

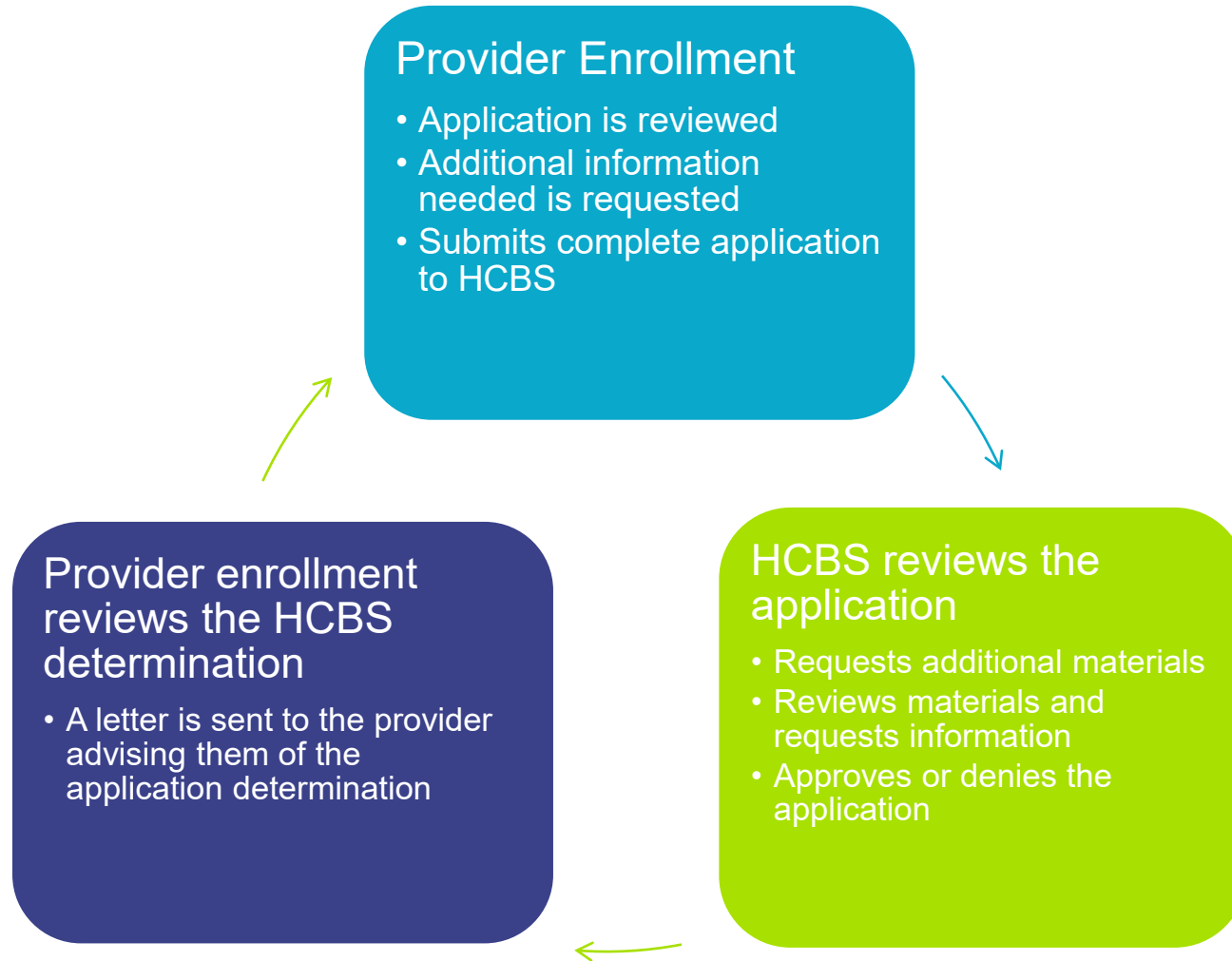
Enrolling to be an Iowa Medicaid Enterprise Habilitation provider

