Ohio | Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Note: this document is being maintained for archive purposes and contains outdated information. An update to 5160-1-17.9 is pending and expected to be published in 2024.

Managed Care Plan Policy Guidance Letter No. 1-18-05

To: **Medicaid Managed Care Plans and MyCare Ohio Plans**

From: **Roxanne Richardson, Chief**
Office of Managed Care, Policy and Program Development

Date: **May 3, 2018**

Subject: **Provider Enrollment, Rendering NPI and Ordering, Referring and Prescribing (ORP)**

Summary

Rendering Provider NPI – January 1, 2018/July 1, 2018

- A provider agency NPI or individual provider NPI is required on a claim. For program integrity purposes, ODM is moving toward requiring the individual provider NPI on a claim.
- The provider types below are now being required to have their rendering practitioner NPI on the claim in the "Rendering Provider" field in the detail line of a claim. The agency NPI must also be on the claim in the "Billing Agency" field. These agencies must now enroll and affiliate employees who render services, including dependently licensed and paraprofessionals.
    - January 1, 2018 - ODM began requiring the rendering practitioner NPI on claims beginning with independently licensed Behavioral Health (BH) professionals. See the BH Provider Manual (page 10) at: http://bh.medicaid.ohio.gov/Portals/0/Providers/Final%20BH%20Manual%20V1.5_01302018.pdf?ver=2018-01-30-132135-363
    - July 1, 2018 - BH dependently licensed and paraprofessionals, as well as, clinic (in an FQHC/RHC/OHF/AHCC) and freestanding birth center staff will be required to have their NPI on a claim.
- Home health and waiver providers (including transportation providers) will continue to submit claims as they do today and are not required to have an NPI on the claim at this time.
- ODM fee-for-service is requiring the NPI of the professionals referenced above to be on the claim and will deny claims that do not include the rendering NPI. MCPs are expected to do the same.
- Plans must verify the NPI is in-network and enrolled with ODM as a participating provider. (The NPI will be on the PMF.) **Non-PAR providers must also be identified on the claim even if not enrolled with ODM and listed on the PMF.**

ODM Front Door Network Provider Enrollment – January 1, 2018/January 1, 2019

- Outlined in 42 CFR 438.602(b) – "Screening, enrollment and revalidation of providers." Under this provision, the state must screen, enroll and periodically revalidate **all MCP network providers**. The provision does not require providers to render services to fee for service (FFS)

beneficiaries. MCPs may execute temporary provider agreements pending the outcome of the ODM provider enrollment process for up to 120 days but must terminate the agreement if ODM determines the provider may not be enrolled with ODM.

- When implementing the 120-day contract, no advanced provider termination notification is required. However, plans are encouraged to include such language in their temporary 120-day contracts. Claims for dates of service prior to termination of the 120-day contract are the responsibility of the plan.
- Plans may implement this policy for new providers now, requiring ODM enrollment prior to contracting.
- All providers who are enrolled with an MCP who are not currently active ODM providers have been identified and contacted. Lists have been provided to the MCPs showing which providers have not begun the enrollment process. The PMF shows which providers are enrolled with ODM.
- This was implemented January 1, 2018, however, ODM is allowing MCPs additional time to reach out to network providers not yet enrolled with ODM. Outreach is ongoing including letters and robo-calls.
- **MCPs may not pay a network provider on or after January 1, 2019 if the provider has not begun the enrollment process with ODM.** If on January 1st, the ODM application is in process, the MCP may continue to pay claims during the provider enrollment period.
    - MCPs should not disenroll providers on January 1st, but should deny claims and notify providers to contact ODM to enroll.
    - Provider Enrollment staff confirmed an application may be backdated up to 365 days upon request.
    - Providers may then resubmit claims or the "deficiency" denial can be updated and paid. This is plan specific.
- At this time, providers under single case agreements (i.e. out of network, non-par providers) are not subject to the federal requirements in 42 CFR 438.602(b). In limited circumstances, plans may execute a single case agreement for instances where providers render services for a beneficiary on a one-time, individual, or limited basis.
- In-network, out-of-state pharmacies are not required to enroll with ODM at this time.
- ODM will monitor encounter data including claims from excluded providers for billing trends and may develop a threshold after which providers must enter into a contract.

Ordering, Referring and Prescribing (ORP) – January 1, 2019

- **Beginning January 1, 2019, all claims for payment of items and services ordered, referred or prescribed must include the NPI of the physician or other professional who ordered, referred or prescribed such items or services. Claims that do not include the ORP NPI should be denied.**
- The ORP physician or professional does not need to be in-network or enrolled with ODM at this time.
- Plans must have system edits in place to accommodate this requirement. The NPI data will be collected by ODM.

- ODM requires an ordering for all services billed on a professional claim that are performed by the **providers listed in the attached MHTL.** The exceptions are:
    - Federally Qualified Health Center (provider type 12) – an ordering provider is needed only for physical therapy, occupational therapy and speech therapy.
    - Medicaid School Program (provider type 28) – an ordering (or referring) provider is needed only for physical therapy, occupational therapy, speech language pathology and audiology services.
    - Clinic (provider type 50) – an ordering provider is needed only for therapy, DME and laboratory services.

Additional Information

Questions pertaining to this letter should be addressed to Megan Powell at megan.powell@medicaid.ohio.gov.

Ohio | Department of Medicaid

John R. Kasich, Governor
John B. McCarthy, Director

Medicaid Handbook Transmittal Letter (MHTL) No. 3334-15-03

TO: All Eligible Providers

FROM: John B. McCarthy
Director, Department of Medicaid (ODM)

SUBJECT: **UPDATE - Medicaid Requirements for Ordering, Referring, and Prescribing (ORP) will go into effect January 12, 2015**

Summary

Ohio Administrative Code rule 5160-1-17.9, "Ordering or referring providers," was created in order to comply with new program integrity regulations contained in Section 6401 of the Patient Protection and Affordable Care Act (ACA). Medicaid is implementing new requirements in accordance with 42 CFR 455.410, "Enrollment and screening of providers," and 42 CFR 455.440, "National Provider Identifier (NPI)."

Ohio Medicaid providers who order, refer, certify, or prescribe (ORP) are required to be enrolled with the Department and the Ohio Department of Medicaid (ODM) is required to screen all ordering, referring, certifying, and prescribing providers. The name and NPI of such providers are required on the claim for services rendered, procedures performed, items supplied, or drugs furnished or dispensed (services) and billed to the Department.

In anticipation of these changes, Ohio Medicaid has worked closely with providers and their respective associations over the last several months. Through such engagement and issues identified by providers regarding potential disruption in payment, we have decided to extend the effective date of these changes.

ORP requirements will now go into effect on January 12, 2015.

The Ohio Department of Medicaid will begin to deny claims that require, but do not include, both the ordering, referring, certifying, or prescribing provider's legal name and NPI, and if the ORP provider is not enrolled in Medicaid. The enforcement will begin for claims submitted with dates of service on or after January 12, 2015.

Providers who are rendering services to Medicaid beneficiaries and bill the Department should ensure that such services are being ordered, referred, certified, or prescribed by an eligible provider who is enrolled in Medicaid. The billing provider should refer to their applicable Medicaid program rules to determine what services require an order, referral, certification, or prescription. The following individual providers are eligible to order, refer, or prescribe within the Medicaid program and within their scope of practice:

- Physicians
- Advanced Practice Registered Nurses
- Psychologists
- Podiatrists
- Optometrists
- Dentists
- Chiropractors

- Physician Assistants

The Department will enforce ORP requirements on claims submitted by the following provider types:

- Hospitals (inpatient and outpatient)
- Outpatient Health Facilities
- Other Accredited Home Health Agencies
- Non-agency Personal Care Aide (ODM administered waivers only)
- Private Duty Nurses
- Hospice
- Waiver Service Organizations (ODM administered waivers only)
- Waiver Service Individuals (ODM administered waivers only)
- Clinics
- Mental Health Clinics
- Medicare Certified Home Health Agencies
- Clinical Nurse Specialists
- Pharmacies
- Nurse Practitioners
- Home and Community-Based Assistive Living
- Durable Medical Equipment Suppliers
- Imaging\Testing Facilities
- Independent Laboratories
- Portable X-Ray Suppliers
- Nursing Facilities

The Department created an abbreviated screening and application process for providers who do not wish to bill the Department but who wish to enroll as ordering, referring, certifying, or prescribing providers-only. An application fee is not required and the application can be filled out online. The Department created a way in which billing providers can search the Medicaid enrollment status of the ordering, referring, certifying, or prescribing services in MITS.

