School Supportive Health Services Program Preschool Supportive Health Services Program

Questions and Answers

Ordering, Prescribing, Referring and Attending Practitioners (OPRA) Issued September 5, 2013

204. Q. Must the ordering practitioner be enrolled in the NYS Medicaid program at the time he/she writes the order?

A. It is the billing provider's (school district or county) responsibility to ensure that all required documentation is in place prior to submission of a Medicaid claim, including checking the status of the ordering provider. The ordering provider's enrollment status may be checked by accessing the following link: https://www.emedny.org/info/opra.aspx or by calling CSC at 1-800-343-9000.

205. Q. Will a claim be valid if the enrollment happens subsequent to writing the order?

A. The billing provider is responsible to ensure that all required Medicaid documentation is in place prior to submission of a Medicaid claim. In addition, it is important to note that in order to bill Medicaid for preschool or school supportive health services, written orders must be in place prior to provision of services.

206. Q. Must the ordering practitioner request retroactive enrollment?

A. As eMedNY's Provider Enrollment FAQs indicate, after receiving their enrollment approval letter, the provider may request retroactive enrollment by contacting the Bureau of Provider Enrollment at ffspe@health.state.ny.us. This is the recommended approach for SSHSP providers.

As the response to eMedNY FAQ #13 indicates, most enrollments are completed within 30 days of receipt of a complete application. Practitioners are encouraged to complete this process as soon as possible if they have not already done so.

Additional information in the form of Frequently Asked Questions on ordering/prescribing/referring/attending provider enrollment is available on the eMedNY website at

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPR A_FAQs.pdf

Medicaid Alert #13-07 discusses the NYS Medicaid provider enrollment requirements for providers who order/refer in the SSHS Program.

- 207. Q. Are new orders/referrals necessary for psychological evaluations and psychological counseling services that were ordered by licensed psychologists and Licensed Clinical Social Workers for the upcoming school year?
 - **A.** SSHSP billing providers must ensure that all required documentation is in place prior to the submission of a Medicaid claim. If the psychological evaluation or psychological counseling services are ordered by an enrollable ordering provider (a licensed physician, psychiatrist, physician assistant, nurse practitioner or a licensed psychologist for purposes of the SSHSP), that provider's NPI number must be included on the Medicaid 837I claim form in the referring provider field.

If the psychological evaluation or psychological counseling services are referred by an individual who is not eligible to enroll as an ordering/referring provider in the SSHSP (e.g., a school official, classroom teacher, or other licensed provider such as an LCSW or LMSW), the Medicaid 837I (institutional) claim form must include the NPI of the billing provider in both the billing and referring provider fields.

- 208. Q. According to the March 2013 Medicaid Update, physical therapists, occupational therapists and speech therapists (among others) must enroll in the state Medicaid program if they provide services to children for which FFS Medicaid is billed even if the billing is done by the County or School District. Am I correct is assuming that this requirement applies to our PT's, OT's, and ST's who provide these services to children for which Medicaid is billed?
 - **A.** The March 2013 Medicaid Update article titled "Expedited Enrollment for Ordering, Prescribing, Referring & Attending Practitioners" is specific to practitioners who are ordering services. In the School Supportive Health Services Program, speech-language pathologists can order services, as can physicians, physician assistants and nurse practitioners. Occupational therapists and physical therapists cannot order services, therefore they do not have to enroll as ordering providers for the SSHSP. However, if physical therapists and occupational therapists are working for other provider types (e.g., hospital, clinic, other), they may be required to enroll.
- 209. Q. Providers who refer children for services which are billed to Medicaid must also enroll in the Medicaid program. Is this correct?
 - **A.** See the response to #208 as well as SSHSP Handout #1 on Provider Qualifications and Documentation Requirements, which is available at http://www.oms.nysed.gov/medicaid/billing_claiming_guidance/prov_doc_requirements_0412.pdf. Speech-language pathologists who provide written referrals

must enroll in the Medicaid program. In addition, if an SSHSP service is ordered by a provider in the community (physician, physician assistant, or nurse practitioner), that provider must be enrolled in Medicaid in order for the service to be Medicaid reimbursable.

