

# Provider Revalidation

Office of Medical Assistance Programs  
Bureau of Fee-for-Service Programs

# Agenda

- Overview of the Affordable Care Act – Provider Screening and Enrollment
- Discuss the revalidation requirements
  - Understanding the deadline of March 24, 2016
- How is PA doing regarding revalidation of Medical Assistance providers?
- Frequently asked questions
- Your questions?



# Overview of the Affordable Care Act

## The LAW

- 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 Affordable Care Act or ACA) amended Section 1902 of the Social Security Act (Act), to add subparagraphs (a) (77) and (kk), requiring that states comply with revised provider and supplier screening, oversight and reporting requirements.

# Overview of the Affordable Care Act

## The Regulations

- The Department of Health and Human Services issued implementing regulations, which can be found at 42 Code of Federal Regulations (CFR) 455, Subpart E – Provider Screening and Enrollment.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.410 Enrollment and Screening – The Department must require all ordering, referring and prescribing providers to be screened and enrolled as Medicaid providers
  - § 455.412 Verification of Provider Licenses – The Department must verify all providers are licensed and ensure the provider's license has not expired
  - § 455.414 Revalidation of Enrollment – The Department must revalidate every provider enrollment regardless of provider type at least every five years.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - **§ 455.416 Termination or Denial of Enrollment** – The Department must conduct screening of individuals with ownership and control interests and must deny the enrollment of providers who:
    - do not meet certain criteria set under the ACA or
    - who do not provide access for a site visit or
    - if the state or Centers for Medicare and Medicaid Services (CMS) determines that the provider falsified information.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.436 Federal Database Checks – The Department must confirm the identity and determine the exclusion status of providers and any person with ownership or controlling interest or who is an agent or managing employee of the provider through monthly checks of Federal databases.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.450 Screening Levels for Medicaid Providers – The Department must screen all initial provider applications, including applications for a new service location, and any applications received for reenrollment or revalidation of enrollment. The screening is based on a categorical risk level of “limited,” “moderate” or “high”.



# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.460 Application Fee – The Department must collect an application fee when applicable based on provider type.
  - § 455.432 Site Visits – The Department must conduct pre and post enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to verify the information submitted to the Department is accurate and to determine compliance with Federal and State enrollment requirements.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.4344 and 450 Criminal Background Checks – The Department must conduct criminal background checks of providers designated “high risk” and require providers to consent to criminal background checks including fingerprinting when required to so under State law or by the level of screening based on risk of fraud, waste or abuse as determined for their provider type.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.420 Reactivation of Provider Enrollment –The Department must re-screen the provider and require payment of any associated fees under § 455.460 before a provider's enrollment may be reactivated.
  - § 455.470 Temporary Moratoria – The Department will impose temporary moratoria on enrollment of new providers or provider types identified as posing an increased risk to the State MA program.

# Overview of the Affordable Care Act

- **Overview of the major provisions in the regulations**
  - § 455.440 National Provider Identifier – The Department must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred.

# ➤ Revalidation Requirements

- CMS releases an information bulletin – December 23, 2011 stating – *“The Federal regulation at 42 CFR 455.414 requires States, beginning March 25, 2011, to complete revalidation of enrollment for all providers, regardless of provider type, at least every five years. Based upon this requirement, States must complete the revalidation process of all provider types by March 24, 2016.”*



# ➤ Revalidation Requirements

- **If you enrolled on or before March 25, 2011, you must be revalidated by March 24, 2016.**
- **If you enrolled after March 25, 2011, your revalidation must occur on or before 5 years from the date on which you initially enrolled.**

## **Examples:**

- **If you enrolled October 31, 2003, you must revalidate by March 24, 2016.**
- **If you enrolled November 1, 2013, you must revalidate by November 1, 2018.**

# Revalidation Requirements

- To revalidate, providers must submit a completed enrollment application.
- Enrollment applications can be found on the DHS website –
  - Click on Providers
  - Click on more
  - Under Health Care/Medical Assistance
    - [Enrollment Information](#)

