

Joint MCO 21st Century Cures Act Virtual Provider Forum

September 12, 2023, 3:30 – 4:30 p.m.

September 28, 2023, 11:00 a.m. – 1 p.m.



Agenda

01— Welcome & Introductions –
DMMA, Gainwell and the MCOs

02— Today's Objectives

03— Background on Cures Act

04— Screening & Enrollment Defined

05— Who Needs to Enroll

06— Knowledge Check No. 1

07— Examples of Ordering & Referring

08— Knowledge Check No. 2

09— What can Providers do Prior to
Enrolling?

10— How to Register and Enroll

Agenda continued

11— Registration Tips

15— Special Consideration for
Pharmacy and Prescribers

12— Knowledge Check No. 3

16— Final Knowledge Check

13— What Happens if Providers do Not
enroll by September 30, 2023?

17— Resources & Questions

14— Special Consideration for
Engaged Providers

02 - Today's Objectives

- Understand mandatory requirements under the 21st Century Cures Act requirements and why all in-network/participating providers must comply
- Understand what happens if providers fail to enroll and why all providers should ACT NOW!
- Test your knowledge on Cures Act requirements
- Understand the various resources available to providers
- At anytime, ask questions

03 - Background on Cures Act

- ♦ Federal law and the Managed Care Organizations (MCO) contract with DMMA requires all current and prospective MCO and fee for service (FFS) to **screen** and **enroll** with the State Medicaid program.
- ♦ Purpose is to improve the integrity of the Medicaid program and to reduce fraud, waste and abuse
- ♦ DMAP is requiring providers complete the enrollment process by **September 30, 2023**.
- ♦ Gainwell is the State's vendor who performs various administrative functions, including provider enrollment and provider services



04 - Screening & Enrollment Defined

- ♦ **Screening** means CMS-required activities for enhanced Program Integrity functions to reduce fraud, waste, and abuse in the Delaware Medicaid Program.
 - ♦ Screening is required at initial enrollment, reenrollment, revalidation, and when adding or changing service locations.
 - ♦ Screening is conducted according to provider risk levels and includes additional disclosure requirements.
- ♦ **Enrollment** refers to the process to complete CMS-required screening for providers participating in Delaware Medicaid.
 - ♦ Successful enrollment means the provider is assigned a unique Medicaid identifier (MCD ID) for each taxonomy, NPI, physical practice location combination.

05 – Who Needs to Enroll?

- ♦ **Rendering providers** – all providers who furnish services or items to Medicaid beneficiaries. Example. Dr. Jones a PCP.
- ♦ **Billing providers** – all providers who bill Medicaid MCOs (individual, organizational, facilities, etc.)
- ♦ **Non-billing providers** – any ordering, referring, prescribing and attending (ORPA) provider of services or items to Medicaid beneficiaries.

06 – Knowledge Check No. 1

- Dr. Holland is a cardiologist at Delaware Cardiology group. The group has 3 cardiologists, including Dr. Holland. The practice is based in Georgetown, Delaware.
- Each cardiologist operates under 1 taxonomy. The group has a single taxonomy.
- The group will submit claims to the MCOs on behalf of the cardiologist who renders services.

Question: 1: Who needs to register with DMAP?

Question: 2: How many MCD IDs will there be after registration?

06 – Knowledge Check No. 1 - Answer

- ♦ Dr. Holland is a cardiologist at Delaware Cardiology group. The group has 3 cardiologists, including Dr. Holland. The practice is based in Georgetown, Delaware.
- ♦ Each cardiologist operates under 1 taxonomy. The group has a single taxonomy.
- ♦ The group will submit claims to the MCOs on behalf of the cardiologist who renders services.

Question: 1: Who needs to register with DMAP?

Question: 2: How many MCD IDs will there be after registration?

Answer: Each of the three practitioners and the cardiology group must register with DMAP. There will be 4 MCDs.

