



Michigan Department of Health and Human Services  
Medical Services Administration

## MEMORANDUM

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**To:** All Contracted Managed Care Entities Administering the Medicaid Program

**From:** Kathy Stiffler, Acting Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services

**Date:** December 14, 2017

**Subject:** Medicaid Managed Care Provider Enrollment Requirements

The purpose of this memorandum is to update and clarify Medicaid managed care provider enrollment requirements to comply with 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act. Managed Care Entities should pass the following information on to their network providers.

### All Providers Must Enroll in Michigan Medicaid per Federal Requirements

Effective January 1, 2018, all providers furnishing services to Michigan Medicaid beneficiaries, including providers participating in a managed care organization's provider network, are required to be screened and enrolled in the Michigan Medicaid program. The State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS) is the state's web-based Medicaid enrollment and billing system.

This requirement applies to all individuals who provide services of any type to Medicaid beneficiaries, including but not limited to, health care providers, social services workers, pharmacies, and even family members who provide home care services to Medicaid recipients. This requirement also applies to those providers who do not bill directly to Medicaid Fee-for-Service but receive payment through a Medicaid managed care plan.

**For detailed instructions on how to enroll, go to [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact the Michigan Department of Health and Human Services (MDHHS) Provider Enrollment Help Desk at 1-800-292-2550.**

### About the Enrollment Requirements

**Each individual must enroll.** Providers who work for a practice or group should ensure that the group/practice is enrolled. In addition, each provider will need to enroll and associate to the group/practice.

Providers will be required to update their information any time there are changes to information submitted at enrollment.

Medicaid conducts monthly screenings of all providers. Individuals who have a record of state board disciplinary action, or have been excluded from federally funded health care programs including Medicare or Medicaid, will not receive reimbursement by any Medicaid program.

Providers must revalidate their information within CHAMPS every 5 years. Providers will be notified of the revalidation requirement by letter 90 days prior to the deadline. Providers who do not complete revalidation by the deadline will be inactivated in the system and unable to receive payment from any Medicaid program.

Current Managed Care Provider Enrollment requirements and information below is for typical providers. Atypical providers will need to enroll, effective October 1, 2018. MDHHS will release future updates as additional information and provider types become available for enrollment in CHAMPS.

### **Frequently Asked Questions From Providers**

#### **Why is the state making these changes?**

Federal Medicaid rules prohibit payment to providers not appropriately screened and enrolled. All providers who participate in Medicaid (and any program through which Medicaid funding is received) must comply with federal screening and enrollment requirements.

#### **What happens if I do nothing?**

Beginning March 1, 2018, MDHHS will prohibit Managed Care Entities from making payments to all typical billing, rendering, referring, ordering and attending providers not enrolled in CHAMPS. Providers who do not enroll may no longer be eligible to receive reimbursement using Medicaid funding.

In addition, effective for dates of service on and after May 1, 2018, MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

#### **Does this mean I have to take Fee-for-Service (FFS) Medicaid patients?**

No. This does not change the types of Medicaid programs you accept. When you enroll or update information in CHAMPS, there is a question that asks if you are taking Medicaid patients. You can answer "No" to this question and it will not affect your enrollment in any way.

**Can I limit the number of patients I accept?**

Yes. You may update your CHAMPS profile at any time to indicate whether or not you are taking new Medicaid patients. Under any Medicaid managed care entity that you work with, you can set the number of patients that you see.

**Does this mean my payment will be reduced to Medicaid rates?**

No. This does not change your payment rates or contracts.

**Do I have to submit claims through CHAMPS?**

No. This does not change how you submit claims.

**Is there a fee to enroll?**

No. There are no fees to enroll as a Medicaid provider.

**Can I enroll via paper?**

Paper enrollment is not available. You must enroll online at <http://milogintp.michigan.gov>. If you are unable to enroll online, please contact Provider Enrollment at 1-800-292-2550.

**How long does it take for Medicaid to process my enrollment?**

Providers should take action as soon as they feel informed enough to do so. Due to the large number of providers that need to enroll by the January 1, 2018 deadline, there may be a backlog in application approval or a delay in getting through to the helpline as the deadline approaches.

It usually takes 15-20 minutes to complete the online enrollment information. It can then take 3-4 weeks to receive final approval. You will receive a letter confirming approval or denial of your enrollment. **Once you start an enrollment and are assigned an Application ID number, you MUST submit the application within 30 days or the application is deleted from the system. Make note of your Application ID number. You will need this number to track the status of your application.**

**What information will I need to enroll?**

- Basic contact information including home address
- Social Security number
- Date of birth
- Specialty type
- National Provider Identifier (NPI) number (Type 1 individual)
- State license number if required
- Taxonomy Code (This is a code used to classify healthcare provider types. You would have used a code to obtain your NPI number.)
- Managing employee/office manager name, Social Security Number, date of birth, and home address
- Provider ID of Plan (This is where you would associate to all plans you are accepting. You can associate to multiple plans.)

