

To: Louisiana Medicaid Providers

From: Department of Health and Hospitals

Re: Affordable Care Act Provider Screening and Enrollment Update

Date: February 2012

---

The Louisiana Medicaid Program will adopt new provider enrollment and screening requirements mandated by the *Affordable Care Act (ACA)* in 2012. Providers can expect to see details of the new requirements in future DHH communications. Following is an overview of the major changes:

- **Provider types are categorized by risk level – high, moderate, or limited.** This categorization is established by the Centers for Medicare & Medicaid Services (CMS), based on an assessment of potential for fraud, waste, and abuse for each provider type. Louisiana Medicaid will determine the risk level for providers who are not recognized as provider types by CMS.
  
- **Providers are screened according to the assigned risk level.** The following table shows the assigned risk levels for most of Louisiana Medicaid provider types and outlines the general screening activities associated with each risk category.

| Risk Level      | Screening Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Provider Types                                                                                                                                                                                                   |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>High</b>     | <ul style="list-style-type: none"><li>• Fingerprinting and criminal background check for all disclosed individuals</li><li>• Unannounced site visits before and after enrollment</li><li>• Verification of provider-specific requirements, including:<ul style="list-style-type: none"><li>○ License verification</li><li>○ National Provider Identifier (NPI) check</li><li>○ Office of the Inspector General (OIG) exclusion check</li></ul></li><li>• Ownership/controlling interest information verification</li></ul> | <ul style="list-style-type: none"><li>• Prospective (newly enrolling) home health agencies and suppliers of DMEPOS</li></ul>                                                                                     |
| <b>Moderate</b> | <ul style="list-style-type: none"><li>• Unannounced site visits before and after enrollment</li><li>• Verification of provider-specific requirements, including:<ul style="list-style-type: none"><li>○ License verification</li></ul></li></ul>                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>• Community mental health centers; Comprehensive outpatient rehabilitation facilities; Hospices; Independent diagnostic testing facilities; Independent clinical</li></ul> |

|                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <ul style="list-style-type: none"> <li>○ NPI check</li> <li>○ OIG exclusion check</li> <li>○ Ownership/controlling interest information</li> </ul>                                                                                                                                                              | <p>laboratories; and Nonpublic, Nongovernment owned or affiliated ambulance services suppliers.</p> <ul style="list-style-type: none"> <li>● Currently enrolled (revalidating) home health agencies.</li> <li>● Currently enrolled (revalidating) suppliers of DMEPOS.</li> </ul>                                                                                                                                                                                                                                                                                                                              |
| <b>Limited</b> | <ul style="list-style-type: none"> <li>● Verification of provider-specific requirements, including: <ul style="list-style-type: none"> <li>○ License verification</li> <li>○ NPI check</li> <li>○ OIG exclusion check</li> <li>○ Ownership/controlling interest information verification</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>● Ambulatory surgical centers; end-stage renal disease facilities; Federally qualified health centers; histocompatibility laboratories, hospitals, including critical access hospitals; Indian Health Service facilities; mammography screening centers; organ procurement organizations; mass immunization roster billers; portable x-ray suppliers; religious nonmedical health care institutions; rural health clinics; radiation therapy centers; public or government owned or affiliated ambulance services suppliers; and skilled nursing facilities.</li> </ul> |

□ **Certain providers are subject to a non-refundable application fee of \$523.** CMS sets the application fee amount, which may be adjusted annually. The fee is assessed at the point of initial enrollment and at enrollment revalidation, and is charged individually and in full for each service location. If a provider pays an application fee to Medicare or to another state Medicaid agency for a service location, the provider is not required to pay an additional application fee for that location to the Louisiana Medicaid Program. The application fee applies to “institutional” providers, as defined by CMS, including, but not limited to, the following provider types:

- Clinical laboratories
- Community mental health centers
- Federally Qualified Health Centers
- Hospice providers
- Hospitals
- Nursing facilities
- Outpatient physical therapy
- Occupational therapy groups
- Durable medical equipment providers
- Pharmacies
- Speech/hearing therapy groups

Generally, application fees do not apply to individual professionals, such as physicians.

- **Enrollment forms will collect additional information.** Updated DHH Medicaid enrollment forms will require additional information for all disclosed individuals
  
- **All enrolled providers must be revalidated at least every five years.** Under current policy, providers have not been required to re-enroll on a regular basis. Providers will be required to revalidate their enrollments with the Louisiana Medicaid Program at five-year intervals. A more frequent three-year revalidation requirement applies to durable medical equipment (DME) providers and pharmacy providers with DME or home medical equipment (HME) specialty enrollments. All providers will be required to revalidate their enrollments under ACA criteria. DHH plans to revalidate existing providers in phases, with completion scheduled for March 23, 2015.

As the Louisiana Medicaid Program prepares to implement an ACA-compliant enrollment and screening process, please look for additional guidance from DHH. You can also learn more about the ACA provider screening and enrollment criteria in the [\*Federal Register\*, Volume 76, No. 22, Pg. 5862](#), published Wednesday, February 2, 2011.