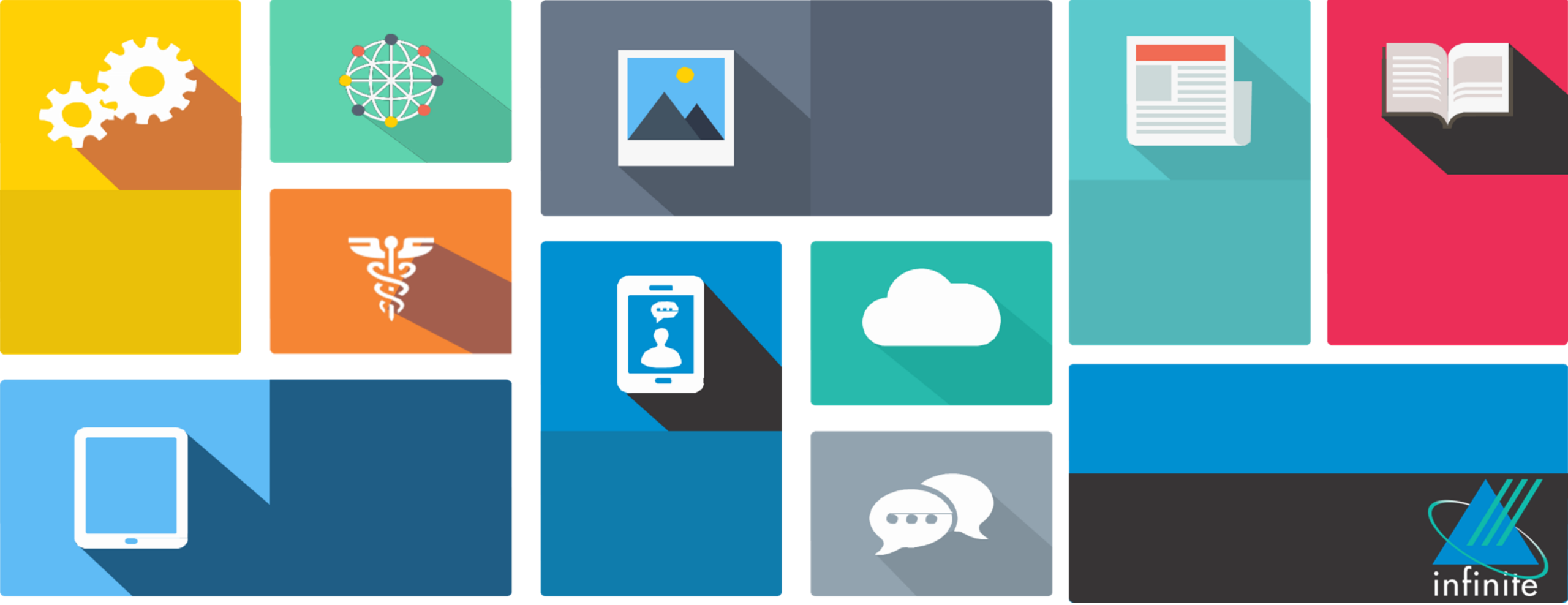


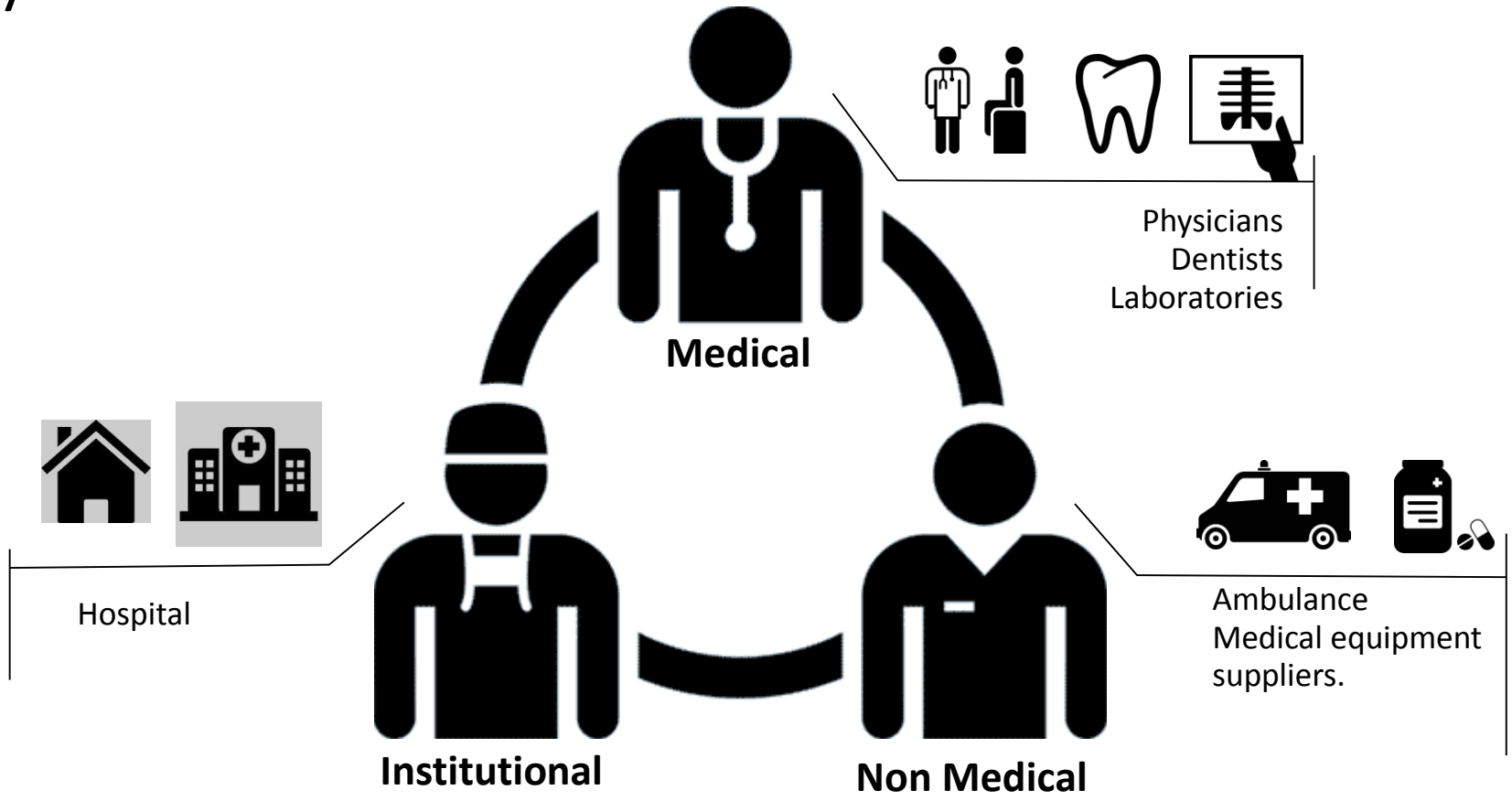
Provider Management

Agenda - Day 1

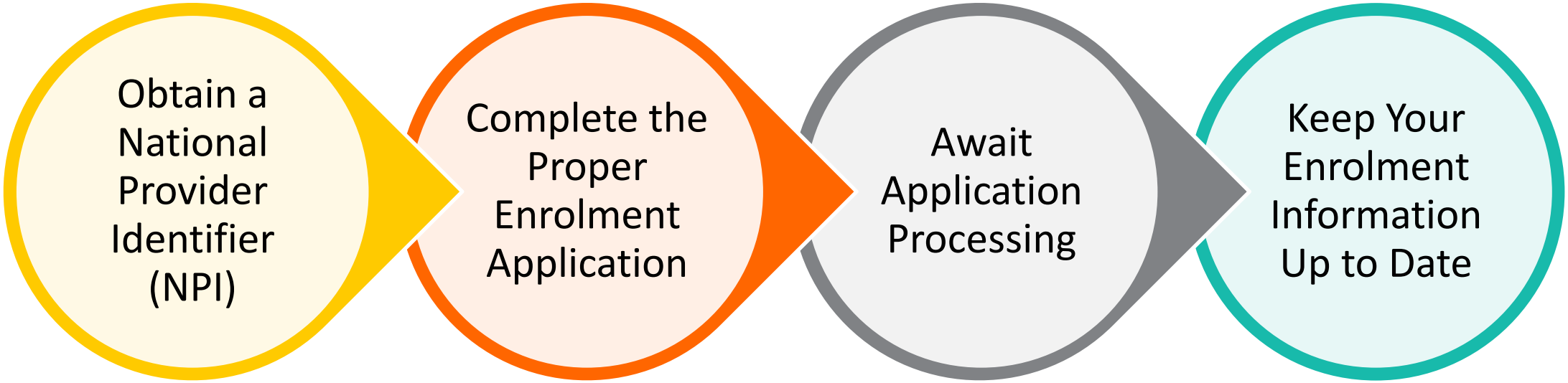
- Provider Overview
- Provider Enrollment Process
- NPI, Taxonomy Code, DEA, CLIA, OIG
- Licensure and Certification
- Provider Interface

Who are Providers ?

- Provider is the one who provides medical services to members enrolled in the system



Provider Enrollment Process

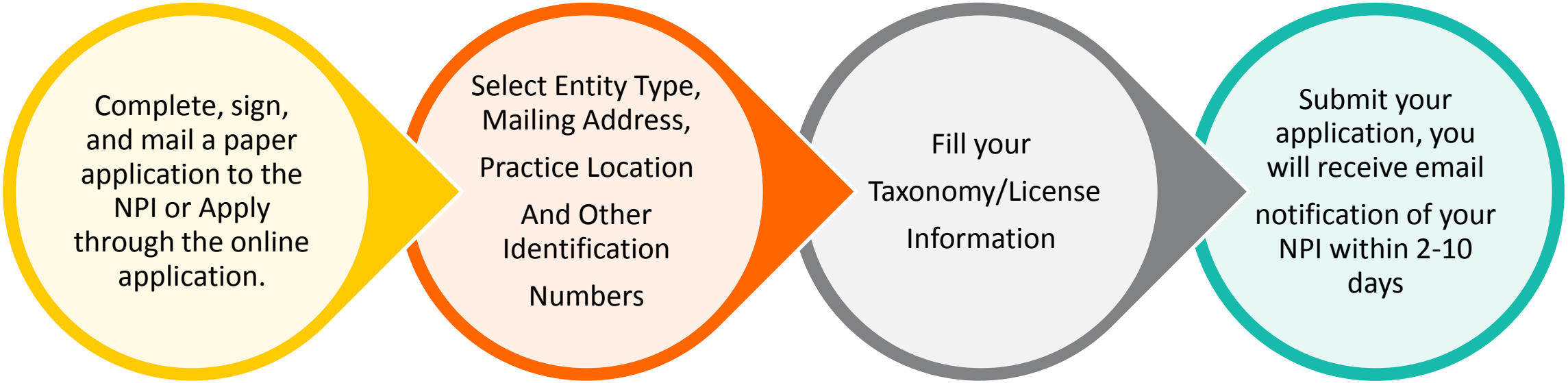


All health care providers who are HIPAA-covered entities, whether individuals or organizations, must obtain an NPI.

NPI – National Provider Identifier

- A National Provider Identifier or **NPI** is a unique 10-digit identification number issued to health care providers in the United States by the CMS.
- Both individual and organizational health care providers are required to obtain an NPI.
- The NPI is an “intelligence-free” number -- it carries none of the holder’s personal identification other than a name and business address.
- As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information.
- Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

Step by step process to get NPI



Taxonomy Code

- Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers.
- Taxonomy codes are administrative codes set for identifying the provider type and area of specialization for health care providers.
- Taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level.
- Certain taxonomies will trigger a license number validation (e.g., nurses) so have your license number information handy in the event that validation is required.

