

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Tyler Wise

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Initial

Public Comment

Final

Brief description of policy:

The purpose of this bulletin is to update the allowable attending provider list on the institutional billing form for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal FQHCs, and Tribal Health Centers (THCs).

Reason for policy (problem being addressed):

To align policy with systems for allowable attending providers on the institutional billing form for FQHCs, RHCs, Tribal FQHCs, and THCs.

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?

No.

Does policy have operational implications on other parts of MDHHS?

Yes, Managed Care Plan Division, Medicaid System Operations Division, and Medicaid Payments Division.

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2137-Clinic	Date: September 28, 2021

Comments Due: November 2, 2021
Proposed Effective Date: January 1, 2022
Direct Comments To: Tyler Wise
Address:
E-Mail Address: Wiset2@michigan.gov
Phone: 517-284-1128 **Fax:**

Policy Subject: Clinic Attending Provider Update Affected Programs: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS) Distribution: Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Tribal FQHCs, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs) Summary: The purpose of this bulletin is to update the allowable attending provider list on the institutional billing form for FQHCs, RHCs, Tribal FQHCs, and THCs. Purpose: To align policy with systems for allowable attending providers on the institutional billing form for FQHCs, RHCs, Tribal FQHCs, and THCs. Cost Implications: Budget neutral Potential Hearings & Appeal Issues: N/A

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:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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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
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Tribal FQHCs, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Issued: December 1, 2021 (Proposed)

Subject: Clinic Attending Provider Update

Effective: January 1, 2022 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to update the allowable attending provider list on the institutional billing form for FQHCs, RHCs, Tribal FQHCs, and THCs.

Effective for dates of service (DOS) on and after January 1, 2022, the following providers are allowed to be reported in the attending field (FL 76) for institutional invoices submitted by FQHCs, RHCs, Tribal FQHCs, and THCs:

- Physicians (includes podiatrists, optometrists, and chiropractors)
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Clinical Psychologists
- Clinical Social Workers
- Clinical Nurse Specialists
- Licensed Psychologists (Doctoral Level)
- Social Workers (Master's Level)
- Professional Counselors (Master's or Doctoral Level)
- Marriage and Family Therapists
- Limited License Psychologists (Master's or Doctoral Level)

Clinic dental providers must continue to use the ASC X12N 837D 5010 dental format when submitting electronic claims. MHPs are also expected to accept the attending providers listed above on the institutional claim format for the impacted clinic types beginning with DOS on and after January 1, 2022.