

## **Deadline Extended to February 1, 2019 for MCO LTSS Enrollment**

### **Background:**

The deadline for LTSS providers serving managed care members (“MCO LTSS providers”) required to enroll through the Medicaid MCO LTSS provider enrollment process has been extended. The new deadline is **February 1, 2019**.

An MCO LTSS provider is any provider who provides LTSS services under a specific NPI and taxonomy combination through Medicaid Managed Care, but does not have an active TPI through TMHP or an API through this process.

### **Summary of Request:**

To allow sufficient time for application processing, MCO LTSS providers are strongly advised to submit applications as soon as possible. HHSC is requesting all MCOs to continue outreach efforts to providers who do **not** appear on the “enrolled” or “inflight” tabs within the weekly LTSS Master Provider File.

### **Action:**

HHSC requests all MCOs to use the updated HHSC-MCO joint letter attached for their written outreach efforts.

### **Enrollment Guidance:**

MCO LTSS providers may obtain an enrollment application by submitting a request to [MCO LTSS Provider Re-Enrollment@hhsc.state.tx.us](mailto:MCO_LTSS_Provider_Re-Enrollment@hhsc.state.tx.us). The request must include the provider's business name, tax identification number, National Provider Identifier (NPI) and taxonomy code. More enrollment information is included in the attached MCO LTSS Quick Tips document.



Dear BCBSTX Medicaid Provider:

The Texas Health and Human Services Commission (HHSC) requires Medicaid program enrollment for all Long-Term Services and Supports (LTSS) providers. You are receiving this notification because you have not started or completed the LTSS enrollment process and attestation of all combinations of National Provider Identifier (NPI) and taxonomies your organization plans to use for LTSS claim submissions.

**You must enroll into the Texas Medicaid program by February 1, 2019, or you will not receive payment for all or some of the LTSS services you provide.**

Your immediate attention to this matter is required for your continued participation as a Texas Medicaid LTSS provider in Medicaid managed care and to comply with federal and state requirements.

Providers must ensure that all taxonomies used to bill LTSS services are attested to their NPI through the Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System (NPPES). Additionally, all NPI/taxonomy combinations currently used to bill Medicaid LTSS services must be enrolled through the LTSS Provider Enrollment Process described below.

All LTSS providers who successfully complete the enrollment process will receive an API from HHSC. If an LTSS provider cannot obtain an NPI through NPPES, they should still submit an application in order to receive an Atypical Provider Identifier (API) upon completion of the LTSS provider enrollment process.

Effective *February 1, 2019*, unenrolled providers will not be eligible for reimbursement of LTSS service claims if the provider does not have an active Texas Provider Identifier (TPI) or API assigned to the NPI/taxonomy combination used for billing Medicaid LTSS services.

Please begin the enrollment process immediately.

- Providers can obtain an application by submitting a request to [MCO\\_LTSS\\_Provider\\_Re-Enrollment@hhsc.state.tx.us](mailto:MCO_LTSS_Provider_Re-Enrollment@hhsc.state.tx.us).
  - The request must include the provider's business name, Tax Identification Number (TIN) and National Provider Identifier (NPI).
- Questions or concerns may be submitted to [MCO\\_LTSS\\_Provider\\_Re-Enrollment@hhsc.state.tx.us](mailto:MCO_LTSS_Provider_Re-Enrollment@hhsc.state.tx.us).

- If providers are unsure if they are enrolled, please send an email requesting the status of your LTSS enrollment with HHSC.

We value your participation as an LTSS provider in the Texas Medicaid program. However, **you must be enrolled in Medicaid by February 1, 2019**, or your claims for LTSS services will be denied and the managed care organization you are a part of might terminate your contract because you are not a qualified Medicaid provider. All Medicaid patients/members will be transitioned to a Medicaid enrolled provider upon termination of your contract, including transfer of records, care planning, medication lists, etc.