MAC Binder Section 10 – Provider Communications

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Located online at *http://chfs.ky.gov/dms/mac.htm*

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1 – Prov Ltr re KY Mcd Enrollment Chgs_dte042115:

Notice of important changes to the KY Medicaid enrollment requirements resulting from legislation passed during the 2015 General Assembly; noted changes to the application process and the annual disclosure of ownership (ADO).

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

275 E. Main Street, 6W-A
Frankfort, KY 40621
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Steven L. Beshear
Governor

Audrey Tayse Haynes
Secretary

Lisa Lee
Commissioner

Date

Provider Name
Provider Address
City State Zip Code

Dear Provider:

Thank you for participating as a provider in the Medical Assistance Program. The Department for Medicaid Services (DMS) is continually working to improve provider participation and streamline processes, and is pleased to inform you of two important changes to KY Medicaid enrollment requirements resulting from legislation passed during the 2015 General Assembly.

CHANGES TO THE APPLICATION PROCESS

Due to legislative changes to KRS 205.560(12) encompassed in SB 192, effective April 1, 2015, DMS is no longer required to utilize the KAPER-1 (Kentucky Application for Provider Evaluation and Re-evaluation) form, the CAQH (Council for Affordable Quality Healthcare) form or the Dental Credentialing form for enrollment. The most current enrollment forms and requirements have been posted to the provider enrollment website at http://www.chfs.ky.gov/dms/provEnr/. Applications submitted after April 1, 2015 will not be required to include the KAPER-1, CAQH, or the Dental Credentialing form.

In addition, effective May 1, 2015, all applications must be submitted on the revised MAP-811 (Rev 5/2015) in order to be processed. Otherwise, the application will be returned.

SB 192 also added language to the statute requiring DMS to process correct and complete applications from behavioral health providers who provide substance use disorder services within 45 days of receipt. In order to comply, DMS is requiring these providers to submit a letter requesting expedited service and attesting that the provider will be providing substance use services with the appropriate application.

CHANGES TO THE ANNUAL DISCLOSURE OF OWNERSHIP (ADO)

SB 107 made changes to KRS 205.8477 to remove the annual requirement for filing disclosures with DMS. Effective July 1, 2015, the ADO form will be changed to the "Disclosure of Ownership" form since the form will no longer be an annual requirement.

The required disclosure questions are incorporated into the revised MAP-811 (Rev 5/2015) for enrollment and the MAP-900 for revalidation. Please note that you are required to submit the new "Disclosure of Ownership" form within 35 days under the following circumstances:

1. Upon request by DMS.
2. Upon any change to the provider's disclosure information on file with DMS including but not limited to:
    a. Individuals or corporations having 5% or more direct and/or indirect ownership or control interest.
    b. Officers, directors, shareholders or partners.
    c. Ownership of subcontractors (individuals or corporations) with whom the provider has had business transactions during any one fiscal year exceeding $25,000 or 5% of total operating expenses, or has had significant business transactions in the past 5 years including any wholly owned supplier.
    d. Immediate family member (spouse, parent, child or sibling) who is authorized under state law to prescribe drugs or medicines or medical devices or equipment.
    e. Any person (individual or corporation) with ownership or control interest if related (spouse, parent, child or sibling) to another person with ownership or control interest in the provider or a subcontractor to the provider.
    f. Any person who has ownership or control interest or is an agent or manager of the provider who has been convicted of a criminal offense related to the involvement of any program under Medicare, Medicaid, or Title XX services.

DMS reminds providers that according to the Provider Agreement, providers must also disclose within 5 days information concerning a change in licensure or certification, any disciplinary action taken by the provider's licensing agency (such as suspensions, sanctions, restrictions or limitations) or criminal charges.

If you have questions regarding this correspondence, please call the KY Medicaid's Provider Licensing and Certification Branch toll free, at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 4:30 pm, ET, Monday through Friday.

Sincerely,

Veronica Judy Cecil, Director
Division of Program Integrity