



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organizations Transmittal No. 134
October 8, 2019

To: Managed Care Organizations

From: Jill Spector, Director *Jill Spector*
 Medical Benefits Management

Re: Screening and Enrollment Responsibilities for Managed Care Network Providers

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

Prior to 2018, managed care organizations (MCOs) were responsible for screening network providers to verify if they were in good standing and eligible to receive Medicaid funds. Effective January 1, 2018, the 21st Century Cures Act (Cures Act) and 42 CFR §438.602(b) require Maryland Department of Health (MDH) to assume responsibility for screening, enrolling, and revalidating MCO network providers. Since then, MDH and the MCOs have been performing outreach to the 10,000+ MCO network providers encouraging them to enroll with Maryland Medicaid. Throughout this process, MCOs have continued to screen network providers.

The purpose of the screening process is to determine if a provider is prohibited from participating in Maryland Medicaid and/or excluded from participating in federal health care programs. Screening includes:

- Verifying whether the provider is licensed and legally authorized to deliver services.
- Conducting State and federal database checks using Social Security numbers and dates of birth to confirm identities and exclusion status of providers, individuals with ownership or control interests, agents, and managing employees.
- Ensuring the provider's National Provider Identifier (NPI) is active on the National Plan & Provider Enumeration System's NPI Registry.

Effective December 1, 2019, MCOs are no longer responsible for performing these checks for their network providers. Instead, MCOs must verify whether a network provider is active and enrolled with Maryland Medicaid by checking the full fee-for-service provider file.

The full fee-for-service provider file also serves as a record to indicate whether a provider has been screened by MDH. If a provider is not present on the file, or if the provider appears on the file in a terminated or suspended status, MCOs may reject or deny claims from the provider until enrollment issues are resolved. To ensure enrollees are able to access emergency care, MCOs may reimburse for emergency services or care provided to enrollees by providers who are not active and enrolled in Maryland Medicaid on the date of service. Enrollment with Maryland Medicaid through ePREP does not obligate an MCO network provider to participate in the Maryland Medicaid Fee-for-Service Program.

MDH strongly encourages MCOs to recommend enrollment for all providers before they deliver services to enrollees and seek reimbursement. To enroll, MCOs should direct providers to Maryland Medicaid's Electronic Provider Revalidation and Enrollment Portal (ePREP) at <https://ePREP.health.maryland.gov>.

Please direct any questions about this transmittal to Pam Williams at pam.williams@maryland.gov.