



TENNCARE POLICY MANUAL

Policy No: PRO 13-001	
Subject: Ordering, Referring, or Prescribing Providers	
Approval: <i>Keith Smith</i>	Date: 2-20-13

BACKGROUND:

Section 6401 of the Affordable Care Act established new requirements regarding the screening and enrollment of Medicaid providers. Some of these requirements deal with providers who are not Medicaid providers but who prescribe, order, or refer services for Medicaid enrollees. These types of providers are sometimes referred to as “ORP” providers—“Ordering, Referring, or Prescribing.” An ORP provider who does not participate in Medicaid and who does not receive Medicaid payment for his services could prescribe a prescription drug for a Medicaid enrollee, as an example, with the drug then being billed to the Medicaid program.

Briefly, the new requirements are as follows:

1. Except for services delivered through a risk-based managed care model, State Medicaid agencies must require all ORP providers to participate in the Medicaid program.¹
2. Except for services delivered through a risk-based managed care model, State Medicaid agencies must deny payment for services that are ordered, referred, or prescribed by providers who do not participate in the Medicaid program.²

Most of TennCare operates under a risk-based arrangement and so is excluded from these requirements. Non-risk arrangements are generally limited to those with the Dental Benefits Manager (DBM) and the Pharmacy Benefits Manager (PBM), as well as those with a few State agencies that deliver services under contract with TennCare. Pharmacy services are the TennCare services most likely to be prescribed by non-TennCare ORP providers and therefore subject to the new requirements.

¹ See 42 CFR § 455.410(b).

² See CMCS Informational Bulletin, “Medicaid/CHIP Provider Screening and Enrollment,” December 23, 2011.

POLICY:

1. Non-TennCare providers who order, refer, or prescribe TennCare covered services must register with TennCare in order for the services or items they order, refer, or prescribe to be paid for by TennCare. Registration procedures are available on the TennCare website at <https://tn.gov/tenncare/topic/provider-registration>.
2. As TennCare providers, these newly registered providers must abide by all TennCare policies, including those stated at Rules 1200-13-13-.08 and 1200-13-14-.08. One of these policies is that TennCare providers may not bill patients except in accordance with the situations identified in those rules. Thus, an ORP provider may not bill a TennCare enrollee for prescribing services for him, unless the situation is specifically addressed in the rules.

PROCEDURES:

1. The Bureau of TennCare will identify those non-TennCare ORP providers who are prescribing pharmacy services for TennCare enrollees.
2. The Bureau of TennCare will contact these providers and request that they register with TennCare.
3. For those non-TennCare ORP providers who do not register with TennCare within 30 days, the Bureau of TennCare will send a letter to all enrollees who are seeking treatment from these providers to inform them that their prescriptions will no longer be paid for by TennCare. The letter will encourage these enrollees to seek care from providers in their MCOs rather than providers who do not participate in the TennCare program.

OFFICES OF PRIMARY RESPONSIBILITY:

Managed Care Operations
Office of Provider Services
Office of Program Integrity
Office of the Medical Director, Pharmacy Division

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