

Requirements of the Affordable Care Act

Office of Medical Assistance Programs and the Office
of Mental Health and Substance Abuse Services

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Affordable Care Act (ACA)

Background:

- The ACA¹ added requirements for provider screening and enrollment, including a requirement that physicians and other practitioners who order or refer items or services for Medicaid beneficiaries to enroll as Medicaid providers.
- The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

• ¹ Section 6401(b) of the Patient Protection and Affordable Care Act (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (collectively known as the ACA) amended Section 1902 of the Social Security Act, to add paragraphs (a) (77) and (kk).

Background:

- 42 CFR § 455.410 Enrollment and screening of providers.
 - (a) The State Medicaid agency must require all enrolled providers to be screened under this subpart.
 - (b) The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers.

Background:

- Originally applied only to Medicaid fee-for-service programs
- The Medicaid Managed Care Final Rule published May 6, 2016 (Federal Register Vol. 81, No. 88) applied the requirement to Medicaid and CHIP Managed Care Organizations (MCOs).
- Section 5005(b)(2) of the 21st Century Cures Act requires MCO compliance by January 1, 2018.

Ordering, Referring and Prescribing (ORP)

In the PA Medical Assistance (MA) Fee-for-Service (FFS) program:

- Released MA Bulletin 99-12-14 – NPI Requirements on All Claim Submission Media issued December 19, 2012 which provided instruction for submitting the NPI of the billing, rendering and referring providers on FFS claims
- Released MA Bulletin 99-16-07 – Enrollment of Ordering, Referring and Prescribing Providers on April 1, 2016
- Released MA Bulletin 99-17-02 – Submission of Claims that Require the National Provider Identifier (NPI) of a Medical Assistance enrolled Ordering, Referring or Prescribing Provider on January 31, 2017.

Ordering, Referring, and Prescribing (ORP)

In the PA MA FFS program:

- Bulletin 99-17-02 identifies providers (by provider type) that should check the PROMISe billing guides to determine if claims submitted for services need to have an enrolled ordering, referring, or prescribing provider NPI.
- Example of providers that need to include the NPI of an ordering, referring, or prescribing provider on the claims:
 - Home Health Agencies
 - Hospice
 - Pharmacy
 - Durable Medical Equipment

Ordering, Referring, and Prescribing (ORP)

- All providers, including behavioral health providers should check their billing guides to determine when an NPI is required on the claim:

www.dhs.pa.gov/publications/forproviders/promiseprovidehandbooksandbillingguides/index.htm

- Physical health claims for services that are ordered or prescribed by an non-enrolled MA provider are denying in the MA FFS program

Ordering, Referring, and Prescribing (ORP)

- Pharmacy claims are submitted at the point of sale – which means that if a prescriber is not MA enrolled, a recipient in the FFS program may have difficulty getting the drug.
 - Pharmacies have been instructed to call the MA FFS Pharmacy call center for assistance if a claim is denying due to the ORP provider not being enrolled.
- Other physical health claims for services that are ordered or prescribed by an non-enrolled MA provider deny when the provider submits claims for payment, usually after the service or item has been provided.

Compliance with the Managed Care Final Rule

- ORP requirements for the Physical Health MA MCOs and CHIP MCOs
 - DHS expectation that by November 2017 MCOs should be applying soft edits to claims for ORP.
 - January 1, 2018 MCOs should deny claims which the ORP is not enrolled in MA.

Enrolling in the PA MA Program

Providers who need to enroll should visit –

www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm

To apply online via the Electronic Provider Enrollment Portal –

<https://provider.enrollment.dpw.state.pa.us/>

Please note that physician assistants can now enroll online as provider type 10 – mid-level practitioner.

Enrolling in the PA MA Program

- Providers enroll in the PA Medical Assistance program based on their provider type (physician, nurse, mental health and substance abuse provider, case manager, etc.)
- Each provider type has different requirements that need to be met for a provider to qualify as a Medical Assistance Provider.
- All providers must be screened according to the ACA requirements.

