

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Vicki Goethals

Phone Number: 517-335-6611

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to enforce the federal requirement that prescribers are enrolled with the state Medicaid agency.

Reason for policy (problem being addressed):

To protect Medicaid beneficiaries by strengthening program integrity and care quality.

Budget implication:

budget neutral

will cost MDHHS \$ _____, and (select one) budgeted in current appropriation

will save MDHHS \$ _____

Is this policy change mandated per federal requirements?

Yes; Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act.

Does policy have operational implications on other parts of MDHHS?

Yes - this policy has certain implications for the Behavioral Health and Developmental Disabilities Administration (BHDDA). The enrollment requirement applies to all prescribers in the Prepaid Inpatient Health Plan/Community Mental Health Services Programs (PIHP/CMHSP) system.

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: Yes No

If Yes, please provide status:

Approved Pending Denied

Date: _____ Approval Date: _____

Public Notice Required: Yes No

If yes,
Submission Date: _____

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 1907-Enrollment	Date: May 22, 2019

Comments Due: June 26, 2019
Proposed Effective Date: October 1, 2019
Direct Comments To: Vicki Goethals
Address: Pharmacy Management Division/MDHHS/MSA/CCC 4th Floor
E-Mail Address: goethalsv@michigan.gov
Phone: 517-335-6611 **Fax:** 517-346-9809

<p>Policy Subject: Enrollment Requirement for Prescribers</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)</p> <p>Distribution: All Providers</p> <p>Summary: The purpose of this policy is to enforce the federal requirement that prescribers are enrolled with the state Medicaid agency.</p> <p>Purpose: To protect Medicaid beneficiaries by strengthening program integrity and care quality.</p> <p>Cost Implications: None</p> <p>Potential Hearings & Appeal Issues: None</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
--	---

Tribal Notification: Yes No - Date:

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: All Providers

Issued: August 1, 2019 (Proposed)

Subject: Enrollment Requirement for Prescribers

Effective: October 1, 2019 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to enforce federal Medicaid enrollment requirements that apply to providers who prescribe drugs to Medicaid beneficiaries. These requirements are outlined in Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act. The purpose of these requirements is to protect Medicaid beneficiaries by strengthening program integrity and care quality.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment system. 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.

For Prescribers

Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied. This applies to all providers who prescribe drugs, including medical residents. In order to avoid interruptions in beneficiaries' drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/MedicaidProviders >> Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at 800-292-2550.

For Pharmacies

Since July 1, 2018, Medicaid Fee-for-Service and Medicaid Health Plans have posted the following informational edit on pharmacy claims for drugs written by a prescriber who is not enrolled in CHAMPS:

NCPDP Code 889: PRESCRIBER NOT ENROLLED IN STATE MEDICAID PROGRAM

Starting October 1, 2019, subsequent claims with this edit will be denied.

There may be certain emergency circumstances where a beneficiary must receive his prescription medication. In those instances, the pharmacy may override the edit using either of the following Submission Clarification Codes in NCPDP field 420-DK, when applicable:

- 13 – Payer-Recognized Emergency/Disaster Assistance Request
- 55 – Prescriber Enrollment in State Medicaid Program has been validated

When the above codes are not applicable, a pharmacy or prescriber may initiate an override request by contacting the healthcare payer's Pharmacy Help Desk. For overrides on Medicaid Fee-for-Service claims, call 888-411-6343. For Medicaid Health Plan contact information, visit www.michigan.gov/MCOPharmacy.