January 2021

Overview

- Enrolling to be a Habilitation
- Provide common mistakes
- Provide resources

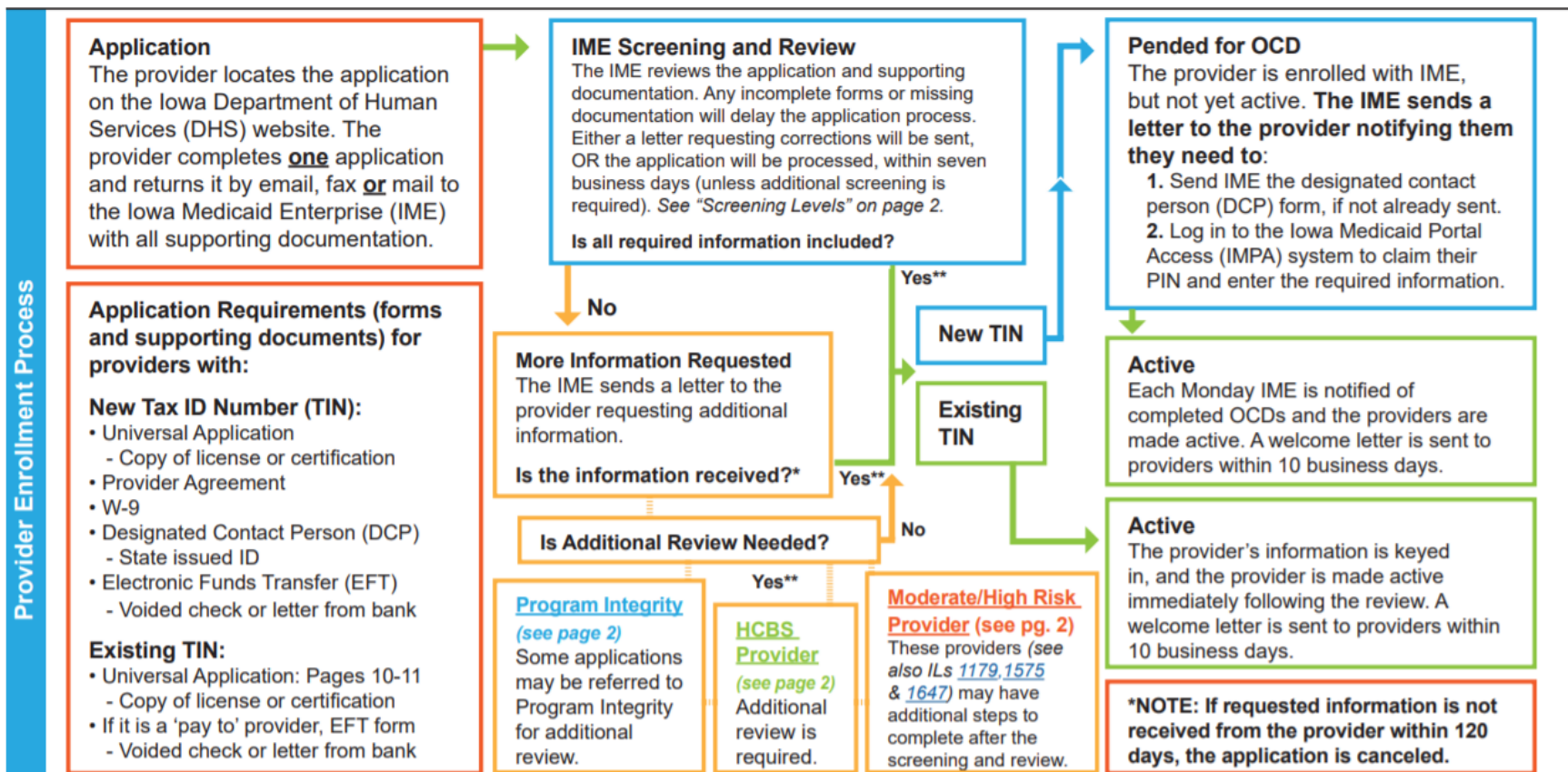
Enrollment process overview



Provider Enrollment Flow Chart

Provider Enrollment and Ownership, Control and Disclosure (OCD)

Process Flow Chart



**Once all required information is received and any additional reviews completed, the provider's information is sent in a daily file to the MCOs they've selected. Provider must still go through MCO credentialing process.

Application Fee: Some providers are required to submit an application fee (see [Informational Letter 1747-MC-FFS-D](#)).

New TIN: If the provider has never been enrolled with the IME or was previously enrolled but is no longer active, the provider is considered new and requires OCD.

Existing TIN: If the provider is already enrolled and currently active with the IME, OCD is not needed.

Provider Enrollment Flow Chart Cont.

Provider Enrollment and Ownership, Control and Disclosure (OCD)

Additional Information on Enrollment Process

Screening Levels

- The screening levels, limited, moderate and high, are based on national statistics of the provider type's risk of fraud waste or abuse.
- After the application has been screened and the risk level determined, the application is forwarded to the site review team for review, if applicable.

Program Integrity (PI)

- Applications will be forwarded to PI for review and approval for any of the following:
 - Provider marked "yes" to any of the following questions: HCBS Waiver Application (470-2917) questions 18, 19 or 20; Universal Application (470-0254) questions 29a-29c; or Ordering and Referring Application questions 10, 11 or 12.
 - Provider was found on any of the following: Office of Inspector General Exclusion List, System for Award Management or State Medicaid Exclusion Lists.
 - Provider received a "high" rating on risk assessment tool due to overpayment.
 - Provider did not pass site visit, if applicable.

Home- and Community-Based Service Provider (HCBS)

- The following applications must be reviewed and approved by HCBS: Provider type 64 (Habilitation) and Waiver provider type 99 (Adult Day Service, Behavioral Programming, Case Management, Chore, Counseling, Day Habilitation, Family and Community Supports, Family Counseling, In-Home Family Therapy, Interim Medical Monitoring and Treatment, Mental Health Outreach, Prevocational Services, Respite, Supported Community Living, Residential-Based Supported Community Living and Supported Employment).

Moderate/High Risk Provider

- All moderate or high risk provider types are subject to pre and post enrollment site visits wherein the IME will verify that the information submitted by the provider is accurate and will determine compliance with federal and state enrollment requirements. The IME is not required to conduct site visits on those providers who have already been screened as a moderate risk provider type by Medicare or another state's Medicaid or CHIP program within the previous 12 months.
- High risk provider types and any person with a five percent or more direct or indirect ownership interest in the provider, unless the provider is enrolled with Medicare, may also require fingerprint-based criminal background checks.
- Moderate risk provider types include the following:
 - Ambulance Suppliers
 - Community Mental Health Centers
 - Comprehensive Outpatient Rehabilitation Facilities
 - Hospice Organizations
 - Independent Diagnostic Testing Facilities and Independent Clinical Laboratories
 - Physical Therapy including Physical Therapy Groups
 - Portable X-Ray Suppliers
 - Re-enrolling Home Health Agencies
 - Re-enrolling Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- High risk provider types include the following:
 - Newly enrolling Home Health Agencies
 - Newly enrolling DMEPOS Suppliers
- All other provider types not listed above are considered limited risk provider types; however the screening level for any individual or agency may change at any time.

Eligibility to enroll as a Habilitation provider

- Prior to submitting the Habilitation application, identify the waiver and services the agency plans to enroll to provide.
- Review the eligibility requirements located in Iowa Administrative Code (IAC) [Chapter 77](#) to ensure your agency meets the requirements of the specific services identified.
- Review the [Habilitation Provider Manual](#) for additional information related to specific services

Enrolling to be a Habilitation provider

- [470-0254](#)- Iowa Medicaid Universal Provider Enrollment Application.
- [470-2965](#) – Provider Agreement
- [470-4202](#) – Electronic Funds Transfer
- [470-5112](#) – Designated Contact Person
- [IRS Tax Form W9](#)
- [470-4457](#) – Atypical Provider Declaration (only if the provider does not have an NPI)
- A cover letter that identifies the specific services being requested for enrollment.

