

Affordable Care Act (ACA) Provider Re-enrollment Due September 11, 2015

The Health and Human Services Commission (HHSC) appreciates your assistance with ensuring the success of the ACA Provider Reenrollment Project. The attachments listed below have been approved by HHSC for messaging related to the project.

3a. Re-enrollment Notice to Providers

3b. Re-enrollment Messages for Provider Communications

3c. Provider Risk Categories

3d. TMHP Provider Outreach Timeline

3e. DADS LTSS Re-enrollment Information

Please distribute the attached information in the following ways:

- Post information about re-enrollment requirements and TMHP outreach events on provider portal website
- Include reminders about re-enrollment on all regular provider notifications (Remittance and Status Reports, Newsletters, etc.)
- Add re-enrollment reminders on all inbound provider call lines
- Mail paper or email notifications to network providers
- Complete outbound calls to noncompliant providers
- Add a message to the email signature line re: Provider Reenrollment to all Provider Email Communications; and
- Any additional outreach methods utilized by the MCO/DMO.

ATTESTATION REQUEST

Please send attestation on your MCO or DMO letterhead acknowledging that your plan has incorporated the above information into your provider portal and other outreach efforts to ensure the success of the ACA Provider Reenrollment project, no later than **close of business Friday, September 11, 2015**, to your Health Plan Management team.

ADDITIONAL INFORMATION

Per previous discussions, please find other pertinent details and resources that were requested below. If you have questions or need additional information, please contact your Health Plan Management team.

1. Information about special non-compliant file placed on TexMedCentral

- The file name is ACA Non Compliant.xlsx. The location is the MCODATA folder on TexMedCentral. A new file is posted every two weeks on alternate Mondays (last file posted July 6, 2015).
- There was a request to separate the provider name into first and last name fields. The same field is used for both individuals and organizations in the backend system, so it is not possible to separate into first and last name.

2. Reaching provider enrollment staff in the contact center: 1-800-925-9126, option 2, option 2.

- This is the number providers need to call to receive assistance with their application, and is intended for the person who is actually completing the application, not the MCO representative. The provider needs to have all their documentation present, including the Kintana (reference tracking number) assigned to their application. If they need assistance with completing the application, an enrollment coordinator will set up a time with the

provider to walk through the application, questions, etc. They can request this assistance through the phone number as well.

3. Mailbox for MCO issue escalations (not to be used for provider enrollment questions): MCOMailbox@tmhp.com

4. Link to provider survey

please post: http://www.tmhp.com/News_Items/2015/07-%20Jul/07-10-15%20Reminder%20Federal%20Re-Enrollment%20Provider%20Input%20Survey%20Now%20Available.pdf.

3a. Re-enrollment Notice to Providers

Reminder: All Providers Must Re-enroll in Texas Medicaid to Comply with Federal Regulations

Texas Medicaid must comply with federal regulations requiring all providers to re-enroll in the Medicaid program every three to five years. This means any Medicaid provider enrolled before January 1, 2013, must be fully re-enrolled by March 24, 2016. To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive notification from TMHP that their application has been approved.

Application processing times will vary based on accuracy and complexity of the application. To allow sufficient time for application processing and to avoid a lapse in enrollment status, providers are encouraged to begin this process immediately.

Medicaid providers who are not fully re-enrolled by March 24, 2016 may experience:

Interruption in reimbursement for Medicaid services provided in fee-for-service and managed care.

Denial of claims for Medicaid services indicating that the provider is not actively enrolled.

Difficulties with or removal from managed care organization (MCO) or dental maintenance organization (DMO) networks. Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO or DMO. Providers must be re-enrolled to maintain credentialing with their plans.

In addition, Medicaid providers who are not re-enrolled prior to the March 24, 2016 deadline will have to complete a new enrollment application to return to the program.

Providers can find more information about the federal re-enrollment requirement on the TMHP web page at <http://www.tmhp.com/Pages/Topics/ACA.aspx>

For help with enrollment, providers can contact the TMHP Contact Center (1-800-925-9126, option 2) or the TMHP CSHCN Services Program Contact Center (1-800-568-2413). Providers can also email TMHP at PE-Email@tmhp.com to request assistance with enrollment questions.

3b. Re-enrollment Messages for Provider Communications

Remittance and Status Reports:

Due to a new federal mandate, all Texas Medicaid providers must periodically re-enroll in Texas Medicaid. Providers enrolled before January 1, 2013 must be fully re-enrolled by March 24, 2016. For more information, please visit the provider page of the TMHP website at www.tmhp.com or call 1-800-925-9126.

Website/Claims Portal:

Due to a new federal mandate, all Texas Medicaid providers enrolled before January 1, 2013, must re-enroll by March 24, 2016. This requirement applies to those providing services through Medicaid managed

care organizations (MCOs), dental maintenance organizations (DMOs), or through traditional fee-for-service Medicaid.

Just as providers must be enrolled in Texas Medicaid before they can be credentialed by an MCO or DMO, providers must be re-enrolled to maintain credentialing with their plans. In order to maintain credentialing with your Medicaid MCOs or DMOs, please be sure you are fully re-enrolled prior to the March 24, 2016 deadline. To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive a notification from the Texas Medicaid & Healthcare Partnership (TMHP) that their application has been approved. To allow sufficient time for re-enrollment application processing, providers are encouraged to begin this process immediately.

For additional guidance, please visit the [TMHP Provider Re-enrollment page](#). For help re-enrolling, contact a TMHP provider enrollment representative at 1-800-925-9126, Option 2, or attend one of the [town hall meetings](#).

