Provider Enrollment

The Front Line of Program Integrity

What is Provider Enrollment?

- The process of enrolling providers in the Medicaid program to provide services to Medicaid recipients
- Application and contract required for:
  - Initial Enrollment
  - Revalidation
  - Re-enrollment
  - Change of Ownership
  - Ordering, Prescribing and Referring (OPR)

Why Should I Care?

- First step in preventing fraud, waste, and abuse
- Helps ensure quality people are providing services to vulnerable populations
- Ensure the right type and number of providers are available to serve the Medicaid population
- Improves the integrity of the program

Federal Guidelines

42 CFR, Part 455

Program Integrity: Medicaid

- Subpart B- Disclosure of Information by Providers and Fiscal Agents
- Subpart E- Provider Enrollment and Screening

ACA Updates

Enhanced Screening

- Ordering, Prescribing, or Referring (OPR)
- Screening levels – Categorical Risk
- Unscheduled or Unannounced Site Visits
- Fingerprint-based criminal background checks
- NPI
- Federal Database Checks & Reporting
- Termination or Denial of Enrollment
- Revalidation

Ordering, Prescribing and Referring (OPR)

- Requires all OPR’s to be enrolled as participating providers
- Shortened enrollment application
- OPR NPI is required on the servicing provider claim
- What if an OPR provider does not enroll?

Risk Assessment

- **High**- Newly enrolling DME and Home Health Agencies
  - Fingerprint-based Criminal Background Check
  - Unannounced Site Visits

- **Moderate**-Hospice, Diagnostic Testing Facilities, Independent Labs, Ambulance, currently enrolled DME and Home Health
  - Unannounced Site Visits

- **Limited-** ASC, Physicians, Medical Groups/Clinics, ESRD, FQHC, Hospitals SNF, RHC, Pharmacies

Database Checks

- Social Security Death Master File (SSDM)
- National Plan & Provider Enumeration System (NPPES)
- List of Excluded Individuals/Entities (LEIE) through the Office of Inspector General (OIG)
  - Monthly
- System Awards Management (SAM) aka Excluded Parties List System (EPLS)
  - Monthly
- Any other state database to verify license information

Exclusions and Sanctions

- List of Excluded Individuals/Entities (LEIE)
- Office of Inspector General
- Individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Exclusions and Sanctions

- Excluded Parties List System (EPLS)
- Entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

Definitions—CFR 455.100 - 106

- ***Agent*** means any person who has been delegated the authority to obligate or act on behalf of a provider.
- ***Disclosing entity*** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.
- ***Managing employee*** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

Definitions Continued…

- ***Person with an ownership or control interest*** means a person or corporation that—
- (a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- (b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- (c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- (e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- (f) Is a partner in a disclosing entity that is organized as a partnership.

Ownership and Disclosure

42 CFR Subpart B mandates:

- (a) Disclosure by providers and fiscal agents of ownership and control information; and
- (b) Disclosure of information on a provider's owners and other persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services program.
- The subpart also specifies conditions under which the Administrator will deny Federal financial participation for services furnished by providers or fiscal agents who fail to comply with the disclosure requirements.

Who Must Disclose

- The Medicaid agency must obtain disclosures from disclosing entities, fiscal agents, and managed care entities.

What Must be Disclosed

- Identifying information:
  - Name and address
  - Date of Birth
  - Social Security Number (for individuals)
  - Tax ID (Corporations)
  - Relationship
  - Information on managing employee
    - Name, address, DOB, SSN

When Should Providers Disclose

- New Enrollment
- Re-enrollment or revalidation
- Within 35 days after a change of ownership—**NV Medicaid requirement is 5 business days.**
- Upon request

Criminal Convictions What Must be Disclosed

- Any individual that has ownership or control interest in the provider, or is an agent or managing employee of the provider has been:
  - Conviction of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or title XX programs since the inception
  - States must notify the OIG when disclosures are made
  - Any action Medicaid takes on the provider

Termination and Denial

States MUST Terminate Providers:

- Do not cooperate with screenings
- Fail to submit requested information(i.e. revalidation)
- Are convicted of criminal offenses related to a federal health care program in the last 10 years
- Who are terminated or denied enrollment in another state
- Fail to submit to a fingerprint background check—NV Medicaid will implement by July 2017

States May Terminate:

- Falsified information on the application
- Cannot verify identity

REVALIDATION

What is Revalidation

- ACA mandated to verify information on file for all existing Medicaid providers to meet screening criteria
- All enrolled providers must revalidate their enrollment information. Providers will be terminated for non-compliance.
- HPES will notify the provider to take this action
- All DMEPOS suppliers must be revalidated every 3 years
- All other providers must be revalidated every 5 years

What's New

Web Based On-Line Enrollment

Benefits:

- Accurate and legible application
- Prompts to include all documentation
- Pre-populated with provider data
- Expedites the enrollment process

- Provider Survey
- Paperless environment

ADDITIONAL INFORMATION

- Centers for Medicare and Medicaid Services (CMS)
  - Code of Federal Regulation (CFR)
- Medicaid Provider Enrollment Compendium (MPEC)
  - https://www.**medicaid.gov**/affordablecareact/provisions/program-integrity.html
  - Provides sub-regulatory guidance and clarifications to State Medicaid Agencies and how they are expected to comply with 42 CFR § 455