Providers with a Tax ID already enrolled

- Required Forms for newly enrolling NPI
 - [470-0254](#)- Iowa Medicaid Universal Provider Enrollment Application
 - [470-4202](#) – Electronic Funds Transfer
 - [470-4457](#) – Atypical Provider Declaration (only if the provider does not have an NPI)
 - A cover letter that identifies the specific services being requested for enrollment.

Provider Enrollment

- All providers are required to be enrolled with IME prior to contracting with any Managed Care Organization (MCO)
- If the agency would like to credential with an MCO, select the MCO on the application

Please indicate which MCOs and/or Dental Carriers the IME should share your application with:

Amerigroup Iowa, Inc.

Delta Dental

Iowa Total Care

MCNA Dental

By checking the box above I authorize the Iowa Medicaid program to share this application and all information contained herein with each MCO and/or Dental Carrier indicated. Checking the box does not enroll you with the MCO or Dental Carrier.

- Enter type 64 Habilitation services in Box 16

Verifications conducted by Provider Enrollment prior to enrolling provider

- National Plan & Provider Enumeration System (NPPEs)
 - Conducted if provider has an NPI; otherwise, an atypical NPI is assigned by Provider Enrollment
- Office of Inspector General (OIG)
- Risk Assessment Tool (RAT)
- System for Award Management (SAM)
- Secretary of State (SOS)
- Data Exchange System (CMS DEX)

Completing the application- Section I

- Providers are able to apply for a National Provider Identifier (NPI) on the National Plan & Provider Enumeration System (NPPES) [website](#)
- Enter the desired effective date for IME enrollment

19. Requested Effective Date of Enrollment*

- Complete sections A and B of the application and submit to provider enrollment

Common Mistakes identified while processing the application

- Missing signature(s),
- Missing date(s),
- Missing required forms for new Tax ID
- Missing certification for services that are being applied for (on the application, certification is listed next to each service that requires it).
- Providers may skip signing a form because they are unsure who is deemed an “authorized official” but we tell providers that whomever is filling out the form may sign it.

HCBS Unit process for review of new provider applications

- Application is received and a *New Provider Application* letter and checklist are emailed to the agency
 - A copy of the New Provider Checklist can be found in the HCBS New Provider Enrollment toolkit
- Agency submits requested materials for review
- Specialist reviews materials for approval
 - Technical assistance is provided throughout the application process to assist the agency in completion of the Habilitation enrollment process.

Criminal Background checks

- Criminal background checks must be completed for all employees of the new agency.
- Background checks must be completed for all employees prior to hire.
- Single Contact License & Background Check (SING) are the recommended background check options for providers.
- SING will run:
 - Criminal Background
 - Adult Abuse
 - Child Abuse
- SING issues contact 515-281-5503

When SING says “Further Research”

- The criminal results are faxed to the agency from DCI.
 - If you have not received the results: In SING, go to “View History” tab to verify if there is a record or not.
- If final results is CCH Record Found, you can contact DCI @ 515-725-6066 (option 4) for a copy of the RAP sheet. Once you receive the Form S & RAP sheet from DCI, have the candidate complete the Record Check 2310 Part D for **EACH** conviction.
- Staff cannot work until the DHS evaluation is returned to the agency.

When SING says “Initiate RCE” for Child Abuse:

- Have the candidate complete the Record Check 2310 form Part D for ALL founded Child Abuse. You DO NOT need to submit anything to the Abuse Registry

When SING says “Submit Request for Dependent Adult Abuse”

- Fill out the *Authorization for Dependent Adult Abuse Registry Information* form (<http://dhs.iowa.gov/sites/default/files/470-3301.pdf>), have the applicant sign Section 2 & submit to the Abuse Registry (fax: 515-564-4112 email: dhsabuseregistry@dhs.state.ia.us).
- When the Abuse Registry returns the Authorization form:
- Candidate **IS ON** the DA Registry: candidate must complete a 2310 Part D for ALL founded DA abuse. Candidate is **NOT** on the Abuse Registry: you are done.

Important Notes

- You **MUST** include the results of the Authorization for Abuse form in your RCE packet regardless of the applicant being on the registry or not.
- After you receive the Form S, DCI RAP sheet, the DA Abuse results & the candidates 2310 Part Ds: **submit ALL** of those forms along with the SING & any supporting documentation to recordcheckevals@dhs.state.ia.us in ONE PDF attachment.

Adult and Child Abuse Checks

- Complete form 470-6043 for each individual currently employed in the agency
- Submit the form to:

Email: dhsabuseregistry@dhs.state.ia.us,

Fax: (515) 564-4112

Mail: Iowa Department of Human Services

Central Abuse Registry

P.O. Box 4826

Des Moines, IA 50305

HCBS Settings

- Providers of all services other than respite are required to be in compliance with the [CMS HCBS Settings Final Rule](#).
- Non-residential service providers are required to submit a written plan describing the proposed service provision in order to demonstrate compliance with the Final Rule.
- Iowa has a [Statewide Transition Plan](#) that describes the state's plans to ensure settings are integrated.

Provider Quality Management Self-Assessment

- The Self-Assessment is used as an attestation from the agency to identify the policies and procedures that are in place.
- Prior to the approval of the enrollment application, a completed [470-4547](#) *Provider Quality Management Self-Assessment* must be completed
- A [training](#) is completed annually to assist with the completion of the form
- Providers should answer the Self-Assessment based on actual practices regardless of whether the item is required for their provider type.

Iowa Medicaid Portal Access(IMPA)

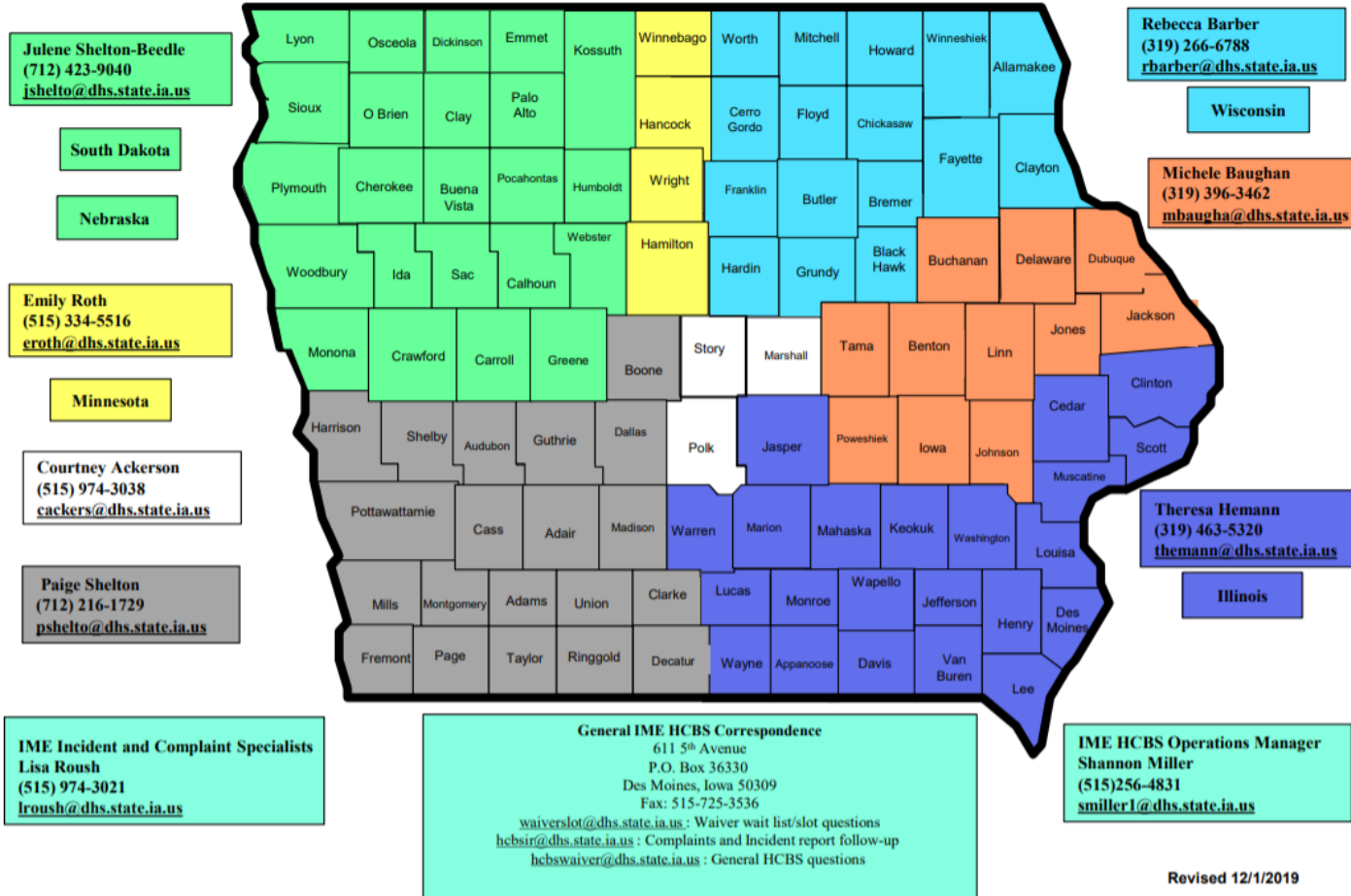
- All HCBS and Habilitation providers are required to be enrolled with IMPA
- IMPA provides:
 - Informational Letters
 - Critical Incident Reporting
 - Uploading materials for IME reviews including level of care and HCBS review activity

