Washington D.C. Housing Supportive Services (HSS) Medicaid Academy

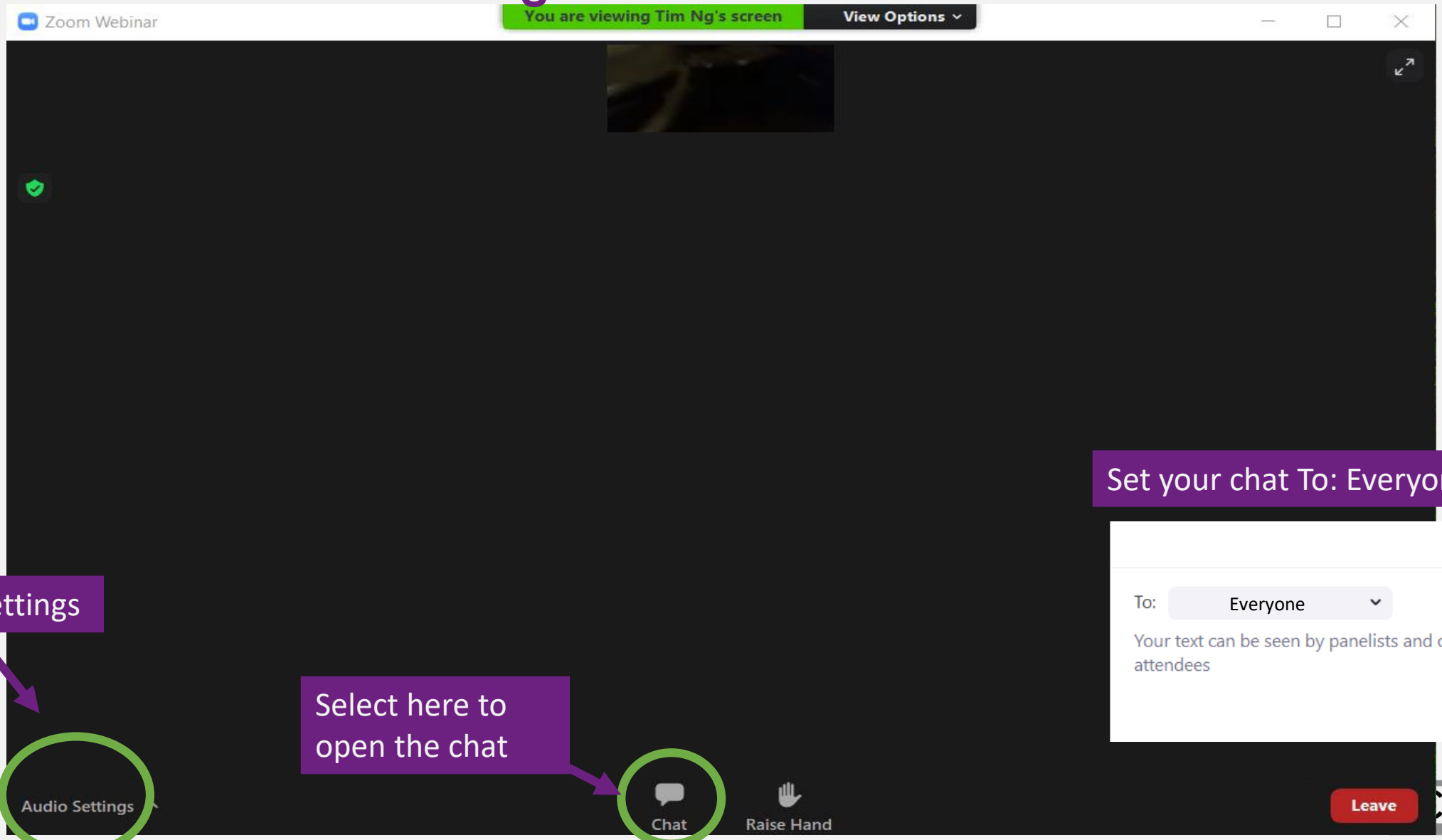
Session #1
Orientation & Provider Enrollment

July 26, 2022

CSH

Welcome! We'll Begin Shortly

You are muted to reduce background noise.



Welcome to the Washington, DC Medicaid Academy

Partnership to End Homelessness

THANK YOU TO OUR SPONSOR

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DC | DEPARTMENT of HUMAN SERVICES

DHCF
Department of Health Care Finance

OPENING REMARKS

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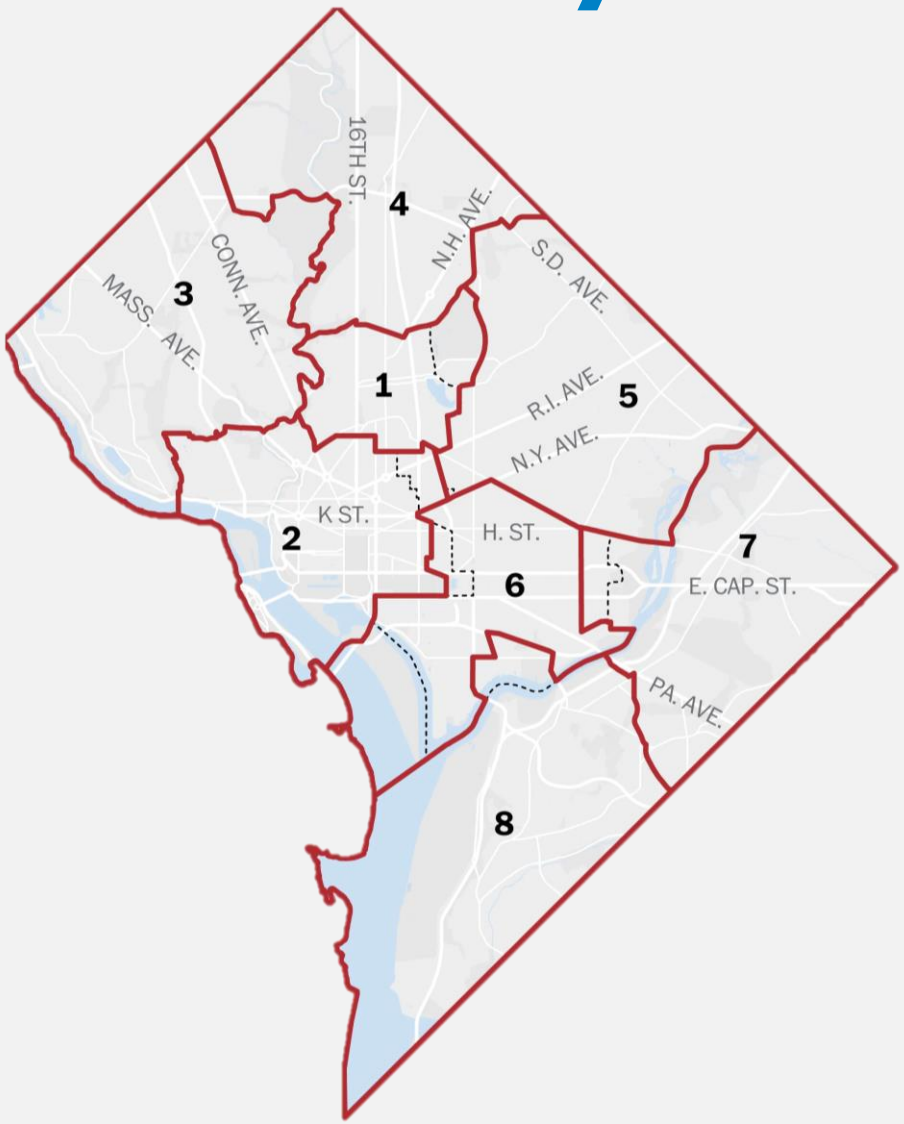
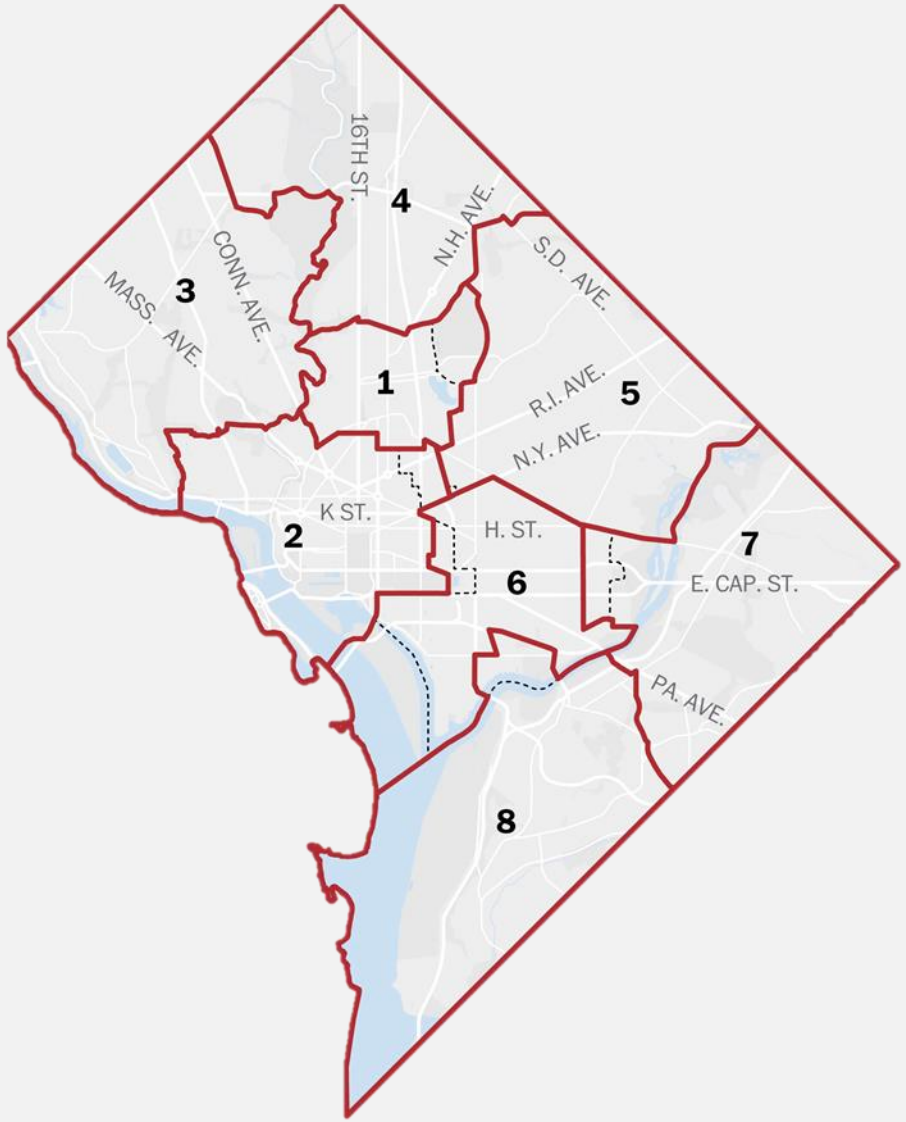
Where are you located?





TA Training Team

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Plan for Today: Session 1

- ✓ Orientation
- ✓ Provider Enrollment Process

Your Agency's Team Includes:

Executive Lead

Program Lead

Fiscal Lead

Quality Lead

Introductions & Expectations

- Name
- Agency
- Your role at the agency
- What do you hope to gain from the Medicaid Academy for these next six weeks? What are your expectations?

Purpose of Medicaid Academy Learning Sessions

DHCF and DHS provide the **WHAT**= **Policy Requirements**

The TA Team helps with the HOW = Supporting your team to develop a **Successful Work Plan**

Each session will include:

- Helpful tips and tools
- Opportunities for sharing experiences across agencies
- Coaching for your agency

Important Resource Links

- **DHS on PSH**
- **The approved State Plan Amendment**
- Information about provider enrollment, including instructions on How to Enroll in DC Medicaid Using the DC Provider Screening and Enrollment Web Portal, is located at dc-medicaid.com.

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Throughout the Academy

- Training focused on a particular topic
- Tools
- Time for team work planning
- Time for questions

Your team will leave the academy with a work plan to be implemented in the coming weeks.

During and after the Academy, members of the CSH TA Team will be meeting with agencies individually to support your implementation of your work plan.

Shared Tools & Where To Access

Materials will go on the Housing Supportive Services web page

Website will include:

- Recordings of these trainings
- Slide Decks
- Additional Tools

Getting the most out of the Academy

Get clear on team member roles and your team end goal

Access the shared tools, download and try them out

Take advantage of technical assistance offered

Ask questions to understand where to focus YOUR time.

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Between meetings, determine:

1. When your team will meet?

2. What platform you will use to create the work plan for use in the Academy and beyond?
   (It works best if coaches and agency team members have access to the plan.)

3. What did you learn from the provider readiness process that tells you what to work on right away?

Starting to complete your

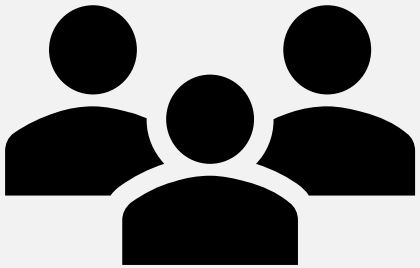
Agency's HSS Work Plan

Sample Work Plan

Provider Enrollment

State process for all providers that bill Medicaid

Becoming an HSS/ Medicaid Biller in Washington, D.C.



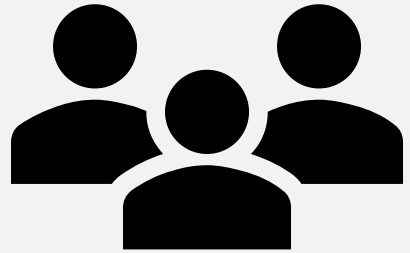
Community Based Service Agency

Provider has contract with DHS under the PSH3 agreement

Provider secures a National Provider Identification (NPI) Number

Provider goes through Medicaid Enrollment with DHCF

Approved Medicaid Provider completes next steps for billing to DHCF for HSS



Community Based Medicaid Provider

DC Medicaid Website

[Department of Health Care Finance - Home Page (dc-medicaid.com)]

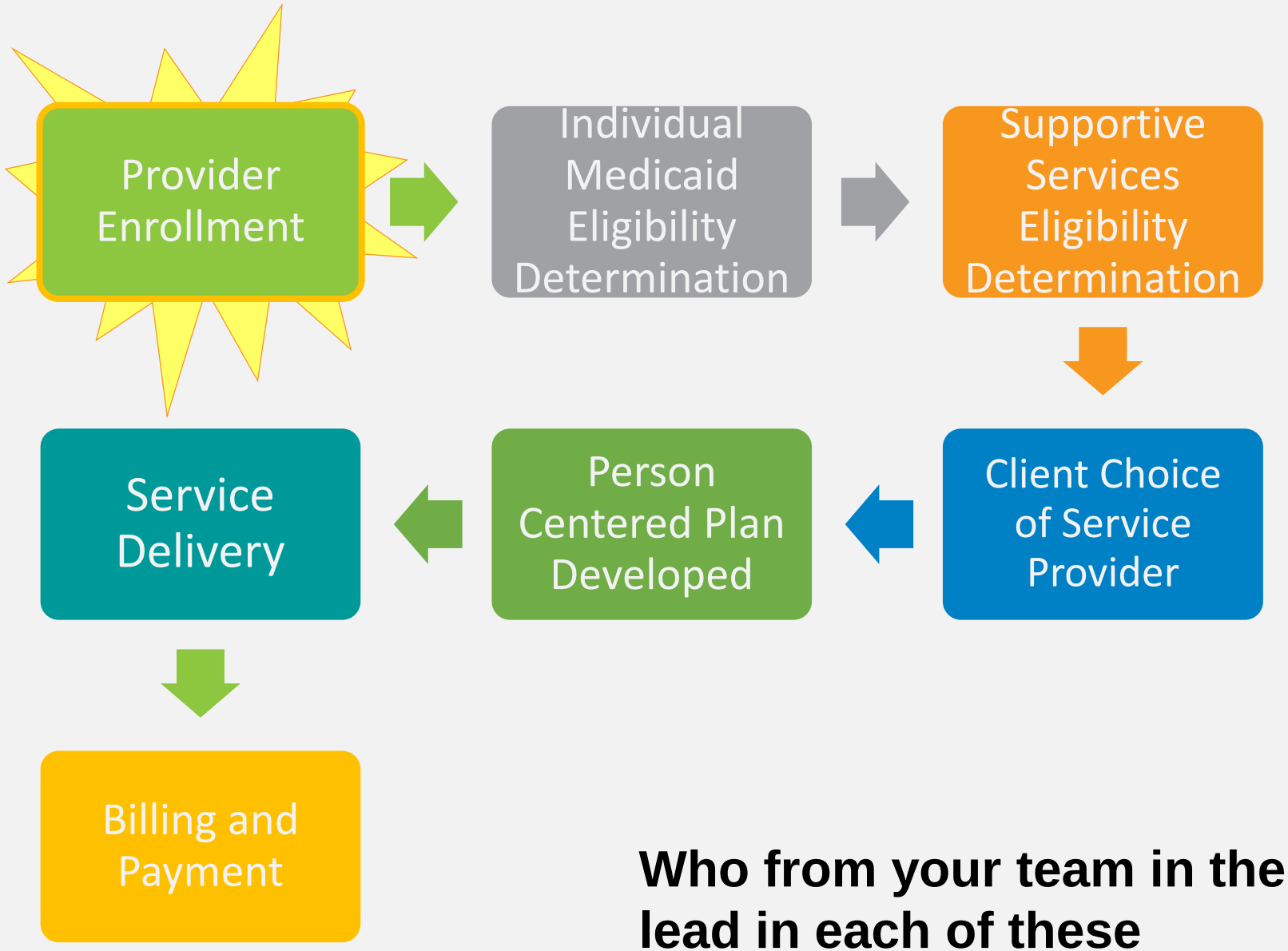
What is impacted at the agency-level when becoming a Medicaid provider?