As has been recommended in previous guidance by ODM, Medicaid providers who bill for services that are referred, ordered, certified, or prescribed by non-Medicaid enrolled physicians or other health care professionals should be prepared to ensure those referring, ordering, and prescribing physicians and other health care professionals have NPIs and are enrolled in the Medicaid program.

ODM will not implement ORP requirements for automatic Medicare crossovers. Medicare crossovers submitted directly to ODM by the provider will be subject to ORP requirements.

For further information, all providers are welcome to view ODM's responses to ORP Frequently Asked Questions (FAQ) at http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment/ORP.aspx Providers may also call the ODM provider hotline at 1-800-686-1516.

More guidance regarding ORP HIPAA claim adjustment reason codes, remark codes, and EOB codes are also available on the provider's landing page in MITS.

Claims submitted to a managed care organization are currently exempt from the new requirements.

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is http://www.medicaid.ohio.gov. The web page of the Ohio Department of Medicaid (ODM) includes a link to the Medicaid "eManuals." The link will be found by first going to the resources tab at the top of the ODM webpage and then scrolling over the publications tab.

ODJFS maintains an "electronic manuals" web page of the department's rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is http://emanuals.odjfs.state.oh.us/emanuals/.

From the "eManuals" page, providers may view documents online by following these steps:

(1) Select the 'Ohio Health Plans - Provider' collection.
(2) Select the appropriate service provider type or handbook.
(3) Select the desired document type.
(4) Select the desired item from the 'Table of Contents' pull-down menu.

Most current Medicaid maximum reimbursement amounts are listed in rule 5160-1-60 or in Appendix DD to that rule. Providers may view this information by following these steps:

(1) Select the 'Ohio Health Plans - Provider' folder.
(2) Select 'General Information for Medicaid Providers'.
(3) Select 'General Information for Medicaid Providers (Rules)'.
(4) Select '5160-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then scroll down to the link to Appendix DD.

The Legal/Policy Central – Calendar site, http://www.odjfs.state.oh.us/lpc/calendar/, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of Medicaid manual transmittal letters, http://www.odjfs.state.oh.us/lpc/mtl/. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the ODJFS e-mail subscription service at http://www.odjfs.state.oh.us/subscribe/.

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid
Bureau of Provider Services
P.O. Box 1461
Columbus, OH 43216-1461
Telephone (800) 686-1516

MAL 594 (Update - Medicaid Requirements for Ordering, Referring, and Prescribing Providers for the Following Billing Providers: Outpatient Health Facilities and Clinics)

Medical Assistance Letter (MAL) 594

Medicaid Handbook Transmittal Letter (MHTL) No. 3347-14-01

May 16, 2014

TO: Eligible Providers of Outpatient Health Facilities and Clinics

FROM: John B. McCarthy

Director, Department of Medicaid (ODM)

SUBJECT: UPDATE - Medicaid Requirements for Ordering, Referring, and Prescribing Providers for the following billing providers: Outpatient Health Facilities and Clinics.

Summary

Rule **5160-1-17.9**, "Ordering or referring providers," has been created in order to comply with new program integrity regulations contained in Section 6401 of the Patient Protection and Affordable Care Act (ACA). Medicaid is implementing new requirements in accordance with 42 CFR 455.410, "Enrollment and screening of providers," and 42 CFR 455.440, "National Provider Identifier (NPI)." Ohio Medicaid is thus required to enroll and screen all ordering, referring, certifying, and prescribing providers. The name and NPI of such providers are required on the claim for services rendered, procedures performed, items supplied, or drugs furnished or dispensed (services) and billed to the Department.