- 210. Q. When our physical therapists attempt to enroll in Medicaid, they are being told they (or we as the school) must be Medicare enrolled in order for them to enroll in Medicaid. Is this true? Is there a mechanism for them to enroll in Medicaid without being Medicare enrolled?
 - **A.** See the response to #208. For purposes of SSHSP, it is not necessary for physical therapists to enroll in Medicaid as ordering practitioners. However, if physical therapists are working for other provider types (e.g., hospital, clinic, other), they may be required to enroll.

Additional information on provider enrollment requirements specific to the SSHSP - Medicaid Alert #13-07 and supplemental instructions - are available on the NYS Department of Education website at these links:

http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2013/13_07_ordering_referring_enrollment_6_24_13.pdf

http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2013/13_07_instructions_to_verify_ordering_referring_status_7_11_13.pdf

http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2013/13_07_medicaid_d_enrollment_directions_for_referring_slp_7_11_13.pdf

Additional information on provider enrollment is available on the eMedNY website at https://www.emedny.org/info/ProviderEnrollment/index.aspx

- 211. Q. I understand that PTs/OTs do not have to enroll in Medicaid as ordering practitioners because they cannot order/refer. Must OTs/PTs who provide SSHSP services which will be billed to Medicaid be enrolled in Medicaid, even though another entity (school district/county) will be billing?
 - **A.** No. Physical and occupational therapists providing SSHSP services that are billed by the school district or county are not required to enroll in the Medicaid program. However, if physical therapists and occupational therapists are working for other provider types (e.g., hospital, clinic, other), they may be required to enroll.

OPRA Application Form

- 212. Q. Must an employee of a school district complete the "Ownership in Applicant" section of the application form?
 - A. No, if the practitioner is an employee of a school district or county, he or she is not required to complete the "Ownership in Applicant" section. That section is only required for businesses or agencies.
- 213. Q. Are supervisors and administrators of the applicant considered to be Managing Employees in Section 5?
 - **A.** Yes, administrators, supervisors, office managers of the applicant would be considered managing employees.
- 214. Q. In a school/agency setting for Section 5, Managing Employees, please clarify, is it the immediate supervisor of the applying therapist? Is it also necessary to list the district superintendent or agency director as a managing employee?
 - **A.** It is recommended that applicants refer to and read the regulatory references included on the Ordering, Prescribing, Referring and Attending Practitioner application form. If the office manager or administrator, or a supervisor of the applying therapist within the school or county exercises operational or managerial control over the day to day operations of the provider (service provision) then that individual(s) should be reported in Section 5 of the application.
- 215. Q. On the Signature and Affirmation page, what information is the individual provider expected to disclose about a school district/county/private agency business transactions that total \$25,000 or more? And, what constitutes a "significant" business transaction?
 - **A.** Information to be included on the signature and affirmation must be obtained from the Office of the Medicaid Inspector General (OMIG) as this is related to compliance rulings. Refer to OMIG Compliance Alert 2012-01, which is available at this link:
 - http://www.omig.ny.gov/images/stories/compliance_alerts/compliance_alert%202 012 01 annual certification.pdf
- 216. Q. When it says that providers agree to notify the Department of changes in the agreement, does that include if the provider/applicant changes employers?

- **A.** All providers are required to notify the Department of Health of any changes in their status when they are enrolled in Medicaid. This includes change of address, employer, and the like.
- 217. Q. What is the process for this notification? Is there a form, website, etc?
 - **A.** If you need to change your address there is a form on the Provider Enrollment site on eMedNY. There is also an eMedNY Call Center for inquiries and a contact form that can be accessed on the site for provider questions at https://www.emedny.org/contacts/emedny.aspx.

Search Feature on eMedNY

- 218. Q. I am a speech-language pathologist enrolling in Medicaid as an ordering provider only. Will my contact information be made public after I enroll?
 - **A.** Your name, license number and NPI will be on the Search feature on the eMedNY website so that servicing providers will know you are eligible to order/refer.
- 219. Q. When searching for OPRA verification, would the results only pick up individuals who filled out the expedited enrollment (ordering practitioners only), or would the results also show those who are enrolled and bill Medicaid directly?
 - **A.** The search results would include both individuals who filled out the expedited enrollment (ordering, prescribing, referring, and attending practitioners) and those who bill Medicaid directly.