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# 2018 CHAMPS UPDATE INSIDE

**Federal Requirements Mean  
HKD/HMP Dentists **Must Enroll** in CHAMPS**

You need to know this information if you accept  
Healthy Kids Dental or Healthy Michigan Plan patients.

## **UPDATED 2/20/18**

# **Deadline for CHAMPS Enrollment Delayed**

**The Michigan Department of Health and Human Services has announced an extended delay in enforcement for enrolling in CHAMPS.**

Outreach to providers has created a large influx of applications and the state has determined it cannot complete these enrollments by the previous March 1 deadline.

**No new deadline has been set but dentists should continue to work to complete enrollment.**

The state continues to add resources to meet the demand. Once they believe they have the resources to process enrollments in a timely way, they will select a new enforcement date and provide at least 60 **days** advance notice.

Other states have reported similar experiences, causing CMS to accept adjusted enforcement deadlines to prevent disruption to care.

This information is current as of February 20, 2018. For updates or an updated, downloadable copy of this section, visit the MDA website at [www.michigandental.org/Dental-Benefits](http://www.michigandental.org/Dental-Benefits).

### **Federal Requirements Mean All HKD/HMP Dentists MUST Enroll in CHAMPS**

Federal regulations now require that anyone providing services to a Medicaid beneficiary must enroll in the state's CHAMPS system immediately. This requirement applies even to those who do not bill directly to the state but receive payment through a Medicaid managed care plan such as Healthy Kids Dental or the Healthy Michigan Plan. CHAMPS stands for the Community Health Automated Medicaid Processing System – the state's web-based Medicaid billing portal.

**Each individual must enroll.** If you work for a practice or group, your group/practice will need to be enrolled and then each dentist will need to enroll and associate to the practice/group.

### **About the CHAMPS Enrollment Requirements**

- Effective Jan. 1, 2018, anyone accepting Medicaid dollars must enroll in the state CHAMPS (Community Health Automated Medicaid Processing System).
- Once the state sets an enforcement deadline, insurance companies who administer Medicaid payments, must deny claims if the provider is not enrolled in CHAMPS.
- This is a federal requirement that applies to all Medicaid, Healthy Michigan Plan, Healthy Kids Dental and MIChild providers (among others).
- If your claim is denied and you are not enrolled, you may contact the state Medicaid office to enroll. Claims may be paid retroactively if you enroll or show that you have attempted to enroll.

- You will be required to update your provider information any time you have changes to information submitted at enrollment.
- Medicaid conducts monthly screenings of all providers. Individuals who have a record of state board disciplinary record, or have been excluded from federally funded health care programs, Medicare, or Medicaid, will not be allowed to treat patients covered by any Medicaid program including Healthy Kids Dental and Healthy Michigan Plan.
- You must revalidate your information with CHAMPS every 5 years. You will be notified by letter 90 days prior. If you do not complete revalidation by the deadline, you will be inactivated in the system and unable to receive payment from any Medicaid program.

## Frequently Asked Questions

### ***Why is Medicaid making these changes?***

This federal regulation ensures states comply with federal provider screening regulations that require all providers who participate in Medicaid (and any program through which Medicaid funding is received) comply with federal screening and enrollment requirements.

### ***What happens if I do nothing?***

If you bill any type of program through which Medicaid funding is received, including Healthy Kids Dental and the Healthy Michigan Plan, payment will be denied.

### ***Does this mean I have to take fee-for-service Medicaid patients?***

**No.** This does not change the types of Medicaid programs you accept. When you enroll or update information in CHAMPS, there is a question that asks if you are taking Medicaid patients. You can answer “No” to this question and it will not affect your enrollment in any way.

### ***Can I limit the number of patients with this plan?***

**Yes.** You may update your CHAMPS profile at any time to indicate whether or not you are taking new Medicaid patients. Under any Medicaid plan that you accept, you can set the number of patients that you see.

### ***Does this mean my payment will be reduced to Medicaid rates?***

**No.** This does not change your payment rates or contracts.

### ***Do I have to submit claims through CHAMPS now?***

**No.** This does not change how you submit claims.

### ***Does this open the door to federal auditors or additional government scrutiny?***

If you are currently accepting any type of Medicaid payment, including payment from a third party such as the Healthy Kids Dental program, you are already subject to all state and federal Medicaid regulations, screenings, and audits.