**Follow the instructions to complete the application and return the application to the relevant program office.**

# ODP Revalidation Applications must be sent to:

**Provider Enrollment Unit**

**Department of Human Services**

**Bureau of Supports for People with Intellectual  
Disabilities**

**Room 413 Health and Welfare Building**

**625 Forster Street**

**Harrisburg, PA 17120-0701**



# Revalidation Requirements

The screenshot displays the Pennsylvania Department of Human Services (DHS) website. The header features the PA.GOV logo and navigation links for Citizens, Providers, Partners, Publications, and About DHS. A large banner image shows a diverse group of people holding hands in a circle on a grassy field. Overlaid on the banner is the Pennsylvania DHS logo and the names of the Governor and Secretary. A search bar is visible on the right side of the banner. Below the banner, a navigation bar includes links for Providers, Health Care/Medical Assistance, and Enrollment Information, along with social media icons for Facebook and Twitter. The main content area is titled "Enrollment Information" and contains a paragraph detailing the requirements for providers to participate with the DHS. A "Related Topics" box on the right indicates that no related topics were found.

**PA.GOV** Citizens Providers Partners Publications About DHS

**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES  
Tom Wolf, Governor | Ted Dallas, Secretary

Apply for Benefits  
Newsroom  
Data

Providers Health Care/Medical Assistance Enrollment Information

## Enrollment Information

In order for providers to participate with the Department of Human Services, they must first enroll. To be eligible to enroll, practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency. Out-of-state practitioners must be licensed and currently registered by the appropriate agency in their state and they must provide documentation that they participate in that state's Medicaid program. Other providers must be approved, licensed, issued a permit or certified by the appropriate state agency, and if applicable certified under Medicare. To enroll, providers must complete a Base Provider Enrollment form and any applicable addenda documents dependent on the provider type.

**Related Topics**  
No related topics were found.

# Revalidation Requirements

PROMISe™ Provider Type (Code and Description)	Enrollment Documents
<b>01 - Inpatient Facility:</b>  * Acute Care Hospital * Inpatient Psychiatric * Inpatient Drug & Alcohol Rehabilitation * Inpatient Medical Rehabilitation * JCAHO Certified RTF (Residential Treatment Facility)	* <a href="#">Inpatient Application</a> * <a href="#">Hospital Based/Outpatient Clinic Application</a> * <a href="#">Emergency Room Application</a>  * <a href="#">Acute Care Hospital Requirements</a> * <a href="#">Inpatient Psychiatric Requirements</a> * <a href="#">Inpatient Drug &amp; Alcohol Rehab Requirements</a> * <a href="#">Inpatient Medical Rehabilitation Requirements</a> * <a href="#">JCAHO Certified RTF Requirements</a>
<b>02 - Ambulatory Surgical Center</b>	* <a href="#">Enrollment Application / Provider Agreement</a> * <a href="#">Requirements / Additional Information / Forms</a>
<b>03 - Extended Care Facility</b>	* <a href="#">Enrollment Application</a> * <a href="#">Requirements</a> * <a href="#">Special Provider Agreement for Change of Ownerships</a>
<b>04 - Rehabilitation Facility</b>	* <a href="#">Enrollment Application / Provider Agreement</a> * <a href="#">Requirements / Additional Information / Forms</a>
<b>05 - Home Health Agency</b>	* <a href="#">Enrollment Application / Provider Agreement</a> * <a href="#">Requirements / Additional Information / Forms</a>
<b>06 - Hospice</b>	* <a href="#">Enrollment Application / Provider Agreement</a> * <a href="#">Requirements / Additional Information / Forms</a>
<b>07 - Capitation</b>	* <a href="#">Enrollment Application / Provider Agreement</a> * <a href="#">Requirements / Additional Information / Forms</a>

# ▶ ODP Revalidation

About 60% of the revalidation applications ODP receives are rejected. Applications are usually rejected due to mistakes. The top reasons for rejection include:

- Outdated version of PROMISe application used
- Pages missing from application
- BHSL license not included with application
- Supporting documents not included, such as Articles of Incorporation, IRS letter confirming FEIN, professional licensure, etc.

