



Thomas O. Forslund, Director

Governor Matthew H. Mead

## MEMORANDUM

**Date:** November 3, 2016  
**To:** BHD/DD Providers  
**From:**   
Joe Simpson, Administrator  
**Subject:** Change to Subsequent Assessments and Goods and Services

Earlier this summer, the Wyoming Department of Health, Division of Healthcare Financing issued the Ordering, Referring, Prescribing Provider Claims Requirements Bulletin, effective July 1, 2016, to all providers that any claim submitted with an ordering, referring, prescribing, attending, and other treatment provider that is not actively enrolled with the Wyoming Medicaid Program will be denied. The bulletin outlined the critical necessity for providers who are ordering, referring, or prescribing clients for care, or are the attending provider on claims, be actively enrolled as Wyoming Medicaid providers.

Further, the Bulletin goes on to define the reason for this change under the Affordable Care Act:

*"The Affordable Care Act (ACA) now requires that all physicians or other eligible practitioners enroll with Wyoming Medicaid to meet the new ACA program integrity requirements. These requirements are designed to ensure that all orders, referrals, or prescriptions for items or services for Medicaid clients originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid. (42 CFR 455.410(b)). This applies to all in-state and out-of-state providers, even if they do not submit claims to Wyoming Medicaid."*

Within the Behavioral Health Division, Developmental Disabilities (DD) Section, this update affects two Medicaid Home and Community Based Waiver Services:

1. Services requested through the Goods and Services Program
2. Subsequent Assessments

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### **Services requested through the Goods and Services Program**

Services requested through the Goods and Services Program, such as transportation provided by family members and membership fees, are not ordered and provided by actively enrolled Wyoming Medicaid providers so they do not meet the ACA requirement. In order to assure there is immediate compliance with the requirements, the waivers cannot continue to fund these services effective as of November 1, 2016.

Requests for tangible goods such as devices, aids, controls, supplies or household appliances which enable individuals to the increase the ability to perform activities of daily living or to perceive, control or communicate with the environment and/or community in which s/he lives will continue to be processed as outlined in the Service Definition. These requests will be reviewed on a case by case basis until a final decision has been reached by the Division of Healthcare Financing as to what goods are allowable according to the Affordable Care Act. A final update on the future status of Goods and Services will be released as soon as it is available.

### **Subsequent Assessments**

Subsequent assessments are currently approved on participant's plan of care under the case manager's Medicaid provider number, and the case manager is responsible for reimbursing the provider who completes the subsequent assessment. Since there is not confirmation the provider completing the assessment is an actively enrolled Medicaid provider, this process does not meet the ACA requirements.

In order to assure there is immediate compliance with this regulation, all requests for subsequent psychological assessments or reimbursement to case managers involving payment of the initial and subsequent psychological assessments for applicants on the waiting list and participants already receiving services will be denied, effective November 1, 2016, if the assessment is not completed by an actively enrolled Medicaid provider. In the past, these have been paid one of two ways -- the case manager billed through the EMWS Prior Authorization process, in which the case manager would then pay the assessment provider, or some were also paid through a manual invoice.

The DD Section will be standardizing the process to ensure only enrolled Medicaid providers receive reimbursement for assessments. Until this standardization occurs, the invoices for the subsequent psychological assessments are to be submitted to the case assigned Participant Support Specialist, who will verify that the provider conducting the assessment is enrolled with Wyoming Medicaid and then submit the invoice for payment from the Fiscal Office. Payment for the invoice will be made directly to the assessing provider and not to the case manager.

To verify if the assessing provider is enrolled with Wyoming Medicaid, please contact Provider Relations at 800-251-1268, option 1, then 5, then 0 – and have the National Provider Indicator of ordering, prescribing, referring or attending provider available for the representative.

If a provider is not enrolled with Medicaid, please be aware that the enrollment process can take up to eight (8) weeks to be completed. Although you do have one year from the date of service to submit a claim, and the provider's enrollment can be backdated up to one year, to avoid payment delays, it is recommended that you verify and contact any of your ordering, prescribing, referring or attending providers soon.

The Division understands these changes impact the way business has been done and we will work with the case managers to advise them on the process and answer questions. Please contact the case assigned Participant Support Specialist or Kerry Nuckles, Assistant Manager: Participant and Provider Support Units via email at [kerry.nuckles@wyo.gov](mailto:kerry.nuckles@wyo.gov) or (307) 777-5074.

Please find the complete Ordering, Referring, Prescribing Provider Claims Requirements Bulletin, regarding this information, on the following web site:

[https://wyequalitycare.acs-inc.com/bulletins/Ordering,\\_Referring,\\_Prescribing\\_Provider\\_Claims\\_Requirements.pdf](https://wyequalitycare.acs-inc.com/bulletins/Ordering,_Referring,_Prescribing_Provider_Claims_Requirements.pdf)

Enclosure

To view in your browser or on a mobile device, [click here](#).



## ATTENTION PROVIDERS



[Medicaid Website](#) | [Manuals & Bulletins](#) | [Forms](#) | [Client Benefit Plans](#)

### Medicaid Enrollment Requirement for Ordering, Referring, Prescribing (ORP), Attending and Other Treating Providers

[Sign In](#) | [Update Your Profile](#)

#### **BILLING/PAY-TO PROVIDERS/FACILITY REIMBURSEMENT IMPACTED**

Effective July 1, 2016, any claim submitted without the required ORP or attending physician information, or submitted with information for a provider who is not enrolled with Medicaid, will deny and the provider will not receive reimbursement for services.

Any physician, other practitioner or facility providing services to Medicaid clients based on an ORP/attending providers order, referral, or prescription, will not be paid for such items or services unless the enrollment process is completed for ORP, attending and other treating providers and their NPI (National Provider Identifier) is included on the claim submitted by the by the billing / pay-to / facility (42 CFR 455.440). **Facilities and professional providers must enroll all professional providers, including Physicians Assistants (PAs) who will be providing services to or ordering, referring, or prescribing services for a Wyoming Medicaid client.**

- [Medicaid Website](#)
- [Manuals & Bulletins](#)
- [Fee Schedules](#)
- [What's New](#)
- [Links](#)
- [IVR Navigation Tips](#)
- [Web Portal Tutorials](#)

#### **AFFORDABLE CARE ACT (ACA) AND ITS IMPACT ON MEDICAID**

The Affordable Care Act (ACA) now requires that all physicians or other eligible practitioners enroll with Wyoming Medicaid to meet the new ACA program integrity requirements. These requirements are designed to ensure that all orders, referrals, or prescriptions for items or services for Medicaid clients originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid. (42 CFR 455.410(b)). **This applies to all in-state and out-of-state providers, even if they do not submit claims to Wyoming Medicaid.**

#### **ENROLLING ORP/ATTENDING PROVIDERS**

Enrollment Steps:

Access the Wyoming Medicaid website at <http://wymedicaid.acs-inc.com/wy/general/providerEnrollmentHome.do>

- Select "Online Enrollment"
- Enter your email address and click "Create"
- You will need to refer to your reference number if it is necessary to make corrections, or when contacting Provider Relations regarding your enrollment

- Answer "Yes" to the first question if the ORP/attending provider has been enrolled previously, or "No" if this is a new enrollment with Wyoming Medicaid
  - o If the ORP/attending provider is re-enrolling, enter their Medicaid or Legacy provider number (contact Provider Relations if you do not have this information)
- Enter the ORP's/attending provider's NPI number
- Once the application has been completed, print the supplemental documents, sign (in blue ink) and submit per the instructions

**Enrollment Resources:**

- Web enrollment tutorials were created to assist waiver providers with the re-enrollment process, but all providers may use them as a guide. Three (3) tutorials are available at the bottom of the web page ([http://wymedicaid.acs-inc.com/aca\\_reenrollment.html](http://wymedicaid.acs-inc.com/aca_reenrollment.html)):
  - o Group enrollment
  - o Individual pay-to enrollment
  - o Individual treating enrollment
- Provider Relations Call Center is available M-F, 9 a.m. to 5 p.m. MST
  - o 1-800-251-1268 press 2, 1, and 2, to speak to an agent (limit to 1 to 2 enrollment questions) or
  - o Contact Provider Relations during business hours and request a walk-through of the web enrollment process. Walk-throughs are scheduled M-F between 8 a.m. to 9 a.m. MST.

**TAXONOMIES THAT MAY ORDER, REFER, OR PRESCRIBE**

Taxonomy	Taxonomy Description	Taxonomy	Taxonomy Description
All 20s	Physicians (MD, DO, interns, residents and fellows)	364SP0808X	Advanced Practice Nurses (APN)
363Ls	Nurse Practitioners	363A00000X	Physician Assistants (PA)
1223s	Dentists	213E00000X	Podiatrists
152W00000X	Optometrists	225X00000X	Occupational Therapists
225100000X	Physical Therapists	235X00000X	Speech Therapist
231H00000X	Audiologist	111N00000X	Chiropractors

**TAXONOMIES ALWAYS REQUIRED TO INCLUDE AN ORP/ATTENDING NPI WHEN BILLING**

Taxonomy	Taxonomy Description	Taxonomy	Taxonomy Description
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332S00000X	Hearing Aid Equipment	332B00000X	Durable Medical Equipment (DME) & Medical Supplies
335E00000X	Prosthetic/Orthotic Supplier	291U00000X	Clinical Medical Laboratory
261QA1903X	Ambulatory Surgical Center (ASC)	261QE0700X	End-Stage Renal Disease (ESRD) Treatment
261QF0400X	Federally Qualified Health Center (FQHC)	261QR0208X	Radiology, Mobile
261QR0401X	Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR1300X	Rural Health Clinic (RHC)
225X00000X	Occupational Therapist	225100000X	Physical Therapist
235Z00000X	Speech Therapist	251E00000X	Home Health
251G00000X	Hospice Care, Community Based	261Q00000X	Development Centers (Clinics/Centers)
261QP0904X	Public Health, Federal/Health Programs Operated by IHS	282N00000X	General Acute Care Hospital
282NR1301X	Critical Access Hospital (CAH)	283Q00000X	Psychiatric Hospital
283X00000X	Rehabilitation Hospital	111N00000X	Chiropractors
231H00000X	Audiologist	133V00000X	Dieticians

## BILLING REQUIREMENTS

To be included on a claim as an ordering, referring or prescribing provider or attending provider:

1. The NPI number must belong to a physician or non-physician practitioner who is enrolled in Wyoming Medicaid as an active provider.
2. The NPI number submitted on the claim must be for an individual physician or non-physician practitioner (not an organizational NPI).
3. The physician or non-physician practitioner must be of a specialty type that is eligible to order, refer, prescribe or attend. The order, referral or service must be within the professional's scope of practice and comply with program rules.

**NOTE:** It is the billing/pay-to provider's responsibility to ensure that all required documentation is in place prior to submission of a Medicaid claim, including verifying the enrollment status of the ORP/attending provider is active with Medicaid for the dates of service. Effective July 1, 2016, when an ORP or attending NPI is included on the submitted claim, regardless of the taxonomy or provider type, the ORP or attending NPI will be verified for active Medicaid enrollment.

When submitting Professional (837P/CMS 1500) or Institutional (837I/UB-04) claims:

- Use appropriate qualifiers to specify the ORP/attending provider type(s) at the header and line levels as appropriate
- The ORP/attending NPI must be unique and a 1-to-1 match, a taxonomy field does not exist for ORP/attending providers
- Medicaid clients may not be billed for services when a claim denies because it does not include the ORP/attending NPI (NPI must be unique and the ORP/attending provider must be enrolled and active with Medicaid)
- ORP/attending providers may enroll retroactively – providers have 365 days from the date of service to submit a clean claim (no billing errors)

The explanation of benefit (EOB) codes will apply to both billing/pay-to and treating providers.

