Ohio | Department of Medicaid

Managed Care Plan Policy Guidance Letter No. 1-18-05

To: **Medicaid Managed Care Plans and MyCare Ohio Plans**

From: **Roxanne Richardson, Chief**
Office of Managed Care, Policy and Program Development

Date: **May 3, 2018 – Updated February 8, 2019**

Subject: **Provider Enrollment, Rendering NPI and Ordering, Referring and Prescribing (ORP)**

***Updates are being made to this memo to provide all plans with additional details related to implementation of provider enrollment, rendering NPI and ORP requirements. Plans should use this memo as guidance when preparing systems, however, as noted in the December 20, 2018 memo, at this time claims should only be denied when no rendering NPI is submitted on the claim. ODM will notify plans when additional system edits should be implemented to deny claims based on the criteria described below. See attached.**

Rendering Practitioner NPI

The national standard for the EDI 837 professional transaction requires that an NPI be submitted in the billing provider field on all claims. For program integrity purposes, ODM also requires the rendering provider NPI on a claim when the practitioner who performed the service is different from the billing provider for most services.

- On a claim with multiple details, if all services were rendered by the same individual practitioner, the NPI of the rendering provider can be reported at either the header or on each claim detail; however, if services on a claim were provided by different practitioners, the rendering provider should be reported at the claim detail.
- The provider types below are required to have an individual rendering practitioner NPI on a claim. ODM requires these agencies to enroll with ODM and enroll and affiliate employees who render services, including dependently licensed practitioners and paraprofessionals.
    - January 1, 2018 - ODM began requiring the NPI of the rendering practitioner of independently licensed Behavioral Health (BH) professionals. See the BH Provider Manual (page 10) at: http://bh.medicaid.ohio.gov/Portals/0/Providers/Final%20BH%20Manual%20V1.5_01302018.pdf?ver=2018-01-30-132135-363
    - July 1, 2018 - BH dependently licensed and paraprofessionals, as well as, independently licensed practitioners employed by clinics (in an FQHC/RHC/OHF/AHCC) and freestanding birth center staff are required to have their NPI on a claim. See MAL 622 at:https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/MedicaidPolicy/NonInst/MAL622.pdf
    - Professional medical groups (PT 21s) are required to have an individual rendering practitioner NPI on claims.
- Fee-for-service (FFS) claims that require the NPI of the professionals referenced above will deny when the rendering NPI is not on the claim. MCPs are expected to do the same.
- Plans are not required to ensure the individual rendering practitioner is affiliated to their agency at this time. Plans should not deny a claim when the practitioner is not affiliated to the agency/billing provider.

- For network providers, plans must verify both the billing and rendering NPI is in-network and enrolled with ODM as a participating provider. (Plans should verify the NPI by using MITS or the PMF.)
- Non-PAR providers must be identified on the claim but are not required to be enrolled with ODM and may not be listed on the PMF.
- Home health and waiver service providers (including transportation providers) will continue to submit claims as they do today and are not required to have an individual rendering NPI on the claim at this time. The rendering NPI requirement will be phased in at a future date.
- For the EDI 837 institutional transaction, the attending NPI should be held to the same requirements stated above for the rendering NPI.

ODM Front Door Network Provider Enrollment

Under 42 CFR 438.602(b) – "Screening, enrollment and revalidation of providers" the State must screen, enroll and periodically revalidate all MCP network providers. The provision does not require providers to render services to FFS beneficiaries.

- **New Network Providers** - Plans must now require ODM enrollment prior to contracting with any new network provider.
    - MCPs may execute a temporary, 120-day provider agreement for a new provider pending the outcome of the ODM provider enrollment process but must terminate the agreement if ODM determines the provider may not be enrolled with ODM.
    - When implementing the 120-day temporary agreement, no advanced provider termination notification is required. However, plans are encouraged to include such language in their temporary 120-day contracts. Claims for dates of service prior to termination of the 120-day contract are the responsibility of the plan.
- **Current Network Providers** - All current plan network providers who are not active ODM providers are being identified. The PMF shows all providers enrolled with ODM. Plans should use the PMF to determine if their network providers are currently enrolled and active providers with ODM. Please conduct an exhaustive PMF search including looking for provider tax ID, NPI, name/owners, etc.
    - Regarding current network provider enrollment, MCPs must be prepared for implementation and to deny claims upon notice from ODM.
    - Upon notification, MCPs will not pay current network provider claims if the provider has not begun the enrollment process with ODM. If the ODM application is in process, the MCP may continue to pay claims during the provider enrollment period. This can be determined by looking up the provider in MITS.
    - MCPs should not disenroll providers but should conduct outreach to encourage ODM enrollment.
    - ODM Provider Enrollment staff confirmed an application may be backdated up to 365 days upon request.
    - Providers may then resubmit claims or the "deficiency" denial can be updated and paid. This is plan specific.
- Currently, providers under single case agreements (i.e. out of network, non-par providers) are not subject to the federal requirements in 42 CFR 438.602(b).
    - In limited circumstances, plans may execute a single case agreement for instances where providers render services for a beneficiary on a one-time, individual, or limited basis.
    - CMS has communicated that ODM should enroll providers under single case agreements as a best practice. ODM will continue to work with plans to enroll these providers as a best practice although it is not required at this time.
- In-network, out-of-state pharmacy locations are not required to enroll with ODM at this time.