# REMEMBER!

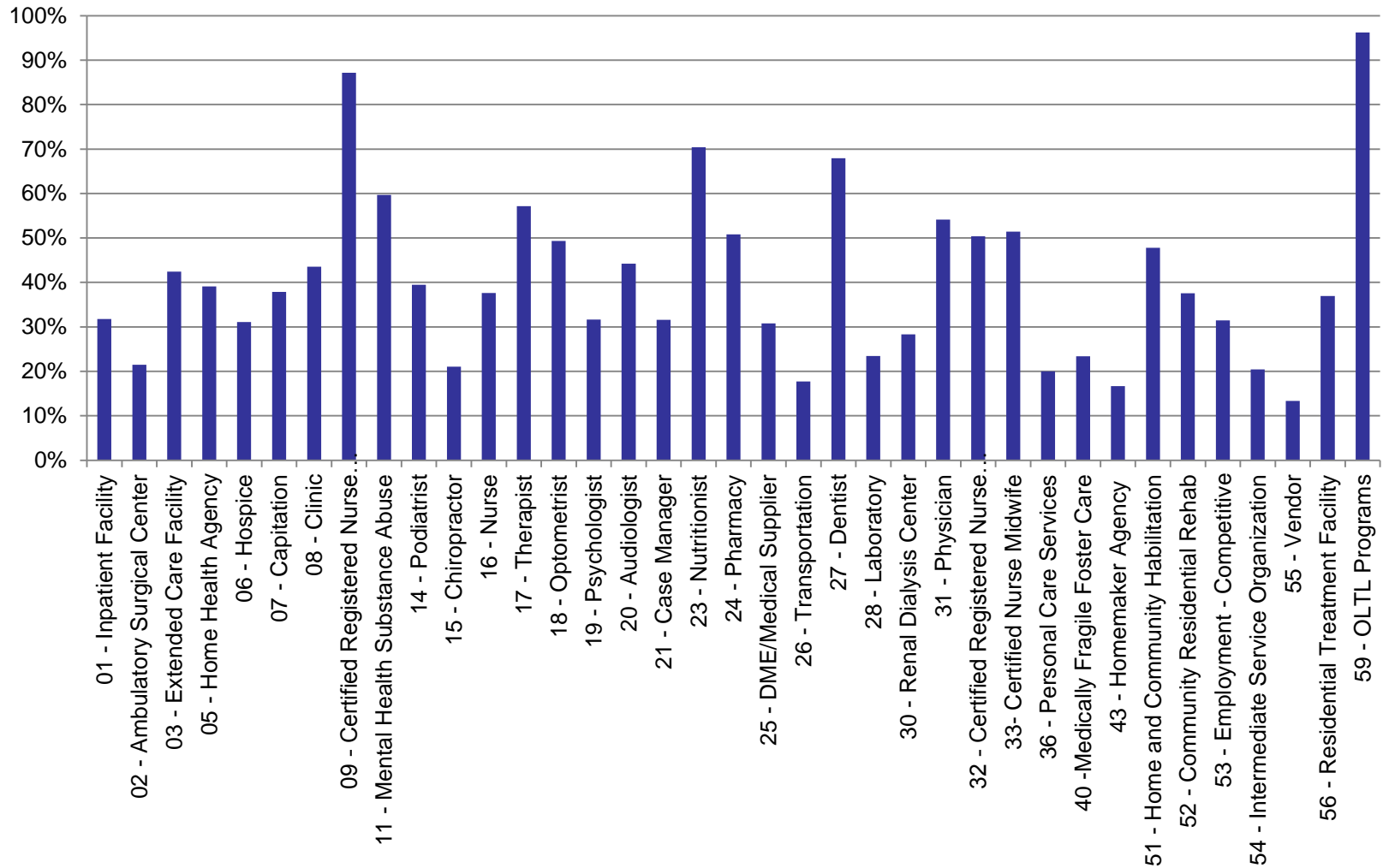
**If you are no longer using a site for services, please close the location in PROMISe - and delete it from HCSIS if you are an ODP Provider.**