07 – Examples of Ordering & Referring

- ♦ Prescribing (either drugs or other items for a beneficiary)
- ♦ Sending a beneficiary's specimen to lab for testing
- ♦ Ordering imaging services or durable medical equipment (DME), prosthetics or supplies
- ♦ Referring a beneficiary to another provider or facility for covered services
- ♦ Determining or certifying a beneficiary's need for a covered item or service (e.g., outpatient drug counseling or home health services or nursing facility services) where the determination or certification by a physician or other professional that is a beneficiary needs or qualifies for a receipt of an item or service that is requirement for payment of the claim

08 – Knowledge Check No. 2

- ♦ Dr. Jones is a PCP at Delaware Pediatrics. Dr. Jones and his group are not participating with any MCOs and are not registered with DMAP.
- ♦ Dr. Jones orders an x-ray for our member.
- ♦ The member gets the x-ray at Delaware Imaging, a provider in the MCOs network and registered with DMAP.
- ♦ Delaware Imaging bills the MCOs on October 15, 2023, and the claim has Dr. Jones as the ordering/referring practitioner.

Question: Will the MCOs pay the claim?

08 – Knowledge Check No. 2

- ♦ Dr. Jones is a PCP at Delaware Pediatrics. Dr. Jones and his group are not participating with any MCOs and are not registered with DMAP.
- ♦ Dr. Jones orders an x-ray for our member.
- ♦ The member gets the x-ray at Delaware Imaging, a provider in the MCOs network and registered with DMAP.
- ♦ Delaware Imaging bills the MCOs on October 15, 2023, and the claim has Dr. Jones as the ordering/referring practitioner.

Question: Will the MCOs pay the claim?

Answer: The MCOs are NOT permitted to pay the claim because the ordering/referring practitioner is not registered with DMAP.

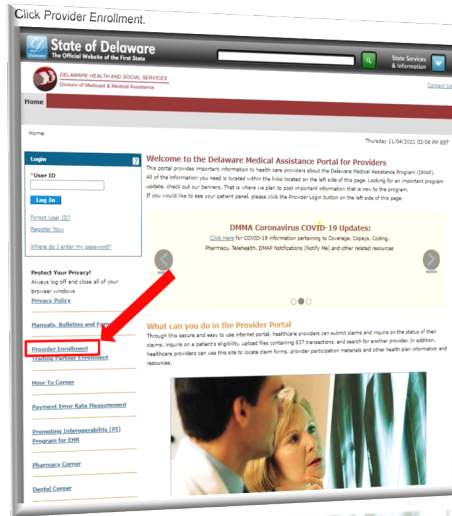
09 – How to Prepare for Enrollment

- ◆ Identify each active taxonomy used by billing and rendering providers of services to Medicaid beneficiaries
- ◆ Identify each service location where the provider furnishes services to Medicaid beneficiaries
- ◆ Confirm the ordering, referring, prescribing and attending providers are aware of the requirement to enroll in DMAP
- ◆ Confirm you have information required for DMAP application

DMAP Enrollment Information

- ▶ Application (this enrollment)
- ▶ Tax ID Card/Assignment Letter (include as attachment)
- ▶ Provider Contract (noted on Agreement page)
- ▶ Business, Professional License, and/or Board Certification (include as attachment)
- ▶ Collaborative Agreement (Nurse Practitioner) (include as attachment)
- ▶ Drug Enforcement Administration (DEA) License, if applicable (include as attachment)
- ▶ Disclosure of Ownership and Control Interest Statement (entered on Disclosure page)
- ▶ Electronic Funds Transfer (EFT) Form (entered on EFT page)
- ▶ Electronic Remittance Advice (RA) Agreement (entered on ERA page)
- ▶ Delaware Title XIX Electronic Claim Submission Form (include as attachment)
- ▶ Institutional Fee or Hardship Payment Letter (include as attachment)
- ▶ Medicare Certification or Enrollment in another Medicaid State (include as attachment)
- ▶ Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP.
- ▶ DME providers must successfully enroll in Medicare prior to submitting this DMAP enrollment application.
- ▶ Verification of enrollment and or certification with Medicare or another State's Medicaid Program (or) CHIP.
- ▶ NPPES denial notification if provider does not qualify for NPI (include as attachment).

10– How to Enroll & Register



- ◆ To register and enroll, a provider should use the [DMAP How-to and FAQ guides](#) which have step by step instructions.
 - ◆ DMAP Provider Screening & Enrollment FAQs
 - ◆ How To: Enrollment Guide for Current In-Network Managed Care Organization (MCO) Providers *(Providers who received MCO claims payment prior to January 2022)*
 - ◆ How-To: Complete a New Managed Care Organization-Only Provider (MCOP) Enrollment Application *(Providers who received first MCO claims payment after January 2022)*
 - ◆ How-To: Submit a RESET Request for an Application Tracking Number—Managed Care Organization-Only (MCOP) Enrollment *(Providers who submitted an application it was denied, application was not processed because it was not completed on time OR providers who need to register a location that was unregistered)*
- ◆ Gainwell is available to walk a provider through questions relating to the enrollment and application process. See [Resources](#) slide for contact information.

