



Division of Survey and Certification, Region VI

September 1, 2017

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Ms. Steele:

This letter is to provide you with amended guidance on the temporary waivers we outlined in our letter to you dated August 31, 2017. Under section 1135 waiver authority, we were able to grant your request for additional flexibilities for provider enrollment. This amended guidance should supersede what we outlined in the August 31, 2017 letter.

Louisiana Medicaid Provider Enrollment Disaster Relief

Louisiana Medicaid currently has the authority to rely upon screening that is performed by other SMAs and/or Medicare. Louisiana is not required to create a temporary provisional enrollment for providers who are enrolled with another State Medicaid Agency (SMA) or Medicare.

With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements so the state may provisionally, temporarily, enroll the provider:

1. Payment of the application fee - 42 C.F.R 455.460
2. Criminal background checks associated with FCBC- 42 C.F.R Section 455.434
3. Site visits - 42 C.F.R Section 455.432
4. In-state licensure requirements - 42 C.F.R Section 455.412

For those providers located out of state and from which Louisiana Medicaid participants seek care, enrollment is not necessary if the following criteria are met¹:

1. The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state practice location— i.e., located outside the geographical boundaries of the reimbursing state's Medicaid plan,
2. The NPI of the furnishing provider is represented on the claim,
3. The furnishing provider is enrolled and in an "approved" status in Medicare or in another state's Medicaid plan,
4. The claim represents services furnished, and;
5. The claim represents either:

¹ Medicaid Provider Enrollment Compendium: <https://www.medicare.gov/affordable-care-act/downloads/program-integrity/mpec-6232017.pdf>

- a. A single instance of care furnished over a 180 day period, or
- b. Multiple instances of care furnished to a single participant, over a 180 day period

If the Medicaid participant is enrolled with the Medicaid program from the disaster designated state, the final two criterion will be waived. Therefore, there is no limit to the instances of care furnished or to how many participants in a 180 day period.

In the instance that a certified provider is enrolled in Medicare or with a state's Medicaid program other than Louisiana, Louisiana may perform an expedited enrollment, as described above, of an out-of-state facility in order to accommodate participants who were displaced by the disaster.

CMS is also granting waiver authority to allow Louisiana to enroll providers who are not currently enrolled by meeting the following minimum requirements:

1. Must collect minimum data requirements in order to file claims and process, including, but not limited to NPI,
2. Must collect SSN/EIN/TIN in order to perform the following screening requirements:
 - a. OIG exclusion list
 - b. State licensure – provider must be licensed, and legally authorized, in any state to practice or deliver the services for which they intend to file claims
3. Louisiana may grant a provisional temporary enrollment that meets the following requirements:
 - a. Must cease approving temporary provisional enrollments no later than the date that the disaster designation is lifted,
 - b. Must cease payment to providers who are temporarily enrolled within six months from the date that the disaster designation is lifted, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by Louisiana,
 - c. Louisiana must allow a retroactive effective date for provisional temporary enrollments that is no earlier than August 28, 2017.

In addition, Louisiana may temporarily cease revalidation of providers who are located in Louisiana or are otherwise directly impacted by the disaster. CMS will lift the moratoria on non-emergency ambulance suppliers to reduce potential access to care concerns that may arise. CMS will provide an effective date for this action as soon as possible.

If you have any questions or concerns with what is outlined in this letter, please contact Bill Brooks at (214) 767-4461 or bill.brooks@cms.hhs.gov and/or Gerardo Ortiz at (214) 767-6341 or gerardo.ortiz@cms.hhs.gov.

Sincerely,