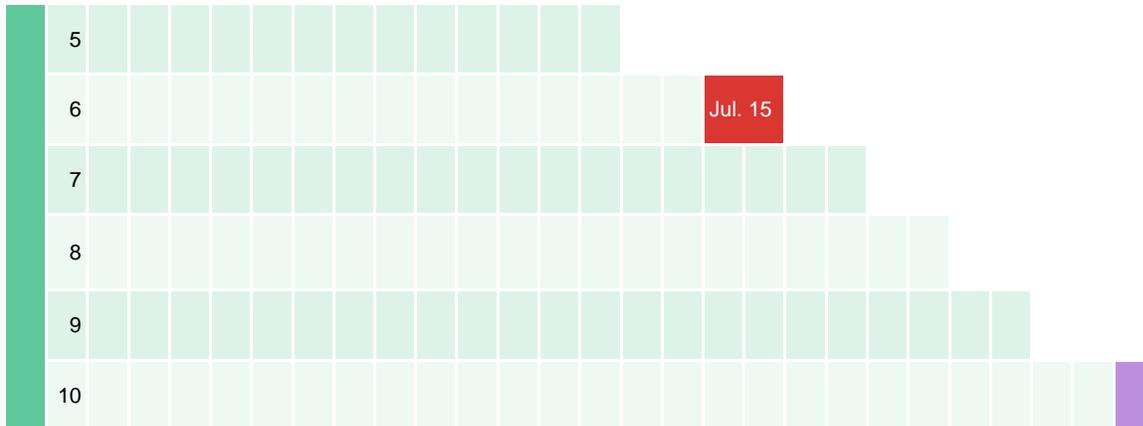
Call Center Hold Message:

Due to a new federal mandate, Texas Medicaid providers who enrolled in the Medicaid program before January 1, 2013 must re-enroll by March 24, 2016. To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive notification from TMHP that their application has been approved. To allow sufficient time for re-enrollment application processing, providers are encouraged to begin this process immediately.

For more information, please visit the provider page of the TMHP website at www.tmhp.com or call 1-800-925-9126.

3c. Provider Risk Categories

Provider Type Risk Categories			
Limited Risk			
<ul style="list-style-type: none"> Physicians Non-physician practitioners Medical groups and clinics Ambulatory surgical centers (ASCs) Audiologists 	<ul style="list-style-type: none"> Federally qualified health centers (FQHC) Hospitals, including critical access hospitals Indian and Tribal Health Services facilities 	<ul style="list-style-type: none"> End stage renal disease facilities Mass immunization roster billers Occupational therapists enrolling as individuals or as group practices 	<ul style="list-style-type: none"> Pharmacies Radiation therapy centers Rural health clinics (RHC) Skilled nursing facilities Speech language pathologists
Moderate Risk			



Group	Provider Types/Specialities
1	Hospitals (Pilot)
2	Home Health, Physician Assistants and PCS
3	PT/OT/ST and Wave 1 Physicians
4	Dentists and Wave 2 Physicians
5	RCP, Vision, Chiropractor, Podiatrist, Audiologist, Hearing Aid, Midwife, Family Planning Agencies and Wave 3 Physicians
6	Behavioral Health, Pharmacy, Case Management and Wave 4 Physicians
7	Nurses (except LVN) and Wave 5 Physicians
8	DME and Wave 6 Physicians
9	Facilities (FQHC, NH/SNF, ASC, Birthing Centers, Maternity Centers, CHC, CMHC, Psych, CORF, ORF, Rehab, IHS, IDTF, RHC, TB Clinic) and Wave 7 Physicians
10	SHARS, Milk Donor Bank, LVN, THSteps Medical and Wave 8 Physicians

Last Updated: 6/02/15

3e. DADS LTSS Re-enrollment Information

As a Reminder, All Providers Must Re-enroll in Texas Medicaid by March 24, 2016, to Comply with Federal Regulations

Information posted June 17, 2015

As a reminder, Texas Medicaid must comply with federal regulations which require all providers to revalidate their enrollment information every three to five years. In accordance with this mandate, the Centers for Medicare & Medicaid Services requires that states complete the initial re-enrollment of all providers by March 24, 2016. This re-enrollment requirement applies to providers that render services through Medicaid managed care organizations or through traditional fee-for-service Medicaid.

Department of Aging and Disability Services (DADS) Long Term Services and Supports (LTSS) providers are required to comply with this re-enrollment requirement by March 24, 2016. The Health and Human Services Commission (HHSC) and DADS are in the process of developing a re-enrollment process compliant with the federal mandate specific to DADS LTSS providers, and will communicate that process in the near future.

DADS LTSS providers **who also provide acute care services**, (for example: Nursing Facilities, home health agencies, etc.) are required to re-enroll with Texas Medicaid & Healthcare Partnership (TMHP) now and are encouraged to attend one of the TMHP workshops pertaining to the federally-mandated provider re-enrollment. Refer to the [TMHP Workshop Registration web page](#) for additional information.

Note: These workshops are focused primarily on the acute care re-enrollment process. DADS will reach out to the LTSS provider community in the near future to provide additional information about the DADS and HHSC LTSS re-enrollment process.

Additionally, a DADS provider re-enrollment website and mailbox are being established and detailed website and mailbox information will be communicated to providers upon availability. Providers are encouraged to monitor the DADS and TMHP websites for additional information.

For more information, call the Long Term Care (LTC) Help Desk at 1-800-626-4117, Option 1.