11– Registration Tips (New MCOP Enrollment Application)

[How-To Enrollment Guide for New MCO Network Providers\):](#)

- ♦ New provider in Delaware (never received MCO claims payment OR first time received MCO claims payment is after January 2022)
- ♦ *Existing MCO provider (received MCO claims payment prior to January 2022) who has a **new service location** or **taxonomy** that is not in DMAP.
 - ♦ To check if new location or taxonomy is IN DMAP, search the *MCO Only Provider Enrollment Application* for the new NPI, taxonomy and service location combination. If there are no results, submit the New MCOP Enrollment Application.

[How-To Enrollment Guide for Current In-Network MCO Providers](#)

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > [Provider Enrollment](#) > MCO-Only Provider Enrollment Application Friday 11/05/2021 02:07 PM EST

MCO-Only Provider Enrollment Application

*Indicates a required field.

*NPI *Taxonomy

There are no existing service locations for the NPI and Taxonomy entered. To register a Taxonomy for an NPI use the [Enrollment Application](#).

Delaware.gov | Privacy | Contact | Phone Directory

11– Registration Tips (Dual FFS and MCOP Enrollment and Change of Ownership)

- ♦ DUAL Enrollment
 - ♦ If providers will be billing FFS and MCOs the same for the NPI, taxonomy and service location, providers should first submit an enrollment for FFS. In this instance, providers will not need to submit a separate MCO application because that will create duplicate MCD IDs.
 - ♦ The DMAP Provider Portal has instructions for enrolling as a [Fee For Service Provider](#).
- ♦ MCO Provider Change of Ownership Process
 - ♦ **DO NOT** complete a New MCO Provider Only application for a change of ownership.
 - ♦ **DO** log into log into the DMAP portal and submit an updated disclosure statement.

11– Registration Tips (Duplicate Service Location, NPI and Taxonomy combination)

- ♦ There should not be any duplicate addresses for the same NPI, taxonomy and service location.
- ♦ If the DMAP portal displays more than 1 MCD ID for the same service location and taxonomy, providers will need to unregister the duplicate address.

[How-To Enrollment Guide for Current In-Network MCO Providers](#)

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home > Provider Enrollment > MCO-Only Provider Enrollment Application

MCO-Only Provider Enrollment Application

* Indicates a required field.

NPI: 122454789 Taxonomy: 251E00000X-Home Health

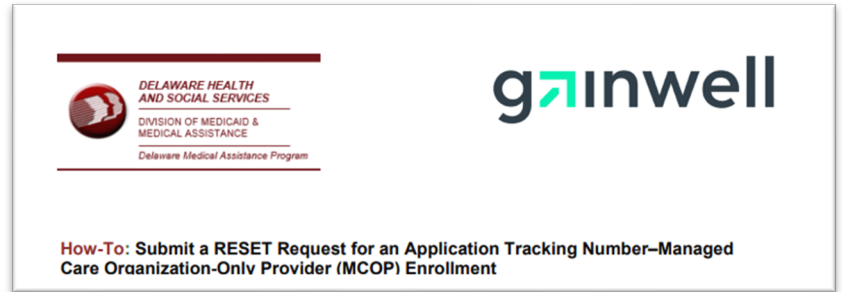
Search Reset

Medicaid ID	Address	Revalidation Date	Action
987654321	1234 STREET ROAD, SUITE 000, CITY, Delaware 19904-0000	1/3/2022	Register Unregister
999999999	1234 ANY STREET ROAD, SUITE 10001, ANYCITY, Delaware 19999-0000	1/3/2022	Register Unregister
123459876	1234 ANY STREET ROAD, SUITE 10001, ANYCITY, Delaware 19999-3333	1/3/2022	Register Unregister
111222333	9005 SOMEWHERE RD, SUITE 5050, TOWN CITY, Delaware 19777-0000	1/3/2022	Register Unregister

11 – Registration Tips (ATNs)

- ◆ An Application Tracking Number (ATN) is generated following the completion of an enrollment application and creation of a password. You should print and save the ATN so you can revise a submitted application.
- ◆ Instead of submitting a new application, **RESET your ATN IF:**
 - ◆ you submitted an application and it was denied;
 - ◆ your application was not processed because you did not complete it on time; OR
 - ◆ you need to register a location that was unregistered.

