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Memorandum

To: **All HealthChoices Network Providers**

From: **Sheryl M. Swanson, MBA, Director of Provider Relations**

Date: **September 30, 2014**

Subject: **AD 14 105 Accountable Care Act Requirements for Re-Enrollment of Medicaid Providers OMHSAS Bulletin 14-03 AND OMAP Bulletin 99-14-06**

This notice contains important information about changes to Medicaid enrollment for providers. As you know, Medicaid enrollment is required in order for any provider to receive payment through the Pennsylvania HealthChoices program. While PerformCare intends to support providers to the fullest extent possible, providers will be required to prioritize the re-enrollment activities in order to prevent any lapse in enrollment. Please read this notice and the relevant Bulletins very carefully in order to prevent disruptions in enrollment and thus, payment for services.

On March 7, 2014, Department of Public Welfare's (DPW) Office of Medical Assistance Programs (OMAP) issued Bulletin 99-14-06 to outline the requirements associated with the re-enrollment (revalidation) requirements for continued participation in the MA Program for currently enrolled providers.

On August 1, 2014 The Office of Mental Health and Substance Abuse Services (OMHSAS) which is responsible to enroll providers of Community Support Services, issued a similar Bulletin OMHSAS 14-03.

The Department of Public Welfare (Department) through OMAP or OMHSAS depending on the provider type must revalidate the enrollment of all providers, regardless of provider type, at least every five (5) years. This new requirement comes out of the Affordable Care Act and applies to all Medicaid enrolled providers.

OMHSAS enrolls Intensive Case Management, Resource Coordination, Blended Case Management, Family Based Mental Health Services, Mental Health Crisis Intervention Services, Peer Support Services and HealthChoices Supplemental Services Providers (independently enrolled LSW/LCSW/LPC/LMFT, and any supplemental service). OMHSAS 14-03 is the reference Bulletin for providers of any of the types listed. All other provider types are enrolled through OMAP, thus the OMAP Bulletin 99-14-06 should be referenced.

The Department is requiring that all providers re-enroll at least every five (5) years by submitting a fully completed Pennsylvania PROMISe™ Provider Enrollment Application, and any required additional documentation/information based on provider type, for every active and current service location. The Federal regulation at 42 CFR §455.414 (relating to the revalidation of enrollment) requires the Department to complete the initial wave of revalidation of currently enrolled providers by March 24, 2016. Therefore, the Department is requiring all currently enrolled providers to complete the re-enrollment process as outlined below:

- Providers that initially enrolled on or before March 25, 2011 will have to complete the re-enrollment process by March 24, 2016, and subsequent re-enrollments every five (5) years thereafter.
- Providers that initially enrolled after March 25, 2011 will not have to re-enroll until five (5) years from the date they were initially enrolled. They will also complete subsequent reenrollments every five (5) years thereafter.

As stated in 42 C.F.R. § 455.416, service locations for which the provider has not completed the re-enrollment process by the March 24, 2016 deadline for providers initially enrolled on or before 3/25/11, or by the later 5-year deadline for providers enrolled after 3/25/11 will expire and no longer remain active. If the enrollment is closed, the provider will not be paid for services provided to recipients after the date of the closure. If the provider wishes to re-enroll, the provider must submit a new application. **Re-enrollment is expected to take between 60 and 90 days. The Department has indicated that the effective date of the new enrollment will not be made retroactive to cover any lapsed enrollment periods. Medicaid enrollment is required in order for claims to be processed.**

After the initial re-enrollment, providers will have to subsequently re-enroll by submitting a complete, up-to-date enrollment application for each service location at least every five (5) years. As with the initial revalidation process, if a provider does not complete the re-enrollment process within five (5) years of the most recent re-enrollment, the provider's enrollment will expire.

Additional Guidance for OMHSAS Enrolled Provider Types:
OMHSAS completes enrollment for certain types of services. OMHSAS enrolls Community Support Services (CSS) which include Intensive Case Management, Resource Coordination, Blended Case Management, Family Based Mental Health Services, Mental Health Crisis Intervention Services, Peer Support Services as well as HealthChoices Supplemental Services Providers (independently enrolled LSW/LCSW/LPC/LMFT, and any supplemental service). Providers can determine their next re-enrollment deadline by logging in to the provider portal for each service location. The re-enrollment/re-validation date will be displayed in the masthead of the provider portal for each service location. The date identified is the expiration date for that specific service location based on the most recent application on file with DPW/OMHSAS.

Providers of CSS must complete the latest version of the PROMISe™ Provider Enrollment Application including all required accompanying requirements / documentation. Providers of CSS services will obtain their enrollment application and review requirements by accessing the following link: http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm Questions about CSS Provider enrollment should be directed to the Behavioral Health Services Toll-Free Inquiry Line per the Bulletin at 800-433-4459.

The process for re-enrollment of Supplemental Service Providers is slightly different. Providers of HealthChoices Supplemental Services, enrolled through the Behavioral Health Managed Care Organization, will need to meet the requirements set forth by the contracted county/BH-MCO. These services include those provided by group or independently practicing LCSW/ LPC/LMFT as well as Substance Abuse Partial, Intensive Outpatient, Non Hospital Residential and any other unique service for adults. As long as the provider continues to meet the contracted county/BH-MCO requirements, a new application with an updated service description will be completed by the Provider with PerformCare technical assistance and submitted by PerformCare to OMHSAS for re-enrollment every five years. PerformCare will assist by tracking due dates and sending a reminder of the need for a new application.

Questions about Supplemental Services enrollment should be directed to your assigned Account Executive.

Again, The Department has indicated that the effective date of the new enrollment will not be made retroactive to cover any lapsed enrollment periods. Medicaid enrollment is required in order for claims to be processed so it is critical that attention is paid to this task and re-enrollment is pursued timely and with vigilance. The Bulletins indicate that re-enrollment is expected to take between 60 and 90 days so please plan accordingly. Providers must monitor enrollment dates and complete required enrollment activities in a timely manner. Additional communications on this topic may be anticipated.

Attachments:
OMAP Bulletin 99-14-06
OMHSAS Bulletin 14-03

cc: Scott Suhring, Capital Area Behavioral Health Collaborative
Pam Marple, Behavioral Health Services of Somerset & Bedford Counties
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