***Is this regulation targeting dentists?***

No. Any individual who provides a service of any type to a Medicaid beneficiary is required to complete this enrollment. This includes all health care providers, social services workers, pharmacists, and even family members who provide home care services or transportation services to Medicaid recipients.

***Is there a fee to enroll?***

No. There are no fees to enroll as a Medicaid provider.

***Can I enroll via paper or phone?***

Paper enrollment is not available. You must enroll online. If you are unable to enroll online, please contact Provider Enrollment at 1-800-292-2550.

***How long does it take for Medicaid to process my enrollment?***

Providers should take action right away. Due to the large number of providers that still need to enroll, there is currently a backlog in application approval and lengthy call times with the helpline. Completing the online enrollment information may take a significant amount of time depending on the makeup of your practice. It can then take 3-4 weeks to receive final approval. You will receive a letter confirming enrollment. ***NOTE: Once you start an enrollment and are assigned an Application ID number you MUST submit the application within 30 days or the application is deleted from the system. Make note of your Application ID number. You will need this number to track the status of your application.***

- Basic contact information including home address
- Social Security number
- Date of birth
- Specialty type
- NPI number (Type 1 individual)
- State dental license number
- Taxonomy Code (This is a code used to classify healthcare provider types. You would have used a code to obtain your NPI number. A list of the codes that apply to dentists is available at [http://www.ada.org/~media/ADA/Member%20Center/Files/topics\\_npi\\_taxonomy.pdf?la=en](http://www.ada.org/~media/ADA/Member%20Center/Files/topics_npi_taxonomy.pdf?la=en).)
- Managing employee/office manager name, Social Security number, date of birth, and home address



- Provider ID of Plan (This is where you would associate to all plans you are accepting. For instance, if you accept Healthy Michigan Plan patients who have Meridian Health Plan you would associate to DentaQuest. You can associate to multiple plans.)
- Electronic signature agreement info (This is only required if you would like to have someone else in your office complete enrollment or access the enrollment information to make updates. This is located on the CHAMPS website or you may call the helpline for assistance.)
- Some providers will also need to register in the SIGMA payment system (see FAQs on enrolling in SIGMA below for more information) as well you will also need:
  - Individual payee: social security number, name, mailing address, and email address. Phone numbers and banking information are optional.
  - Business payee: Tax ID number, legal business/sole proprietor name, type of ownership (corporation, partnership, sole proprietor), and email address. Banking information and details about services are optional.

#### ***Why do they need my home address?***

The home address is used for the purpose of running required background checks and is required under the Affordable Care Act.

#### ***Why do they need the office manager/managing employee name and personal information?***

This is a federal requirement and the information is used to ensure the person is not excluded from participation with Medicaid, Medicare, etc. If the staff refuses to provide this information the practice/organization will be terminated from Medicaid enrollment. This information is protected as explained below. Only Medicaid staff and individuals you have granted CHAMPS domain rights will be able to see this information. If the practice does not have a managing employee/billing supervisor/manager, the practice owner name and social security number may be used.

#### ***How can I be assured my social security number and other private information is secure?***

The CHAMPS Security Framework provides a secure environment for information management and protects against unwanted loss or disclosure of data. The HIPAA Privacy Rule covers protected health information in any medium while the HIPAA Security Rule covers electronic protected health information.

The security framework maintains extensive user audit logging for the audit trail in support of HIPAA Security and Privacy. The CHAMPS Security Framework supports role based security and limits access to users by domain and user ID. Only authorized users with appropriate security profile are allowed to access the system and enrollment information.

#### ***How do I know which enrollment type to select (individual sole proprietor, group, etc.)?***

This is based on your practice setup.

- If you have a Type 1 NPI (individual), own your private practice, and do billing under your Type 1 NPI, on the “Enrollment Type” screen select “Regular Individual/Sole Proprietor or Rendering/Servicing Provider”.
- If you have a Type 2 NPI (business) and a Type 1 NPI (individual): First use your Type 2 NPI to enroll as a Group. Then use your Type 1 NPI to enroll as a Rendering Servicing Provider and associate to your Type 2 NPI as the Billing Provider.
- If you work for a practice but are not the owner, the practice must first complete its Group enrollment. Then you must use your Type 1 NPI to enroll as a Rendering Serving Provider and associate to the practice's Type 2 NPI as the Billing Provider.

### ***What applicant type should I select?***

If you are not accepting Fee-For-Service Medicaid patients, on the “Basic Information” screen, under “applicant Type” select “Rendering/Servicing Only”.