Technical Assistance

- Provider Enrollment contact information:
 - P.O. Box 36450
 - Des Moines, IA 50315
 - 1-800-338-7909 (Toll-Free)
 - 515-256-4609 (Des Moines area)
 - 515-725-1155 (Fax)
 - IMEProviderEnrollment@dhs.state.ia.us (Email)
- HCBS Specialist contact information:
 - [Specialist Map](#)
 - [Specialist contact by county](#)

HCBS Specialist Map

IME HCBS SPECIALIST OVERSIGHT REGIONS



MCO Contacts for Credentialing

Iowa Total Care

- Phone Number: 1-833-404-1061
- Email: NetworkManagement@IowaTotalCare.com
- Website: <https://www.iowatotalcare.com/>

AmeriGroup

- Phone: 1-800-454-3730
- Email: AmerigroupPSO@amerigroup.com
- Website: <https://providers.amerigroup.com/IA/Pages/ia.aspx>

Resources

Provider Services <https://dhs.iowa.gov/ime/providers>

Provider Enrollment

<https://dhs.iowa.gov/ime/providers/enrollment>

HCBS Specialist Map

<https://dhs.iowa.gov/sites/default/files/HCBS%20Specialist%20Map%2012.2019.pdf?121720191819>

HCBS Specialist by County

<https://dhs.iowa.gov/sites/default/files/Specialist%20by%20county%2012.2019.pdf?121720191819>

Provider Enrollment Flow Chart

https://dhs.iowa.gov/sites/default/files/ProviderEnrollmentProcess_FlowChart.pdf?070720201550

Resources

Provider Forms <https://dhs.iowa.gov/ime/providers/forms>

New Provider Enrollment Toolkit

<https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>

SING <https://www.iowaonline.state.ia.us/SING/>

Habilitation Manual

<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?060320201617>

Provider Forms <https://dhs.iowa.gov/ime/providers/forms>

Resources

Provider Quality Management Self-Assessment

<https://dhs.iowa.gov/sites/default/files/470-4547.pdf?060320201730>

Provider Quality management Self-Assessment training

<https://attendee.gotowebinar.com/register/6153855932030881804>

Iowa Medicaid Portal Access (IMPA)

<https://secureapp.dhs.state.ia.us/imp/Default.aspx>

Resources

Iowa Administrative Code

Chapter 77- Conditions of participation for providers of medical and remedial care

<https://www.legis.iowa.gov/docs/ACO/chapter/441.77.pdf>

Chapter 78- Amount, duration and scope of medical and remedial services

<https://www.legis.iowa.gov/docs/ACO/chapter/441.78.pdf>

Chapter 79- Other policies relating to providers of medical and remedial care

<https://www.legis.iowa.gov/docs/ACO/chapter/441.79.pdf>