

Federal Provider Screening Regulations: an overview



COLORADO

Department of Health Care
Policy & Financing

Overview

- New federal requirements
- What do the new rules require?
- What flexibility does Colorado have?
- Timeline for implementation



New Federal Requirements

- Designed to prevent waste, fraud, and abuse in Medicaid, Medicare, and CHIP
 - Sec. 6401 of the Affordable Care Act - new procedures to screen providers under Medicaid, Medicare, and CHIP.
 - Final rules - February 2012 (76 FR 5862)
- Requires providers to periodically re-validate enrollment
- Requires some providers to pay application fee
- Divides provider types into three categories of risk
- Assigns different screening procedures based on risk category



New Enrollments and Revalidation

- Providers must re-validate enrollment at least every 5 years.
- All currently enrolled providers must be re-enrolled by 2016
- Screening must be conducted on all enrolling and re-enrolling providers
- Providers who order, refer, or prescribe for Medicaid clients must be enrolled with Medicaid
 - Referring NPI must be on all relevant claims



Application Fees (42 CFR 455.460)

- Fees offset the cost of the federally mandated screening program
- States must collect an application fee from enrolling and re-enrolling providers EXCEPT:
 - **Individual physicians and non-physician practitioners** (but physician groups and practices must pay the fee)
 - **Providers enrolled in Medicare** who have been screened within the last 12 months
 - **Providers enrolled in another state's Medicaid or CHIP program** who have been screened within the last 12 months (assuming the other state's screening requirements are consistent with Colorado's)
- Fee is established by law and is adjusted annually for inflation
 - 2014 = \$542
 - 2015 = \$553



New Federal Requirements

- Screening procedures based on risk category
 - Limited
 - Meet federal and state rules and regulations (42 CFR 455.450)
 - License Verifications (42 CFR 455.412)
 - Database Checks (42 CFR 455.436)
 - Moderate
 - All screening procedures at limited risk level
 - Onsite inspections (pre and post enrollment; 42 CFR 455.432)
 - High
 - All screening procedures for limited and moderate
 - Criminal Background checks for owners (42 CFR 455.434)
 - Fingerprinting for owners (42 CFR 455.434)
- Providers with Medicare assigned risk level must be assigned same level or higher by Medicaid*
- Colorado must assign risk levels for Medicaid only provider-types

* See CMS/CMCS information Bulletin from December 23, 2011 with subject “Medicaid/CHIP Provider Screening and Enrollment”



Limited Risk Providers (42 CFR 424.518)

- Physicians
- Non-physician practitioners (e.g. Dentists, Optometrists, Advanced practice nurses, Physician's assistants)
- Ambulatory Surgery centers
- Federally Qualified Health Centers
- Hospitals
- Pharmacies (not DME suppliers)
- Rural Health Clinics
- Skilled Nursing Facilities
- Any provider not specifically listed in HCPF's draft rule



Moderate Risk Providers (42 CFR 424.518)

- Ambulance Service providers
- Community Mental Health Centers
- Comprehensive Outpatient rehab facilities
- Hospice Organizations
- Independent clinical labs
- Physical Therapists (individuals and groups)
- Portable X-ray suppliers
- Re-enrolling Home Health Agencies
- Re-enrolling DME suppliers
- Some HCBS waiver providers (e.g. group home, non-medical transportation, Day Habilitation)



High Risk Providers (42 CFR 424.518)

- Prospective/Newly Enrolling Home Health Agencies
- Prospective/Newly Enrolling DME suppliers
- Providers with payment suspension based on credible allegation of fraud, waste, or abuse
- Providers with existing Medicaid overpayment
- Providers previously excluded within the last 10 years



Implementation in Colorado

- Little flexibility in implementing rules
 - Must screen all enrolled providers
 - All physicians and other professionals who order, prescribe, or refer for Medicaid clients are required to enroll
 - Must screen providers based on risk category
 - Providers with Medicare assigned risk level (e.g. hospitals) must be assigned same or higher level in Colorado Medicaid
 - Must charge all non-exempt providers an application fee



Implementation in Colorado

- Questions answered by the rule:
 - Should some providers be subject to screening procedures beyond CMS requirements?
 - Following CMS' guidance, to what screening levels should each Medicaid-only provider be assigned (e.g. non-emergency medical transportation, HCBS etc.)?
 - Following CMS' guidance, what should pre- and post-enrollment site visits consist of?
 - Within the confines of the federal regulations, are there ways HCPF can reduce any potential issues providers may encounter with these new rules?



Process and Timeline

- Stakeholder feedback and engagement began in September
- Draft rule posted online - Week of Nov. 3, 2014
- Feedback on draft rule collected November 2014
- Department reviewed feedback, edited rule - December 2014
- Consideration of rule by MSB for approval Spring 2015
- Rule effective date: June 2015
- Provider re-validation and screening: Sept. 1, 2015 - June 30, 2016



New Web-based Provider Enrollment Tool

- New enrollment process will be web-based and completely online
- Enrollment portal will have a “wizard” that guides providers through enrollment
- Links will guide providers from the state Medicaid site to the enrollment portal

- Provider enrollment portal will allow providers to:
 - Start an application and finish it at a later date
 - Check status on an application
 - Correct errors on a denied application without restarting the process
 - Submit supplemental documents with the application
 - Set up Electronic Funds Transfer (EFT) with the application



More info and updates

- Available under “Federal Provider Screening Regulations” at [https://www.colorado.gov/pacific/hcpf/provider-
implementations](https://www.colorado.gov/pacific/hcpf/provider-implementations)
- Website includes draft rule and Department response to stakeholder comments (providerscreeningcomments@state.co.us)



Thank You

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