Examples of Taxonomy

If you are a physician/General Practice:

- Select Provider Type Code 01 for Allopathic & Osteopathic Physicians/General Practice
- Taxonomy: 208D00000X

MEDICARE SPECIALTY CODE	MEDICARE PROVIDER/SUPPLIER TYPE DESCRIPTION	PROVIDER TAXONOMY CODE	PROVIDER TAXONOMY DESCRIPTION: TYPE, CLASSIFICATION, SPECIALIZATION
01	Physician/General Practice	208D00000X	Allopathic & Osteopathic Physicians/General Practice
02	Physician/General Surgery	208600000X	Allopathic & Osteopathic Physicians/Surgery
		2086H0002X	Allopathic & Osteopathic Physicians/Surgery/Hospice and Palliative Medicine
		2086S0120X	Allopathic & Osteopathic Physicians/Surgery/Pediatric Surgery
		2086S0122X	Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery
		2086S0105X	Allopathic & Osteopathic Physicians/Surgery/Surgery of the Hand
		2086S0102X	Allopathic & Osteopathic Physicians/Surgery/Surgical Critical Care

Licensure and Certification

- Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation.

  Example: DEA (Drug Enforcement Agency)

- Certification is a process by which an authorized body, either a governmental or non-governmental organization, evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria.

  Example: CLIA (Clinical Laboratory Improvement Amendments)

Credential	Recipient	Credentialing Body	Participation
Certification	Individual	Association/Agency	Voluntary
Licensure	Individual	Government Agency	Involuntary/Required

Drug Enforcement Agency (DEA) Numbers

- A DEA number (DEA Registration Number) is a number assigned to a health care provider (such as a medical practitioner, pharmacist, dentist, or veterinarian) by the U.S. Drug Enforcement Administration allowing them to write prescriptions for controlled substances.

Example

First letter is registrant type
can be either
A / B / F - Practitioner
or
M - Mid-level practitioner

F N 5 6 2 3 7 4 0

Second letter is the first letter of registrants last name

A valid DEA number consists of:

- 2 letters, 6 numbers, & 1 check digit
- The first letter is a code identifying the type of registrant (see below)
- The second letter is the first letter of the registrant's last name

1) Add up the 1st, 3rd, 5th numbers.

5 + 2 + 7 = 14

5 6 2 3 7 4 0

2) Add up the 2nd, 4th, 6th numbers **TWICE**.

6 + 3 + 4 = 13

6 + 3 + 4 = 13

3) Add it all up 40

4) Second digit in total should match the 7th digit

CLIA – Clinical Laboratory Improvement Amendments

The Clinical Laboratory Improvement Amendments (CLIA) regulate laboratory testing and require clinical laboratories to be certificated by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

TECHNICAL RESOURCE MGMT INC/NORCHEM
1760 E ROUTE 66, SUITE 1
FLAGSTAFF, AZ 86004

LABORATORY DIRECTOR

BERT T K TOIVOLA, PHD

CLIA ID NUMBER

03D0936918

EFFECTIVE DATE

06/18/2014

EXPIRATION DATE

06/17/2016

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

Microscopy Procedures: *A microscopy procedure is moderately complex using a microscope (for example, urine microscopic or potassium hydroxide [KOH] smear).*

Enrolling in the CLIA Program

1. Complete an application.
2. Pay applicable fees
3. Be surveyed, if applicable.
4. Meet CLIA standards and become certified.

Fees are based on the type of certification and, for moderate and high complexity laboratories, the annual volume and types of testing.

CLIA Number Upon payment of fees, each laboratory receives a unique CLIA number. All Medicare claims for laboratory services must include the CLIA number for the laboratory.

OIG (Office of Inspector General)

Mission

- To prevent, detect and eliminate fraud, waste, abuse, misconduct and mismanagement in programs administered by Healthcare and Family Services and the Department of Human Services.
- Programs include Medicaid, KidCare, Temporary Assistance for Needy Families, food stamps, child care and other social services.

Targets

- Hospitals, nursing facilities, long-term care facilities, residential treatment facilities, intermediate care facilities, institutes for mental disease, hospices institutional healthcare providers, home health agencies etc.