**If you don't close unused sites, they will show up as needing revalidation.**

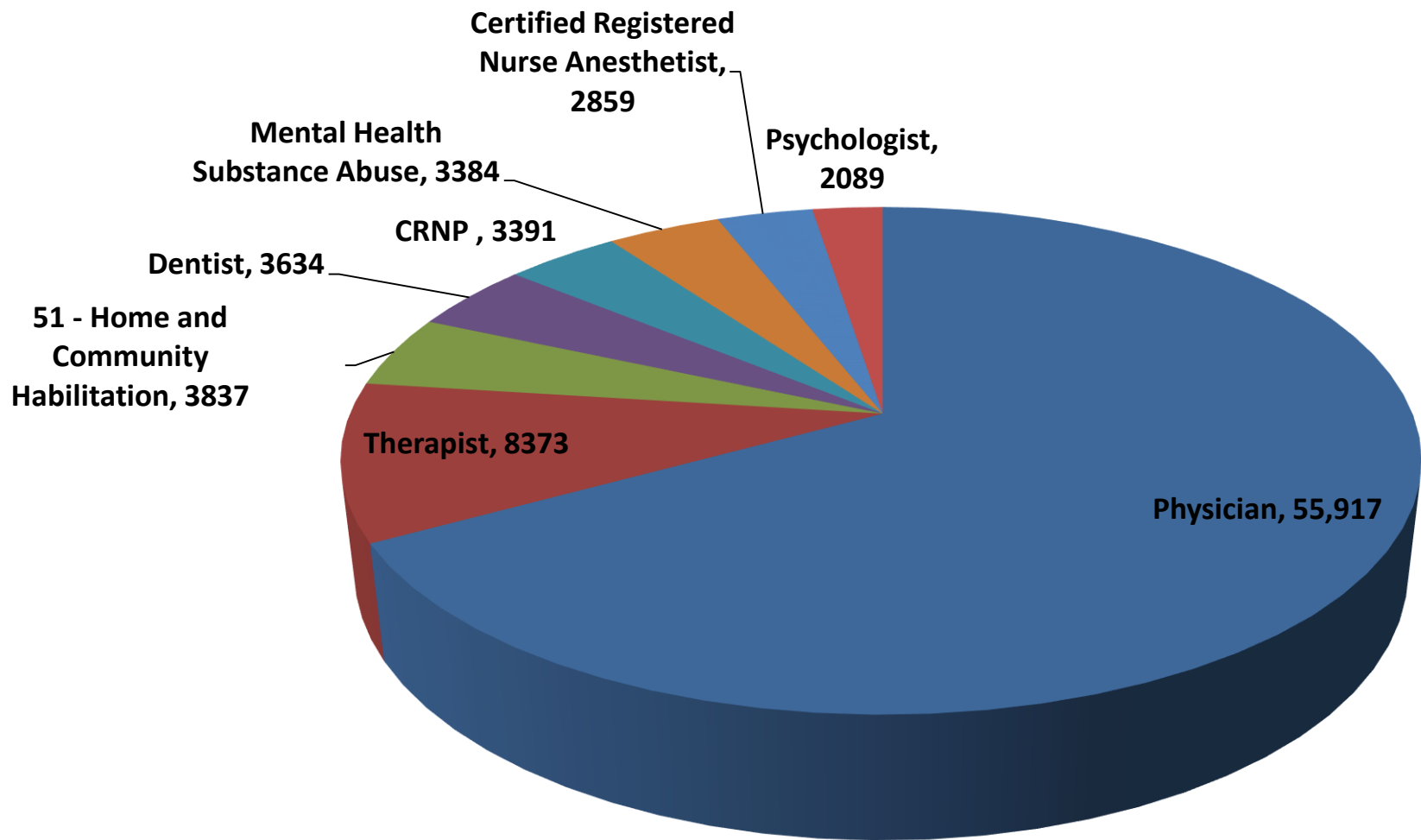
# Revalidation Progress

- As of 12/26/2015 - **67%** of service locations have revalidated.
- About 58,000 service locations need to revalidate by 3/24/2016.
- Over 115,000 service locations have been revalidated.
- Processing times for revalidation applications have been between 30-40 days.