- Electronic signature agreement information (This is only required if you would like to have someone else in your office complete enrollment or access the enrollment information to make updates. This is located on the Medicaid Provider website or you may call the helpline for assistance.)
- If you are a provider that needs to register in SIGMA (see FAQs on enrolling in SIGMA below for more information) you will also need: Individual payee: Social Security Number, name, mailing address, and email address. Phone numbers and banking information are optional. Business payee: Tax ID number, legal business/sole proprietor name, type of ownership (corporation, partnership, sole proprietor), and email address.
- Banking information and details about services are optional.
- Additional things to Consider before Enrolling
  - Do you treat any traditional FFS Medicaid patients?
  - Do you treat patients with Medicaid plans administered by a third party insurer?
  - Are you willing/able to comply with the requirements of Medicaid?
  - Are you willing/able to comply with the requirements of the managed care organizations administering the Medicaid programs?

**Why do I need to provide my home address for enrollment?**

Your home address is used for the purpose of running required background checks and is required under the Affordable Care Act.

**Why do I need to provide the name and personal information for my office manager/managing employee?**

This is a federal requirement (42 CFR Part 455, Subpart E) and the information is used to ensure the person is not excluded from participation with Medicaid, Medicare, etc. If the staff refuses to provide this information the practice/organization will be terminated from Medicaid enrollment. This information is protected as explained below. Only Medicaid staff and individuals you have granted CHAMPS domain rights will be able to see this information. If the practice does not have a managing employee/billing supervisor/manager, the practice owner name and social security number may be used.

**How can I be assured my Social Security Number and other private information is secure?**

The CHAMPS Security Framework provides a secure environment for information management and protects against unwanted loss or disclosure of data. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule covers protected health information in any medium while the HIPAA Security Rule covers electronic protected health information. The security framework maintains extensive user audit logging for the audit trail in support of HIPAA Security and Privacy. The CHAMPS Security Framework supports role based security and limits access to users by domain and user ID. Only authorized users with appropriate security profile are allowed to access the system and enrollment information.

### **How do I know which provider type to select (individual sole proprietor, group, rendering servicing provider)?**

This is based on your practice setup.

- If you have a Type 1 NPI (individual), own your private practice, and do billing under your Type 1 NPI, you need to enroll as an Individual Sole Proprietor.
- If you have a Type 2 NPI (business) and a Type 1 NPI (individual):
  - First use your Type 2 NPI to enroll as a Group.
  - Then use your Type 1 NPI to enroll as a Rendering Servicing Provider and associate to your Type 2 NPI as the Billing Provider.
- If you work for a practice but are not the owner, the practice must first complete its Group enrollment. Then you must use your Type 1 NPI to enroll as a Rendering Servicing Provider and associate to the practice's Type 2 NPI as the Billing Provider.

### **Am I required to enroll in the Statewide Integrated Governmental Management Application (SIGMA)?**

This is based on your provider type.

- If you enroll as an Individual Sole Proprietor, you must enroll with SIGMA as well. You must visit <http://www.michigan.gov/SIGMAVSSS> and register your social security number or Tax ID.
- If you enroll as a Rendering Servicing Provider, you are not required to enroll in SIGMA.
- If you enrolled as a Group, your group will need to visit the link above and register.

### **What does it mean to "Associate to Billing Provider"?**

If you are a single provider practice, you will not need to associate to a billing provider. If you work in a group practice, you will need to associate to the Type 2 NPI of the practice for which you work.

### **I don't plan to direct bill Medicaid. What do I select under "Mode of Claim Submission"?**

Selecting "paper" is recommended if you only plan to bill and receive payment through a third party. Providers may wish to choose all options available in case they choose to bill FFS Medicaid in the future.

### **I am already registered at MILogin or SIGMA. Do I need to complete those registrations again?**

No. If you already have a MILogin username and password, you can log in and simply request access to CHAMPS. If you have registered through SIGMA you do not have to re-register.

### **How do I know my enrollment is complete?**

You will receive a welcome letter. You may also log into CHAMPS, click the "My In box" tab, click "Provider Verification" and enter your NPI number to see if it is enrolled. You can also Track you Application by logging into CHAMPS and selecting Track Application, you will enter your 14 digit Application ID and it will tell you the status of your enrollment. Or you can call the Provider Support Helpline at 1-800-292-2550.

**Does this open the door to federal auditors or additional government scrutiny?**

If you are currently accepting any type of Medicaid payment, including payment from a third party such as a managed care organization or waiver agent, you are already subject to all state and federal Medicaid regulations, screenings, and audits.

**Can the Department provide a representative to discuss this requirement at our next association meeting?**

Yes. Contact Provider Enrollment at [providerenrollment@michigan.gov](mailto:providerenrollment@michigan.gov) to schedule an appointment for an enrollment specialist to speak with your group.

**I am having problems with enrolling. Who do I contact?**

Please call Medicaid Provider Enrollment at 1-800-292-2550 or email at [ProviderEnrollment@michigan.gov](mailto:ProviderEnrollment@michigan.gov).

**Resources**

**Provider Enrollment**

- Website: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Enrollment
- Email: [ProviderEnrollment@Michigan.gov](mailto:ProviderEnrollment@Michigan.gov)
- Phone: 1-800-292-2550

**Provider**

- Website: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)
- Michigan Medicaid Provider Manual: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms

**CHAMPS Provider Enrollment**

- MILogin website: <https://milogintp.michigan.gov>

**SIGMA**

- SIGMA Vendor Self Service (VSS):  
<https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>