OIG – Identifying Fraud

OIG issues Special Fraud Alerts based on information it obtains concerning particular fraudulent and abusive practices within health care industry

Home Healthcare

- Cost report frauds
- Billing for excessive services or services not rendered
- Use of unlicensed or untrained staff
- Falsified plans of care
- Forged physician signatures on plans of care
- Kickbacks

Medical Supplies

- Submitting claims to Part B of Medicare for medical supplies and equipment that are not medically necessary
- Submitting claims for items that are not provided as claimed
- Double billings
- Paying or receiving kickbacks in exchange for Medicare or Medicaid referrals

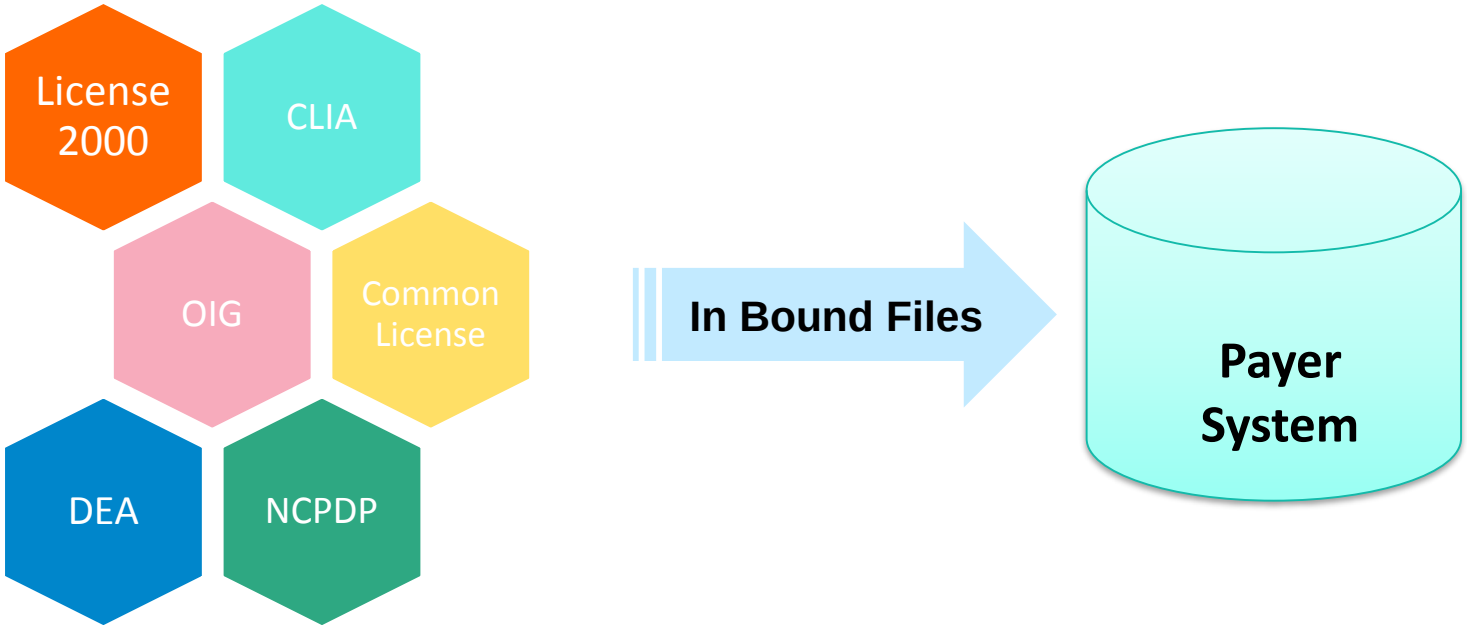
OIG – Why the fraud?