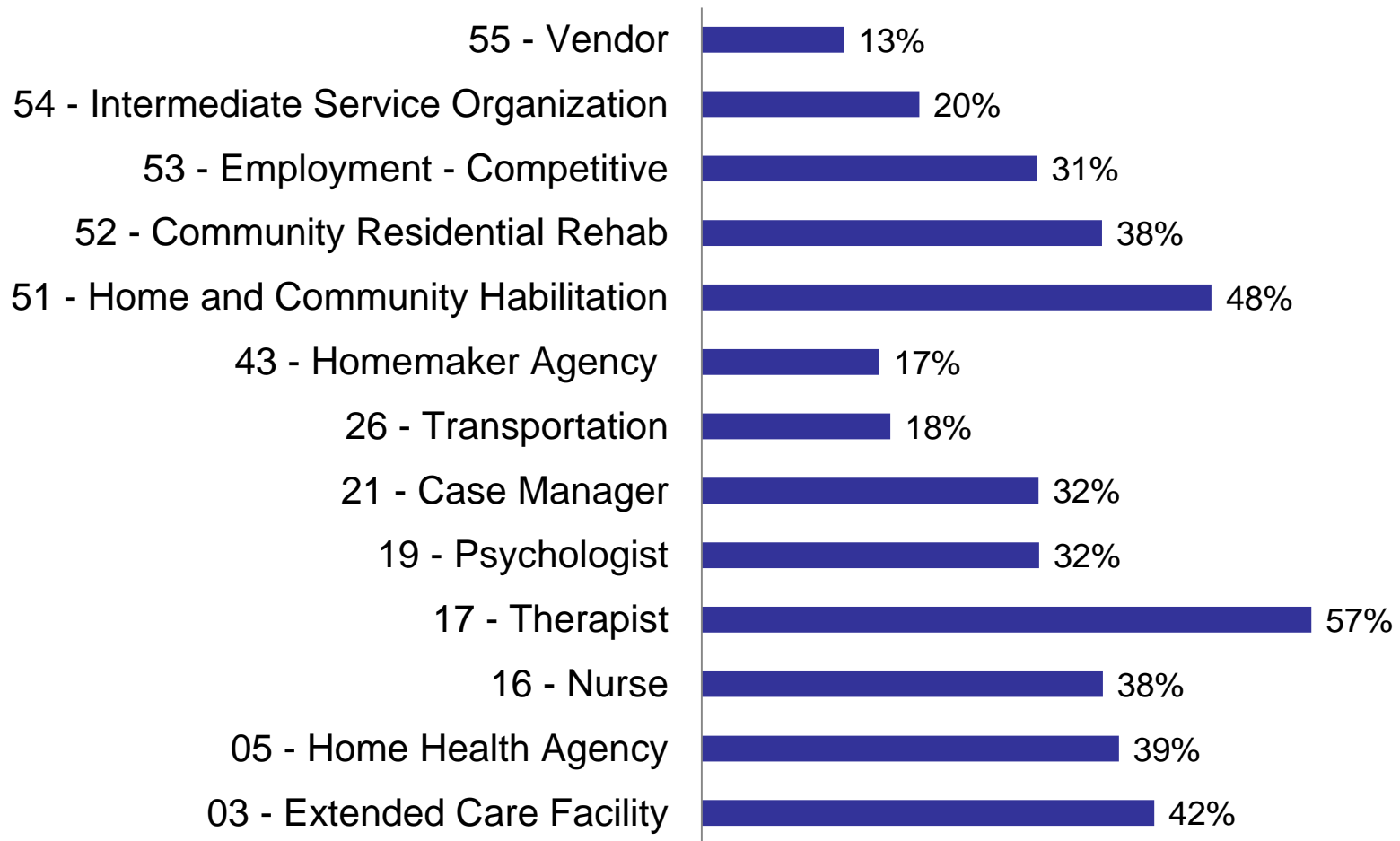
# Percent of Revalidated Providers by Provider Type



