

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Margo Sharp

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

This bulletin establishes a new provider enrollment process and associated claims processing rules for Medicare providers submitting claims for Medicaid payment of Medicare cost-sharing only for dually eligible beneficiaries.

Reason for policy (problem being addressed):

The policy is being promulgated to address new rules for 42 CFR §455.410 as amended at 86 FR 45521.

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.

Does policy have operational implications on other parts of MDHHS?

No.

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 If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date: Approval Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2244-PE	Date: October 25, 2022

Comments Due: November 29, 2022

Proposed Effective Date: January 1, 2023

Direct Comments To: Margo Sharp

Address:

E-Mail Address: Sharpm1@michigan.gov

Phone:

Fax:

Policy Subject: New Enrollment Option for Medicare Provider Submission of Dual Eligible Cost-Sharing Only Claims

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

Distribution: All Providers

Summary: This bulletin establishes a new provider enrollment process and associated claims processing rules for Medicare providers submitting claims for Medicaid payment of Medicare cost-sharing only for dually eligible beneficiaries.

Purpose: The policy is being promulgated to address new rules for 42 CFR §455.410 as amended at 86 FR 45521.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: None

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, date submitted:	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
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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
Behavioral & Physical Health and Aging Services Administration

Distribution: All Providers

Issued: December 1, 2022 (proposed)

Subject: New Enrollment Option for Medicare Provider Submission of Dual Eligible Cost-Sharing Only Claims

Effective: January 1, 2023 (proposed)

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

The purpose of this policy is to implement a new federal rule requiring State Medicaid Agencies to provide an enrollment path for Medicare providers who only intend to submit claims to Medicaid for reimbursement of Medicare cost-sharing for dual eligibles. This special enrollment will be limited to cost-sharing only claims and still requires that the provider enroll through the Community Health Automated Medicaid Processing System (CHAMPS).

Background

Final Centers for Medicare & Medicaid Services (CMS) rule, *Medicaid Enrollment of Medicare Providers and Suppliers for Purposes of Processing Claims for Cost-Sharing for Services Furnished to Dually Eligible Beneficiaries* (86 FR 45521), aims to ease barriers for Medicare providers submitting claims to Medicaid for payment of Medicare cost-sharing for dually eligible beneficiaries. The rule requires Medicaid to address two processes:

1. Permit Medicare providers to enroll solely for the purpose of submitting Medicare cost-sharing claims.
2. Limit these provider claims to only cost-sharing and allow adjudication even if the Medicaid State plan does not recognize a service or provider category.

Medicare providers who are not enrolled with Medicaid are unable to receive reimbursement for cost-sharing of dually eligible beneficiaries. Without reimbursement, providers may choose not to treat, or continue treating, dually eligible beneficiaries. Medicare providers can recover a portion of unpaid costs through federal provisions that identify such costs as Medicare bad debt. Per 42 CFR 413.89, to claim Medicare bad debt, providers must submit a remittance advice from Medicaid and must exclude any cost-sharing amount legally owed by the State from the Medicare bad debt amount claimed.

Provider Enrollment

Beginning January 1, 2023, Medicare providers who are not currently enrolled with Michigan Medicaid may choose the restricted cost-sharing option, *Medicare Cost Share*, during CHAMPS enrollment. Billing, rendering, attending, ordering, and referring provider types reported on these cost-sharing claims must be enrolled either as a Medicare cost-sharing only or full Medicaid provider. Medicare provider types not recognized by Medicaid must choose the Medicare Cost-Sharing Only option. These providers must contact Provider Enrollment at ProviderEnrollment@michigan.gov for enrollment assistance.

This special enrollment type is only available to providers participating in original Medicare. Providers participating in Medicare Part C, also known as a Medicare Advantage Plan, must complete a full Medicaid enrollment.

Claims

Claims submitted by providers with a cost-sharing only enrollment type will process beginning with dates of service January 1, 2023. Claims will only adjudicate if Medicare is reported primary for these providers. Claims submitted for reimbursement of Medicaid primary services will deny for Medicare cost-sharing only providers.

Medicaid Health Plans and Integrated Care Organizations

Medicaid Health Plans and MI Health Link Integrated Care Organizations are not required to maintain similar provider enrollment through their plan or adjust current claims processing operations for Medicare cost-sharing only providers.