

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201151 OCTOBER 18, 2011



The IHCP to adopt new provider enrollment and screening requirements

Effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) will adopt new provider enrollment and screening requirements mandated by the *Affordable Care Act (ACA)*. Providers can expect to see details of the new requirements in several upcoming communications, including Web content on indianamedicaid.com. An introduction to and overview of the major changes follows:

- **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.
- **Providers are screened according to the assigned risk level!** The attached table shows the assigned risk levels for most IHCP provider types and outlines the general screening activities associated with each risk category. A full list of provider types by risk level will soon be available on indianamedicaid.com for your reference.
- **Certain providers are subject to an application fee of \$505.** 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

[Continue](#)

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 IHCP. 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 (CMHCs)
- Durable medical equipment (DME) providers
- Federally Qualified Health Centers (FQHCs)
- Hospice providers
- Hospitals
- Nursing facilities
- Outpatient physical therapy clinics
- Occupational therapy groups
- Pharmacies
- Speech/hearing therapy groups

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.

Generally, application fees do not apply to individual professionals, such as physicians. A full list of providers, by type and specialty, that are subject to application fees will soon be available on indianamedicaid.com for your reference.

- **Enrollment forms will collect additional information.** Updated IHCP enrollment forms will require additional information for all disclosed individuals, including those with ownership interest of 5% or greater and those with operational or managerial control of the applying entity. New information includes dates of birth and Social Security numbers.
- **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 enrolling on or after January 1, 2012, however, will be required to revalidate their enrollment with the IHCP at five-year intervals. A more frequent three-year revalidation requirement applies to DME providers and pharmacy providers with DME or home medical equipment (HME) specialty enrollments. All providers enrolled before January 1, 2012, must also revalidate their enrollments under ACA criteria. Beginning in the spring of 2012, the IHCP plans to revalidate existing providers in phases, with completion scheduled for December 31, 2014.

As the IHCP prepares to implement an ACA-compliant enrollment and screening process effective January 1, 2012, please look for additional guidance in upcoming bulletins and banner pages, and on indianamedicaid.com. 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.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive e-mail notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.

Provider types by their assigned risk levels

Risk Level	Screening Activities	Provider Types and Specialty Codes
High	<ul style="list-style-type: none"> ▪ Fingerprinting and criminal background check for all disclosed individuals ▪ Unannounced site visits before and after enrollment ▪ Verification of provider-specific requirements, including the following: <ul style="list-style-type: none"> – License verification – National Provider Identifier (NPI) check – Office of the Inspector General (OIG) exclusion check – Ownership/controlling interest information verification 	<ul style="list-style-type: none"> ▪ Newly enrolling home health agency (05) ▪ Newly enrolling hearing aid dealer (22) ▪ Newly enrolling pharmacy (24) with a 250 (DME/medical supply dealer) or 251 (HME/home medical equipment) specialty ▪ Newly enrolling DME/medical supply dealer (25) with a 250 (DME/medical supply dealer) or 251 (HME/home medical equipment) specialty ▪ Newly enrolling transportation provider (26) with a 262 (bus), 263 (taxi), 264 (common carrier – ambulatory), or 265 (common carrier – non-ambulatory) specialty ▪ Newly enrolling Waiver provider (32) that offers specialized medical equipment and supplies
Moderate	<ul style="list-style-type: none"> ▪ Unannounced site visits before and after enrollment ▪ Verification of provider-specific requirements, including the following: <ul style="list-style-type: none"> – License verification – NPI check – OIG exclusion check – Ownership/controlling interest information verification 	<ul style="list-style-type: none"> ▪ Rehabilitation facility (04) with a 041 (comprehensive outpatient rehabilitation facility – CORF) specialty ▪ Revalidating home health agency (05) ▪ Hospice (06) ▪ Clinic (08) with a 087 (therapy clinic) specialty ▪ Mental health provider (11) with a 111 (CMHC) specialty ▪ Therapist (17) with a 170 (physical therapist) specialty ▪ Revalidating hearing aid dealer (22) ▪ Revalidating pharmacy (24) with a 250 (DME/medical supply dealer) or 251 (HME/home medical equipment) specialty ▪ Revalidating DME medical supply dealer (25) with a 250 (DME/medical supply dealer) or 251 (HME/home medical equipment) specialty ▪ Transportation provider (26) with a 260 (ambulance) or 261 (air ambulance) specialty ▪ Revalidating transportation provider (26) with a 262 (bus), 263 (taxi), 264 (common carrier – ambulatory), or 265 (common carrier – non-ambulatory) specialty ▪ Laboratory (28) with a 280 (independent lab), 281 (mobile lab), 282 (independent diagnostic testing facility – IDTF), or 283 (IDTF mobile) specialty ▪ X-ray clinic (29) with a 291 (mobile x-ray clinic) specialty ▪ Revalidating Waiver provider (32) that offers specialized medical equipment and supplies ▪ Waiver provider (32) that offers physical therapy ▪ Newly enrolling Waiver provider (32) with a 362 (psychiatric residential treatment facility – PRTF) specialty that offers consultative clinical and therapeutic services or flex funds ▪ Waiver provider (32) with a 362 (PRTF) specialty that offers habilitation, wraparound facilitation/care coordination, or wraparound technician services

Provider types by their assigned risk levels

Risk Level	Screening Activities	Provider Types and Specialty Codes
Limited	<ul style="list-style-type: none">▪ Verification of provider-specific requirements, including the following:<ul style="list-style-type: none">– License verification– NPI check– OIG exclusion check– Ownership/controlling interest information verification	<p>All provider types not mentioned previously, including, but not limited to, the following:</p> <ul style="list-style-type: none">▪ Hospital (01)▪ Ambulatory surgical center (02)▪ Extended care facility (03)▪ Clinic (08) with an 080 (FQHC) specialty▪ Clinic (08) with an 081 (rural health clinic) specialty▪ Advanced practice nurse (09)▪ Pharmacy (24) with a 240 (pharmacy) specialty▪ Dentist (27)▪ End-stage renal disease clinic (30)▪ Physician (31)