources Listserv Instructions Provider Alerts Medicaid Provider Training Sessions



Provider Contact:

Provider Support: 1-800-292-2550 ProviderSupport@Michigan.gov CTS Contact: mdhhs-msa-nftservices@michigan.gov



Thank you for participating in the Michigan Medicaid Program