- Home health care is vulnerable to fraud due to following reasons
  - Medicare covers an unlimited number of visits per patient
  - Beneficiaries pay no co-payments except on medical equipment
  - Patients don't receive EOBs for bills submitted for home health services
  - Limited direct medical supervision of home health services provided by non-medical personnel

- Medical Supplies fraud due to following reasons
  - Nursing facility administrators and staff may be bribed (kickbacks and other illegal remuneration)
  - Beneficiaries may be kept unaware of fraudulent billings if a supplier routinely ``waives,'' or fails to collect, co-payments from the residents for Part B items

Provider Interface

- Provider interface contains miscellaneous information related to Provider. Information which state is going to provide as inbound files comes under Provider Interfaces.
- Provider interfaces contains Outbound file also i.e. some information which state wants as file for provider. All this miscellaneous information comes under provider interfaces.



Agenda

- Provider Enrollment Approval Process
- Provider Application Maintenance
- Provider Training – Courses/Sessions
- Provider Type/Specialty
- Provider Disenrollment/Termination

Provider Enrollment – Checklist

- Required Documents
  - NPI
  - Taxonomy
  - Tax ID (FEIN and/or SSN)
  - Licensure and Certification
    - DEA
    - CLIA
  - OIG
  - Signed and dated EFT (Electronic Fund Transfer) Agreement document
- Interfaces

Provider Application submitted…

Provider Enrollment

Provider Enrollment refers to the process of applying to health insurance networks for inclusion in their provider panels.

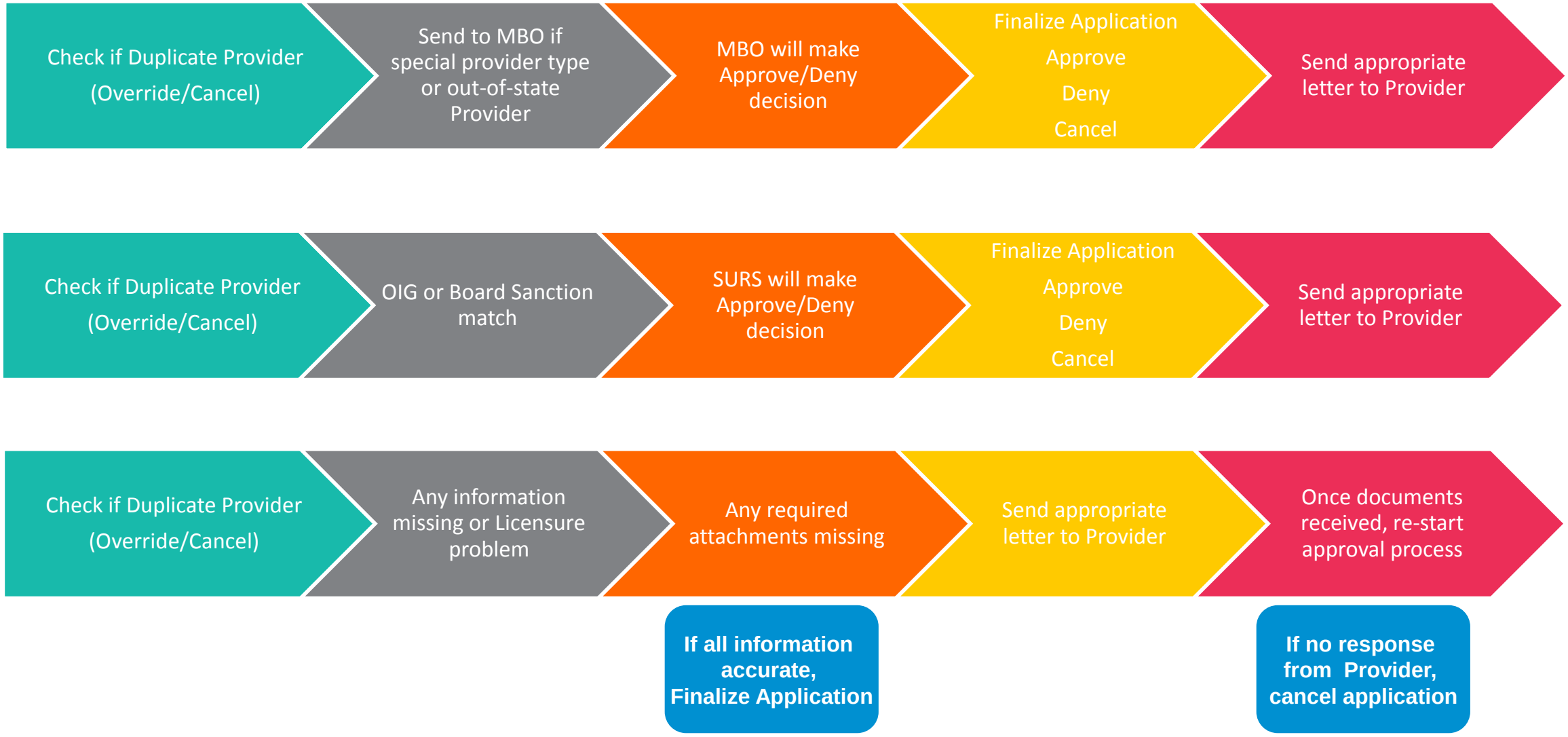
For Commercial Insurance networks, this process involves two steps, 1) Credentialing and 2) Contracting.

