

Bulletin Number: MSA 15-54

Distribution: All Providers

Issued: December 30, 2015

Subject: Provider Enrollment Electronic Signature Form Submission Process

Effective: February 1, 2016

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MIChoice Waiver, Plan First!

In compliance with 42 CFR 455.104, the Michigan Department of Health and Human Services (MDHHS) is establishing a new process associated with Medicaid provider screening and enrollment requirements related to program integrity for the Medicaid Fee-for-Service (FFS) program. Providers were previously notified of the changes required under 42 CFR 455.105 in bulletin MSA 12-55. This bulletin describes the process for assigning additional domain access rights to the Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment (PE) subsystem on a provider's behalf.

Medicaid Health Plans (MHPs) and other managed care plans and organizations are not required to implement these screening and enrollment changes; however, managed care providers enrolling in CHAMPS will be required to complete this process if additional CHAMPS domain access is needed. Due to the way Home Help providers are enrolled in CHAMPS, they are unable to add an additional user to their Provider Enrollment domain.

These forms do not need to be completed if no new domain access rights are needed.

Electronic Signature Agreement Form

To obtain the required information mandated under 42 CFR 455.104, any provider wishing to appoint another person access to their CHAMPS information must submit an Electronic Signature Agreement form (DCH-1401) and the Electronic Signature Agreement form cover sheet (MDHHS-5405). The two completed forms must be submitted to the MDHHS Medicaid Provider Enrollment Unit for processing. MDHHS recommends the provider retain a copy of these forms for their records.

The Electronic Signature Agreement form is also being updated to include additional language certifying the enrolled provider understands he or she is liable and bound by all information submitted on his or her behalf.

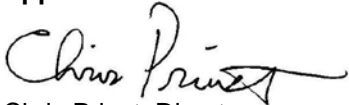
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration

Michigan Department of Health and Human Services
Provider Electronic Signature Agreement Cover Sheet

INSTRUCTIONS:

- Provider should retain a COPY in the office.
- MUST be submitted with the Electronic Signature Agreement form DCH-1401.

Mail to:

Fax: 517-241-8233

PROVIDER ENROLLMENT SECTION
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30238
LANSING MI 48909

REASON FOR SUBMISSION (check all that apply)

<input type="checkbox"/> Revalidation	<input type="checkbox"/> New Tax ID/SSN <i>(List Provider Enrollment staff contact name)</i>
<input type="checkbox"/> Domain Access <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Both	<input type="checkbox"/> Other <i>(List reason)</i>
<input type="checkbox"/> Domain Administrator Contact Information	

CONTACT INFORMATION (REQUIRED)

Name	E-Mail Address	Phone Number
Single Sign-On (SSO) User ID	Provider's NPI Number	
Provider's Date of Birth	Provider's Home Address	

Provider Enrollment Office Use Only

<input type="checkbox"/> Provided Domain Administrator contact information <input type="checkbox"/> Sent/Gave to team lead for processing <input type="checkbox"/> Sent to processor with W-9 attached <input type="checkbox"/> Opened for revalidation
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AUTHORITY: 42 CFR §455.104
COMPLETION: Voluntary, but required for access to CHAMPS.

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



Electronic Signature Agreement



Employer or Employing Entity Name	Employer Identification Number	NPI
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Individual Name (Doctor, Dentist, Nurse, etc.)	NPI
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The undersigned Individual and Employing Entity attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the Employing Entity has the authority to sign and submit the electronic Michigan Department of Health and Human Services Medical Assistance Provider Enrollment Trading Partner Agreement and to maintain enrollment information through the MDHHS CHAMPS Provider Enrollment Subsystem. Both parties also agree that the Employing Entity listed above is liable and bound by all information submitted on his or her behalf as if the Employing Entity had submitted changes to CHAMPS directly.

Individual Signature	Date
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Employing Entity Signature	Date
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Individual Single Sign-on User ID	Date
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