# Largest MA Providers



# Percent of ODP Revalidated Providers by Provider Type





## ▶ ODP Revalidation information as of January 1, 2016

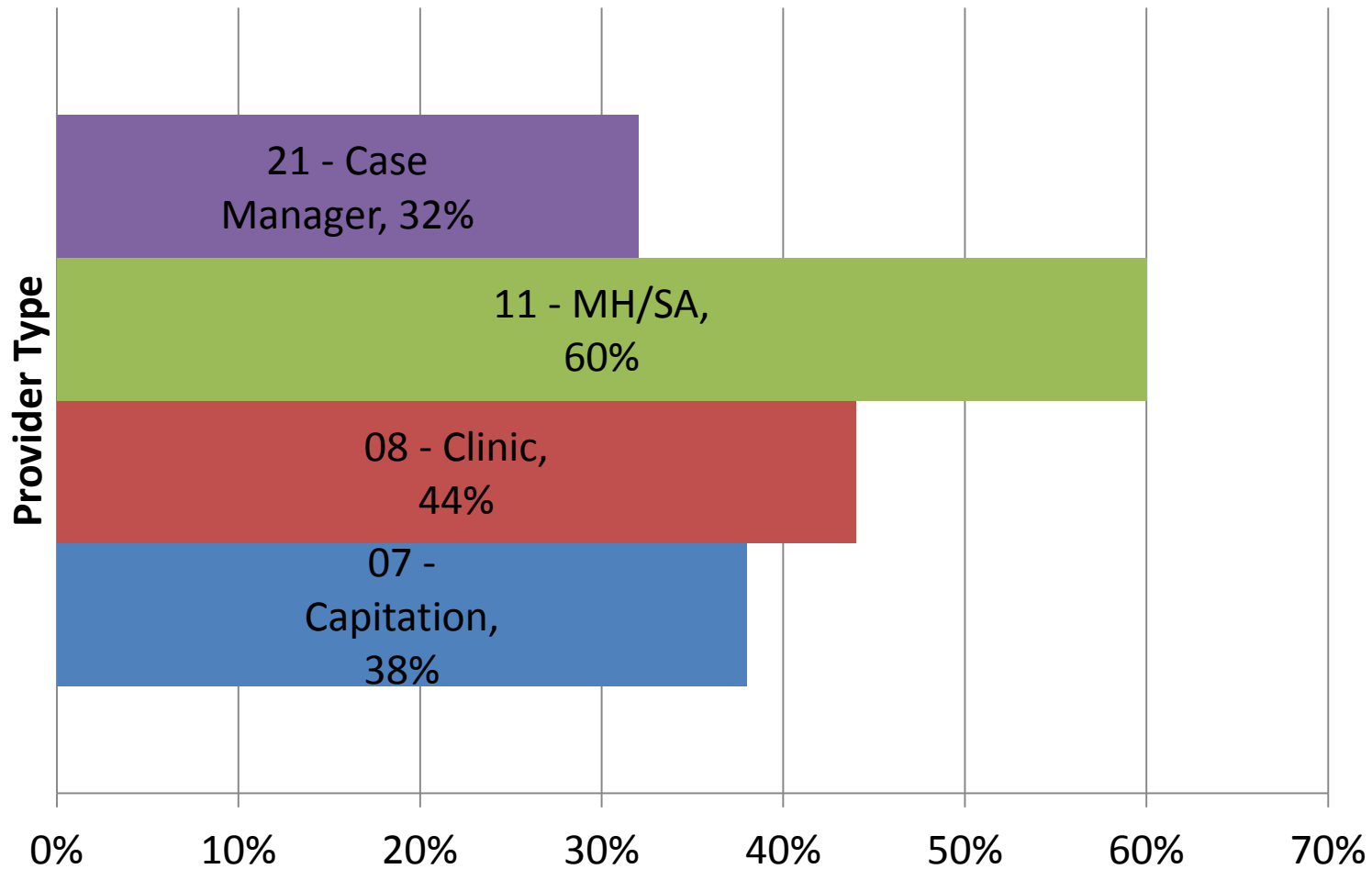
Total ODP Provider Locations = 14,147

Locations in Need of Revalidation by March 24, 2016 = 7,000

Revalidation Applications Received and in Process = 2,500

Revalidation Applications Yet to Be Received = **4,500**

## Percent of OMHSAS Revalidated Providers by Provider Type



## Frequently Asked Questions

### **Who can I contact/where can I find more information on the Department's provider enrollment/revalidation process?**

Additional information regarding the ACA requirements are on the Department's website at the following link:

<http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementsforaffordablecareact/>

If providers have any questions about the enrollment process, please call the appropriate phone number on the [Important Phone Numbers and Addresses](#) page of the Department's website.

