



John R. Kasich, Governor
John B. McCarthy, Director

Medicaid Handbook Transmittal Letter (MHTL) No. 3334-15-03

TO: All Eligible Providers

FROM: John B. McCarthy
Director, Department of Medicaid (ODM)

SUBJECT: **UPDATE - Medicaid Requirements for Ordering, Referring, and Prescribing (ORP) will go into effect January 12, 2015**

Summary

Ohio Administrative Code rule 5160-1-17.9, "Ordering or referring providers," was created in order to comply with new program integrity regulations contained in Section 6401 of the Patient Protection and Affordable Care Act (ACA). Medicaid is implementing new requirements in accordance with 42 CFR 455.410, "Enrollment and screening of providers," and 42 CFR 455.440, "National Provider Identifier (NPI)."

Ohio Medicaid providers who order, refer, certify, or prescribe (ORP) are required to be enrolled with the Department and the Ohio Department of Medicaid (ODM) is required to screen all ordering, referring, certifying, and prescribing providers. The name and NPI of such providers are required on the claim for services rendered, procedures performed, items supplied, or drugs furnished or dispensed (services) and billed to the Department.

In anticipation of these changes, Ohio Medicaid has worked closely with providers and their respective associations over the last several months. Through such engagement and issues identified by providers regarding potential disruption in payment, we have decided to extend the effective date of these changes.

ORP requirements will now go into effect on January 12, 2015.

The Ohio Department of Medicaid will begin to deny claims that require, but do not include, both the ordering, referring, certifying, or prescribing provider's legal name and NPI, and if the ORP provider is not enrolled in Medicaid. The enforcement will begin for claims submitted with dates of service on or after January 12, 2015.

Providers who are rendering services to Medicaid beneficiaries and bill the Department should ensure that such services are being ordered, referred, certified, or prescribed by an eligible provider who is enrolled in Medicaid. The billing provider should refer to their applicable Medicaid program rules to determine what services require an order, referral, certification, or prescription. The following individual providers are eligible to order, refer, or prescribe within the Medicaid program and within their scope of practice:

- Physicians
- Advanced Practice Registered Nurses
- Psychologists
- Podiatrists
- Optometrists
- Dentists
- Chiropractors

- Physician Assistants

The Department will enforce ORP requirements on claims submitted by the following provider types:

- Hospitals (inpatient and outpatient)
- Outpatient Health Facilities
- Other Accredited Home Health Agencies
- Non-agency Personal Care Aide (ODM administered waivers only)
- Private Duty Nurses
- Hospice
- Waiver Service Organizations (ODM administered waivers only)
- Waiver Service Individuals (ODM administered waivers only)
- Clinics
- Mental Health Clinics
- Medicare Certified Home Health Agencies
- Clinical Nurse Specialists
- Pharmacies
- Nurse Practitioners
- Home and Community-Based Assistive Living
- Durable Medical Equipment Suppliers
- Imaging\Testing Facilities
- Independent Laboratories
- Portable X-Ray Suppliers
- Nursing Facilities

The Department created an abbreviated screening and application process for providers who do not wish to bill the Department but who wish to enroll as ordering, referring, certifying, or prescribing providers-only. An application fee is not required and the application can be filled out online. The Department created a way in which billing providers can search the Medicaid enrollment status of the ordering, referring, certifying, or prescribing services in MITS.

As has been recommended in previous guidance by ODM, Medicaid providers who bill for services that are referred, ordered, certified, or prescribed by non-Medicaid enrolled physicians or other health care professionals should be prepared to ensure those referring, ordering, and prescribing physicians and other health care professionals have NPIs and are enrolled in the Medicaid program.

ODM will not implement ORP requirements for automatic Medicare crossovers. Medicare crossovers submitted directly to ODM by the provider will be subject to ORP requirements.

For further information, all providers are welcome to view ODM's responses to ORP Frequently Asked Questions (FAQ) at <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment/ORP.aspx> Providers may also call the ODM provider hotline at 1-800-686-1516.

More guidance regarding ORP HIPPA claim adjustment reason codes, remark codes, and EOB codes are also available on the provider's landing page in MITS.

Claims submitted to a managed care organization are currently exempt from the new requirements.

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>. The web page of the Ohio Department of Medicaid (ODM) includes a link to the Medicaid "eManuals." The link will be found by first going to the resources tab at the top of the ODM webpage and then scrolling over the publications tab.

ODJFS maintains an "electronic manuals" web page of the department's rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is <http://emanuals.odjfs.state.oh.us/emanuals/>.

From the "eManuals" page, providers may view documents online by following these steps:

- (1) Select the 'Ohio Health Plans - Provider' collection.
- (2) Select the appropriate service provider type or handbook.
- (3) Select the desired document type.
- (4) Select the desired item from the 'Table of Contents' pull-down menu.

Most current Medicaid maximum reimbursement amounts are listed in rule 5160-1-60 or in Appendix DD to that rule.

Providers may view this information by following these steps:

- (1) Select the 'Ohio Health Plans - Provider' folder.
- (2) Select 'General Information for Medicaid Providers'.
- (3) Select 'General Information for Medicaid Providers (Rules)'.
- (4) Select '5160-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then scroll down to the link to Appendix DD.

The Legal/Policy Central – Calendar site, <http://www.odjfs.state.oh.us/lpc/calendar/>, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of Medicaid manual transmittal letters, <http://www.odjfs.state.oh.us/lpc/mtl/>. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the ODJFS e-mail subscription service at <http://www.odjfs.state.oh.us/subscribe/>.

Additional Information

Questions pertaining to this letter should be addressed to:

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