To implement the federal regulations described above, Rule 5160-1-17.9 specifies that Medicaid cannot pay the eligible rendering provider for any health care service requiring a referral, order, certification, or prescription from a physician or other health care professional unless the ordering, referring, certifying, or prescribing (ORP) provider is enrolled with Ohio Medicaid. Furthermore, if a claim fails to include the NPI or the legal name of the physician or health care professional who ordered, referred, certified, or prescribed the service, Medicaid reimbursement will not be allowed. Claims submitted to a managed care organization are specifically exempted from the new requirements.

ORP phase-in (or pay and post) period

The Ohio Department of Medicaid (ODM) will begin ORP implementation by posting edits for claims that require, but do not include, both the ordering, referring, certifying, or prescribing (ORP) provider's legal name and NPI and if the ORP provider is not enrolled in Medicaid. The edit will not deny the claim; rather the billing provider will receive information from ODM that states the claim does not have the required ordering, referring, certifying, or prescribing provider information. This phase-in period is expected to run from July 1, 2014 through at least December 31, 2014. Again, billing providers will not receive a denial for payment because of ORP implementation but will receive information that may require action on the part of both the billing and ORP provider.

Providers who are rendering services to Medicaid beneficiaries and bill the Department should ensure that such services are being ordered, referred, certified, or prescribed by a provider who is enrolled in Medicaid. The billing provider should double-check their applicable Medicaid program rules to determine what services requires an order, referral, certification, or prescription. The Department will soon be releasing a list of provider types and specialties to which the requirements of ORP will apply. The Department has created an abbreviated screening and application process for providers who do not wish to bill the Department but who wish to enroll as ordering, referring, certifying, or prescribing providers-only. An application fee is not required and the application can be filled out online. The

Department is also working diligently to create a way in which billing providers can search the Medicaid enrollment status of the ordering, referring, certifying, or prescribing services in MITS.

As has been recommended in previous guidance by ODM, Medicaid providers who bill for services that are referred, ordered, certified, or prescribed by non-Medicaid enrolled physicians or other health care professionals should be preparing for future enforcement by ensuring those referring, ordering, and prescribing physicians and other health care professionals have NPIs and are enrolled in the Medicaid program. ***ODM plans on issuing a series of implementation guidance in the coming weeks that will, among other things, clarify who is potentially impacted by the change in policy. This letter serves as the first of such implementation guidance.***

- Providers who are enrolled as Provider Types (PT) 04, "Outpatient Health Facilities," and that specialize in physical therapy, speech therapy, lab, or x-ray and submit bills to the Department for services rendered will always be required to submit the name and NPI of the ordering provider and the provider will be required to be enrolled with the Ohio Medicaid program. Please consult the applicable Medicaid coverage rules to ensure the provider is authorized to order the covered service.
- Providers who are enrolled as PT 50, "Clinic," and that specialize in rehabilitation (including physical therapy), hearing and speech, diagnostic imaging, pharmacy, durable medical equipment, or orthotics and prosthetics and submit bills to the Department for services rendered will always be required to submit the name and NPI of the ordering provider and the provider will be required to be enrolled with the Ohio Medicaid program. Please consult the applicable Medicaid coverage rules to ensure the provider is authorized to order the covered service.
- Providers who are enrolled as PT 51, "Mental Health Clinic," and that operate as pharmacy and submit bills to the Department for drugs will always be required to submit the name and NPI of the prescribing provider and the provider will be required to be enrolled with the Ohio Medicaid program. Please consult the applicable Medicaid coverage rules to ensure the provider is authorized to prescribe the covered drug.
- ***ODM has decided not to implement ORP requirements for automatic crossovers.*** Crossovers submitted directly to ODM by the provider may be subject to ORP requirements. For further information, all providers are welcome to view ODM's responses to ORP Frequently Asked Questions (FAQ) at **http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment/ORP.aspx** Providers may also call the ODM provider hotline at 1-800-686-1516.

More guidance on the implementation of Rule 5160-1-17.9 will be introduced in the coming weeks.

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Most current Medicaid maximum reimbursement amounts are listed in rule 5101:3-1-60 or in Appendix DD to that rule. Providers may view this information by following these steps:
(1) Select the 'Ohio Health Plans - Provider' folder.
(2) Select 'General Information for Medicaid Providers'.
(3) Select 'General Information for Medicaid Providers (Rules)'.
(4) Select '5101:3-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then scroll down to the link to Appendix DD.

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