

Affordable Care Act Regulations for Provider Screening and Enrollment: Frequently Asked Questions

Background Information:

What are the regulations?

The regulation implemented the Affordable Care Act (ACA) provisions related to provider screening and enrollment. The regulations, 42 CFR 455 Subpart E: § 455.400 – 455.470, can be found at <http://www.ecfr.gov/cgi-bin/text-idx?SID=a1812ed66e9b7ebe007397edcd95912c&mc=true&node=pt42.4.455&rgn=div5>

It is important to note that not all of the regulations apply to all providers.

General Frequently Asked Questions:

1. Who do the regulations apply to?

The regulations apply to ordering, rendering and referring providers who serve Medical Assistance recipients in Pennsylvania.

2. How will providers be impacted?

All Medical Assistance providers will need to revalidate every five (5) years and be screened.

Not all provisions in the regulations will apply to all providers. Some providers may need to pay a provider application fee, submit fingerprint background checks or undergo a site visit, while others will not.

3. What is the Department's implementation approach and target date?

The department has been working toward implementing the ACA provider screening and enrollment requirements. Different requirements (site visits, background checks, providers revalidating) have different target dates for implementation.

4. Who can I contact/where can I find more information on the Department's provider enrollment process?

Additional information regarding the ACA requirements are on the Department's website at the following link: <http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementssoftheaffordablecareact/>

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.

5. How do I apply to be a Medical Assistance provider?

Applications to be a Medical Assistance provider can be found on the Department's website at the following [link](#).

6. How do I determine whether or not I am currently enrolled as a provider in the Medical Assistance program in Pennsylvania?

Enrolled providers can check their status in the Medical Assistance Enrolled Provider Portal Lookup Function at <http://promise.dpw.state.pa.us> or they can call Provider Enrollment at 1-800-537-8862 and follow the prompts for Provider Enrollment.

Providers who are not currently enrolled in the Medical Assistance program can apply to be a Medical Assistance provider by completing an application found [here](#).

Frequently Asked Questions based on the ACA Regulations:

455.410 Provider Enrollment & Screening

1. Who must be screened as a provider in order to provide services to Medical Assistance recipients?

Providers must enroll in the Pennsylvania Medical Assistance program to receive reimbursement for services rendered to Medical Assistance recipients. Upon completion of the enrollment process, approved providers will be able to participate in the Pennsylvania MA program.

2. After submitting my initial enrollment application, how long will it take to be approved?

Applications are currently being processed by the Department within 30-60 calendar days of receipt. However, the effective date the provider is enrolled and participating in the MA program is the date a **complete** application is received by the Department. Complete means that the provider has supplied the necessary information in the application and included copies of requested supplemental documents.

3. When my initial enrollment application is submitted, when is the effective date?

The effective date the provider is enrolled and participating in the MA program is the date a **completed** application is **received** by the department

4. 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 Federal databases.

5. What are the ordering/prescribing/referring Medical Assistance provider enrollment requirements as a result of the ACA?

According to the federal regulations in § 455.410(b), providers ordering/prescribing/referring or rendering services to recipients enrolled in the Medical Assistance Program must be enrolled as providers in the Medical Assistance program. This ensures that each provider who orders or prescribes or refers services for a Medical Assistance recipient is properly screened.

6. How do I determine if a provider who has submitted an order or referred a recipient to my office, or who has prescribed a medication is currently enrolled in the Medical Assistance program in Pennsylvania?

Providers have the ability to use the Provider Portal Lookup function to verify that their colleagues who are prescribing, ordering, or referring services are also enrolled with the MA program. To access the Provider Portal Lookup providers can refer to [Quick Tip #155](#) that further outlines this function.

7. I occasionally volunteer my services in a clinic or hospital; do I need to enroll in the Medical Assistance program?

If you order, prescribe or refer for Medical Assistance recipients and the clinic or hospital where you volunteer bills for the services provided by you, you will need to enroll.

- 8. I do not want to become a provider in the Medical Assistance program, but I am willing to order, prescribe or refer Medical Assistance recipient's on an occasional basis. What do I have to do?**

You will need to complete an application to enroll in the Medical Assistance program.

- 9. If I enroll as a Medical Assistance ordering/prescribing/referring provider am I obligated to serve additional Medical Assistance recipients?**

A provider selected by a Medical Assistance recipient may choose to accept or reject the recipient as a patient as long as the provider is not discriminating based upon sex, race, creed, color, national origin or handicap.

455.412 Verification of Provider Licenses

- 1. Can I become a PA Medical Assistance provider if my license is from another state?**

Yes, verification (a copy) of a valid license from another state must be provided at enrollment and revalidation.

- 2. What happens when my license is close to expiration?**

Providers must renew their license with the appropriate state licensing agency prior to expiration. Licensure is required for certain provider types.

455.414 Provider Revalidation

- 1. Do I need to revalidate?**

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

- 2. 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 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 distributed a Medical Assistance Bulletin, 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.

- 3. 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 or they can call Provider Enrollment at 1-800-537-8862 and follow the prompts for provider enrollment to determine their revalidation date

- 4. 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..

5. How often must I revalidate my application?

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

6. 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.

7. 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 will be requiring application fees in the upcoming months for certain providers.

8. Are tax returns and business policies required for revalidation?

55 Pa. Code § 52.11 (Prerequisites for Participation) requires these documents for initial enrollment and revalidation for certain provider types/specialties.

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

Yes.

10. 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/contactinformationhelpformproviders/index.htm>

455.416 Termination or Denial of Enrollment

1. Do the regulations specify when an enrollment will be denied?

Enrollment must be denied:

- a) for any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medical Assistance, or title XXI program in the last 10 years.
- b) for any provider that is terminated on or after January 1, 2011, under title XVIII of the Act or under the Medical Assistance program or CHIP of any other state.
- c) if the provider, or any person with a 5 percent or greater direct or indirect ownership interest in the provider, fails to submit sets of fingerprints in a form and manner to be determined by the Medical Assistance agency within 30 days of a CMS or a Department request, when providers are required to submit fingerprints or background checks to the Department.
- d) if the provider fails to permit access to provider locations for any site visits under §455.432.
- e) if a provider falsifies any information provided on the application or the provider's identity cannot be verified.

455.422 Appeal Rights

1. Has my right as a provider to appeal a decision made by the department changed?

No, appeal rights are available under procedures established by state law or regulations.

455.436 Federal Database

1. Why are federal database checks being done monthly on providers?

To confirm the identity and determine the exclusion status of providers in federal programs.

455.420 Reactivation of provider enrollment

1. If my provider enrollment is deactivated, can I reenroll as a Medical Assistance provider?

Before a provider's enrollment may be reactivated, the Department must rescreen the provider and may require payment of associated application fees §455.460.