

Affordable Care Act Provider Screening and Enrollment Requirement Information

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On March 25, 2011, provisions from the Affordable Care Act were implemented requiring new provider screening and enrollment requirements for the Health Care Authority (HCA). These requirements include additional screening requirements for disclosures, enrollment requirement for ordering and referring providers, application fee, and a revalidation of enrollment for all providers every five (5) years. Please refer to [42 CFR Part 455](#) for the complete set of rules and regulations.

Application Fee (Collection of the fee will start in late January, 2013): The HCA is required to collect an application fee (\$532 as set by federal rule) from providers prior to executing a provider agreement except from those identified as exempt under [42 CFR 455.460](#). Providers exempt from the fee include:

- All Individual physicians and individual non-physician practitioners,
- All Providers enrolled under Medicare or enrolled under another State's Medicaid (title XIX or XXI)
- All Providers that have paid the applicable application fee to a Medicare contractor or another state.

Disclosure Requirements (currently in effect): HCA is required to collect disclosures of ownership, managing employees and controlling interests of providers during the application and revalidation processes. The disclosures include the name, date of birth, and social security number of the disclosed individuals. These disclosures are collected in the Disclosure Statement (link to Statement) and in the online application in HCA's ProviderOne system. Please refer to [42 CFR 455.104](#) for details of the Federal rule.

Ordering / Referring Enrollment requirement (effective DOS 8/1/2012 and after): Providers ordering and referring services for Medicaid clients are required to be enrolled with HCA. Refer to [42 CFR 455.410](#) for details on the Federal rule. For more information on the ordering and referring enrollment requirement, go to <http://hrsa.dshs.wa.gov/ProviderEnroll/participate.shtml>

Revalidation (will be implemented in January 2013): All providers are required to be revalidated by HCA at least every 5 years under the new screening guidelines. Providers will be notified by HCA when selected for revalidation. See [42 CFR 455.414](#) and the [12/23/2011 CMCS Informational Bulletin](#) for details on the Federal rules.