LTSS Re-enrollment MCO Question Log

LTSS TERMINATION DATE QUESTIONS	QUESTION STATUS	
QUESTION		**RESPONSE**
1. Is 1/1/18 the date by which providers must submit their application, or the date by which the application must be processed/completed? If the latter, by what date must providers submit their applications in order to avoid a possible gap?	Answered	Providers must be enrolled by Jan 1, 2018. HHSC is requesting providers submit applications as soon as possible to ensure the enrollment process is completed by the deadline.
2. On what timetable does HHSC anticipate notifying MCOs as to which providers have and have not submitted an application, or have and have not completed the reenrollment process?	Answered	HHSC will begin notifying MCOs of providers with assigned APIs that have not yet applied in August 2017.
3. What is the preferred way for providers to check their reenrollment status?	Answered	Providers may contact the MCO-LTSS re enrollment box.
4. What if we have LTSS Providers with no LTSS#. Can they still enroll for a TPI or is a current LTSS# a requirement?	Answered	All providers must have an assigned NPI, TPI, or API and completed the enrollment process by Jan 1, 2018. MCOs may refer to the Enrollment Matrix for the appropriate method of enrollment. After 1/1/18, providers not enrolled with HHSC will not be eligible to participate in Medicaid Managed Care.
5. Will there be a TPI per each different/applicable LTSS Service?	Answered	Yes, it may be an NPI, TPI, or API.
6. Will atypical LTSS providers be allowed (no NPI) or will all LTSS providers now be required to have an NPI?	Answered	Yes, atypical providers only need an API and do not have to have an NPI unless the service they deliver requires an NPI (like home health).
7. Assuming one TPI is required, would like to confirm LTSS# should no longer be submitted for encounters and use TPI instead?	Answered	An NPI, TPI, or API is required and encounters should reflect the appropriate provider ID. Previously assigned APIs that are not confirmed or issued through the enrollment process will be deactivated after Jan 1, 2018.
8. Concern is that they provide us with any approved communications that they want us to use to send to the providers as early as possible so we can begin communicating with our providers as quickly as possible.	Answered	HHSC is developing communications that will be shared with MCOs, but MCOs must communicate this critical requirement for enrollment with their providers.
9. Please provide a better understanding of providers that have an attested NPI and also have an API…do they need to follow this process?	Answered	Please see 4
10. What letter(s) will be sent to the providers? Are the MCO's expected to use the state letter to do outreach or should we create our own?	Answered	MCOs may use content developed by HHSC but are not required to. MCOs must

			communicate with their contracted providers.
11.	Will we receive files of providers who have not recertified so we can work directly with those providers?	Answered	Please see 2
12.	If a provider, like a Nursing Facility for example, has an NPI listed through the Master Provider File, do they still need to attest through DADS?	Answered	If a provider is on the master provider file, they have already re-enrolled and are not the target of this outreach.
13.	Providers for some LTSS services are enrolled with TMHP for acute care services (home health, PDN, etc.), but also provide LTSS services (PAS) for the S+P long-term care population. In these instances, the provider may have one provider type (taxonomy) for home health and a different provider type (taxonomy) for PAS/attendant services that may not have been included in the provider's acute care service enrollment through TMHP.		The provider will now enroll the provider type (taxonomy) for LTSS PAS services and obtain an API if an NPI or TPI cannot be assigned. When and where possible HHSC will deem providers enrolled if the services are similar and will receive an API
14.	If a provider is currently enrolled through TMHP for Medicaid acute services with a specific NPI and taxonomy, is that provider required to also "enroll" the provider type (taxonomy) for LTSS (PAS) services and obtain a separate Texas Provider Identifier for LTSS?		The provider will now enroll the provider type (taxonomy) for LTSS PAS services and obtain an API if an NPI or TPI cannot be assigned. When and where possible HHSC will deem providers enrolled if the services are similar.
15.	Do providers need to request/will TMHP be assigning a separate TPI for each provider type (taxonomy) that a provider has attested to through CMS (NPPES)?		Yes.
16.	Does HHSC/TMHP plan to eliminate the use of LTSS IDs for all providers that have attested an NPI and taxonomy(ies) through CMS through/simultaneous with this LTSS Enrollment process effective Jan. 2018? Superior is currently experiencing problems with encounter rejections, if the NPI/taxonomy an LTSS provider is billing on a claim is not included in the 'attestation-enrollment' through TMHP and maintained in the Medicaid Master provider file.		Yes, when possible providers must use NPIs or TPIs. APIs will be assigned to capture LTSS services not captured by NPIs or TPIs.
17.	Previous guidance has included HHSC's request that MCOs begin notifying providers of the LTSS reenrollment process in May 2017. Because the process of defining the exact provider population that will be impacted remains under way (as of discussion on the 5/17 S+P call), our thought is that it will be best to hold off on releasing a provider notification that may only engender questions we can't answer, until those last few remaining gaps are closed. As we move further into the month of May, we wanted to ensure HHSC agrees with this approach, understanding this could delay the timeline for provider notification. We would plan to move forward with provider notification as		Yes, MCOs may delay provider notifications until HHSC provides additional information and guidance regarding the provider population and enrollment process.

soon as the needed information has been determined.