



September 12, 2018

Communication to Providers on Medicaid Provider Enrollment Requirements

Important: Action Required by September 30, 2018 in Order to Participate as a Provider in the Puerto Rico Medicaid Government Health Plan Program

Dear Provider:

The Puerto Rico Health Insurance Administration (ASES by its Spanish acronym) has extended the deadline to enroll with ASES until **September 30, 2018**. Even if you are already participating in a managed care organization network for the Government Health Insurance Plan, you will still need to enroll as a provider with ASES.

ASES has launched an online provider enrollment application which is available within the “Provider” section of the ASES website: www.asespr.org. The provider agreement must be accepted online in order to enroll as a Medicaid provider with ASES. Most providers should be able to complete this application form within about twenty (20) minutes.

This federal law requirement, apply to all providers furnishing items or services, or ordering, prescribing, referring, or certifying eligibility for, services for individuals eligible to receive federal medical assistance through Medicaid. It is important that you prioritize early completion of this application. If you have any questions about this new provider enrollment process, please contact us at [Contracted MCO] or ASES Customer Service Office directly at (787) 474-3300 from 8:00am to 4:30pm.

Thank you in advance for your timely cooperation.

Sincerely,





Puerto Rico Medicaid Government Health Plan (GHP) Provider Enrollment: Frequently Asked Questions

- Q:** Why are providers required to enroll with ASES when they are already contracted as network providers with an MCO operating under the GHP Program?
- A:** CMS has recently implemented a separate requirement that all providers furnishing items or services, or ordering, prescribing, referring or certifying eligibility for services for Medicaid patients to be appropriately screened and enrolled with the state. This requirement now extends to all providers participating in the network of a MCO under the Medicaid program as well.
- Q:** Does this mean that providers no longer need to enroll as network providers of the MCO?
- A:** No. This new process does not replace the MCO's contracting process. MCOs must still credential and contract with health care providers in order to include them in their provider networks. MCOs must also report certain credentialing information to ASES in order to support the state-specific enrollment process.
- Q:** What is the definition for an "individual provider," "group practice" and "facility, organization or supplier" as listed in Section 1 of the Provider Enrollment application?
- A:** An "individual provider" means a physician or other health care provider operating as a solo practitioner. An individual provider typically bills under his or her own NPI or billing number. A "group practice" means two or more health care providers practicing at a common location and billing under the group practice's billing number. The "facility, organization or supplier" provider type includes all other entities (e.g. pharmacies and laboratories), institutions (e.g. hospitals and long-term care facilities), and suppliers (e.g. DMEPOS suppliers or other entities from which goods or services are purchased) billing to Medicaid. If the applicant has a FEIN, then this designation is most appropriate unless the applicant is part of a physician group practice.
- Q:** Do I have to enroll as an individual provider if I work within a group practice?
- A:** It depends on how you bill for your services. If you bill for your services under the group practice's billing number, you do not need to enroll as an individual provider. If you bill under your own NPI or billing number, you must enroll as an individual provider, even if your group practice also submits an application.
- Q:** If a provider made a mistake in his application, will there be a penalty for non-compliance with registration?
- A:** Every provider's application will be reviewed before determination of their registration status with the State. If any unintentional mistakes are identified, they can be amended or corrected once verified and/or validated with the provider. The provider may also notify ASES if it realizes it made a mistake. Provider is fully responsible for providing accurate information in the application. The State may terminate or deny a provider's enrollment if it determines that false information was provided in the application.
- Q:** Do pharmacists or pharmacies need to enroll as a provider with the state?
- A:** Pharmacies that bill Medicaid must enroll under the "facility, organization or supplier" provider type. Individual pharmacists likely do not need to separately enroll unless they are billing for their services under their own billing number, which is rarely the case.

Q: Will every provider receives a confirmation email once the registration is completed?

A: Correct. Once provider has completed and submitted the application, the system will automatically generate a confirmation email that will be sent to the provider's contact email address informed in the application. If provider informs ASES that it has not received the email, ASES will re-send it. It is not necessary that the provider re-submit the application if it has not received the confirmation email.