- Programmatic
  - Service provision
  - Staffing & Training
- Strategic
  - Business partnerships
  - Strategic long-term planning
- Analytical
  - Data management
  - Quality Assurance
- Logistical
  - Financial operations
  - Legal agreements
  - HR considerations

Websites to Bookmark

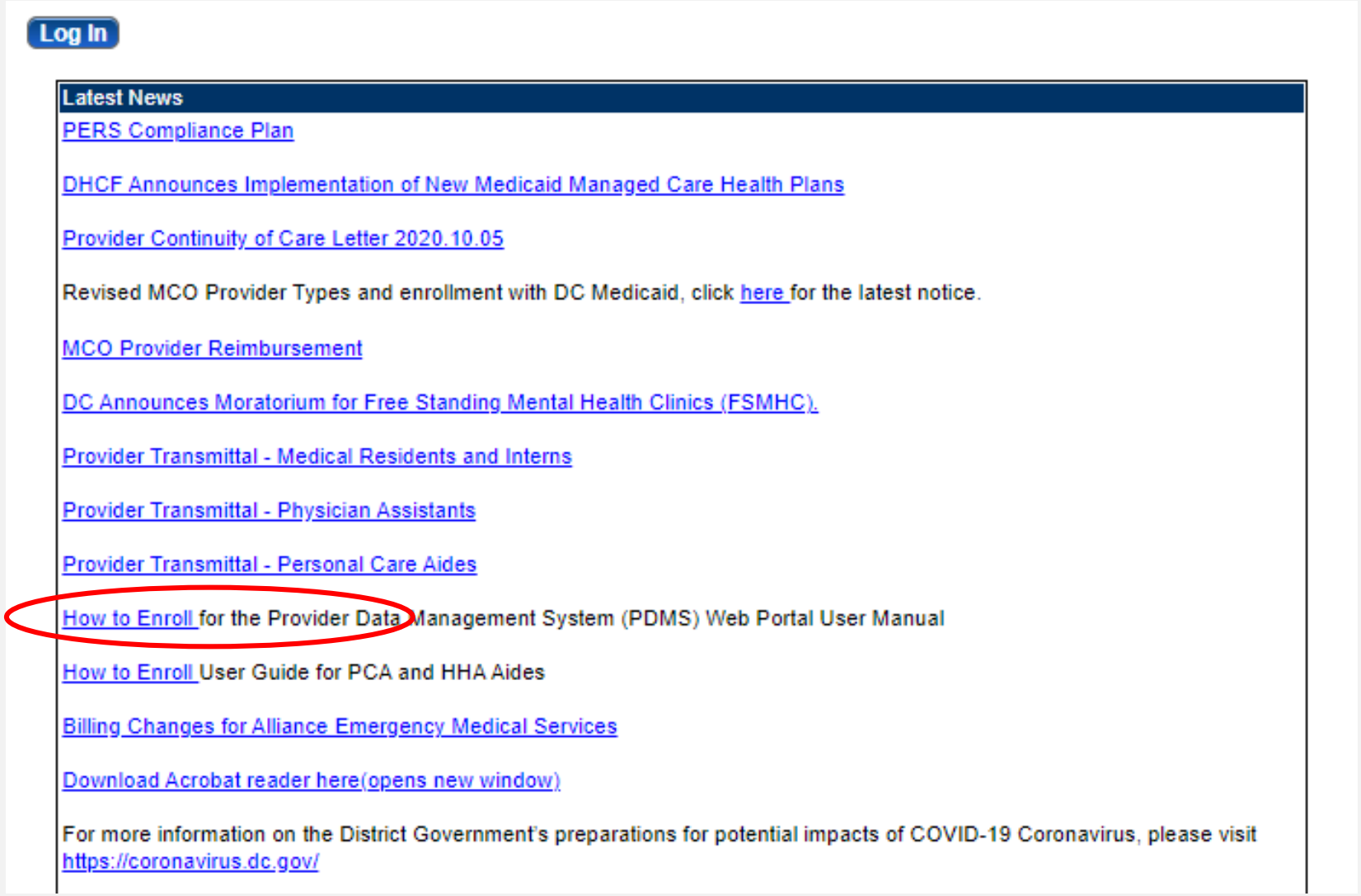
- Provider Data Management System (PDMS) portal
- DC Medicaid Provider Portal
- Electronic Remittance Advice ERA form
- DC Medicaid web portal quick reference guide

Medicaid Housing Supportive Services Process

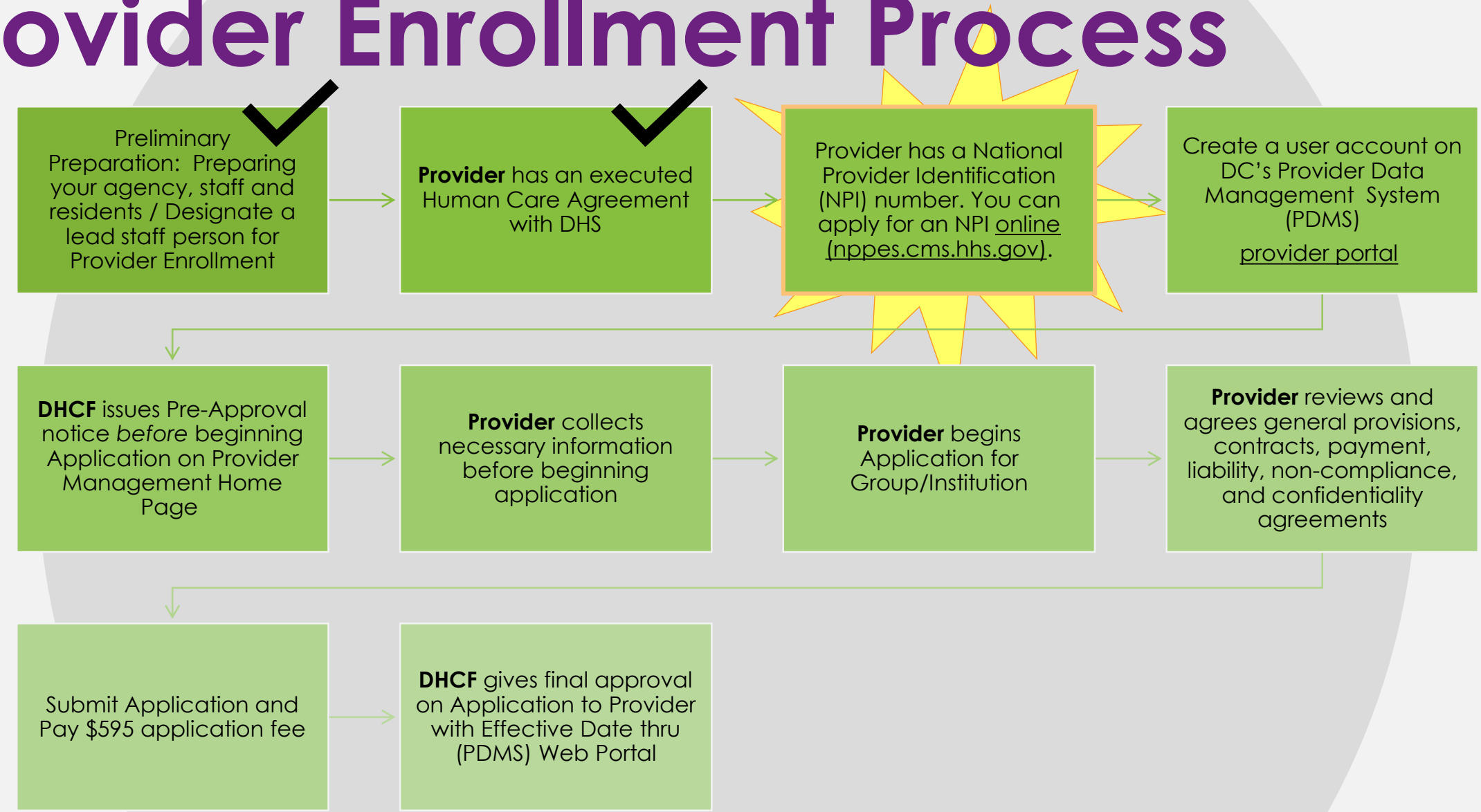


Who from your team in the lead in each of these processes?

Provider Enrollment Guide



Provider Enrollment Process



DCHF has created a step by step guide, called ."How to Enroll" on the PDMS Log In Page

National Provider Identifier (NPI)

You need a NPI number to provide HSS Services.

- Applying for an identifier is a free, simple, 20- to 30-minute procedure.
- You can apply online, by mail, or through a designated CMS contractor.
- To apply online, visit the National Plan and Provider Enumeration System (NPPES) website, read the instructions carefully, complete the questionnaire, and submit your application.
- After confirmation of your data's receipt, you will receive your NPI via e-mail from Customerservice@NPIEnumerator.com. The reply from the NPI Enumerator will have your NPI and confirmation. The message may be intercepted and diverted to a spam folder, so be sure to check your spam folder regularly after submitting your data.

The online application is recommended, because it is generally quicker and easier to track the status. However, you can download and submit a paper application.

Web Sites to Bookmark (NPI)

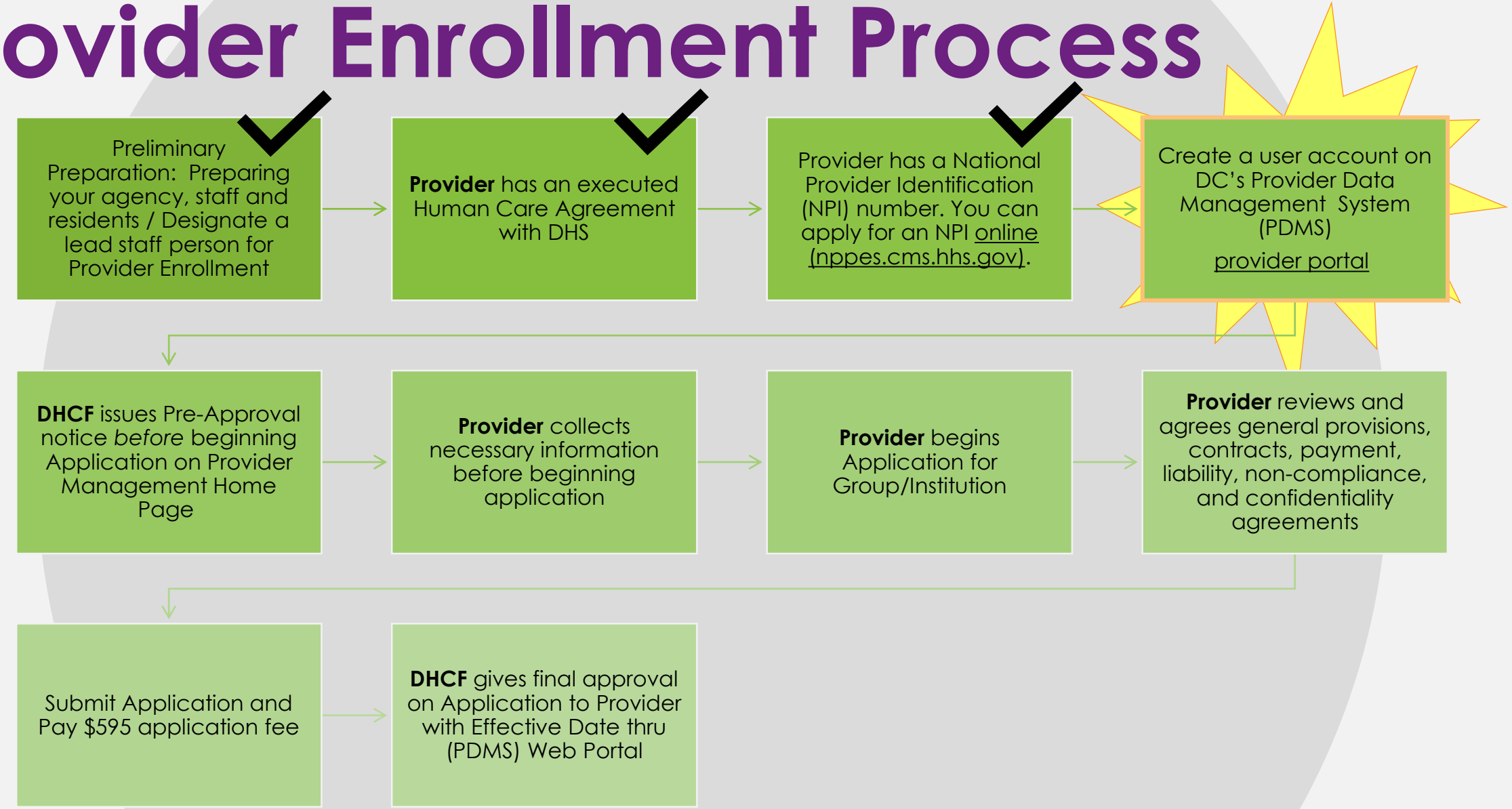
- NPI form to Download
- NPI Website to apply online

Additional Resources

- Training video available at CHW solutions
- WA Explainer on NPI
- CA Explainer on NPI

Questions?

Provider Enrollment Process



DCHF has created a step by step guide, called ."How to Enroll" on the PDMS Log In Page

Documents your agency needs to Enroll in DC Medicaid

- Certification from DHS: Executed PSH3 HCA
- NPI/taxonomy: *251B00000X Case Management*
- Business license
- Liability insurance ($1M Individual; $3M Aggregate)
- W-9 Form
- Tax ID
- Disclosure of ownership and control form if the entity is a For Profit firm

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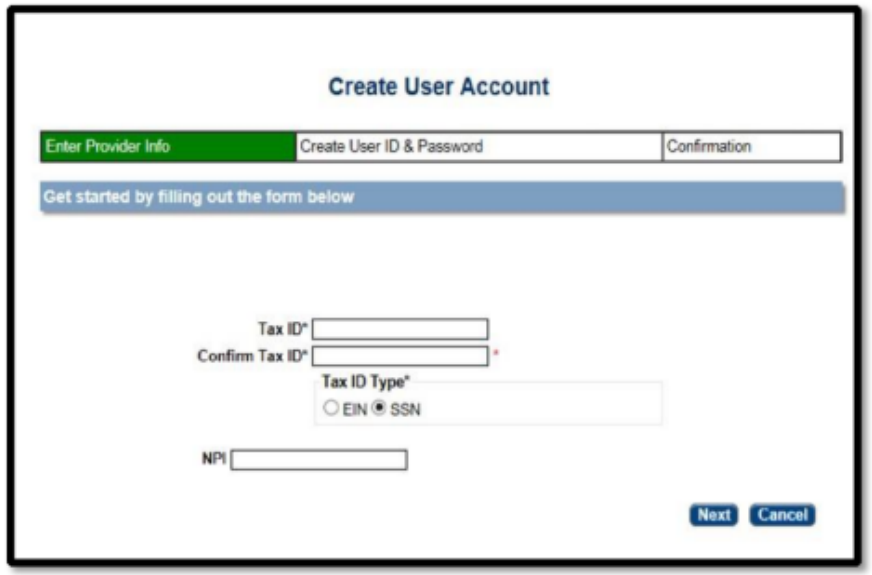
Create An Account

Creating a User Account

The first step to submitting an online application is to create User Account in the DC Provider Data Management System (PDMS) Web Portal.

Click on Create Account

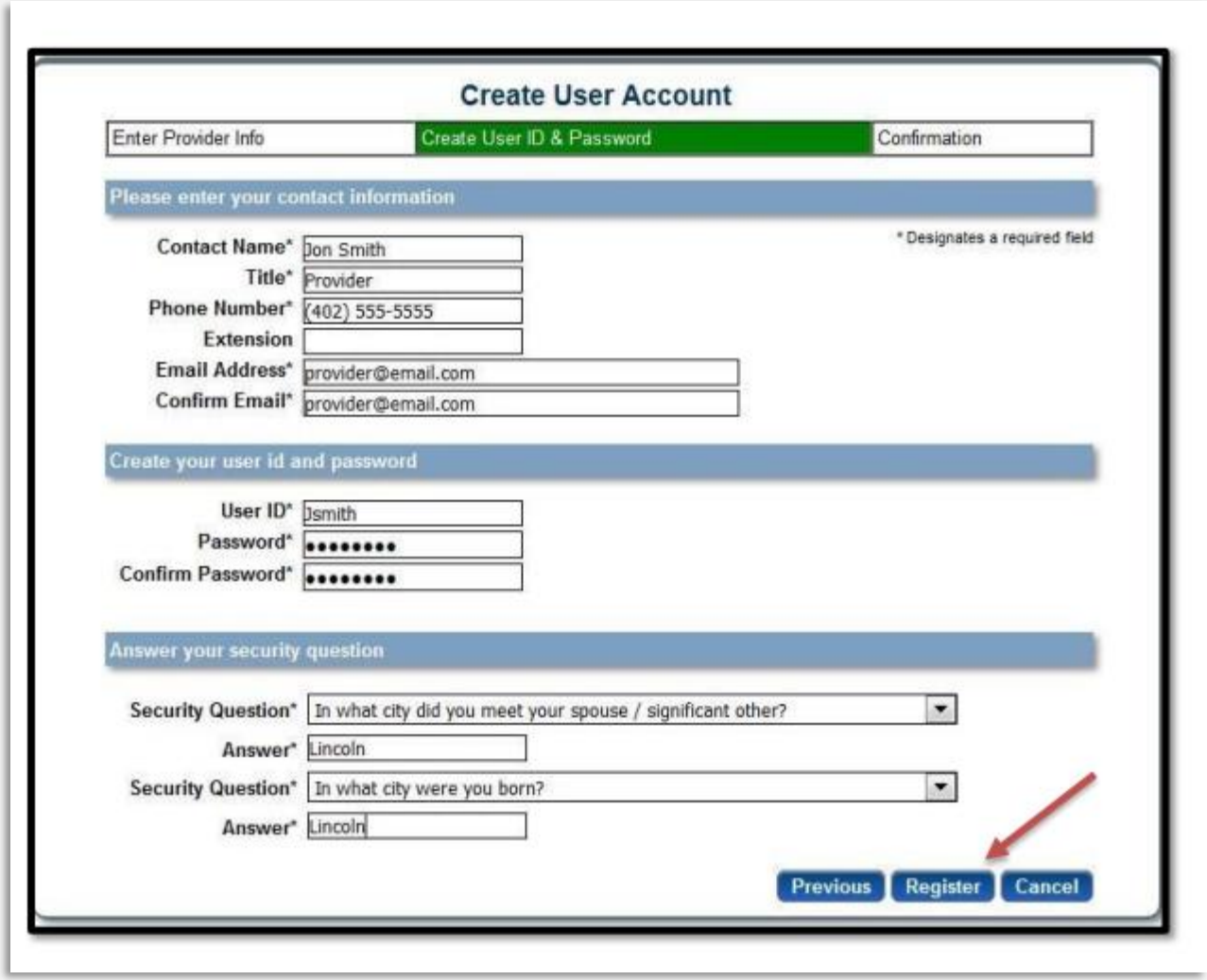
- **Enter your Tax ID – Either your Social Security Number (Individual) or EIN (Organization)**
- **Select the correct Tax ID Type**
- **Enter your NPI**
- **Click Next**



Create An Account

Creating a User Account – Cont.

- Enter all required information – see example below
- Click Register

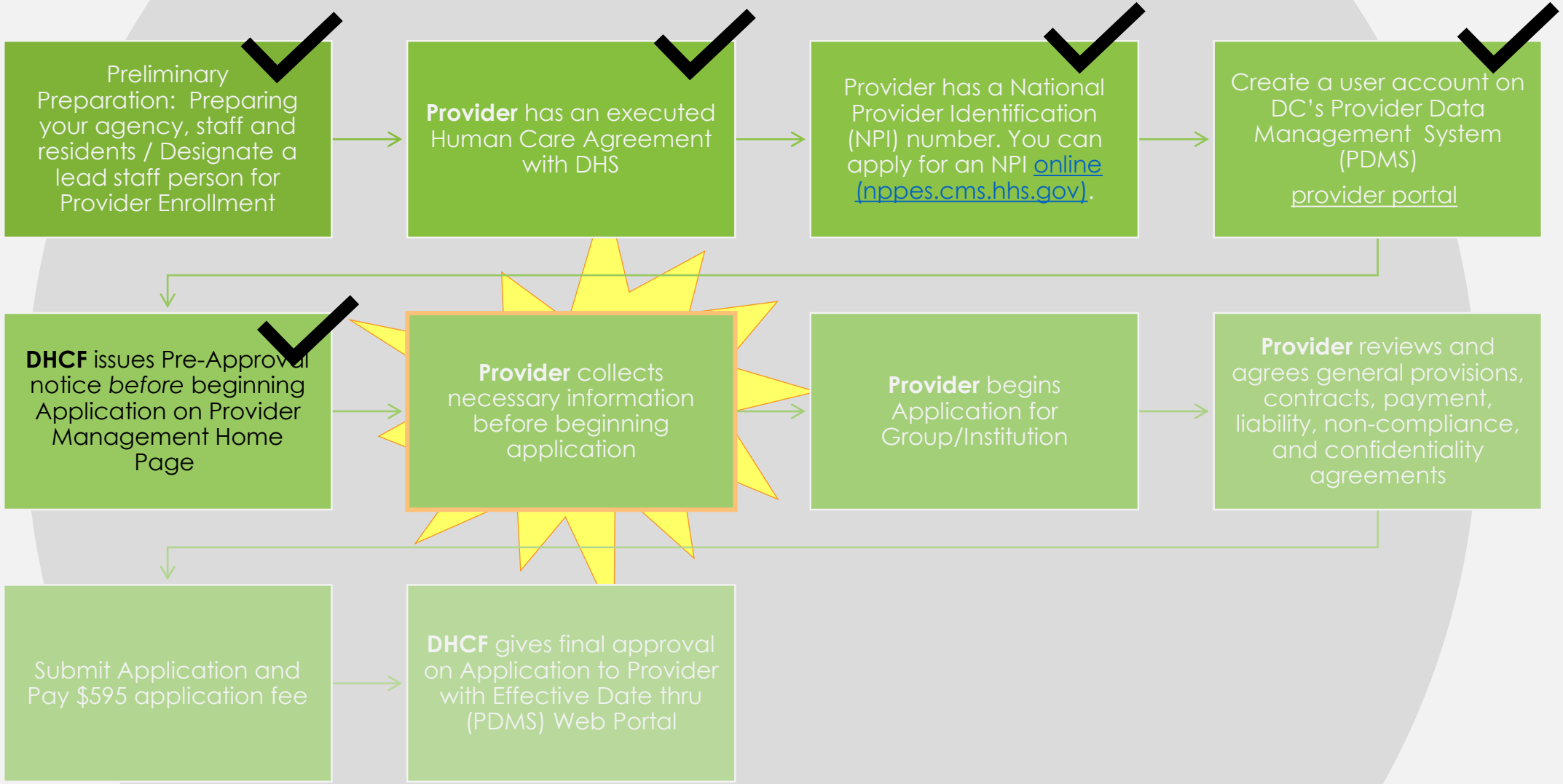


Create An Account

After successfully creating the account, a notification will appear and a confirmation email will be sent to the email address provided.

Questions?

Provider Enrollment Process



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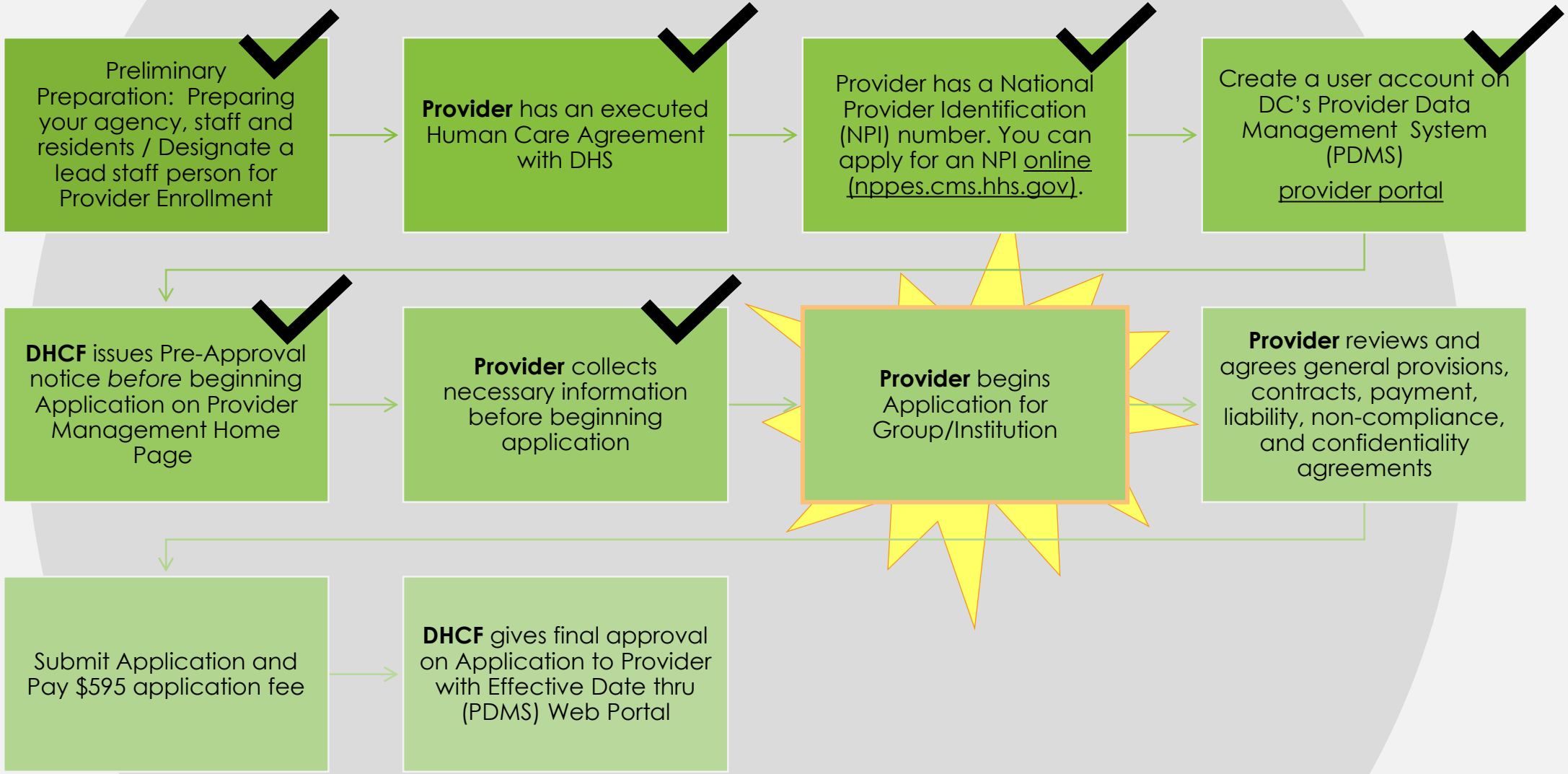
Documents you need for Enrollment

- Proof of Liability Insurance ($1M Individual; $3M Aggregate)
- W9 for your agency
- Disclosure of ownership and control form if your agency is a For Profit firm
- Notice of Award from Office of Procurement
- NPI/taxonomy: 251B00000X Case Management
- Business license
- Tax ID

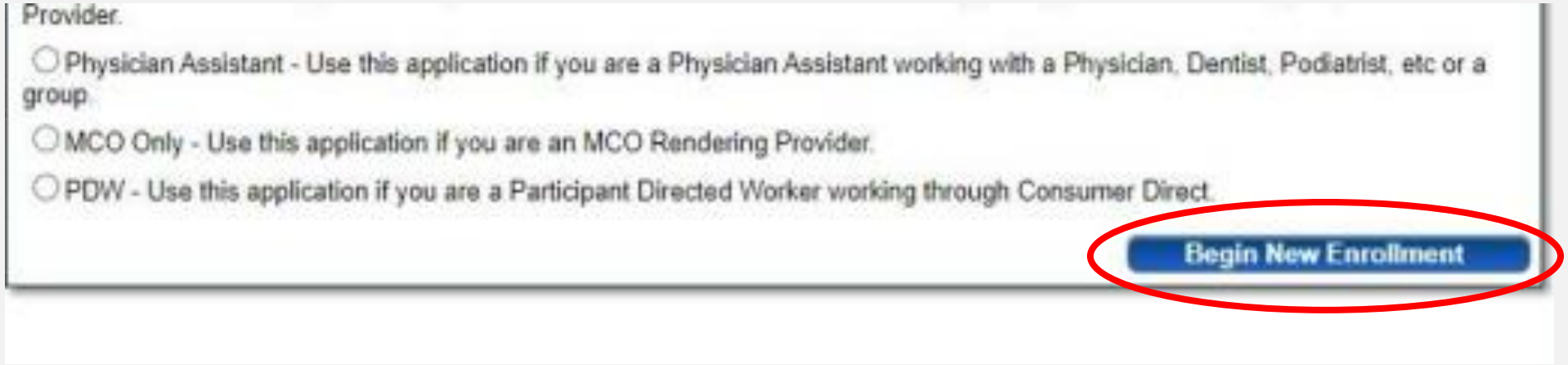
Provider Enrollment Process



DCHF has created a step by step guide, called ."How to Enroll" on the PDMS Log In Page

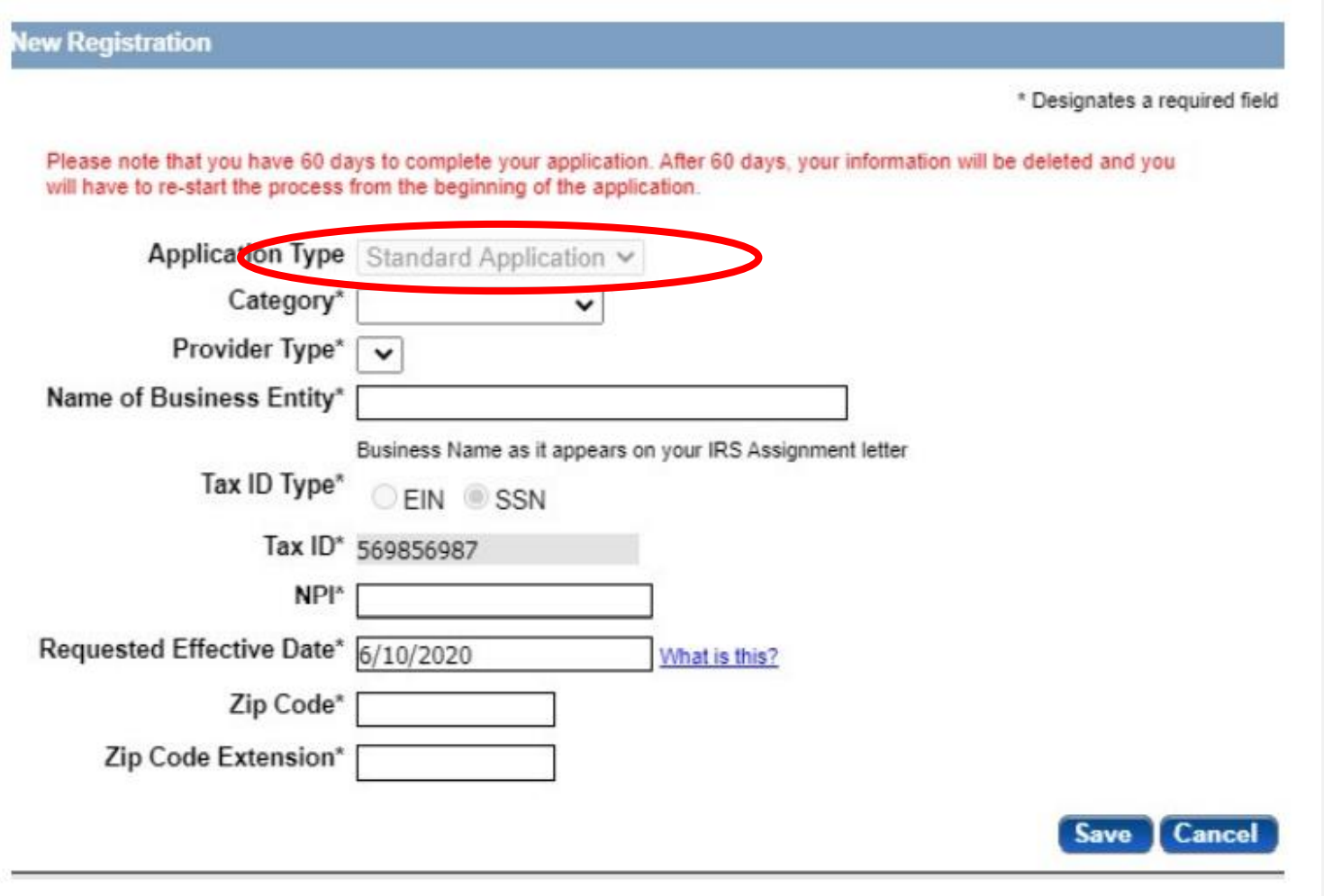
Begin New Enrollment

Select the standard application, but please review the description summary next to each application name to confirm you are selecting the right application type. Once you have selected your application, click **Begin New Enrollment**.



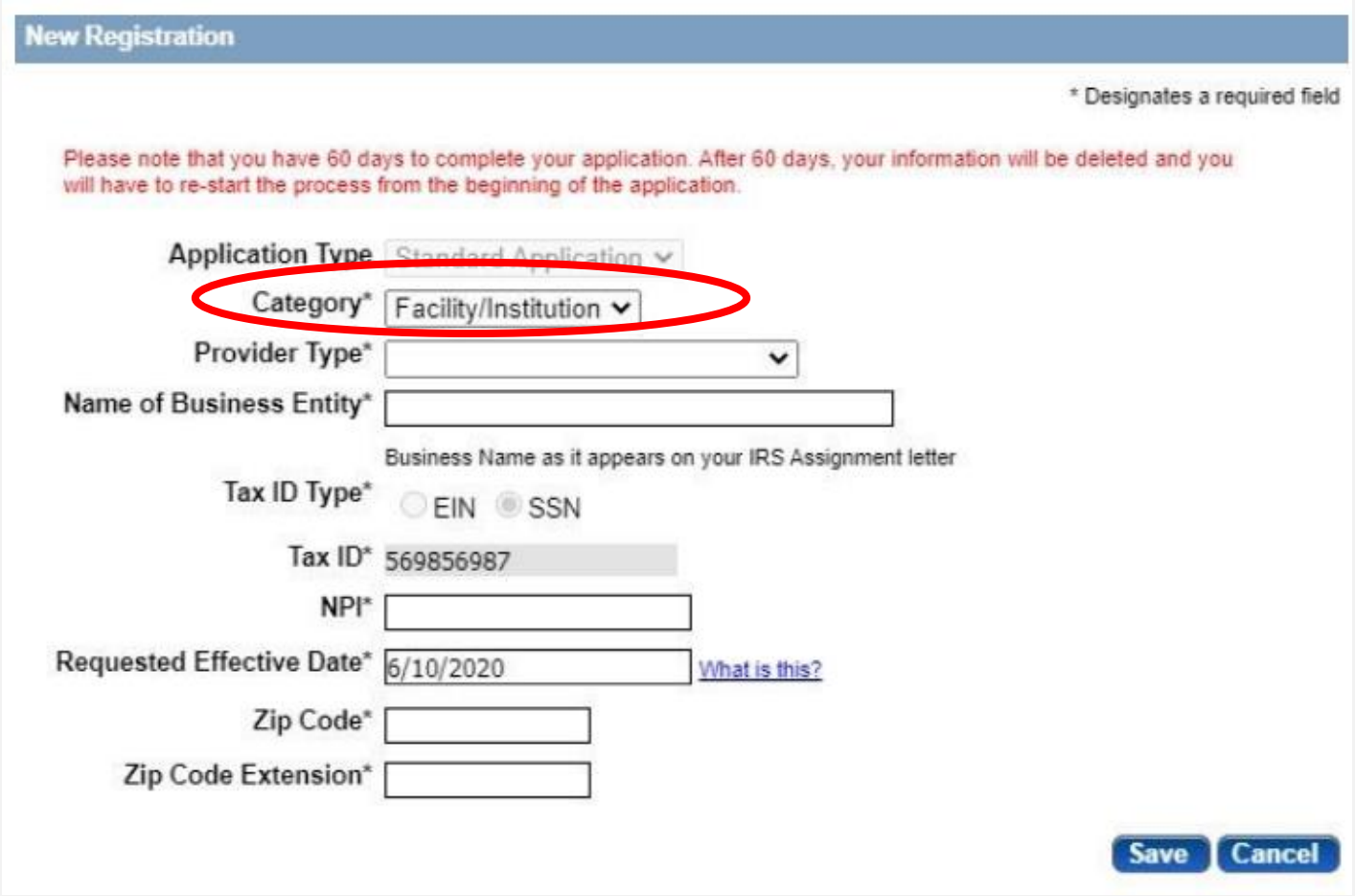
Begin New Enrollment

You have 60 days to complete your application. After 60 days, your information will be deleted and you will have to re-start the process from the beginning of the application.



Begin New Enrollment

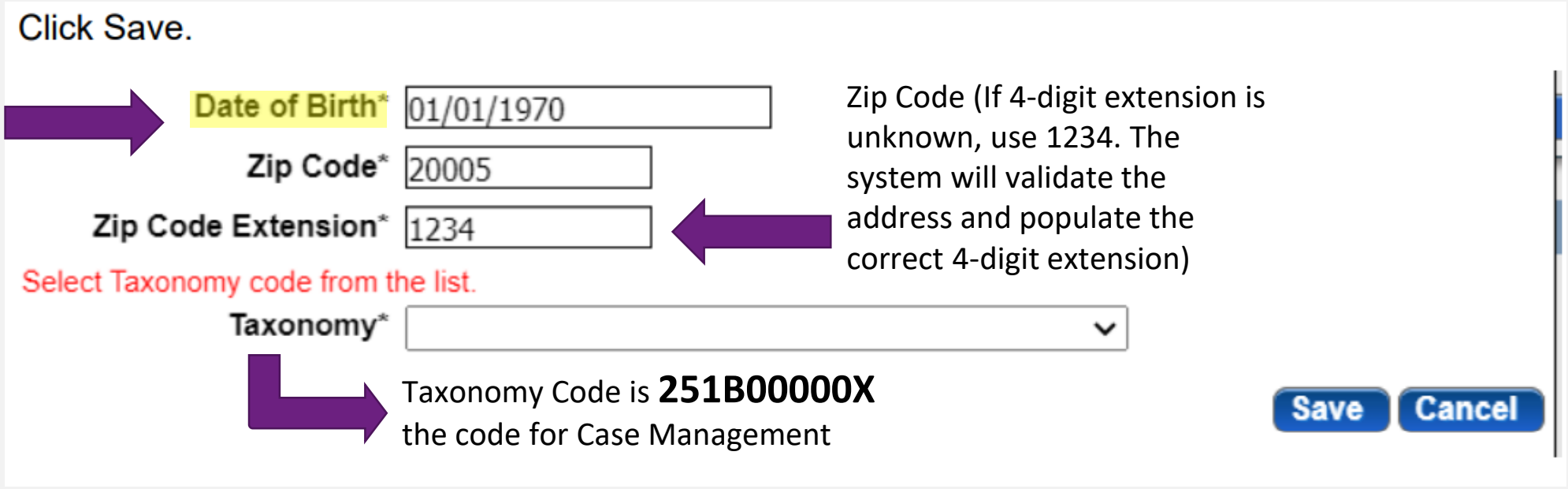
Not-for-profit providers are enrolling as a “group” or “institutional” provider. For-profit providers are selecting “Individual” for every individual with greater than 5% stake in the company.



Begin New Enrollment

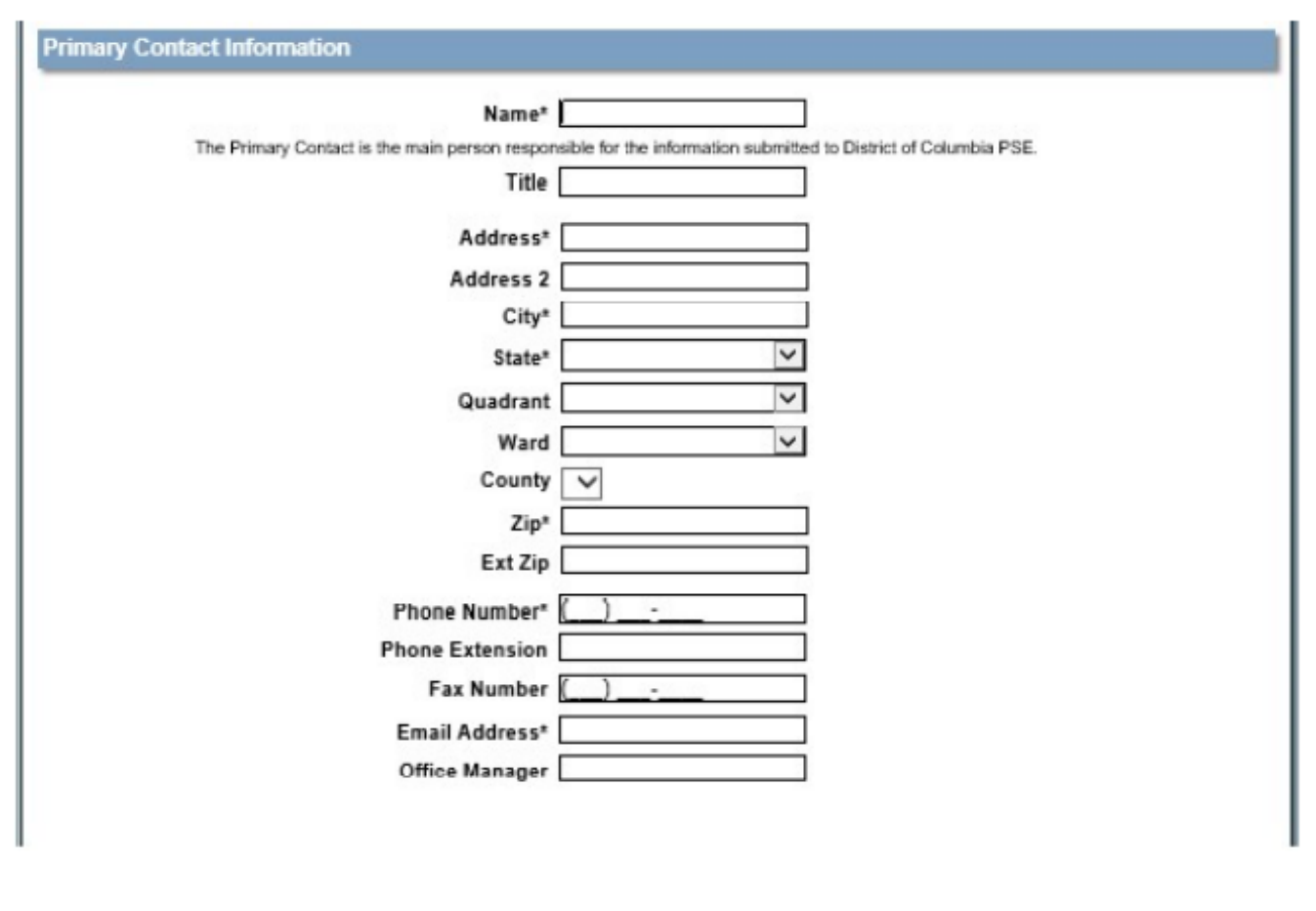
Complete all required (*) fields in the Primary Contact Information section and click **Save**.

Will not be date of birth, but "Requested Effective Date" which will auto populate with the date you start application.



Primary Contact Personal Identification

Complete all required (*) fields in the Primary Contact Information section and click **Save**.



Primary Contact Personal Identification

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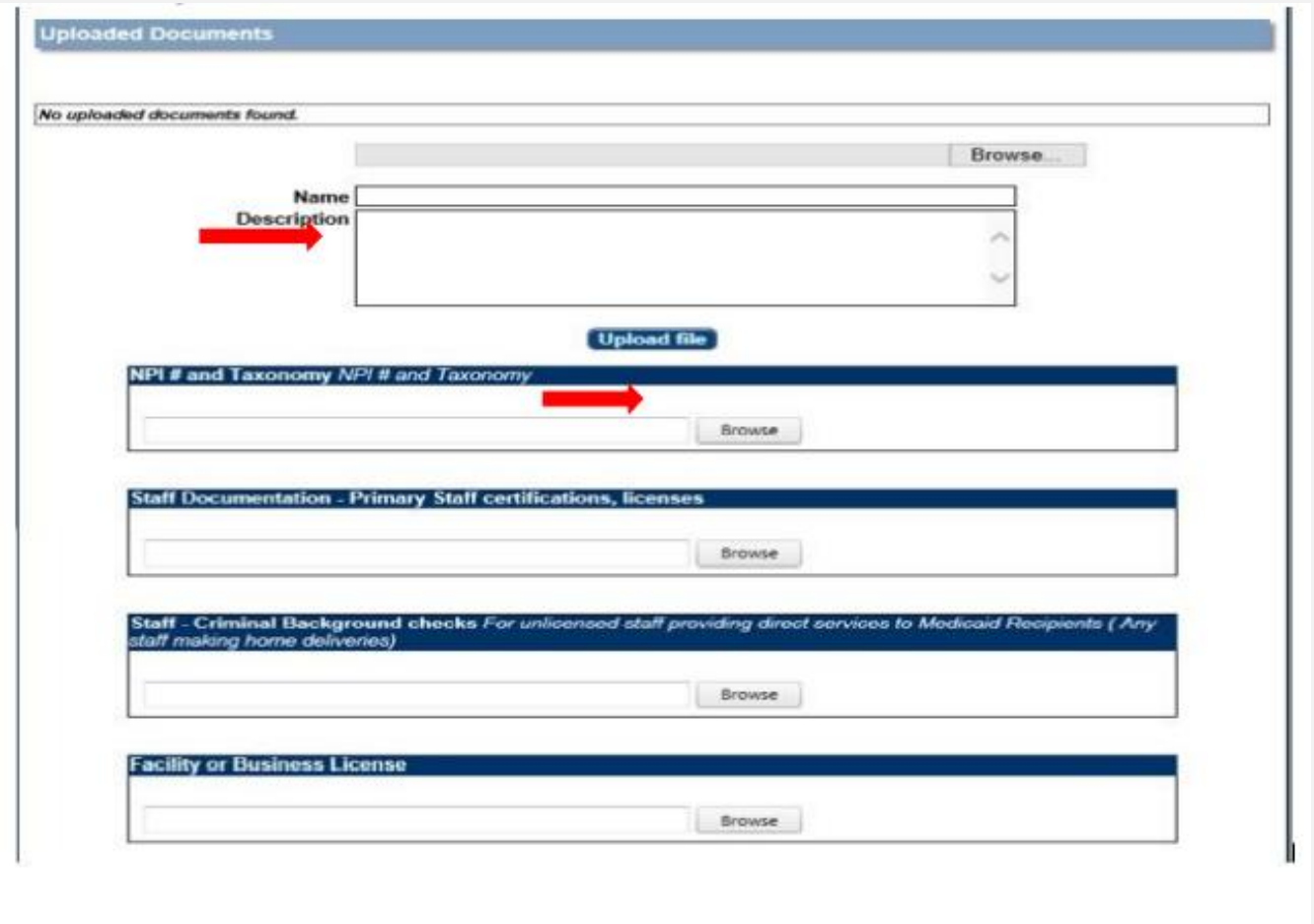
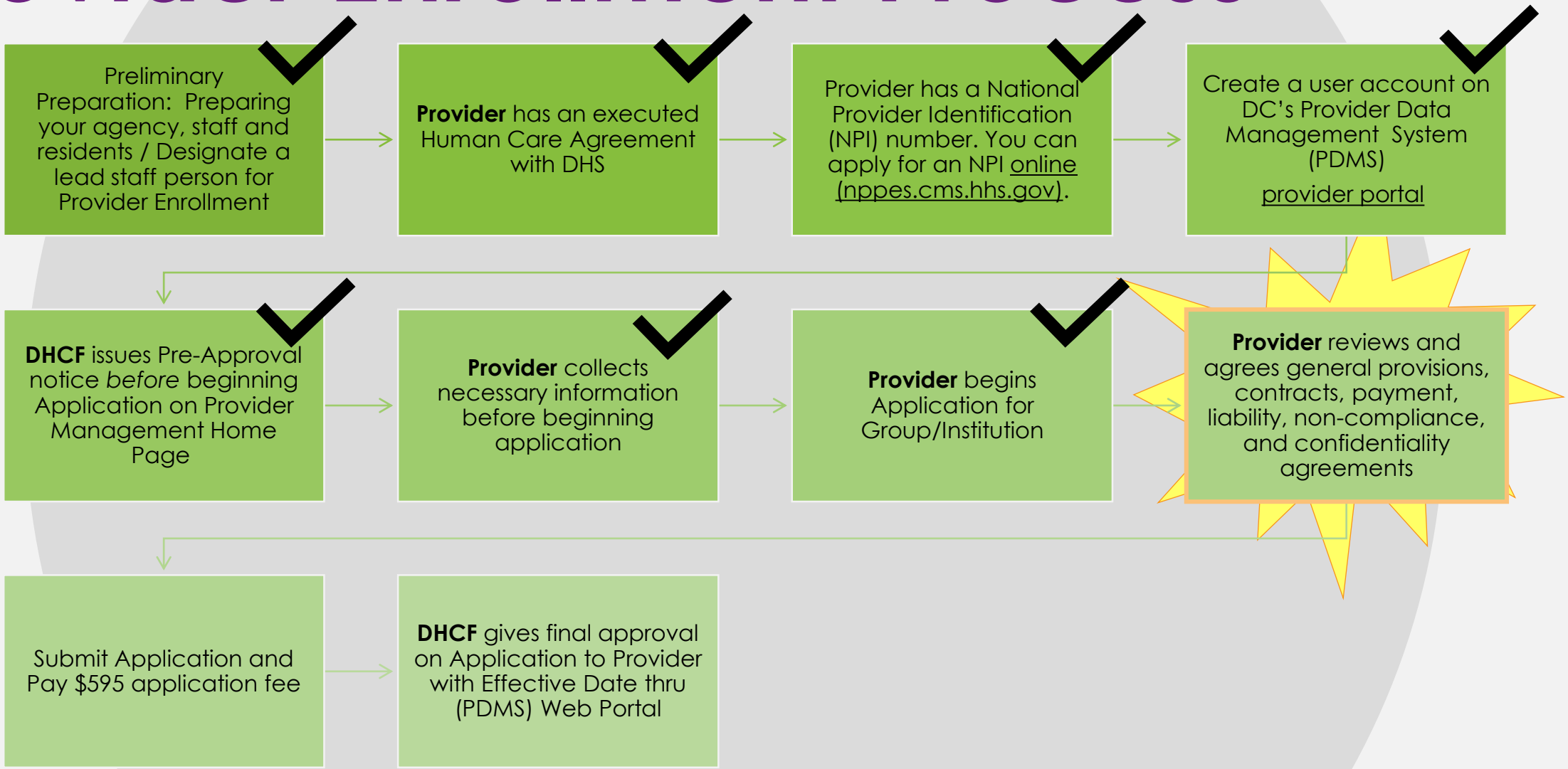


Questions?

Provider Enrollment Process



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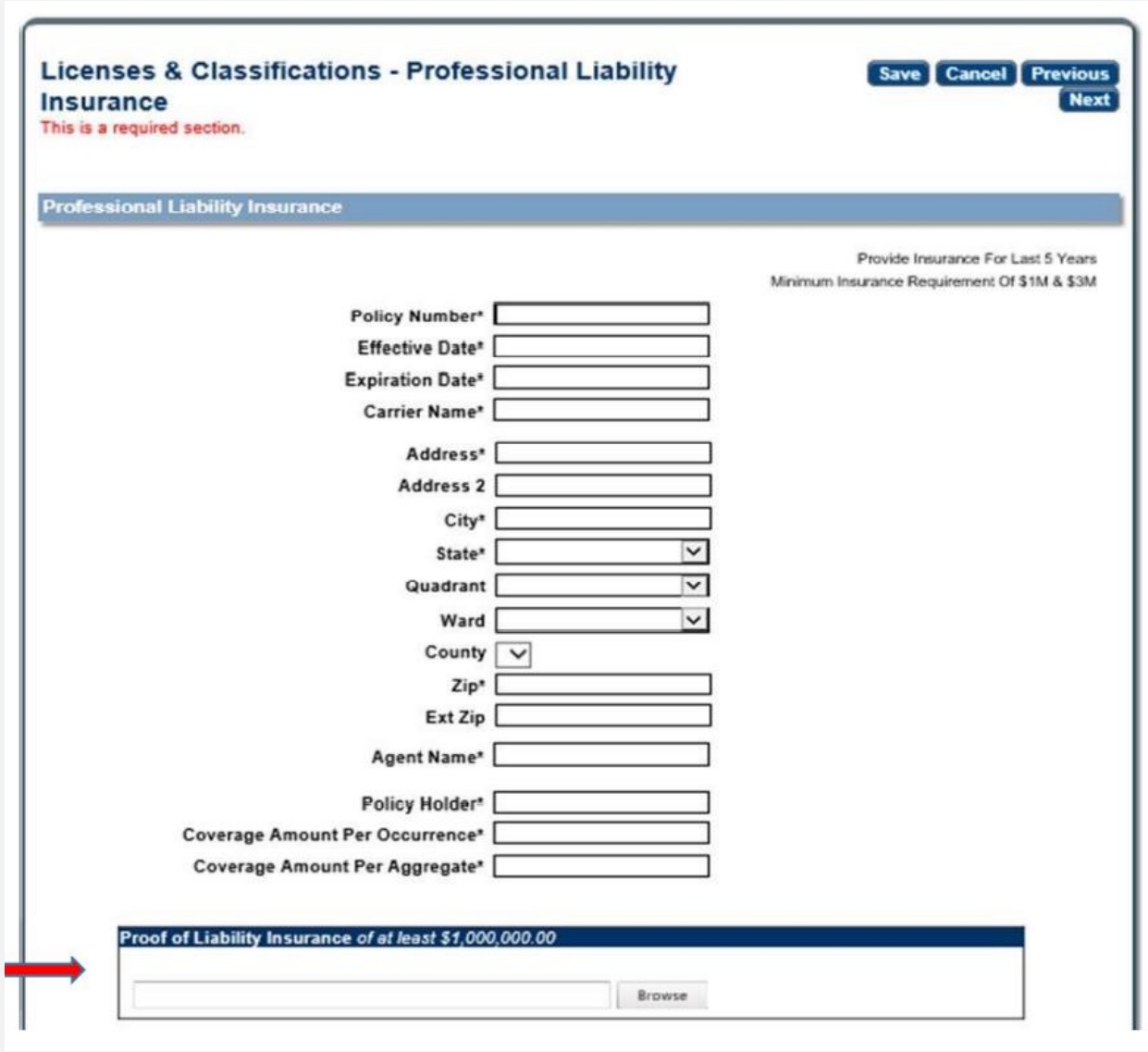
Professional Liability

Complete all required fields in the Professional Liability section and upload Proof of Liability Insurance document.
*Note minimum insurance requirement (provide insurance for last 5 years/ minimum insurance requirement of $1 Million per Occurrence and $3 Million per Aggregate)

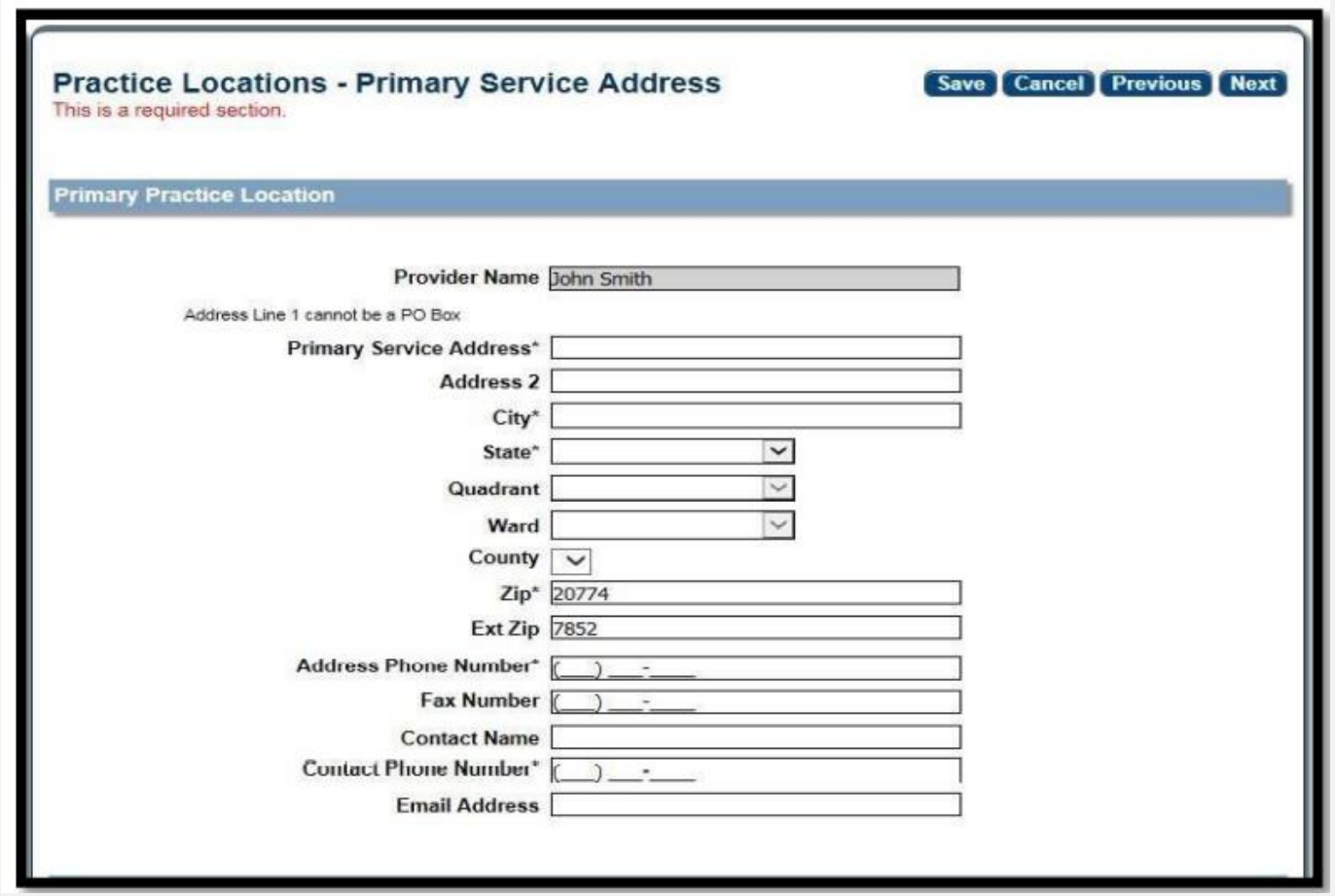


Primary Service Address

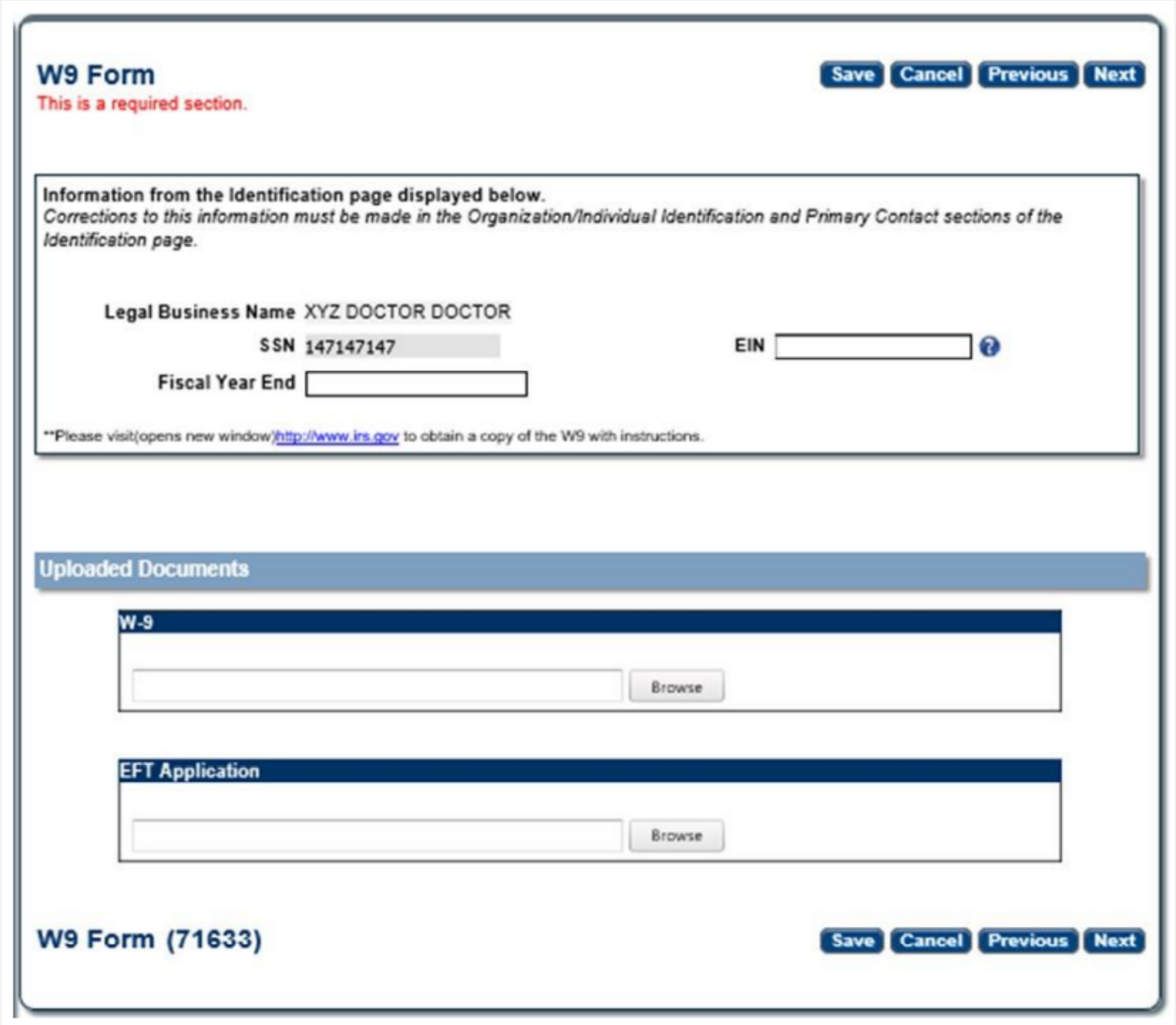
Primary Services Address is required.

Billing/Payment Contact Information, Correspondence Information and Remittance Address are not required sections.

An optional “Other Address” is also available. Enter information in the required fields if the information is the same as the Practice Location (physical address), put a check mark in the box and the information will populate.

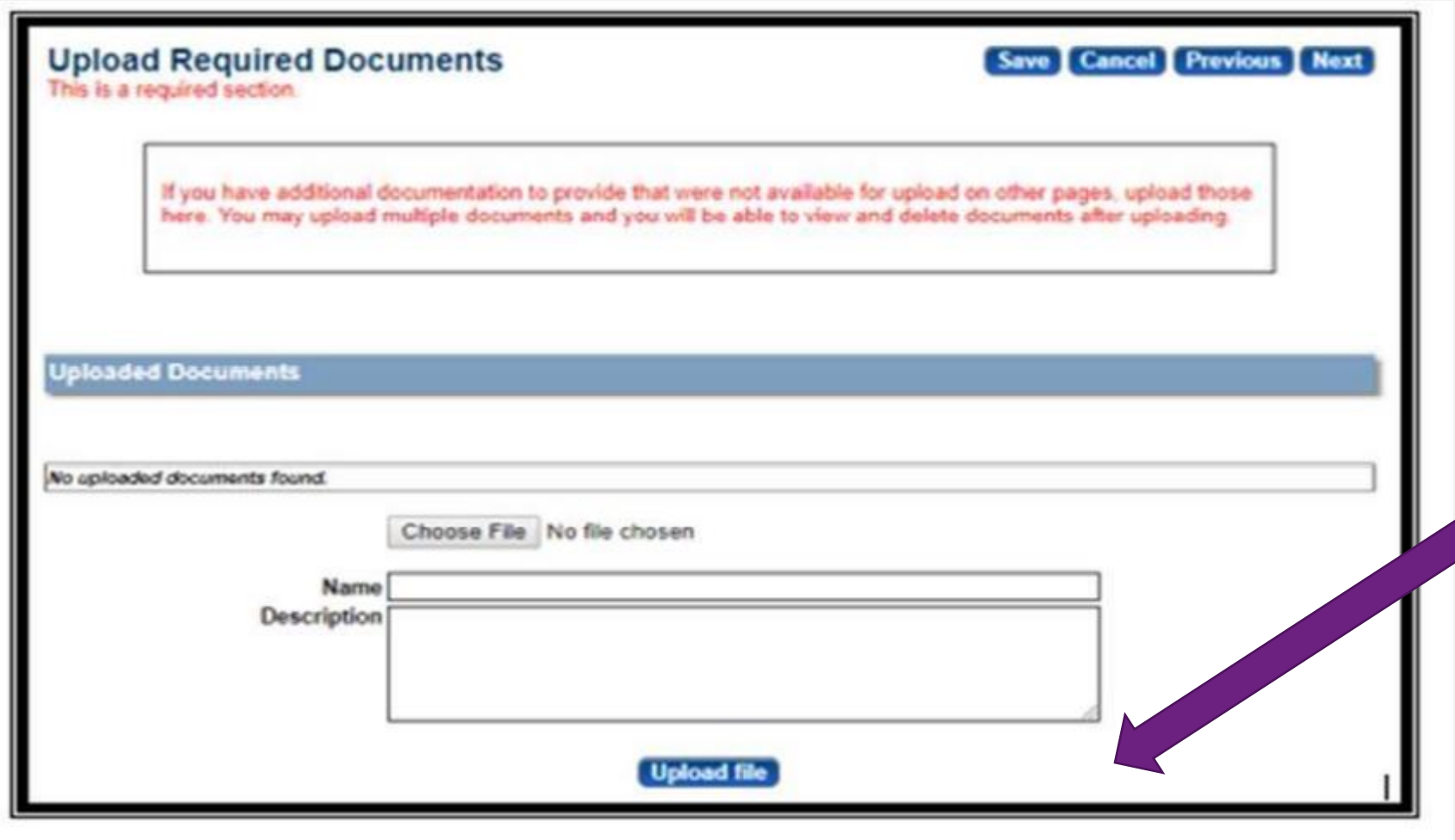


W-9 Information



Enter information in the applicable fields and upload required documents select **Save**, then **Next**.

Final Documentation Upload



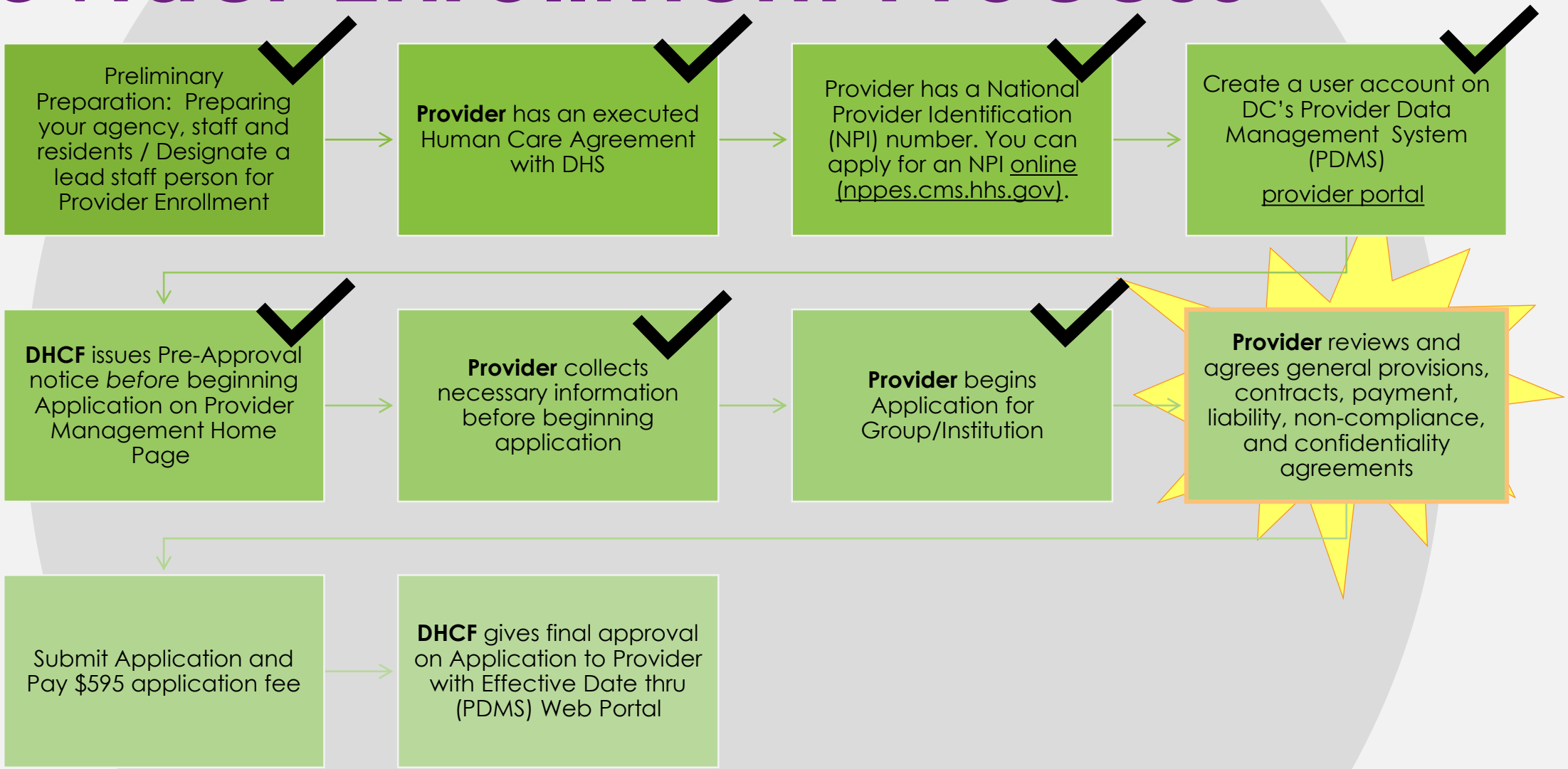
If other documents are needed for your application, you will upload them to this page.

If you are a For-Profit your agency needs to complete:

- Disclosure of ownership and control form
- Ownership disclosure acknowledgement

Questions?

Provider Enrollment Process



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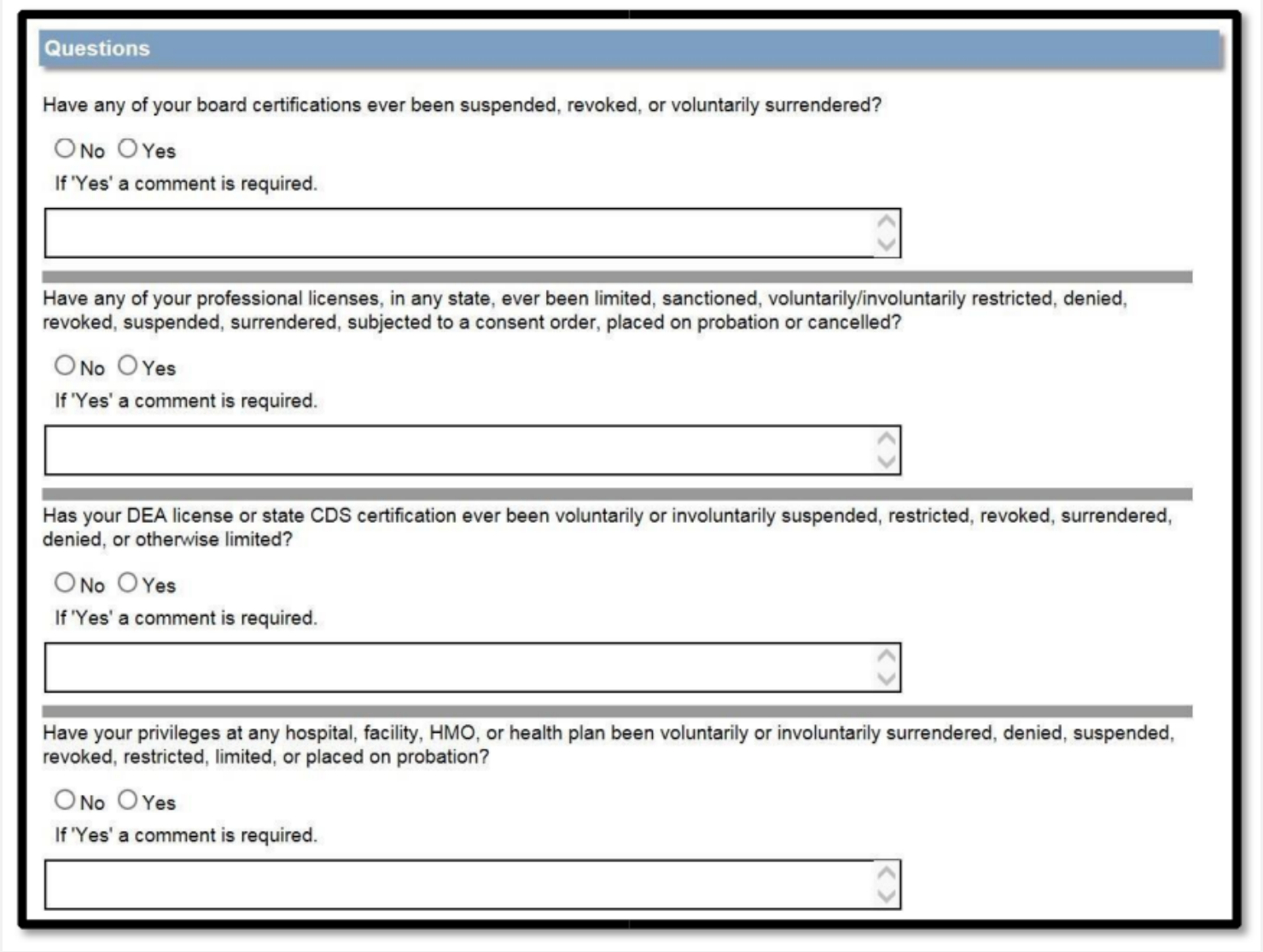
Agreement Disclosures



Questions

Have any of your board certifications ever been suspended, revoked, or voluntarily surrendered?

○ No ○ Yes

If 'Yes' a comment is required.

Have any of your professional licenses, in any state, ever been limited, sanctioned, voluntarily/involuntarily restricted, denied, revoked, suspended, surrendered, subjected to a consent order, placed on probation or cancelled?

○ No ○ Yes

If 'Yes' a comment is required.

Has your DEA license or state CDS certification ever been voluntarily or involuntarily suspended, restricted, revoked, surrendered, denied, or otherwise limited?

○ No ○ Yes

If 'Yes' a comment is required.

Have your privileges at any hospital, facility, HMO, or health plan been voluntarily or involuntarily surrendered, denied, suspended, revoked, restricted, limited, or placed on probation?

○ No ○ Yes

If 'Yes' a comment is required.

Medicaid Agreement Disclosures

Agreements

Save Previous

Click on the section header to expand or collapse the panel.

+ Medicaid Provider Agreement - General Provision

+ Medicaid Provider Agreement - Contracts and SubContracts

+ Medicaid Provider Agreement - Payment to Provider

+ Medicaid Provider Agreement - Third Party Liability Recovery

+ Medicaid Provider Agreement - Sanctions for Non-Compliance

+ Medicaid Provider Agreement - Confidentiality of Information

- Medicaid Provider Agreement - Effective Date

The effective date of agreement for provider payments shall be on the date the provider obtains participating status as determined by the Department under Federal and District regulations, and that such determination shall be made a part of this Agreement.

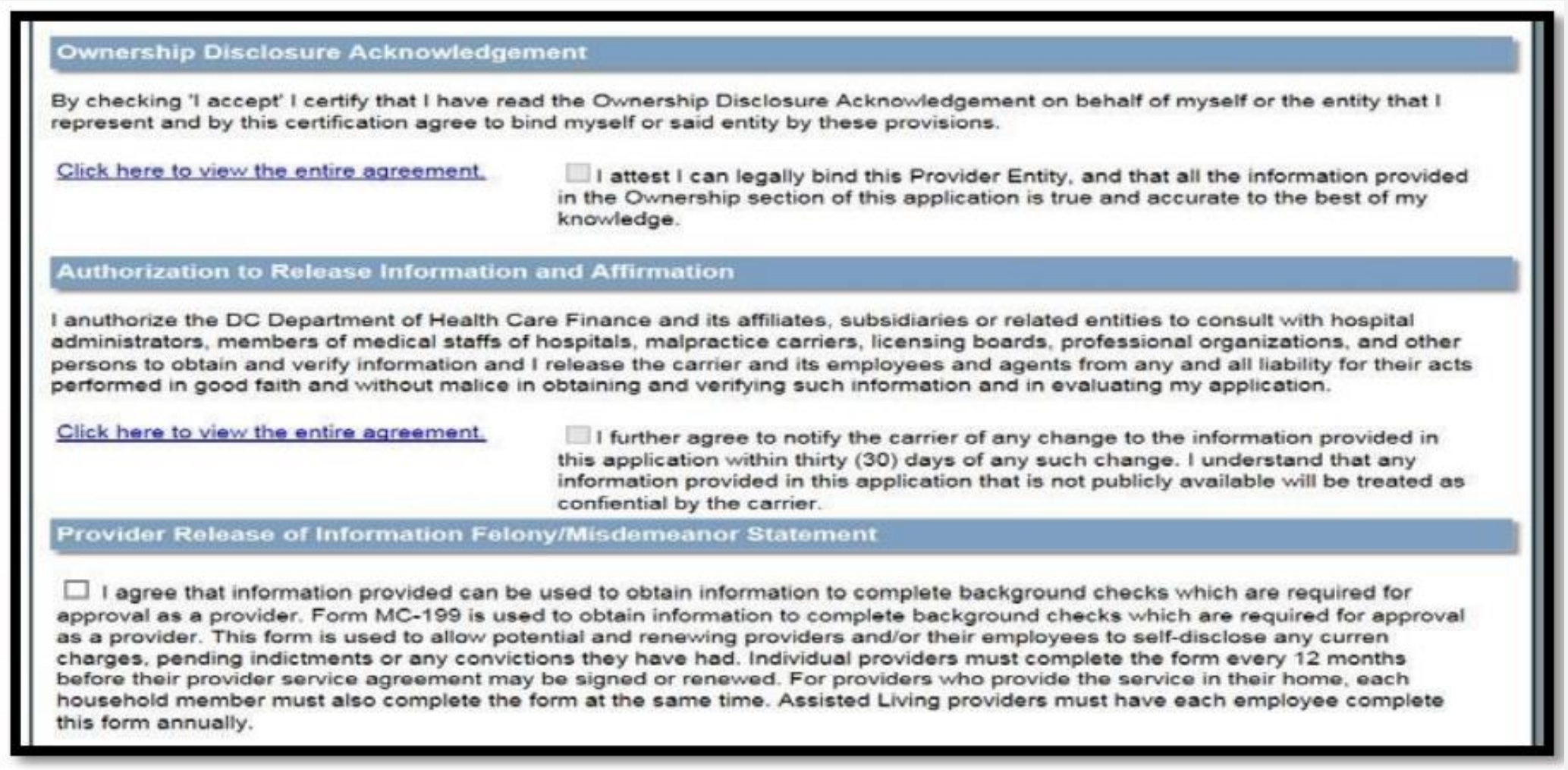
I agree that the receipt by the District of Columbia Medicaid program of the first and each succeeding claim for payment from me will be the Medicaid program's understanding of my declaration that the provisions of this Agreement and supplemental provider's manuals and instructions have been understood and complied with:

Please enter the name or initials of the person authorized to sign the form

Signature

Click here to view the entire agreement.

Medicaid Agreement Disclosures



Ownership Disclosure Acknowledgement

By checking 'I accept' I certify that I have read the Ownership Disclosure Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

Click here to view the entire agreement.

☐ I attest I can legally bind this Provider Entity, and that all the information provided in the Ownership section of this application is true and accurate to the best of my knowledge.

Authorization to Release Information and Affirmation

I anuthorize the DC Department of Health Care Finance and its affiliates, subsidiaries or related entities to consult with hospital administrators, members of medical staffs of hospitals, malpractice carriers, licensing boards, professional organizations, and other persons to obtain and verify information and I release the carrier and its employees and agents from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating my application.

Click here to view the entire agreement.

☐ I further agree to notify the carrier of any change to the information provided in this application within thirty (30) days of any such change. I understand that any information provided in this application that is not publicly available will be treated as confiential by the carrier.

Provider Release of Information Felony/Misdemeanor Statement

☐ I agree that information provided can be used to obtain information to complete background checks which are required for approval as a provider. Form MC-199 is used to obtain information to complete background checks which are required for approval as a provider. This form is used to allow potential and renewing providers and/or their employees to self-disclose any curren charges, pending indictments or any convictions they have had. Individual providers must complete the form every 12 months before their provider service agreement may be signed or renewed. For providers who provide the service in their home, each household member must also complete the form at the same time. Assisted Living providers must have each employee complete this form annually.

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In the Provider Agreement, you are agreeing to:

- Have an NPI and keep it active and current
- Comply with
  - Title VI of the Civil Rights ACT of 1964.
    - Non-Discrimination on the basis of race, color or national origin
  - Section 504 of the Rehabilitation Act of 1973
  - Non-Discrimination based upon disability
  - 42 CFR Part-80 , Part-84 and Part-90
    - Part 80 is non-discrimination and denied benefits based upon race, color or national origin
    - Par 84 is approval of respiratory devices
    - Part 90 is health assessments for work done in environmentally dangerous situation
  - The Americans with Disabilities Act of 1990 P.L. 101-336.
    - Prevents employment discrimination for PWD
    - Least restrictive environment

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In the Provider Agreement, you are agreeing to:

- 42 CFR Part 455 Subpart E - Provider Screening and Enrollment requirements and background checks
  - Must revalidate every 5 years- Cost of $595
  - Terminate enrollment where 5% or more of the agency is owned by someone convicted of Medicaid Fraud
  - Must follow state law around background checks for provider agencies
  - Must require agencies to do checks around Medicaid fraud and regular (annual) review of the Exclusions Database
  - All claims must include the NPI

In the Provider Agreement, you are agreeing to:

- The Health care facility unlicensed personnel criminal background check act of 1998 / Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13, 2002, (DC Law 12-238 and DC Law 14-98 14-98), D.C. Official Code § 44-551 et seq.,
  - Prohibits Medicaid providers from offering employment with any person who is not a licensed healthcare professional until a criminal background check has been completed and prohibits any facility from employing any person who has been convicted of **certain criminal offenses specified in the law, which should be checked no less than once per year**; 49 USC § 31306 and 49 CFR 382
  - Certain criminal offenses includes:
    - Murder, Attempted Murder, Manslaughter
    - Arson
    - Assault
    - Theft, fraud, forgery, extortion or blackmail
    - Illegal use of a firearm
    - Rape
    - Child abuse or child cruelty
    - Burglary
    - Robbery
    - Kidnapping
    - Unlawful distribution of a controlled substance

In the regulations (7414.4 and 7414.5) you are agreeing to:

- Submit all background checks annually to DHS
- An alcohol and drug free workplace
- Background check information includes
  - Government identification for all staff
  - Evidence of licensure, registration or certification as required
  - Evidence of academic degree as required by position
  - Evidence of agency background check
  - Evidence of agency quarterly review that no staff are excluded from participation in a federally funded health program
  - Evidence of compliance with communicable disease requirements as required by District law

Electronic Data Interchange (EDI)

- AFTER you enroll as a provider, you also enroll in the DC Medicaid Web Portal. As part of this process, your agency needs to know how you will be submitting billing information to DHCF. This is called Electronic Data Interchange or EDI
- More details on this in Session #5
- The options are
  - Your agency has an Electronic Health Record (E.H.R) or a billing system.
    - If so, you will be submitting FTP 837 batch files to DHCF
  - Your agency uses a third-party biller.
    - If so, you need this information on the third-party biller
  - WIN ASAP
  - You are direct data entering into the DHCF system
  - Paper Claims submission

Electronic Remittance Advice (ERA) Form

- DC Medicaid ERA Form
- To complete you need:
  - Federal EIN
  - NPI
  - Medicaid Provider Identifier, which you receive after enrollment is completed
- Identify your Method of Retrieval (payment)- if not using an intermediary billing agent
- EDIONLINE
  - GRABIT
  - WINASAP
  - DC Web Portal

  - How are you submitting Claims?
    - Via WIN ASAP, then you need your agency Conduent EDI Solutions 5-digit Submitter ID or 6 - digit Trading Partner ID.
    - Via a software vendor, billing agent, or clearinghouse, then you need your 5-digit Submitter ID or 6-digit Trading Partner ID.

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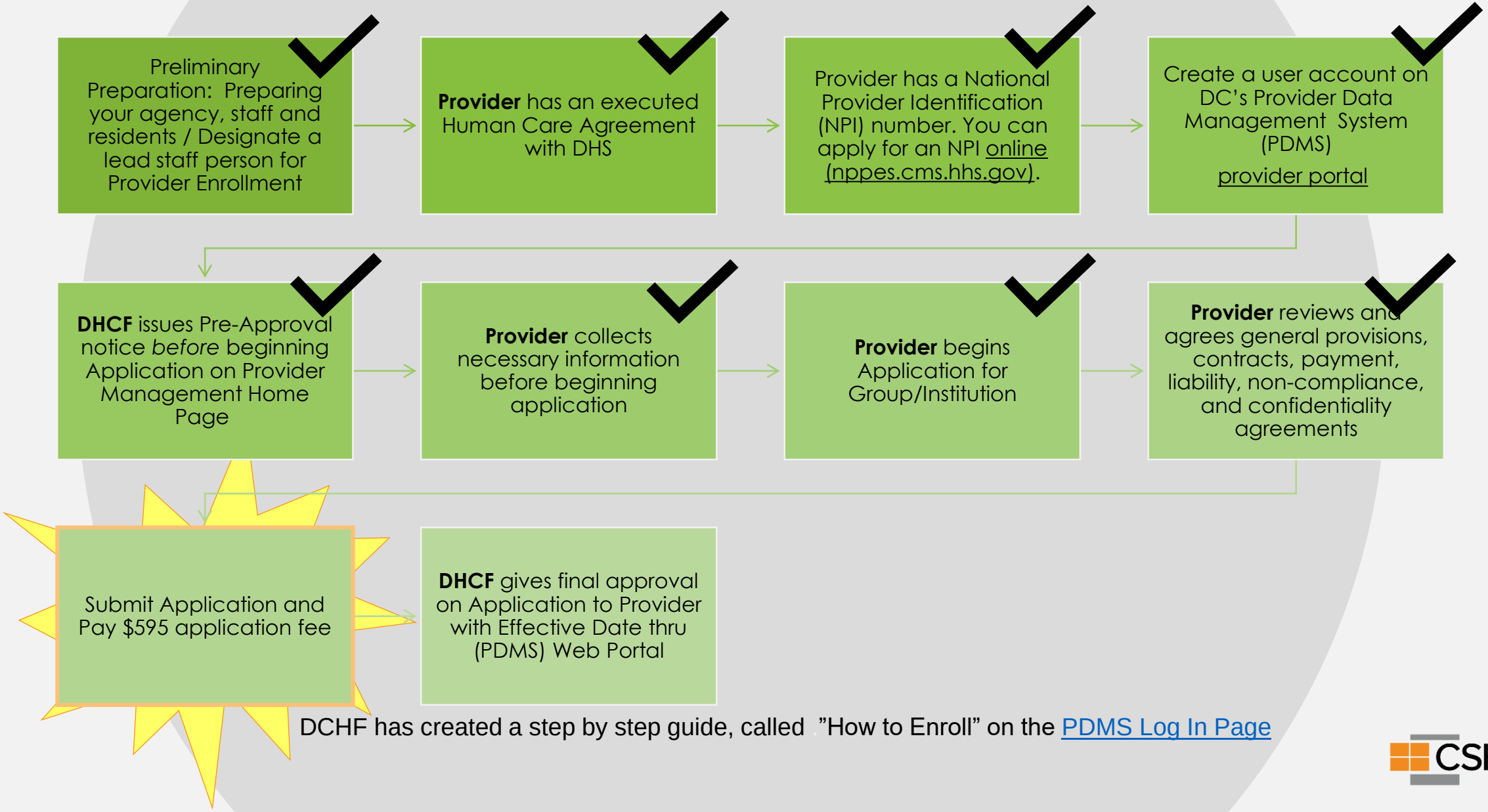
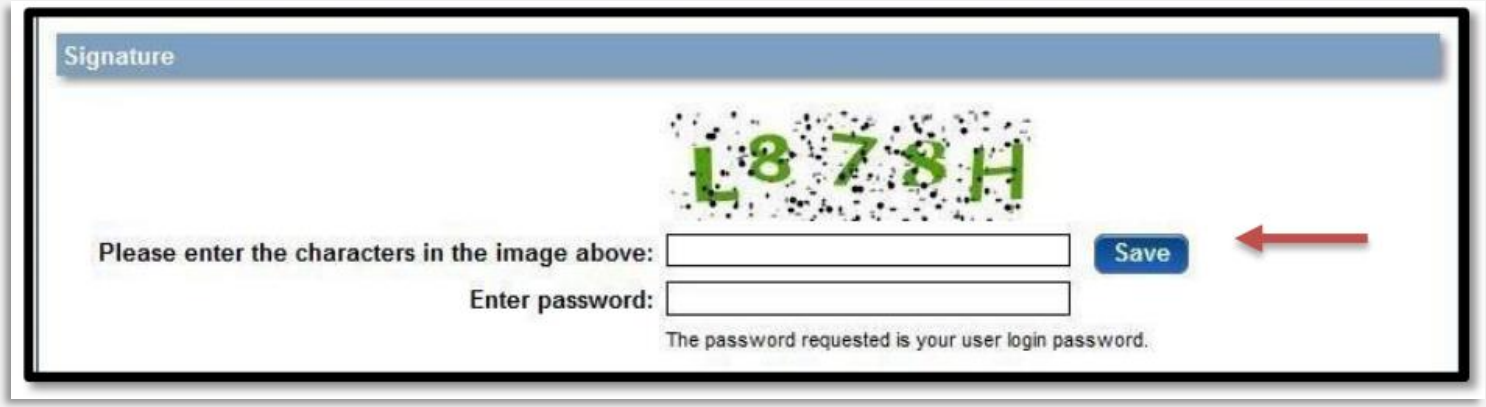
Questions?

Provider Enrollment Process



DCHF has created a step by step guide, called ."How to Enroll" on the PDMS Log In Page

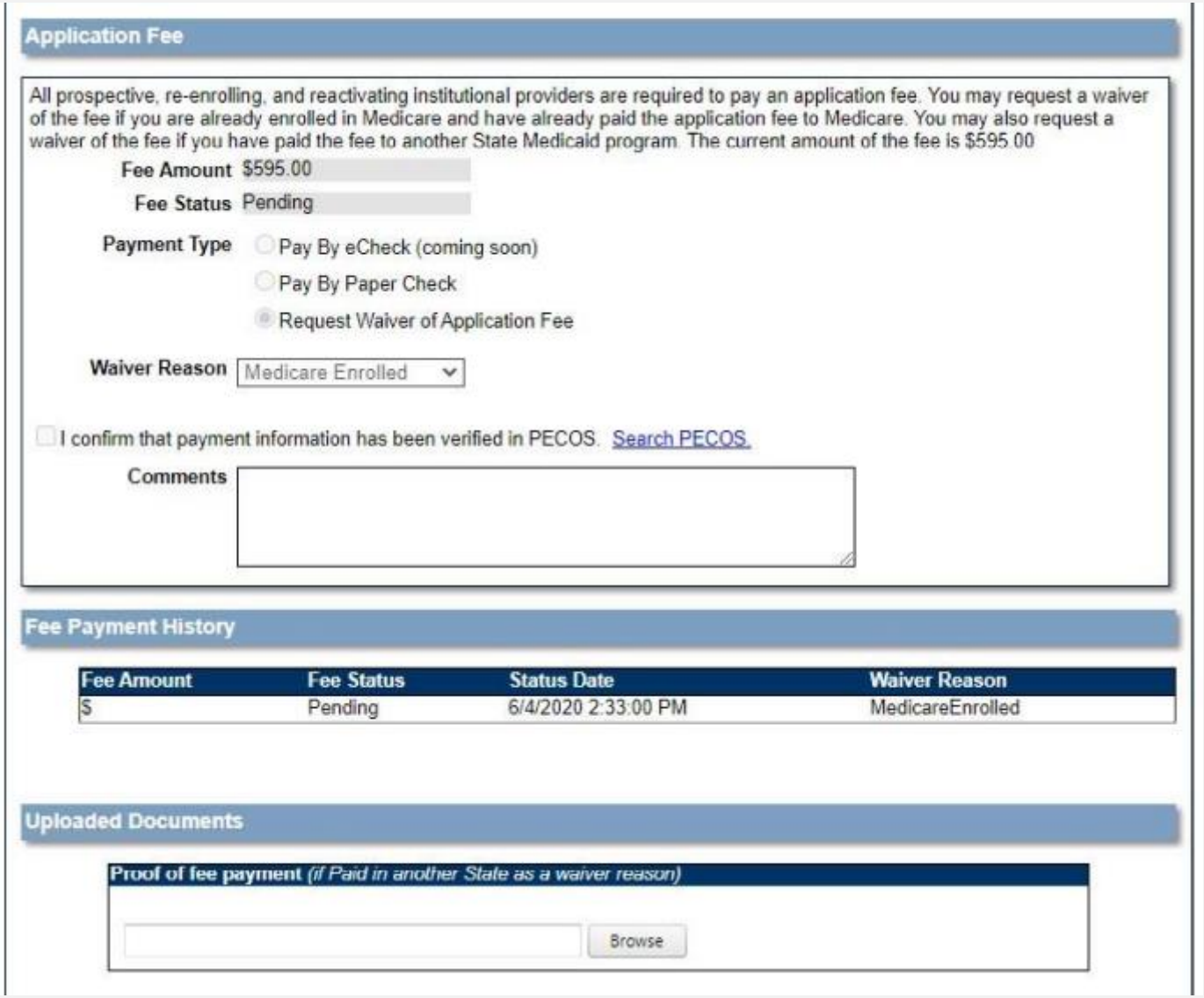
E-Signature


Signature
Please enter the characters in the image above:
Save
Enter password:
The password requested is your user login password.


Your application is complete and has been saved. Please take time to review your application prior to submission.
Once your review is complete, you must click 'Submit for Review' at the top of the Agreements page to submit your application.
OK


Actions:
Submit for Review

Application Fee



Application Fee

All prospective, re-enrolling, and reactivating institutional providers are required to pay an application fee. You may request a waiver of the fee if you are already enrolled in Medicare and have already paid the application fee to Medicare. You may also request a waiver of the fee if you have paid the fee to another State Medicaid program. The current amount of the fee is $595.00

Fee Amount $595.00

Fee Status Pending

Payment Type

- Pay By eCheck (coming soon)
- Pay By Paper Check
- Request Waiver of Application Fee

Waiver Reason Medicare Enrolled

I confirm that payment information has been verified in PECOS. Search PECOS

Comments

Fee Payment History

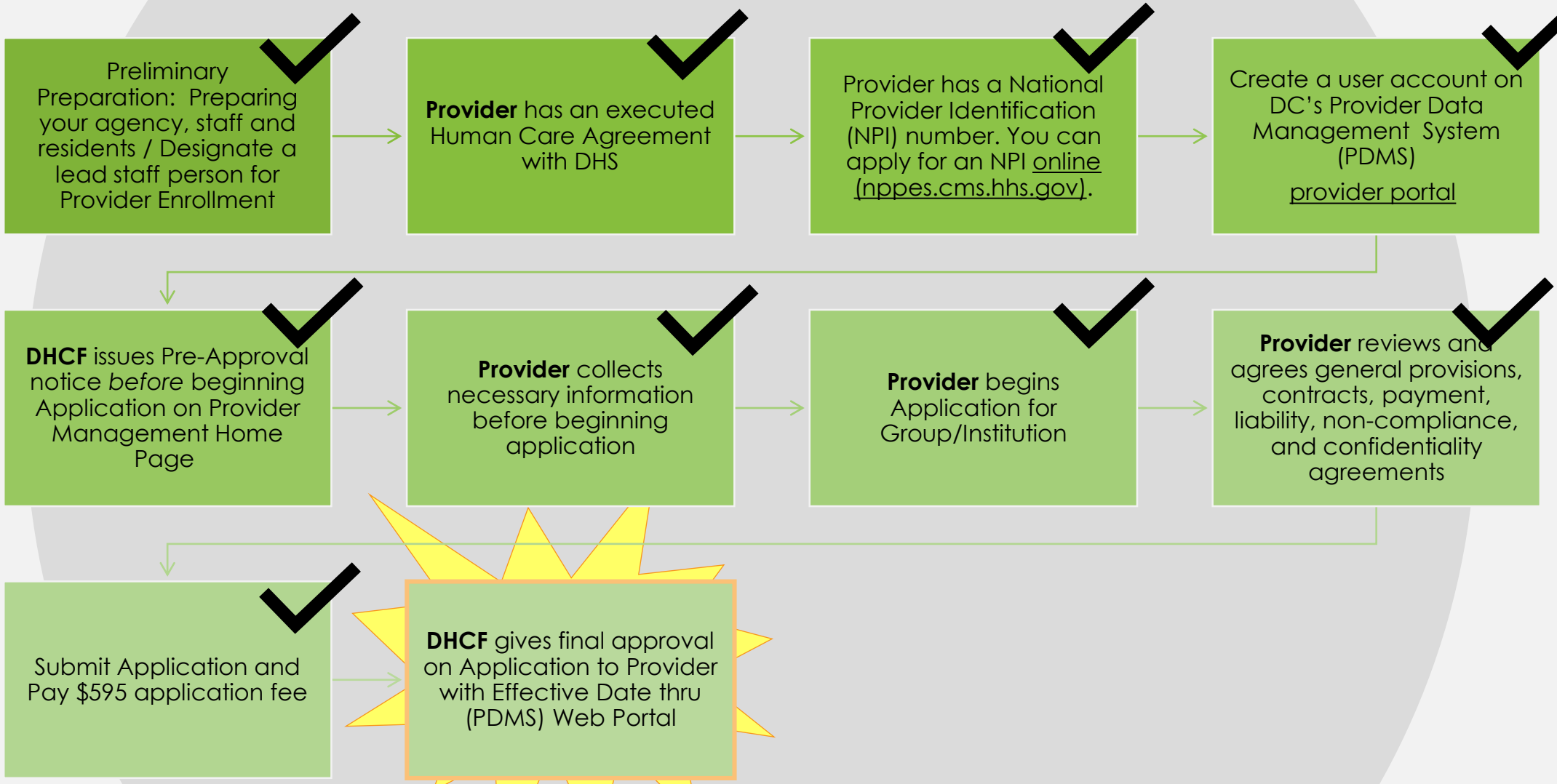
Fee Amount	Fee Status	Status Date	Waiver Reason
$	Pending	6/4/2020 2:33:00 PM	MedicareEnrolled

Uploaded Documents

Proof of fee payment *(if Paid in another State as a waiver reason)*

Browse

Provider Enrollment Process



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Check Your Application Status

Log into your account by going to www.dcpdms.com.

On your Provider Management Homepage you can view the “Status” of your application in the “My Providers” Section.

If you have any question or concerns, please contact MAXIMUS Provider Customer Service at 1-844-218-9700 (Monday-Friday 8:00am-5:00pm EST)

Application Approval Process

Maximus will review Application and approve for DHCF Review

DHCF will review Application. If more information is necessary, it will be requested through contact information provided.

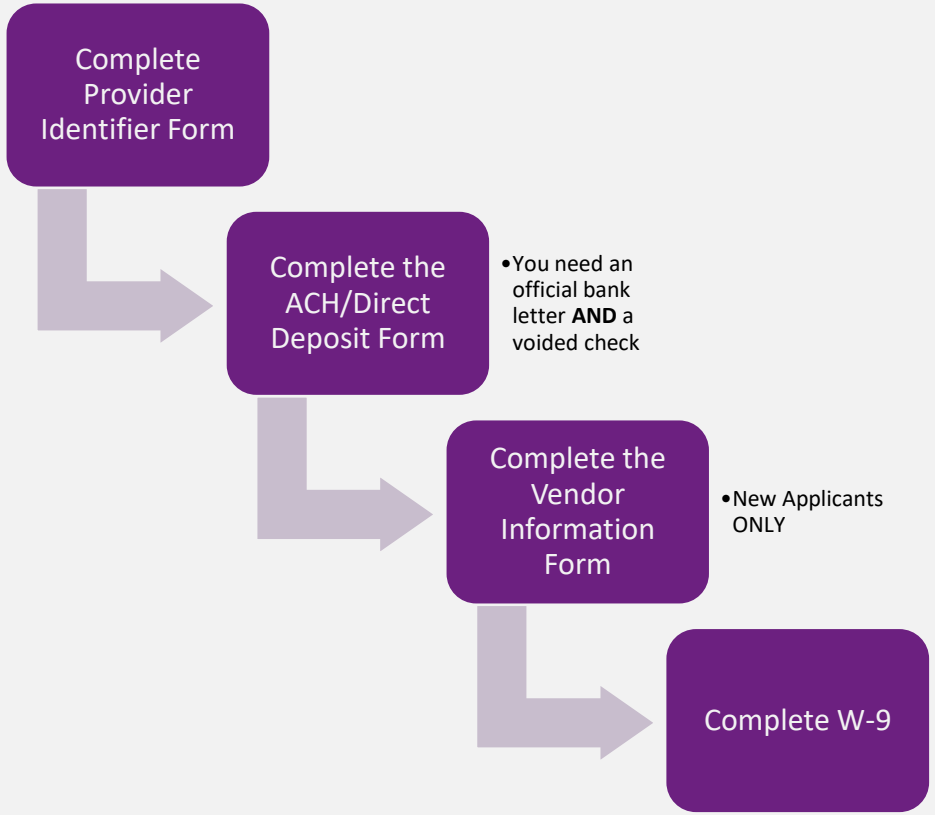
DHCF will give final approval on Application to Provider with Effective Date thru (PDMS) Web Portal

Electronic Fund Transfer (EFT) Agreement

Medicaid Providers must submit this form to receive payment directly into their bank account. The funds can be credited to either a checking or savings account.

When enrolling, please complete a separate Electronic Funds Transfer (EFT) Form for each Billing Provider if they do not have the same Tax ID Number.

All documents must be signed and dated within 30 days of each other.



Questions?

The Trading Partner Agreement

- You only need to complete this if your agency is using an Electronic Data Interchange (EDI) to submit claims.
  - The Trading Partner Agreement must be completed and submitted online
  - Select **Provider Hotlinks > TPA BAA Authorization Application** located on the left navigational pane
  - http://conduent.formstack.com/forms/conduent_edi_solutions_inc_tpa_and_baa_form_district_of_columbia_medicaid
- The agreement sets the terms to govern all Electronic Data Interchange (EDI)

Reenrollment Process

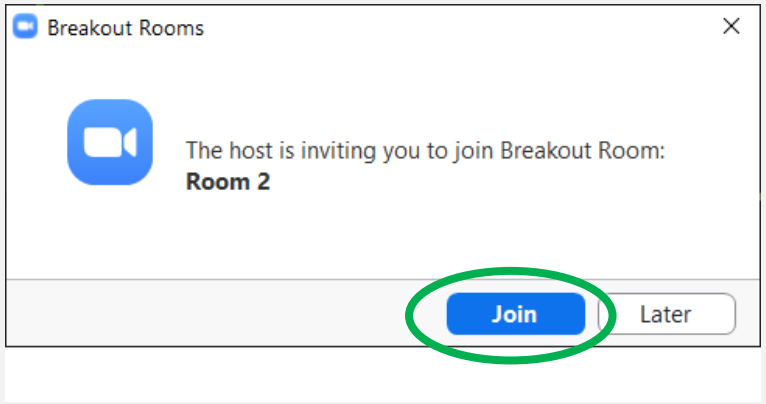
- Occurs once every 3 years
  - Update enrollment documents
  - New $595 fee for each site

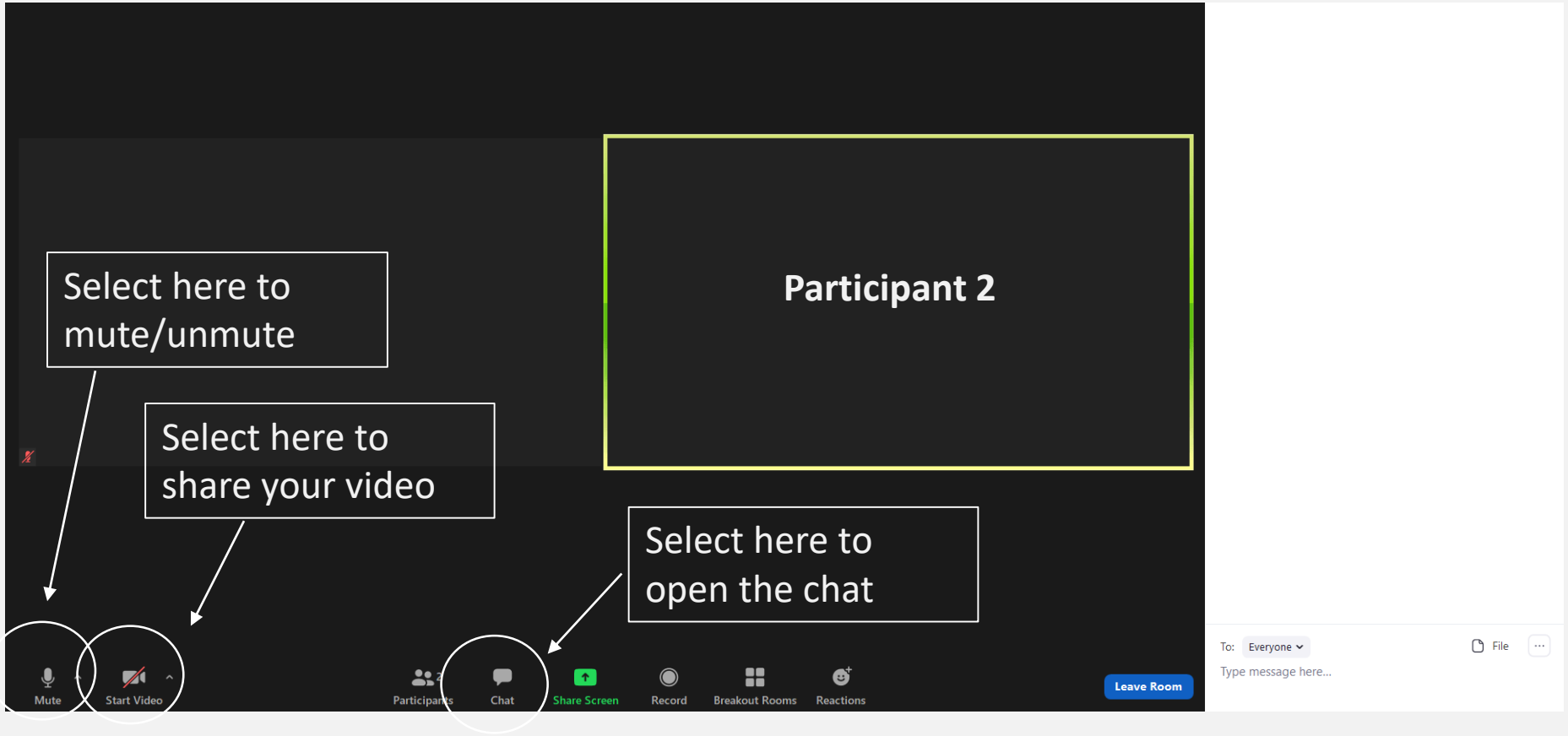
- Your agency has 60 days to provide the requested evaluation. If you are not enrolled in the system, you can’t bill for services

Breakout Room Questions
Add to your
Agency's Work Plan
based on what you have learned today

Sample Work Plan

Breakouts


Breakout Rooms
The host is inviting you to join Breakout Room:
Room 2
Join
Later


Select here to mute/unmute
Select here to share your video
Select here to open the chat
Participant 2
Mute
Start Video
Participants
Chat
Share Screen
Record
Breakout Rooms
Reactions
Leave Room
To: Everyone
File
Type message here...

DC Medicaid Academy Schedule

Up Next

Q&A on today's session
Thursday, July 28th 12 PM about what we learned today.

Session 2: Participant Eligibility
Tuesday, August 2nd, 2022
3 PM -5PM EST

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THANK YOU

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