### ***Am I required to enroll in SIGMA as well?***

This is based on your applicant type.

- If you selected Rendering/Servicing Provider, then no.
- If you selected Individual Sole Proprietor or Group, then yes.

### ***What does it mean to “Associate to Billing Provider”?***

If you are a single dentist practice, you will not need to associate to a billing provider. If you work in a group practice, you will need to associate to the Type 2 NPI of the practice you work for.

### ***I don't plan to direct bill Medicaid, what do I select under “Mode of Claim Submission”?***

Selecting “paper” is recommended if you only plan to bill and receive payment through a third party such as under Healthy Kids Dental and the Healthy Michigan Plan.

### ***How do I know my enrollment is complete?***

You will receive a welcome letter. You may also log into CHAMPS, click the “My Inbox” tab, click “Provider Verification” then enter the NPI number to see if it is enrolled. Or you can call the provider helpline at 1-800-292-2550.

### ***Why is CHAMPS is telling me I already have an ID?***

Some dentists who have been in practice for a length of time may find that the system has an old ID from a data transfer done many years ago. While the state has issued a repair for this, there are some who may still have an old ID. The CHAMPS provider helpline should be able to assist you.

### ***Is there someone willing to come speak at a component meeting or study club?***

Yes. Please contact Provider Support at [providersupport@michigan.gov](mailto:providersupport@michigan.gov) or Provider Enrollment at [providerenrollment@michigan.gov](mailto:providerenrollment@michigan.gov) and the state will be happy to send an enrollment specialist to speak with your group.

***I am having problems with enrolling, who do I call?***

Please call Medicaid Provider Enrollment at 1-800-292-2550. If your problem is with the SIGMA portion of the enrollment please call the SIGMA helpline at 1-888-734-9749.

***I called the helpline and my issue is still not being resolved, what now?***

Please call the MDA's April Stopczynski at [astop@michigandental.org](mailto:astop@michigandental.org). While the MDA cannot access the enrollment system, we can connect you to an enrollment manager at the state. We are also tracking these issues and relaying them to state officials and legislators.

***What happens if my enrollment is not complete when enforcement begins?***

While your initial claim may be denied, the state has indicated that it will work with providers to address claims that are denied if a provider can show that they are in the process of enrolling or attempted to enroll. Contact the provider helpline.

## Things to Consider

The MDA cannot advise you on whether or not to participate with a particular insurance program, including Medicaid programs. However, here are some things you may wish to consider when looking at your options:

- Do you treat any traditional fee-for-service Medicaid patients?
- Do you treat patients with Medicaid plans administered by a third party insurer? (This includes Healthy Kids Dental, Healthy Michigan Plan, MI Health Link and MIChild.)
- Are you willing/able to comply with the requirements of Medicaid?
- Are you willing/able to comply with the requirements of the insurance company(ies) administering the Medicaid plans?

## Important Reminders

**Verify benefits on the date of service.** Documentation of the verification of benefits on the date of service can be critical if an issue arises with the claim.

**Audits.** Dentists participating with any type of dental plan are subject to auditing. Proper documentation in the patient record is a key to avoiding problems.

**Co-pays vs. balance-billing.** Dentists may collect co-pays and charge patients up to the maximum allowable on non-covered services so long as the patient is informed of the charges **prior** to providing the services. Dentists may not balance-bill patients for the difference between the insurance company's maximum allowable and the dentist's full fee (this includes insurance companies that allow par per-claim).

## Contact Information

### Enroll Online

<https://milogintp.michigan.gov>

- Create your MILogin username and password.
- Then follow the steps to request access to CHAMPS.
- Once access is granted, follow the enrollment prompts in CHAMPS.
- If needed (described above) visit <http://www.michigan.gov/SIGMAVSSS> to register in SIGMA.

### Contact the Medicaid Provider Helpline

1-800-292-2550

[ProviderEnrollment@michigan.gov](mailto:ProviderEnrollment@michigan.gov)

[ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

### Contact the SIGMA Helpline

1-888-734-9749

[SIGMA-Vendor@michigan.gov](mailto:SIGMA-Vendor@michigan.gov)

### CHAMPS Webinars

[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

### Verify Your Enrollment Status

You will receive a welcome letter. Or log into CHAMPS, click the "My Inbox" tab, click "Provider Verification" then enter the NPI number to see if it is enrolled. Or call the Medicaid Provider Helpline.