

August 4, 2017

Dear CHIP Provider(s):

This letter is to inform you that the Department of Human Services (Department) is implementing the Affordable Care Act (ACA)¹ provision which requires that all providers and other practitioners who order, refer, or prescribe items or services to Children's Health Insurance Program (CHIP) enrollees be enrolled with the Department as a provider. You must complete an enrollment application for your provider type for each service location (provider's address) and submit all required documents to the Department. These documents should be submitted at least sixty (60) days in advance of December 31, 2017 to allow for timely processing of your application.

Section 6401(b) of the ACA amended section 1902 of the Social Security Act ("Act") to add subsections (a)(77) and (kk), which include requirements for provider enrollment and screening.² Additionally, Section 1866(j)(1)(A) of the Act requires the Secretary of U.S. Department of Health and Human Services (HHS) to determine the level of screening of providers to be conducted according to the risk of fraud, waste, and abuse assigned to the category of the provider. The HHS regulations implementing these requirements can be found at 42 CFR Part 455, subpart E.

If you have already enrolled in the Pennsylvania Medical Assistance (MA) Program, you do not need to enroll again. If you are a part of another state's Medicaid or CHIP Program, or enrolled in Medicare, you still must enroll with the Department. If you receive this letter from multiple CHIP Managed Care Organizations (MCOs), you are only required to enroll once. Each location at which you practice must be separately enrolled. Although, you will be enrolled in the Department's Provider Reimbursement and Operations Management Information System (PROMISTM), you will not become a MA provider nor be required to render services to MA beneficiaries.

¹The Patient Protection and Affordable Care Act (Pub. L. 111-148, enacted on March 23, 2010), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152, enacted on March 30, 2010), is being collectively referred to in this document as the Affordable Care Act.

² Section 6401(c) of the ACA amends Section 2107(e)(1) of the Act by mandating that subsections (a)(77) and (kk) of Section 1902 of Title XIX of the Act shall apply to States in the same manner under Title XXI of the Act.

Office of Children's Health Insurance Program (CHIP)

P.O. Box 2675 | 1142 Strawberry Square | Harrisburg, PA 17105-2675 | Phone: 717.346.1363 | Fax: 717.705.1643 |
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The following paragraphs outline the enrollment and screening requirements:

CHIP Provider Application

To begin the application process, providers must select a provider type that is based on their current scope of practice. **Attachment A** provides a crosswalk of CHIP provider type/specialty that corresponds to the PROMISe provider type descriptions.

You are required to complete one of the following applications: CHIP Individual Practitioner Enrollment Application, CHIP Provider Facility/Agency Enrollment Application, or the CHIP Provider Group Enrollment Application.

All applications, requirements, and the step-by-step instructions are available on the following website:

<http://dhs.pa.gov/provider/promise/enrollmentinformation/CHIPProEnrollInfo/index.htm>

Provider Enrollment and Screening

The Department is required to conduct screening of providers seeking to enroll.

Fingerprint Based Criminal Background Checks

The ACA requires providers designated by the Department as “high” categorical risk to consent to criminal background checks requiring the provider or any person with a 5% or more direct or indirect ownership interest in the provider to also submit a set of fingerprints in a form and manner determined by the Department. “High risk” providers are identified in **Attachment B**.

Onsite Visits

The ACA also requires the Department to conduct on-site visits of providers designated by the Department as “high” or “moderate” categorical risk. The site visit may include unscheduled and unannounced site visits, including pre-enrollment site visits. Successful completion of the site visit is a requirement of the enrollment process if a site visit is required.

Application Fee

The ACA also requires the Department to impose a fee on each institutional provider of medical, other items, services, or supplies as identified in **Attachment C**. The application fee is currently \$560; however, this fee will vary from year-to-year based on adjustments made by the Centers for Medicare & Medicaid Services (CMS). All CHIP providers will be required to pay the application fee once the Convenience Pay option in the electronic provider enrollment portal becomes available. **CHIP institutional providers are required to use the paper application until the electronic provider enrollment portal becomes available, therefore, the application fee will not be collected. If you wait until the electronic provider enrollment portal becomes available for enrollment, you will then be required to pay the application fee.** If multiple applications are submitted under the same Federal Tax Identification Number, i.e., Federal Employer

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Number (FEIN), the Department will collect one fee for all applications submitted within seven (7) calendar days of the Department's receipt of the first application. Providers must submit documentation that the application fee was paid within the seven (7) calendar day timeframe by providing a copy of the receipt generated from Convenience Pay.

Additionally, CHIP providers may request a hardship exception from paying the application fee by completing the *Hardship Exception Request Form*. Providers must include documentation to support their request. The hardship exception request will be submitted to CMS for review and decision. CMS will communicate the decision to the Department. Hardship exceptions are explained in **Attachment D**.

Please ensure that the application is complete and the information is accurate to ensure there are no delays in processing your application. The checklist titled "**Did you remember to...?**" lists common reasons the enrollment applications are returned. Please remember to review the checklist carefully; the Department will return incomplete applications. If you have any questions regarding the application, please contact Provider Enrollment at 1-800-537-8862; option 1, option 2, option 2, and option 4.

The current methodology regarding claims processing will not change. The applicable CHIP MCO will provide claims adjudication for all services rendered by a CHIP provider. However, effective **January 1, 2018**, any claims submitted to a CHIP MCO by a non-enrolled provider will not receive payment.

Send the completed application to:
DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: Ra-ProvApp@pa.gov

For further information, please visit the following website:

<http://dhs.pa.gov/provider/promise/enrollmentinformation/CHIPProEnrollInfo/index.htm>

Sincerely,

CHIP contractor

Attachments:

Attachment A – CHIP Provider Crosswalk

Attachment B – CHIP Providers Required to Obtain a Background Check

Attachment C – CHIP Providers Required to Pay Application Fee

Attachment D – Hardship Exception Form

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