Medicaid Provider Enrollment Screening Snapshot

The Centers for Medicare & Medicaid Services (CMS) requires screening of all Medicaid and Children's Health Insurance Program (CHIP) fee-for-service providers. The extent of the screening depends on the categorical risk of fraud, waste, or abuse for each provider type: limited, moderate, or high. State Medicaid agencies (SMAs) must assign providers to the same risk categories CMS assigns in the Medicare rules.[1,2] If a Medicaid provider type is not listed in the Medicare regulations, SMAs should assign providers to risk categories using criteria similar to Medicare.[3] SMAs must screen providers when they enroll,[4] and re-screen every 5 years upon revalidation.[5] States will phase in these checks for managed care network providers by July 1, 2018.[6]

For providers in all risk categories, SMAs must verify:

- The provider holds an appropriate, unrestricted, license and meets State and Federal requirements applicable to that provider type;[7]
- Identification and ownership information by checking the National Plan and Provider Enumeration System, the National Provider Identifier Registry, and Social Security Administration records; and
- The provider has not been excluded or debarred by checking the List of Excluded Individuals and Entities and the System for Award Management—Advance Search—Exclusions.[8]

SMAs must raise the categorical risk level to "high" when certain events occur. These include a provider becoming subject to a payment suspension based on a credible allegation of fraud, waste, or abuse; having an existing qualified Medicaid overpayment; exclusion from Medicaid during the past 10 years; or applying within 6 months of the lifting of a moratorium that would have, at that time, prevented the provider from enrolling.[9]

Moderate-risk category providers must pass the limited-risk screening, additional screening, and undergo an on-site visit.[10, 11] Provider types designated as within the moderate-risk category include ambulance services, hospice organizations, and revalidating durable medical equipment (DME) suppliers.[12, 13]

High-risk category providers must pass all the limited-risk screening and additional screenings, undergo an on-site visit, and furnish the fingerprints of all persons who have a 5 percent or more direct or indirect ownership interest in the provider. Providers designated by Federal regulation as being within the high-risk category are newly enrolling home health agencies and newly enrolling DME suppliers.[14]

For More Information

More recent information on enrollment, including information about a recent report from HHS-OIG, will be available in the forthcoming "Medicaid Provider Enrollment" Toolkit that will be posted to the Medicaid Program Integrity Education page at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

To see the electronic version of this E-Bulletin and E-Bulletins on other topics posted to the Medicaid Program Integrity Education page, visit https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website

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References

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