MA Requirements

- Medical Assistance provider enrollment requirements come from:
 - Federal law or regulations
 - State laws and regulations for example the regulations set for the in the PA Code (55 Pa Code)
 - Medical Assistance Bulletins, Provider Handbooks and other state policy documents

Example of MA Requirements

- Signed Provider Agreement
- Completed Ownership or Control Interest Disclosure form
- Documentation generated by IRS showing both the Provider's legal name and FEIN
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming status
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Clinical Laboratory Improvement Amendments (CLIA) certificate and PA Department of Health clinical lab permit, if applicable
- A copy of the approved service description (submitted to and approved by the OMHSAS Children's Bureau of Children's Behavioral Health Services) must accompany the application

Screening Requirements of the ACA

- Screened in accordance with their risk level (limited, moderate, high). See [Medical Assistance Bulletin 99-16-13](#),
- Verify that the provider is licensed by the state, that the license has not expired and does not have any current limitations
 - Checks against the DOS databases or require copy of the license or certification to be provided

Screening Requirements of the ACA

- Conduct Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
 - PECOS -Provider Enrollment, Chain and Ownership System
 - Social Security Administration Database
 - OIG – US Office of Inspector General’s List of Excluded Individuals/Entities (LEIE)
 - MEDI-CHECK – PA Precluded Provider Database
 - SAMS – System for Awards Management
 - NPPES – National Plan & Provider Enumeration System

Screening Requirements of the ACA

- Conduct site visits on “Moderate and High” risk providers to verify that the information submitted is accurate and determine compliance with enrollment requirements. See [Medical Assistance Bulletin 99-16-13](#).
- Collect an application fee prior to executing a provider agreement from a prospective or re-enrolling institutional provider. [See Medical Assistance Bulletin ACA Enrollment Application Fee](#)
- Conduct criminal background checks, including fingerprinting on “high” risk providers. See [Medical Assistance Bulletin 99-17-03](#)

MA Enrollment

- Providers must enroll each service location (address) they see MA recipients.
- Once enrolled, a provider will receive an enrollment letter for each service location (address)
- Providers are assigned a 9 digit number (per legal entity, tax identification number) and a 4 digit number that will be different for each service location (address) or provider type.
- Providers must revalidate their enrollment, per the ACA requirement, every 5 years.

Medical Assistance Enrolled Provider Portal Lookup

- Enrolled Medical Assistance providers can verify if providers who are ordering, referring and prescribing are enrolled in the Medical Assistance Program.
- Enrolled providers may access the tool by logging into the PROMISE™ Internet portal at:

<https://promise.dpw.state.pa.us>.

Screening Employees of MA providers

- Who should be screened?
 - employees,
 - vendors,
 - contractors,
 - service providers, and
 - referral sources
- When?
 - If providing items and services to MA recipients, and who are involved in generating a claim to bill for services,
 - or are paid by MA.

Screening Employees of MA providers

- Why?
 - When the HHS-OIG excludes a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities.¹
- How often?
 - At time of hire or contracting; and,
 - On an ongoing monthly basis

¹ Section 1903(i)(2)(A),(B) of the Act (42 U.S.C.A. § 1396b(i)(2)(A),(B))1; and 42 Code of Federal Regulation (CFR) Section 1001.1901(b).2

Screening Employees of MA providers

Examples of individuals or entities that providers should screen for exclusion include, but are not limited to:

- Individual or entity who provides a service for which a claim is submitted to Medicaid;
- Individual or entity who causes a claim to be generated to Medicaid;
- Individual or entity whose income derives all, or in part, directly or indirectly, from Medicaid funds;
- Independent contractors if they are billing for Medicaid services;
- Referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to medical condition

Screening Employees of MA Providers

Use the following databases to determine exclusion status;

- Pennsylvania Medichex List
- If an individual's resume indicates that he/she has worked in another state, providers should also check that state's individual list.
- OIG – US Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
<http://oig.hhs.gov/fraud/exclusions.asp>.
- Bulletin lists - Excluded Parties List System (EPLS), which became - SAMS – System for Awards Management