[How to Reset an Application Tracking Number MCO-Only Provider Enrollment](#)



How-To: Submit a RESET Request for an Application Tracking Number-Managed Care Organization-Only Provider (MCOP) Enrollment

12 – Knowledge Check No. 3

- ♦ Dr. Briglia is in network with DFH as an Allergist with 3 practice locations (Wilmington, Dover and Newark).
- ♦ He submits claims to DFH at each location using taxonomies 207K00000X (Allergy & Immunology Physician) and 2080P0201X (Pediatric Allergy/Immunology Physician)
- ♦ Dr. Briglia submits claims to HHO and ACDE at each of the 3 locations using taxonomy 207KA0200X (Allergy Physician)
- ♦ Dr. Briglia submits claims to DMMA FFS for the Wilmington location only using taxonomy 207KA0200X (Allergy Physician)

Question: How many MCD IDs will Dr. Briglia receive when he enrolls ?

12 – Knowledge Check No. 3 (Answer)

- ♦ Dr. Briglia is in network with DFH as an Allergist with 3 practice locations (Wilmington, Dover and Newark).
- ♦ He submits claims to DFH at each location using taxonomies 207K00000X (Allergy & Immunology Physician) and 2080P0201X (Pediatric Allergy/Immunology Physician)
- ♦ Dr. Briglia submits claims to HHO and ACDE at each of the 3 locations using taxonomy 207KA0200X (Allergy Physician)
- ♦ Dr. Briglia submits claims to DMMA FFS for the Wilmington location only using taxonomy 207KA0200X (Allergy Physician)

Question: How many MCD IDs will Dr. Briglia receive when he enrolls ?

Answer: Dr. Briglia will need to register 9 MCD IDs. 6 unique MCD IDs will be for each of the 2 taxonomies at the 3 service locations for DFH claims, and 3 unique MCD IDs for the single taxonomy for the other MCO. Because the State FFS utilizes the same taxonomy at the same location as the taxonomy for HHO and ACDE, Dr. Briglia does not need to obtain another MCD ID for that location. Dr. Briglia should first submit a FFS application for the Wilmington location that shares the same taxonomy for HHO and ACDE.

13 – What happens if not enrolled by 9/30?



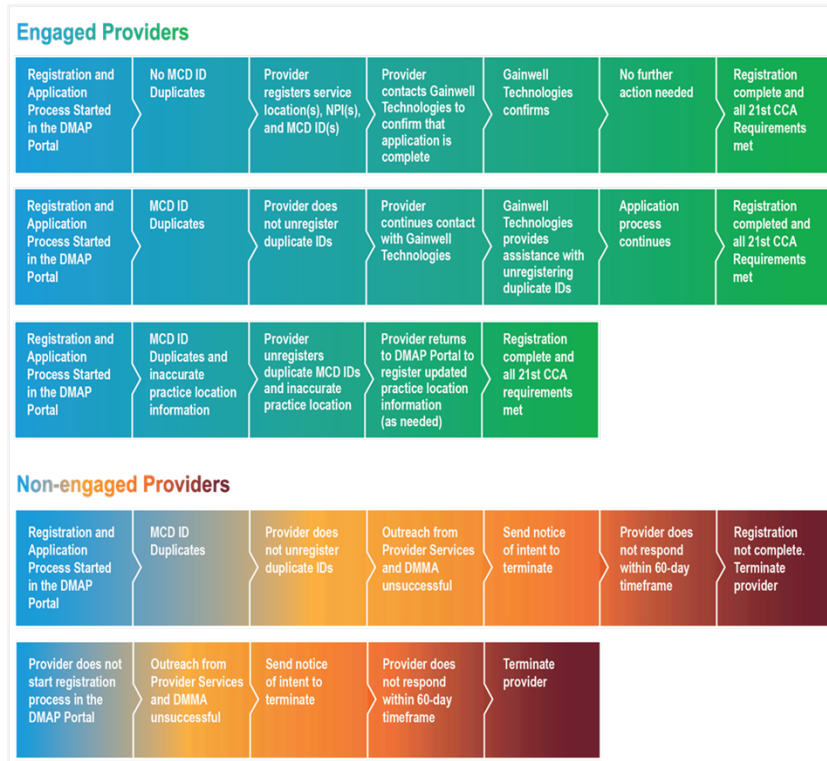
To Take Action . . .

