



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

January 22, 2018

Dear Provider,

RE: Medicaid Provider Enrollment Requirement

This letter provides information about an initiative led by the Michigan Department of Health and Human Services (MDHHS) to comply with federal provider screening requirements.

Effective January 1, 2018, all providers who serve Michigan Medicaid beneficiaries, including providers participating in a Managed Care Organization's (MCO) provider network, are required to be screened and enrolled in the Michigan Medicaid program. The purpose of this requirement is to strengthen program integrity by preventing provider fraud.

MCO providers serving Medicaid beneficiaries must enroll through the Michigan Department of Health and Human Services' Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment and billing system.

This change comes as part of federal regulations aimed at ensuring all providers who participate in Medicaid comply with federal screening and enrollment requirements. The regulations prohibit payment to providers who are not appropriately screened and enrolled.

Providers enrolling in CHAMPS are divided into two categories: typical and atypical. Typical providers are professional health care providers that provide health care services to beneficiaries. Typical providers must meet education and state licensure requirements and have assigned National Provider Identifiers (NPIs). Examples of typical provider types include, but are not limited to: physicians, physician assistants, certified nurse practitioners, dentists and chiropractors. Atypical providers provide support services for beneficiaries. These providers generally do not have professional licensure requirements, and may not have an NPI.

Beginning March 1, 2018, MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering, operating, billing, supervising, and attending providers not enrolled in CHAMPS.

For dates of service on and after May 1, 2018, MDHHS will prohibit both Fee-for-Service and MCO payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

Note that the timeline above applies to typical providers. MDHHS plans to start enforcing the enrollment of atypical providers in Fall 2018. MDHHS will release future updates as additional provider types become available in CHAMPS.

Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Fee-for-Service Medicaid beneficiaries. Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid.

Refer to the [MDHHS Medical Services Administration Provider Bulletin 17-48 for more information about the enrollment requirement](#). For information about the Provider Enrollment process, visit www.michigan.gov/MedicaidProviders and click on Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact the MDHHS Provider Enrollment Help Desk at (800) 292-2550.

Sincerely,

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration