4.46 Provider Screening and Enrollment

The State Medicaid agency gives the following assurances:

**ENROLLMENT AND SCREENING OF PROVIDERS**

☑ Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

☑ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

Anticipated implementation date: January 1, 2013

**Implementation Plan:**

1) Identify prescribing and ordering providers who are not currently enrolled as Medicaid providers,
2) Require these non-Medicaid providers to apply to become Medicaid providers.
3) Modify the Medicaid claims adjudication system in order to deny claims when the ordering/prescribing NPI is not found in the Medicaid Provider Master File Subsystem.

**VERIFICATION OF PROVIDER LICENSES**

☑ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

**REVALIDATION OF ENROLLMENT**

☑ Assures that providers will be revalidated regardless of provider type at least every 5 years.

Anticipated implementation date: January 1, 2013

**Implementation Plan:**

1) Currently developing an automated process in the Medicaid

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Provider Master File Subsystem to calculate the 5 year revalidation span for each of the 100,000 currently active Medicaid providers.

2) The automated process will mail a notice of revalidation to each provider informing them that they must revalidate, or offer yet to be determined proof that they are an active Medicare provider, thus precluding the need to complete yet to be determined aspects of the revalidation process through the Medicaid Provider Web Portal (to update their provider profile and supply updated documentation as appropriate).

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT
☒ Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT
☒ Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

Anticipated implementation date: July 1, 2012
Implementation Plan:
July 1, 2012 is the go live date for the functionality to collect credit card payments from Medicaid providers in the State of Ohio’s Vendor payment system. Otherwise any reactivation of terminated provider agreements currently includes the same screening processes as those required of new provider applicants.

42 CFR 455.422

APPEAL RIGHTS
☒ Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432

SITE VISITS
☒ Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

Anticipated implementation date: January 1, 2013
Implementation Plan:
1) The department will deem Medicare provider screenings and site visits by securing an attestation from the provider along with

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verifying their current Medicare CCN/PTAN at enrollment and/or revalidation.

2) Medicaid-only providers (who number approximately 4500) who receive site visits pre and post enrollment and/or at revalidation, whichever is appropriate to meet the federal requirement, will receive site visits by state staff or the state's designee

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS
☒ Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

42 CFR 455.436

FEDERAL DATABASE CHECKS
☒ Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

42 CFR 455.440

NATIONAL PROVIDER IDENTIFIER
☒ Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450

SCREENING LEVELS FOR MEDICAID PROVIDERS
☒ Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460

APPLICATION FEE
☒ Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

Anticipated implementation date: July 1, 2012
Implementation Plan: July 1, 2012 is the go live date for the functionality to collect credit card payments from Medicaid providers in the State of Ohio's Vendor payment system.

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TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

☒ Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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