Unless there is a **special consideration** (explained on next slide), consequences of not enrolling by the 9/30 deadline include:

- ◆ Effective 10/1/23, any in-state and out-of-state participating providers who have not followed the DMAP enrollment process will have claims payments denied by the MCOs.
 - ◆ So if an ordering, referring, prescribing or attending provider does not enroll, the billing provider will not be able to receive reimbursement for covered services and supplies that the providers order, refer or prescribe. This includes pharmacies and professionals who prescribe medication. Example: John Doe is not registered but writes a script for a member. The pharmacy (which IS registered) cannot fill the prescription because the referring provider Dr. Doe is not registered.
- ◆ At some point, the provider *may* be subject to termination from the MCO network.

14 – Consideration for “Engaged Providers”

“Providers that are currently engaged with the DMAP screening and enrollment process are not at risk of suspended payment(s) and/or termination from the Delaware Medicaid Managed Care Organization (MCO) network participation.” ~ DMMA



15 – Consideration for Pharmacies & Prescribers

- **Pharmacies – reject message at point of sale if the pharmacy is not registered.**
 - The pharmacy can over-ride the rejection at the point of sale in real time by applying an override code which will allow the claim to process. Member walks away with a 30+ supply per member per drug.
 - Example: Rite Aid on Main Street did not register, member comes into the store, Rite Aid may apply a SCC code to emergency fill for 30+ days so member does not walk away without medication.
- **If a prescriber is not registered:**
 - The pharmacy receives a soft edit “warning” if prescriber is not registered with follow up communication from the MCO Provider team.
 - Example: Dr. John Doe is not registered but writes a script for a member. The pharmacy (which IS registered) pays at point of sale with soft messaging that “The provider is not registered with DE Medicaid. Please have provider call 1-800-999-3371 option 0.”

16 – Final Knowledge Check

1. True or False. The requirement to register/enroll only applies to providers who furnish services to Medicaid beneficiaries.
2. What is the deadline to enroll with DMAP?
3. What are two exceptions to registering by the due date?
4. True or False. The MCOs are responsible for showing the provider how to register with DMAP?
5. True or False. Compliance with the Cures Act (registering taxonomy, service location and NPI) is unique to Delaware.

16 – Final Knowledge Check (Answers)

Question	Answer with Explanation
1. True or False. The requirement to register/enroll only applies to providers who furnish services to Medicaid beneficiaries.	False. The registration and enrollment requirement applies to providers who furnish, and also to those who bill and order and refer.
2. What is the deadline to enroll with DMAP?	September 30, 2023
3. What are the two special considerations for providers in connection with the registration deadline?	Providers who are engaged with DMAP and providers who meet the pharmacy consideration will not be subject to claims denial on October 1, 2023 as they will have additional time to register.
4. True or False. The MCOs should show the provider how to register with DMAP?	False. Gainwell is responsible for showing providers how to register.
5. True or False. Compliance with the Cures Act (registering taxonomy, service location and NPI) is unique to Delaware.	False. Compliance with Cures Act is a federal requirement for all Medicaid agencies, some states implement differently but Delaware is not alone with how it is requiring providers to register.

17 – Cures Act Resources

- ♦ [DMMA/DMAP FAQs and How to Guides](#) (Visit DMAP portal at <https://medicaid.dhss.delaware.gov/provider>, click *Manuals, Bulletins and Forms* link on the left, and clicking on the *Managed Care Only Providers MCOP* in the documents folder on the left)
- ♦ DMAP Provider Services
 - ◇ Phone: 1-800-999-3371, option 0 then option 4
 - ◇ Email: delawarepret@gainwelltechnologies.com
- ♦ CMS Final Rule - <https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf> & CMS Medicaid Enrollment Compendium <https://www.medicare.gov/sites/default/files/2021-05/mpec-3222021.pdf>
- ♦ Joint MCO FAQs (to be provided)
- ♦ Each MCO Provider Services and/or Provider Relations/Engagement team

Thank you.

Questions?