- ODM will monitor encounter data, including claims from excluded providers, for billing trends and may develop a threshold after which providers must enter into a contract.

Ordering, Referring and Prescribing (ORP)

42 CFR 455 Subpart E states "*The State Medicaid agency must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services."*

- Claims for payment of items and services ordered, referred or prescribed should include the NPI of the physician or other professional who ordered, referred or prescribed such items or services.
- The ORP professional does not need to be in-network or enrolled with ODM at this time.
- Plans must have system edits in place to accommodate this requirement. The ORP NPI must be accepted on the claim and then sent to ODM on the encounter. The ORP NPI data will be collected by ODM.
- ODM requires an ordering for all services billed on a professional claim that are performed by the providers listed in the attached MHTL. The exceptions are:
    - Federally Qualified Health Center (provider type 12) – an ordering provider is needed only for physical therapy, occupational therapy and speech therapy.
    - Medicaid School Program (provider type 28) – an ordering (or referring) provider is needed only for physical therapy, occupational therapy, speech language pathology and audiology services. (This does not pertain to managed care plans.)
    - Clinic (provider type 50) – an ordering provider is needed only for therapy, DME and laboratory services.
    - Institutional claims will continue as they are today. These claims include an attending NPI and are not required to have an ORP on the claim.
- ODM FFS requires an ORP provider for all waiver service claims. In FFS, this is the individual's attending physician who signs off on the individual's plan of care. While ODM is not requiring the MCOPs to implement ORP for waiver service claims at this time, MCOPs may require the ORP for these claims, specifically for waiver nursing services and home health aide services as a best practice.

Questions pertaining to this letter should be sent to ManagedCarePolicy@medicaid.ohio.gov

Ohio | Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

TO: Contracted Managed Care and MyCare Ohio Plans

FROM: Roxanne Richardson, Chief
Policy and Program Development Section, Office of Managed Care

DATE: December 20, 2018

SUBJECT: Provider Enrollment, Affiliation and ORP

As you are aware, 42 CFR 438.602 requires all managed care plan network providers to be enrolled with ODM. ODM further requires individual practitioners to affiliate to their provider agency.

Plans must continue to ensure both the agency/billing and rendering provider NPI is submitted on a claim. ODM is reviewing data related to the number of network providers who are enrolled with ODM and the impact of denying claims when the NPI is not known to MITS. During our review, ODM is asking plans to not deny claims when an agency/billing or rendering NPI on the claim is not known in MITS. The claim should continue to be denied when no rendering NPI is submitted on the claim.

Additionally, plans are not required to ensure the individual rendering practitioner is affiliated to their agency at this time. Plans should not deny a claim when the practitioner is not affiliated to the agency/billing provider.

Regarding the ordering, referring or prescribing (ORP) requirement for the NPI of an ORP to be on a claim, plans must be able to accept the NPI of the ORP beginning January 1, 2019. Plans must forward that information on encounters to ODM. ODM will be phasing in the ORP requirements and the ORP NPI is not required to be enrolled in MITS at this time. No claims should be denied when there is no ORP NPI on the claim. Instead, ODM is asking MCPs to communicate the requirement to providers when a claim is submitted without the ORP NPI.

The details in this memo are strictly related to managed care plan claim denials. ODM is not changing the requirements for providers to enroll and affiliate to their agency; or to submit an ORP NPI on a claim. We are simply asking plans not to deny claims until further analysis can be performed and we ensure the requirements have been thoroughly communicated to providers.

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