

Home and Community Based Services Revalidation and Provider Type 59 Frequently Asked Questions

- 1. Question: Our agency received the global email from the Office of Long-Term Living (OLTL) regarding the Affordable Care Act (ACA) revalidation. Does my agency need to revalidate?**

Answer: If you received the global email informing you of the ACA revalidation requirements then your agency is required to revalidate your enrollment.

- 2. Question: Our agency just enrolled in 2013. Are we still required to revalidate?**

Answer: Yes, even if your agency just enrolled in 2013 you must send in a completed application for each service location. If your agency just enrolled in 2014 we will be working with your agency individually to address any necessary changes.

- 3. Question: Our agency currently has multiple service locations and/or provider types enrolled in PROMISe; do we still need to complete an application for each service location?**

Answer: Separate applications are required for each unique physical address that is currently enrolled. For example if you have an office on Market Street and an office on Main Street you would need to submit 2 applications. If your agency has multiple service location numbers but they all have the same address then only one application is required.

- 4. Question: Is our agency required to provide a full application with all required documentation in order to revalidate?**

Answer: Yes.

- 5. Question: Our agency is enrolled with the Office of Developmental Programs (ODP), do I need to revalidate with their office as well?**

Answer: Yes, all Medicaid providers are required to revalidate every service location regardless of program office. Agencies should contact ODP or other applicable program offices to determine when your agency will be required to revalidate.

- 6. Question: Our agency recently received communication from the Office of Medical Assistance Programs (OMAP) which indicated that revalidation would need to occur before March 2016. However, the global email sent from OLTL states that the application must be submitted by January 2015. Why are the dates different?**

Answer: The ACA requires that all Medicaid providers revalidate by March of 2016. In conjunction with the ACA revalidation activities, OLTL is moving all OLTL providers to a single provider type. OLTL is using the January 1, 2015 deadline to ensure that activities related to the provider type conversion are completed prior to the annual service plan review period.

- 7. Question: How often must I revalidate my application?**

Answer: All enrolled Medicaid providers must revalidate their enrollment every five years.

- 8. Question: Why am I being asked to submit documentation and information that I did not have to submit in the past?**

Answer: Agencies enrolled prior to May 2012 are now required to meet regulatory enrollment requirements and submit documentation that may not have been collected in the past. Please refer to 55 Pa. Code Chapter 52 for more information.

- 9. Question: Are tax returns required for revalidation?**

Answer: Yes, as per 55 Pa. Code § 52.11 Prerequisites for Participation, tax returns are required for initial enrollment and revalidation. Please note that if your agency is an Area Agency on Aging that is a unit of county government, then your agency is not required to submit tax returns, as per 55 Pa. Code § 52.11(4).

- 10. Question: Are business policies required for revalidation?**

Answer: Yes, as per 55 Pa. Code § 52.11 Prerequisites for Participation, these documents are required for initial enrollment and revalidation. Please note that this requirement applies to all OLTL HCBS program providers.

- 11. Question: There is no mention of a fee with these revalidations or provider type conversion. Most states charge the 2014 fee of \$542 unless we can show proof that we already paid it via Medicare. Is there a fee?**

Answer: There are no fees associated with the OLTL provider type conversion. Regarding fees associated with the ACA mandates – at this time, only providers who are Medicare certified must pay the required fee. This fee is paid directly to Medicare at the time of enrollment and revalidation. The Commonwealth is not currently assessing an enrollment fee.

12. Question: The OLTL global email indicated that providers will be moved to a single provider type. What provider type and why?

Answer: In conjunction with the ACA revalidation activities, OLTL will move all providers to a single provider type rather than the multiple provider types in which agencies are currently enrolled. All OLTL providers will be enrolled under a provider type 59. Going to a single provider type will make billing for services less complicated and reduce the number of revalidation applications that will need to be submitted in the future. Moving to a single provider type will allow OLTL to track licenses more efficiently – the ACA requires program offices to track the services and licenses for which providers are approved. Since the ACA requires revalidation every five years, having a single provider type will reduce the number of service locations for providers to revalidate.

13. Question: Where can we submit specific questions regarding our agency's revalidation?

Answer: Please direct all questions to RA-HCBSenprov@pa.gov and reference Revalidation in the subject line.

14. Question: What Provider Type should I list on the application?

Answer: Please indicate Provider Type 59 regardless of the current provider types you may be enrolled for.

15. Question: What effective date should I indicate on the application?

Answer: Please use the effective date 7/1/2015.

16. Question: Why do I need to include copies of the owners' social security cards?

Answer: During recent reviews of new applications, the enrollment section has concluded that there is a need to view the Social Security Cards of agency owners in order to validate the information included on the Ownership Disclosure Form. Additionally, certain designations listed on Social Security Cards may indicate the need for additional documentation in order for a provider to be enrolled. Agencies operating under a Board of Directors are exempt from this requirement.

17. Question: Since we are a county agency, what do we mark in Box #18 on the PROMISE™ Provider Enrollment Base Application?

Answer: If your agency is a government owned agency, meaning that taxes are filed on your agency's behalf by the County, then you should mark Government Owned.

18. Question: Where do we indicate that our agency provides Enrollment services for the Aging waiver?

Answer: On Page 2 of the Office of Long-Term Living Home and Community Based Waiver Services Provider Enrollment Information Form, if your agency provides Enrollment services for the Aging waiver, then you should write Enrollment somewhere in the blank space next to Service Coordination.

19. Question: Box #22 on the PROMISE™ Provider Enrollment Base Application requests a Centers for Medicare and Medicaid Services (CMS) Certification Number. Should our agency have a CMS Certification number?

Answer: Box #22 on the PROMISE™ Provider Enrollment Base Application should be completed if applicable. If your agency has obtained Medicare Certification, please include the information. If you are unsure about whether you have CMS certification, the Centers for Medicare and Medicaid Services can be contacted at www.cms.gov. CMS certification is not a requirement for enrollment with OLTL programs.

20. Question: Box #24 on the PROMISE™ Provider Enrollment Base Application asks if our agency retains any managing employees or agents. Should we list all employees that provide Service Coordination and Enrollment services?

Answer: The Provider Owner Disclosure Form includes the definition of managing employees and agents. If your employees do not fall under those definitions, then this information is not required.

21. Question: Are county government agencies required to complete the Provider Owner Disclosure Form?

Answer: If your agency is Government Owned and you have a Board of Directors, then Pages 8 and 9 should be completed. Social Security numbers and date of birth are required for all board of directors – copies of social security cards are not required for board of directors. Please also be sure to complete Page 7 on the Provider Owner Disclosure Form – the managing employee or agent may be the Director of the agency – the managing employee or agent must provide their social security number and the date of birth.

If your agency is Government Owned and you have County Commissioners, then only Page 7 on the Provider Owner Disclosure Form should be completed – Pages 8 and 9 do not need to be completed.

22. Question: What business type should an Area Agency on Aging select on Box #18 on the PROMISE™ Provider Enrollment Base Application?

Answer: Area Agencies on Aging that are owned by the county should select Government Owned – this means that taxes are filed on your agency's behalf by the county. AAA's that are not Government Owned should select the appropriate designation for their agency based on tax filing status.

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