The first step is for the provider to submit a participation request to the health plan using their application process

The Contracting phase of enrollment is when the provider has been approved by Credentialing and is extended a contract for participation.

Provider Enrollment in Medicare, Medicaid, Tricare, and other government health programs is a bit different. These programs have standard forms that must be filled out and sent to the appropriate intermediary that handles all the administrative functions for the program in your jurisdiction. Medicare reviews your application against strict enrollment standards. You may find extensive enrollment information on the CMS website regarding the Medicare Provider Enrollment process.

Provider Enrollment – High level flow



Out of State Provider

Individual provider, provider group, or facility/agency/organization provider that is located outside of that Medicaid state's borders.

There are several types of out-of-state providers, including:

- QMB (Qualified Medicare Beneficiary) providers – bill only for co-insurance and/or deductible
- Emergency providers – bill only for a single emergency occurrence provided to a member
- Special Agreement providers – Provider Agreement contains a specified rate in the Reimbursement Section
- Out-of-State Agreement providers – asked to enrol in order to provide specialized services to one or more members

Approval – Provider Contract

- Contract between Healthcare Payer and Provider to render services to enrolled members and in turn Provider get reimbursed by Healthcare Payer

  - Identifies provider's network associations (right mix of providers is recruited and retained)
  - Pricing logic to use for claims
  - Contains capitation information, if applicable
  - Specifies the role for the provider based on specialty/sub-specialty
  - Enables provider arrangements such as multiple locations, group practices, and so on

Provider Training – Courses/Sessions

- Trainings organized for providers to inform them on
  - Details about specific requirements like information on the payment for majority of services provided to beneficiaries in a Medicare-covered SNF (Skilled Nursing Facility) stay
  - What is not included in a particular coverage
  - Day-to-day operating instructions, policies, and procedures
  - Why government enacted a particular rule or law (which impacts providers)
  - New or discontinued codes

- Different types of courses
  - Web-based training
  - Workshop
  - Field Visit
  - Association Meeting
  - Phone Conference

Provider Type/Specialty – Examples

Type	Specialty
Physicians	Adult Medicine
	Allergy & Immunology
	Critical Care Medicine
	Dermatology
	Diagnostic Radiology
	Emergency Medicine
	Neurology
	Pain Medicine

Type	Specialty
Eye & Vision Service Providers	Optician
	Optometrist

Type	Specialty
Nursing Service Providers	Licensed Practical Nurse
	Licensed Vocational Nurse
	Registered Nurse

Provider Support

- Respond to Provider Request
  - Reimbursement Terms
  - Enrolment Requirement

- Provider Grievance
  - Provider enrolment /disenrollment issues
  - Service issues
  - Claims payment issues

Provider Disenrollment/Termination

Disenrollment

- Initiated by
  - Provider request
  - Healthcare Payer based on expiration of contract terms and valid credentials
  - Healthcare Payer – defined criteria for disenrollment

Termination

- Initiated by
  - Healthcare Payer
  - Due to Malpractice or violation by the provider
- Usually, cannot get enrolled with healthcare payer in future