Q: Will every provider be required to be registered with Medicare to continue rendering services to Medicaid population?

A: No. The purpose of question #7 of the application is to have providers inform ASES if they are enrolled with Medicare, thus simplifying the enrollment process. If providers are enrolled with Medicare, they should be in good standing to be considered an enrolled Medicare provider. ASES confirms that it is not required that a provider be registered with Medicare to register with Medicaid and provide services to the Medicaid population. However, information regarding Medicare enrollment facilitates the Medicaid review process and avoids duplicate efforts with reviews already performed by Medicare.

Q: Which types of providers must pay a provider enrollment application fee?

A: The fee applies only to facilities, organizations or suppliers who are not already enrolled in Medicare or another state's Medicaid program, or who have paid an application fee to a Medicare contractor or another state. Individual providers and group practices are exempt from this fee.

Q: How much is the enrollment application fee and how does the applicant pay?

A: Please refer to the previous questions for exclusions; otherwise, the fee is \$569. Please indicate in the application fee section of the enrollment application if you are eligible for an exemption from the fee. ASES will invoice applicants who must pay the enrollment fee upon receipt of the application.

Q: Does the applicant need to fill out every section of the application form?

A: Any sections that must be filled out are marked by an asterisk. There are certain sections that are specific to individual providers, group practices and facilities, organizations or suppliers so not all sections must be filled out by all providers. These sections include an explanation that certain fields do not need to be populated in certain cases, or are accompanied by headings such as "if individual provider" or "if group practice."

Q: What additional documents or materials need to be uploaded as part of the application?

A: Applicants are required to upload documents in order to (1) supplement information in the application where the applicant has run out of fields, e.g. more than 3 practice locations, or more than 5 individuals or entities with ownership or control interest, or (2) provide an explanation for any "yes" responses to the adverse action questions in Section 12. Providers do not need to provide or upload credentials or copies of current licenses.

Q: Which types of licenses providers must include in the application?

A: Providers should list clinical and professional licenses, permits or certifications that allow providers to perform healthcare services, such as any medical or clinical licenses, DEA registrations, pharmacy licenses, CLIA, etc. Providers do not need to provide copies of said licenses, nor include any general business registrations, hazardous waste registrations or any other licenses or certifications that do not pertain to the provision of health care services. If the provider has more than three (3) licenses or certifications that need to be listed in the application, providers can upload additional information with the application.

Q: Does the applicant need to have a certain level of computer access, internet speed or other technical requirements in order to access the online application?

A: The application is accessible on ASES's website and does not require any further technical capabilities in order to access and complete.

Q: Will ASES have a call center or assigned personnel available for any MCO or provider questions?

A: Yes. Please contact Customer Office at (787) 474-3300.

Q: If the applicant encounters a technical issue, for example, problems with accessing the website, is there a phone number that the applicant can use to report an issue and/or apply over the phone?

A: Yes. Please contact Information Systems Office at (787) 474-3300. In addition, providers can apply in person with this team at ASES's main location.

Q: Is there a size limit to the attachment?

A: The file capacity is five (5) MB. We do not anticipate that any attachments will exceed this file size. You can only upload one (1) PDF file, so please make sure to consolidate any separate documents into a single attachment.

Q: Will ASES be conducting additional training regarding the enrollment process?

A: ASES will be providing written materials and guidance and may schedule an additional training session if needed.

Q: What will be used to keep track of the status of enrolled providers under the MCO?

A: ASES will issue a list of providers that have applied and that have been approved on a [weekly] basis. MCOs are expected to use this list to update their records as to which network providers have appropriately enrolled with the state.

Q: Do non-participating providers need to be enrolled? How would a claim be processed?

A: Providers need to be enrolled with the state in order to bill for Medicaid services, even if they do not participate in the MCO's provider network. According to federal regulations, unenrolled providers are not permitted to be paid at all. MCO should not pay claims submitted by unenrolled providers. MCOs can advise the provider why those claims cannot be paid and hold payment until after the provider is enrolled, but they should not pay unenrolled providers in the meantime.

Q: How often will a health care provider need to re-enroll with the state?

A: Providers will need to re-enroll every 5 years.