## ➤ Frequently Asked Questions

### **What are the new requirements for provider screenings due to the ACA?**

In compliance with the ACA, all providers are subject to ACA screening procedures for newly enrolling, reactivating, and revalidating providers. All providers must be screened upon submission of an application to: initially enroll in the PA MA program; add a new service location(s); and upon revalidation of the provider's enrollment.

During the required screening, the department will verify the provider's license (if applicable) and check the provider and any individuals with an ownership or controlling interest, agents or managing employees against the following Federal databases:

- Social Security Administration's Master Death File,
- The National Plan and Provider Enumeration System (NPPES),
- The List of Excluded Individuals/Entities (LEIE),
- The Excluded Parties List System (EPLS),
- And any other databases prescribed by the federal government.

## ➤ Frequently Asked Questions

### **Do I need to revalidate?**

Yes. All enrolled providers must revalidate every five (5) years.

### **Will I be notified if I have to revalidate my enrollment?**

All Medical Assistance providers have been encouraged to check their status in the Medical Assistance Enrolled Provider Portal Lookup Function at [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us) or they can call Provider Enrollment at 1-800-537-8862 and follow the prompts for provider enrollment to determine their revalidation date. For providers who enrolled in the Medical Assistance program prior to March 24, 2011, their revalidation date is March 24, 2016.

The Department has sent out Medical Assistance Bulletins, notified providers via messaging on Promise, put messages on the Department's provider toll free numbers, put information on its website and asked provider associations to communicate this revalidation deadline.

## ➤ Frequently Asked Questions

### **Are there any providers that are not required to revalidate?**

All Medical Assistance providers are required to revalidate every 5 years. Those who enrolled in the Medical Assistance program after March 24, 2011 will have a revalidation date 5 years from their enrollment date.

Example: If a provider enrolled in Medical Assistance effective October 4, 2013, their revalidation date would be October 4, 2018.

Providers are encouraged to check their status in the Medical Assistance Enrolled Provider Portal Lookup Function at [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us) or they can call Provider Enrollment at 1-800-537-8862 and follow the prompts for provider enrollment to determine their revalidation date

### **What is the deadline for revalidation?**

The ACA requires that all Medical Assistance providers revalidate by March 24, 2016 thus all providers who enrolled in Medical Assistance prior to March 24, 2011 must revalidate by March 24, 2016.

## ➤ Frequently Asked Questions

### **How often must I revalidate my application?**

All enrolled Medical Assistance providers must revalidate their enrollment every five years.

### **If our agency currently has multiple service locations and/or provider types enrolled, do we still need to complete an application for each service location?**

Yes, a separate application is required for every service location that is currently enrolled.

### **There is no mention of a fee with these revalidations. Does this mean that we don't have to pay an application fee?**

The Department is not currently assessing an enrollment fee, however, the Department is working on coming into compliance with this federal mandate.

## ➤ Frequently Asked Questions

### **Are tax returns and business policies required for revalidation?**

Yes, as per 55 Pa. Code § 52.11 Prerequisites for Participation, these documents are required for initial enrollment and revalidation for certain provider types/specialties.

### **If there have been no changes to report since my initial enrollment, do I have to revalidate?**

Yes.

### **Where can we submit specific questions regarding our agencies revalidation?**

Please direct all questions to the Department program office. Please see the following website for contact information -

<http://www.dhs.pa.gov/learnaboutdhs/helpfultelephonenumber/contactinformationhelpformaproviders/index.htm>



## Resources / Contact

Remember - you may have already revalidated! DHS encourages providers to check the MA Enrolled Provider Portal Lookup Function to determine your revalidation date. All provider letters and portal login screens contain your next revalidation due date.

Additional guidance for ODP providers can be found in [Informational Memo 041-14](#), *Provider Action: Revalidation of Enrollment Required for All Service Locations*.

Questions about the revalidation process may be directed to the ODP Provider Enrollment Unit at [RA-odpproviderenroll@pa.gov](mailto:RA-odpproviderenroll@pa.gov)

# Questions?

Jamie Buchenauer  
Department of Human Services  
Office of Medical Assistance  
Programs

[jbuchenaue@pa.gov](mailto:jbuchenaue@pa.gov)

