

COMMUNITY HEALTHCHOICES (CHC)

OPERATIONS MEMORANDUM #2019-03

SUBJECT: Provider Fee Assignment

TO: CHC Managed Care Organizations (CHC-MCOs)

FROM: Bureau of Coordinated and Integrated Services

DATE: September 9, 2019

PURPOSE

Several Medical Assistance (MA) providers requested the opportunity to utilize fee assignment arrangements so that qualified third-party billers may submit and receive payment for claims. Using a fee assignment arrangement, individually-licensed practitioners may elect to give consent to Provider Entities to act as third-party billers. For example, individual physicians are permitted to fee assign to a physician group entity, so that the physician group is permitted to submit and receive payment for claims for services rendered by the individual physician (see Attachment 1 for an example Fee Assignment Agreement).

The purpose of this Operations Memorandum is to clarify processes related to fee assignment specific to CHC 1915(c) Waiver Home and Community-Based Services (HCBS).

PROCEDURES

As long as statutory and regulatory requirements are satisfied, individually licensed practitioners offering the following CHC HCBS to eligible CHC Participants may elect to have their fees assigned to their employer, i.e. Provider Entity:

- Behavior Therapy Services
- Cognitive Rehabilitation Therapy Services
- Counseling Services

- Home Health Nursing (RN)
- Home Health Nursing (LPN)
- Nutritional Counseling
- Occupational Therapy
- Physical Therapy
- Speech and Language Therapy

The CHC HCBS Waiver contains specific requirements related to provider licensure. Providers must possess the licensure and qualifications mandated in the CHC HCBS Waiver to render and receive MA payment for the services outlined above.

The CHC-MCO, in their discretion, may implement a fee assignment process. If implemented, the fee assignment process must:

1. Honor the right of an individually-licensed practitioner to permit a Provider Entity to submit claims for services rendered by the individual practitioner;
2. Confirm that the individually-licensed practitioner of services consented to the fee assignment arrangement using appropriate written documentation;
3. Enable Provider Entities to submit and receive payment for claims on behalf of the affiliated individually-licensed practitioner of services;
4. Document both the billing provider, e.g. Provider Entity and the rendering provider, e.g. individually-licensed practitioner on the claim;
5. Ensure for each service claim submitted by a Provider Entity, that the affiliated individually-licensed practitioner rendering the service is licensed to provide the service in compliance with CHC requirements, including the requirements in the CHC HCBS Waiver.

NOTE: Both the Provider Entity and the individually-licensed practitioner rendering the service must be separately enrolled in MA. The CHC-MCO can utilize the PRV-620 file, which provides a list of each provider affiliated with an MCO, and the PRV-414 file, which provides a list of all active and closed MA providers, to assess current MA enrollment.

Example

Individually-licensed practitioners offering Physical Therapy through the CHC HCBS Waiver may elect to have their fees assigned to their employer, e.g. Provider Entity. The practitioners render the service, and the Provider Entity submits claims to the CHC-MCO and receives payment on behalf of the practitioners. The individually-licensed practitioners must possess the licensure and qualifications mandated in the CHC HCBS Waiver to render and receive MA payment for the service.

In this example, the Provider Entity and each individually-licensed practitioner are separate entities. The Provider Entity and each individually-licensed practitioner enroll separately in MA and have different provider ID numbers.

CHC-MCOs must ensure that any fee assignment arrangements between Provider Entities and individually-licensed practitioners of the CHC HCBS identified above meet the requirements outlined in this Operations Memorandum.

NEXT STEPS

1. Review this information with appropriate staff.
2. Contact the Bureau of Coordinated and Integrated Services if you have questions.

ATTACHMENTS

Attachment 1: [Example Fee Assignment Agreement](#)