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### **Deadline extended for providers to enroll in the Michigan Medicaid program**

LANSING, Mich. – Recently, the Michigan Department of Health and Human Services (MDHHS) [announced federal regulations](#) under the Affordable Care Act and 21<sup>st</sup> Century Cures Act that require all providers who serve Michigan Medicaid beneficiaries, including providers participating in a Managed Care Organization’s (MCO) provider network, to be screened and enrolled in the Michigan Medicaid program. The regulations prohibit payment to providers who are not appropriately screened and enrolled.

Due to the overwhelming response from providers, we will be extending both the implementation dates of March 1 for denying claims for typical non-enrolled providers, and May 1 for denying pharmacy claims for non-enrolled prescribers.

While compliance is still mandated, the department will continue to work with federal partners toward state implementation timelines that allow beneficiary access to care.

“We are grateful for providers who recognize the urgency and importance of enrolling in Michigan’s Medicaid system,” said Kathy Stiffler, Medical Services Administration acting director. “Timely provider enrollment helps us meet federal requirements, strengthens program integrity and care quality and protects beneficiaries.”

Despite the delays, MDHHS continues to encourage providers to enroll as soon as possible using the state’s online Medicaid enrollment and billing system, Community Health Automated Medicaid Processing System (CHAMPS). MDHHS will monitor enrollment processing time and determine new enforcement dates.

“We want to make sure providers understand there is still a need and urgency for enrollment in order to avoid any interruption of services to the patients they serve,” Stiffler added.

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.

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MDHHS will give at least 60 days advance notice for implementing the following actions for providers who are not enrolled:

- MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering, operating, billing, supervising, and attending providers not enrolled in CHAMPS.
- MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

In addition, MDHHS is awaiting guidance from our federal partners regarding the enrollment requirements for atypical providers and will share those updates once available.

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.

For more information about the provider enrollment requirement, view the [MDHHS Medical Services Administration Provider Bulletin 17-48](#). For information about the Provider Enrollment process, visit [www.michigan.gov/MedicaidProviders](http://www.michigan.gov/MedicaidProviders) and click on Provider Enrollment.

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