



An important
message from
Provider Relations



Thank you for your continued partnership with Allwell from Home State Health. We are writing to remind you of a new CMS process regarding provider eligibility that took effect on January 1, 2019.

Beginning in 2019 providers are no longer required to enroll with CMS as contracted providers in order to receive payment for services rendered to Medicare beneficiaries from the following programs: Medicare Advantage (MA), 1876 Cost Plans, and Programs of All-Inclusive Care for the Elderly (PACE).

Rather, in order to receive payments for services to Medicare beneficiaries, they must not be included on the Preclusion List. The Preclusion List will consist of providers (individuals and entities) that fall within either of the following categories:

- (1) Are currently revoked from Medicare, are under an active reenrollment bar, and CMS determines that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
- (2) Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.

Providers being added to the Preclusion List will be notified by CMS in advance and will have the opportunity to appeal the CMS decision. We will notify impacted providers/members no later than 30 days from the CMS posting of the precluded provider list. Advance notice will be provided to members at least 60 days before claims are denied for services furnished by a provider on the list and allow for members to find another provider. This also applies to members who had services through/with or prescriptions written by the impacted provider in the previous 12 months. We will not deny payments/reject claims or member reimbursements earlier than 90 days after the publication of the precluded provider listing. We will remove impacted providers from our network at the end of the 90 day time frame, including individual providers and entities.

If you have questions about your eligibility to be paid for services rendered to Medicare beneficiaries, please visit CMS.gov for additional information.

➤ **Keep Up with Our Latest News and Announcements!** All of Home State's News and Announcements are located on our website at www.HomeStateHealth.com. Here you can also find our annual provider manual, provider training opportunities, quarterly provider newsletters, and so much more!