

DHS Responses to Public Comments Regarding - Provider Refunds and Primary Care Provider Qualification Updates

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Comment: Below please see Summit's comments/questions concerning the DHS Proposed Rule Change to Provider Refunds and Primary Care Provider Qualification Updates:

Currently, Summit allows Member assignment at either the FQHC or FQHC Practitioner level. If we can only assign members at an individual FQHC practitioner level, for Member visibility, does this change mean we are obligated to list each individual FQHC practitioner in the provider directory instead of the FQHC location? If so, this is a significant change in our process and may materially impact our FQHC provider partners.

Response: Listing every enrolled individual provider in the provider directory is necessary to meet Medicaid managed care rules. Publishing individual providers within the FQHC of practice is essential for beneficiaries to make an informed choice pertaining to their overall healthcare.

These changes were brought about as the result of a Payment Error Rate Measurement (PERM) audit to bring AR Medicaid into compliance with the Affordable Care Act (ACA). The ACA requires the National Provider Identifier (NPI) of the Ordering, Referring, Prescribing (ORP) provider be on the claim of service. Therefore, each ORP provider must be enrolled as an individual (Entity Type 1) in the Medicaid program for the claim date of service. Managed Care Organizations must also comply with the ACA regulations.

This means a Medicaid beneficiary needs to be assigned to an individual provider, not a provider group as previously allowed. This does not mean the individual provider is the only one the beneficiary is allowed to see for services within the practice. Medicaid does allow for PCP Substitutes. Under Section 171.601, 171.610, and 171.620 of Section I – General Policy, beneficiaries may see other providers within the practice if the assigned PCP's schedule is full and for several other acceptable reasons.