

Virginia Makes Plans to Implement ACA Medicaid Provider Screening and Enrollment Regulations

In a memo to providers dated July 31, 2013, the Virginia Department of Medical Assistance Services (DMAS) announced that it would begin implementation of the standards established by Section 6401(A) of the Affordable Care Act (ACA). Although several other states have already taken steps to implement the provider enrollment and screening provisions of the ACA, DMAS' recent announcement marks Virginia's first steps toward joining the ranks in implementing the regulations that were published by the Centers for Medicare and Medicaid Services (CMS) on February 2, 2011 (76 F.R. 5862). Some of the more prominent changes to Virginia's Medicaid enrollment process include:

1. Online Provider Enrollment:

Once DMAS' provider web portal is revamped, new and existing Virginia Medicaid providers will be directed to enroll and/or make changes to their enrollment records online. Until the web-based enrollment application is available, paper enrollment applications will still be accepted by DMAS. Also, paper applications will remain

available for providers who are unable to electronically enroll.

2. Medicaid Enrollment Application Fees:

Institutional providers¹ that are initially enrolling, re-enrolling, adding practice locations or reactivating their participation in the Virginia Medicaid program will be required to pay an application fee to Virginia Medicaid. The fee amount is based on the rate set by CMS each year (\$532 for FY 2013). Providers that have already paid the fee to CMS or another state's Medicaid program will not be required to pay an additional fee to Virginia Medicaid as long as they are able to show proof of the prior payment. The fees collected by Virginia Medicaid are intended to offset the additional costs of implementing the heightened screening and enrollment processes.

3. Mandatory Revalidation:

All existing Virginia Medicaid providers will be required to revalidate their enrollment records at least every five (5) years. Virginia Medicaid providers will be notified in waves and will be required

to complete their revalidations via DMAS's web portal. Failing to revalidate enrollment information on time could result in the suspension of a provider's Medicaid billing privileges.

4. Ordering, Referring and Prescribing Provider Edits:

Providers who do not currently participate in Virginia Medicaid, but order, refer or prescribe services to Virginia Medicaid beneficiaries must now be enrolled in Virginia Medicaid. The ordering, referring or prescribing ("ORP") practitioner's NPI must be listed on claims submitted to the Virginia Medicaid program by Medicaid-participating providers. If the ORP provider is not enrolled in Virginia Medicaid, the claim will be denied. This rule does not apply to services provided to a beneficiary enrolled in a Medicaid managed care plan. New billing edits will be implemented to deny claims when an ORP National Provider Identifier (NPI) is missing or inactive. These edits include:

- a) Edit 0194: Attending Provider Not on File. This edit will validate that the attending provider indicated on the institutional

¹ Institutional providers include hospitals, hospice, nursing facilities, outpatient rehabilitation facilities, rural health clinics, federally qualified health centers, home health agencies, durable medical equipment providers, prosthetic/orthotic providers, independent labs, renal unit/renal dialysis clinics, residential psychiatric treatment facilities, emergency/air ambulance, emergency ambulance, and various other institutional provider types.

- (837I. Institutional DDE and Paper UB 04) claim has a valid NPI and is actively enrolled in the Virginia Medicaid program.
- b) Edit 0195: Referring Provider Not on File. This edit will check that the NPI indicated on the claim is a valid NPI and enrolled in Virginia Medicaid.
- c) Edit 0196: Referral Provider Not Eligible on Date of Service. This edit will reject the claim if the NPI listed is not enrolled and eligible with Virginia Medicaid for the date of service on the claim.
- d) Edit 0197: Attending Provider Required. This edit will reject the claim if the Attending Provider NPI is not on the claim. DMAS has been requiring the Attending Provider NPI on claims but there was no edit prior to this implementation to validate participation with Virginia Medicaid.
- e) Edit 0198: Attending Provider Same as Billing Provider. This edit checks that the Attending Provider is NOT the Billing provider since on the institutional claim a facility is expected to be the billing provider.
- f) Edit 0199: Attending Provider Not Eligible on Date of Service. This edit will validate that the Attending Provider NPI is enrolled in Virginia Medicaid for the date of service on the claim.

Because many of DMAS's new enrollment and screening requirements will be processed through Virginia Medicaid's web portal, DMAS instructs providers to take a proactive approach to register as a web portal user. Providers that have not done so already can establish a user ID and password for the

web portal by visiting www.virginiamedicaid.dmas.virginia.gov.

If you have questions about how screening and enrollment requirements will impact you, or if you need any assistance with completing your Medicaid enrollment application or revalidation, please contact a member of HDJN's Medicare/Medicaid Enrollment team: Emily Towey (etowey@hdjn.com), Colin McCarthy (cmccarthy@hdjn.com), or Tommy Miller (tmiller@hdjn.com). They are also available by phone at (866) 967-9604. Additional information about Hancock, Daniel, Johnson & Nagle, P.C. is available on the firm's website at www.hdjn.com.

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