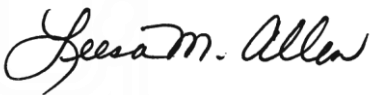




ISSUE DATE May 31, 2016	EFFECTIVE DATE May 31, 2016	NUMBER 99-16-04
SUBJECT Enrollment of Co-Located Providers		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

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 inform providers that the Department of Human Services (Department) has established a process for the enrollment or revalidation of providers that are in co-location arrangements.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

The MA regulation at 55 Pa.Code § 1101.51(c)(3) prohibits providers from leasing or renting space, shelves or equipment within a provider’s office to another provider or allowing the placement of paid or unpaid staff of another provider in a provider’s office. This regulation does not preclude a provider from owning or investing in a building in which space is leased for adequate and fair consideration.

Since promulgation of this regulation, developments in the healthcare industry that support a more integrated approach to receiving diagnosis and treatment of illness or injury have resulted in the growth of retail clinics, some of which are placed within the same building structure as a pharmacy, as well as multi-disciplinary co-location

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>

arrangements between separate providers, including arrangements between physical and behavioral health providers.

The Department supports these advancements in the healthcare industry when services are provided in a manner that ensures the beneficiary retains freedom of choice and the providers do not engage in improper referrals, payments, discounts or kickbacks or other prohibited acts.

The Department recently issued a Statement of Policy to providers clarifying the application of 55 Pa.Code § 1101.51(c)(3) as it relates to a provider's enrollment and participation in the MA Program.

DISCUSSION:

Currently, when a provider submits an application to enroll in the MA Program, and the provider is attempting to enroll with the same distinct address as another currently-enrolled provider, the Department's Provider Enrollment system identifies the address match and the providers are asked to submit additional information and documentation related to the arrangement between the providers, which has delayed the processing of the provider's enrollment application(s).

In an effort to facilitate the enrollment of providers that are co-located with other providers, the Department has developed the Co-Location Attestation form, attached to this bulletin, that will allow providers to attest to their compliance with State and Federal anti-kickback laws and the MA regulations at §1101.51, including the freedom of choice provision.

PROCEDURE:

When a provider submits an enrollment or revalidation application and is using the same distinct street address as a different currently-enrolled provider, the Department will identify the address match and will forward the attestation form to both the applicant and the currently enrolled provider(s) along with a request for proposed language for signage. This signage advises beneficiaries that they may receive services from any enrolled provider and must be displayed in a prominent place in the provider's office, such as a waiting room or at the point of check-in.

In addition, a provider that seeks to enroll at a location that is located within another provider's offices may also request a copy of the attestation form and submit it and proposed language for signage to the Department prior to the Department identifying the co-location arrangement.

The completed attestation form and proposed language for signage must be submitted to the following by both providers that are at the service location:

Email: RA-ProvApp@pa.gov

- or -

DHS Enrollment Unit

PO Box 8045

Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

The Department will review the information and proceed with the processing of the application. The Department may, if needed, request additional information or clarification.

ATTACHMENT:

Co-location Attestation

Co-Location Attestation

This attestation is to be completed by a provider that seeks to enroll a location that is co-located with another provider enrolled in the Medical Assistance Program. A separate attestation must be completed by both of the providers that are providing services at the service location.

On behalf of _____ (“Provider”) which will be co-locating
with _____ which is a
_____, located at the following address

I attest to the following:

Any agreements for the use of space or equipment or for personnel or management services by the providers must meet the requirements in 42 CFR § 1001.952(b),(c), and (d);

The provider shall comply with all other Federal and State laws and regulations prohibiting illegal kickbacks and referrals;

The space used by the providers shall be separated by walls, partitions, or other means sufficient to guarantee privacy to patients;

The provider will take whatever other measures are necessary to ensure and maintain patient confidentiality in accordance with applicable laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

The provider shall advise patients that they have freedom of choice in selecting providers and that the patients may choose any Medical Assistance enrolled provider;

The provider shall also display signage, approved by the Department of Human Services, displayed in a prominent place, such as a waiting room or at the point of check-in, stating that patients may choose any enrolled provider to provide services;

The provider will not make any direct or indirect referral arrangements between practitioners and other providers of medical services or supplies but may recommend the services of another provider or practitioner;

The provider will not make automatic referrals.

This attestation does not amend, reduce or eliminate any requirements imposed by State and Federal law and regulation relating to, or governing, the individual provider's participation in the Medical Assistance Program.

I possess all necessary powers and authority to execute this Written Attestation on behalf of the provider set forth below and in doing so bind the provider.

I understand that any false statements made therein are subject to the penalties contained in 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities.

Printed or Typed Name: _____

Signature: _____ Date: _____

Provider Entity: _____

Provider Type: _____

NPI #: _____

Forward to:

Email: RA-ProvApp@pa.gov

-or-

DHS Enrollment Unit
PO Box 8045
Harrisburg, PA 17105-8045

-or-

Fax: (717)265-8284