EOB	EOB Description
189	Ordering, referring, or other professional provider NPI listed on claim is not an active Wyoming Medicaid provider
190	Ordering, referring, or other professional provider must have an individual NPI number and must be enrolled in Wyoming Medicaid
191	Ordering, referring, or other professional provider NPI must be listed on the claim

Examples:

1. EOB Code 191 will not post and the claim will process as usual

- No ORP entered at the Header
- No ORP entered at the Line
- Billing/pay-to provider's taxonomy is not on the required list
- Treating provider's taxonomy is not on the required list

2. EOB Code 191 will post at the Header of the claim

- No ORP entered at the Header
- No ORP entered at the Line
- Billing/pay-to provider's taxonomy is on the required list
- Treating provider's taxonomy is not on the required list

**NOTE:** EOB Code 191 would also post at the Line of the claim if the treating taxonomy was also on the required list

3. EOB Code 190 will post to the Header

- ORP NPI entered at the Header – NPI is not unique (1-to-1 match or NOF)

4. EOB Code 190 will post to the Line

- ORP NPI entered at the Line – NPI is not unique (1-to-1 match or NOF)

**NOTE:** EOB Code 190 can post at both the Header and the Line on the same claim.

5. EOB Code 189 will post to the Header

- ORP NPI entered at the Header – NPI is unique, but **not** active

6. EOB Code 189 will post to the Line

- ORP NPI entered at the Line – NPI is unique, but **not** active

**NOTE:** EOB Code 189 can post at both the Header and the Line on the same claim.

## **REIMBURSEMENT FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS**

Effective July 1, 2016:

- Physician Assistants and Nurse Practitioners **must** be listed as the treating provider on the claim when providing services to Wyoming Medicaid clients.
- Reimbursement for physician's assistants and nurse practitioners will be based on the taxonomy of the pay-to provider (group):
  - o When the pay-to provider taxonomy is a physician or other physician group practice, the reimbursement will be paid at 100% of the physician's fee schedule.
  - o When the pay-to provider taxonomy is a nurse practitioner, the reimbursement will be 90% of the physician's fee schedule.
  - o APRN providers are excluded from these changes as there is a rate study in progress to determine rates for behavioral health providers.

Reminder: All providers must bill their usual and customary rates.

## **FREQUENTLY ASKED QUESTIONS**

Please review the [Web Enrollment Frequently Asked Questions](#) to assist with general enrollment questions, or the [ORP Frequently Asked Questions](#) regarding ORP Providers and billing.

## **CONTACTS/RESOURCES**

For questions or assistance regarding the enrollment process, contact Provider Relations at 1-800-251-1268, press 2, 1, and 2, to speak to an agent.

For your ease, the CMS Re-Enrollment web page has tutorials on the enrollment process.

- [Wyoming Medicaid Provider Home Page](#)
- [ACA Re-Enrollment Web Page](#)
- ["What's New" Web Page](#)
- [Current Provider Bulletins and Newsletters](#)
- [On-Line/Web Re-Enrollment Bulletin](#)
- [CMS Informational Bulletin Medicaid/CHIP Provider Screening and Enrollment](#)
- [Federal Register](#)
- [Federal Register Final Rule February 2, 2011](#)
- [CMS Provider Enrollment Regulations Summary](#)
- [42 CFR 455.410](#)

## Stop Medicaid Fraud

Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

- <http://stopmedicaidfraud.wyo.gov/>
- 1-855-846-2563

WYhealth...Get Plugged In! is a Medicaid Program offered through Xerox Care and Quality Solutions, Inc.. Medicaid Clients and Providers will benefit from a wide array of programs and services. Visit [www.wyhealth.net](http://www.wyhealth.net) for more information.



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Be sure to add [wycustomersvc@xerox.com](mailto:wycustomersvc@xerox.com) to your address book to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO BOX 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquires will not be read.  
For assistance, contact [Provider Relations](#).