

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
May 26, 2016	April 15, 2016	99-16-10

SUBJECT

Revalidation of Medical Assistance (MA) Providers

ΒY

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IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

PURPOSE:

The purpose of this bulletin is to advise providers of the revised deadline for revalidation of enrollment.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program.

BACKGROUND:

Section 6401(a) 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) added a requirement that states revalidate the enrollment of providers. The Department of Health and Human Services issued implementing regulations, which can be found at 42 CFR 455.414(c). The ACA and implementing regulations require states to revalidate the enrollment of providers every five years. Consistent with the implementing regulations, the Centers for Medicare and Medicaid Services (CMS) released an information bulletin on December 23, 2011, that advised states that the revalidation of enrollment for providers who enrolled prior to March 25, 2011, regardless of provider type, was to be completed by March 24, 2016. In accordance with the ACA and CMS guidance, the Department of Human Services (Department) advised providers that they must complete revalidation by March 24, 2016. On January 11, 2016, CMS released sub regulatory guidance revising its previous guidance and establishing a two-step deadline.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm

States must notify all affected providers of the revalidation requirement by the original March 24, 2016, deadline and must complete the revalidation process by a new deadline of September 25, 2016.

DISCUSSION:

In compliance with the federal regulations and CMS guidance, the Department must complete the revalidation of providers who enrolled in the MA Program prior to September 24, 2011, by September 25, 2016. If a provider who enrolled prior to September 24, 2011, has not completed the revalidation process by September 25, 2016, their provider file will be closed, and the provider will be dis-enrolled from the Medical Assistance Program.

Providers who enrolled in the MA Program from March 25, 2011, until September 24, 2011, now must revalidate their enrollment by September 25, 2016, as these providers fall under the new CMS deadline. Previously, providers with new validation dates from March 24 to September 25, 2016, should have revalidated their enrollment 5 years from their enrollment date.

Providers will be considered to have "completed the revalidation process" if the provider has submitted a complete provider application, the Department has screened the provider according to the assigned categorical risk level, a new revalidation date is generated and a notice is sent to the provider that a change has been made to the provider's file.

PROCEDURE:

To revalidate, providers must submit a complete Pennsylvania PROMISe[™] Provider Enrollment Application to the Department for every active and current service location. Providers must use the latest version of the PROMISe[™] Provider Enrollment Application and must submit all required supplemental documentation using the instructions in the enrollment application. Providers also may submit an application and required supplemental documentation online using the Electronic Provider Enrollment Application. Providers should review the enrollment requirements prior to completing the application to determine which provider type they are eligible to enroll under in order to participate in the MA Program. Providers may view enrollment requirements and applications by accessing the following website link: http://www.dhs.pa.gov/provider/promise/enrollmentinformation.

Providers can submit their MA applications in one of the following four ways, <u>unless</u> otherwise specified in the application instructions:

 Online through the Electronic Provider Enrollment Application available at: http://provider.enrollment.dpw.state.pa.us

• Email: Ra-ProvApp@pa.gov

• Fax: 717-265-8284

Mail: DHS/OMAP/BFFSP

Attention: Provider Enrollment

P.O. Box 8045

Harrisburg, PA 17105-8045

Once a provider submits a completed application, the Department will conduct the required screening. Please allow adequate time for application processing and screening (at least 60-90 days). The will enable the Department to meet the September 25, 2016, and subsequent revalidation enrollment deadlines.

Providers must submit the required information to undergo the revalidation process at least every five (5) years. Providers can determine their next revalidation deadline by logging into the provider portal at https://promise.dhs.state.pa.us for each service location. The revalidation date will be displayed in the masthead of the provider portal for each service location.

NOTE: Providers must inform the Department of any changes to the information in their enrollment application, including changes in direct or indirect ownership and controlling interest of five (5) percent or greater, contract information changes, address changes (including email addresses), closed or invalid service locations, or any information that would render the information in their enrollment application or provider file inaccurate or incorrect.

REFERENCES AND RESOURCES:

Code of Federal Regulations (CFR) at 42 CFR 455, Subpart E – Provider Screening and Enrollment

• http://www.ecfr.gov/cgi-bin/text-idx?SID=b7a2bd9497d895ae3d96512f2704370f&mc=true&node=se42.4.455 1414&rgn=div8

Additional information regarding provider screening and enrollment is available at the following links:

Department Information on Provider Enrollment and Screening Requirements of the Affordable Care Act

• http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementsoftheafford ablecareact/index.htm

Centers for Medicare and Medicaid Services Information

- http://www.medicaid.gov/affordablecareact/affordable-care-act.html
- Provides information relating to the ACA regulations and how it relates to Medicaid

OBSOLETE BULLETIN:

This MA Bulletin obsoletes MA Bulletin 99-16-06, titled "Revalidation of Medical Assistance (MA) Providers", issued April 15, 2016, and effective April 15, 2016.