


ISSUE DATE March 7, 2014	EFFECTIVE DATE March 25, 2011	NUMBER 99-14-06
SUBJECT Re-enrollment/Revalidation of Medical Assistance (MA) Providers		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the Department of Public Welfare website at: http://www.dpw.state.pa.us/provider/icd10information/P_012571

Purpose:

The purpose of this bulletin is to inform providers of the new re-enrollment (revalidation) requirements of the Medical Assistance (MA) Program for currently enrolled providers. This bulletin supersedes the previously issued MA Bulletin 99-14-01, titled “Re-enrollment/Revalidation of Medical Assistance (MA) Providers”, issued February 27, 2014, in its entirety.

Scope:

This bulletin applies to all providers enrolled, or seeking to enroll, in the MA Program in the Fee-for-Service or Managed Care Delivery Systems.

Background:

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 paragraphs (a) (77) and (kk), that require States to comply with provider screening requirements. The Department of Health and Human Services promulgated regulations implementing regulations on March 23, 2011, which are found at 42 Code of Federal Regulations (CFR) 455, Subpart E – Provider Screening and Enrollment. All providers must revalidate their enrollment information, initially by March 24, 2016 and at least every five (5) years thereafter.

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.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

Discussion:**Revalidation of Enrollment**

The Department of Public Welfare (Department) must revalidate the enrollment of all providers, regardless of provider type, at least every five (5) years. In order to do this, the Department is requiring that all providers re-enroll at least every five (5) years by submitting a fully completed Pennsylvania PROMISE™ Provider Enrollment Application, and any required additional documentation/information based on provider type, for every active and current service location. The Federal regulation at 42 CFR §455.414 (relating to the revalidation of enrollment) requires the Department to complete the initial revalidation of currently enrolled providers by March 24, 2016. Therefore, the Department is requiring all currently enrolled providers to complete the re-enrollment process by March 24, 2016. Please allow adequate time for application processing and screening (at least 60-90 days) in meeting the March 24, 2016 and subsequent revalidation enrollment deadlines.

See 42 C.F.R. § 455.416, accordingly, service locations for which the provider has not completed the re-enrollment process by the March 24, 2016 deadline will expire and no longer remain active.

If the enrollment is closed, the provider will not be paid for services provided to Medical Assistance recipients. If the provider wishes to re-enroll, the provider must submit a new application. The effective date of the new enrollment will not be made retroactive to cover any lapsed enrollment periods.

After the initial re-enrollment, MA providers will have to subsequently re-enroll by submitting a complete, up-to-date enrollment application for each service location at least every five (5) years. As with the initial revalidation process, if a provider does not complete the re-enrollment process within five (5) years of the most recent re-enrollment, the provider's enrollment will expire.

Provider Record Update Requirement

Providers are also reminded of the ongoing requirement to inform the Department of any changes, including changes of direct or indirect ownership and controlling interest five (5) % or greater interest, contact information changes, address changes (including email addresses), closed or invalid service locations, or any changes to the information provided on their provider enrollment application, that would otherwise render the information in their current provider file inaccurate or incorrect.

Procedure:

- 1) Providers can determine their next re-enrollment deadline by logging in to the provider portal for each service location. The re-enrollment/re-validation date will be displayed in the masthead of the provider portal for each service location. This is also the current expiration date for that service location based on the most recent application on file with the Department.
- 2) Prior to completing an application for re-enrollment/revalidation in the MA Program, providers should review enrollment requirements to determine which provider type they are eligible to enroll under in order to participate in the MA Program.
- 3) Applicants must complete the latest version of the PROMISE™ Provider Enrollment Application including all required accompanying supplemental documentation.
- 4) Providers may view enrollment requirements and applications by accessing the following website link: <http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm> or by calling the MA Provider Enrollment toll free number 1-800-537-8862.
- 5) Providers can submit their MA application in one of 3 ways, unless otherwise specified in the application instructions:

Email: Ra-ProvApp@pa.gov

Fax: 717-265-8284

Mail: DPW/OMAP/BFFSP
Attention: Provider Enrollment Unit
PO Box 8045
Harrisburg, PA 17105-8045

Please allow adequate time for application processing and screening (at least 60-90 days) in meeting the March 24, 2016 and subsequent revalidation enrollment deadlines.

- 6) Once a completed application has been submitted, the Department will conduct the required screening. Providers must undergo the revalidation/re-enrollment process at least every five years.