VALIDATING RISK-BASED SCREENING DOCUMENTATION

PURPOSE OF VALIDATION

The Risk-Based Screening (RBS) Data Processing (DP) review determines if the state has properly performed and documented all required database checks (listed below).

VALIDATING RBS DOCUMENTATION

The Review Contractor's (RC's) DP reviewers use information in a state's provider enrollment system, RBS system(s), and supporting documentation to verify the required data elements of the database checks are documented. This includes the verification of:

(1) the provider name/National Provider Identifier (NPI) <u>or</u> Medicaid ID (for atypical providers[1] only).

(2) the RBS-required databases for all risk levels, site visit (moderate and high risk), and fingerprint-based criminal background check (FCBC) (high risk).

(3) the screening result (i.e., no record found, pass/fail, etc.).

(4) the date the screening was performed.

42 CFR 455.436(b) lists the federal database checks that must be performed as a component of the enrollment process for all providers. 42 CFR 424.518 explains the limited, moderate, and high risk screening levels for Medicare providers and suppliers. 42 CFR 455.410 requires State Medicaid Agencies (SMAs) to screen participating providers according to the categorical or elevated risk of fraud, waste, or abuse they pose to the Medicaid program. This regulation also states the SMA may rely on the results of the provider screening performed by Medicare or its contractors, Medicaid agencies of other states, and Children's Health Insurance Programs of other states. Per 42 CFR 455.452, the SMA may establish provider screening methods in addition to or more stringent than those required by Federal regulation (e.g., state policy may bump up certain provider/supplier types to a high risk category), but states may not establish screening methods that are less stringent. 42 CFR 455.432(a) references the requirement of a site

[1]Atypical providers are providers that do not provide health care, as defined in Federal regulations at 45 CFR 160.103. Personal care attendants and non-emergency transportation providers are examples of atypical providers reimbursed by the Medicaid program.

visit for moderate and high risk providers, and 42 CFR 455.434(a) references the requirement of criminal background check including fingerprinting for high risk providers. Please see the following chart listing the applicability of screening elements for each RBS category, i.e., limited, moderate, and high:

Screening Elements under part 455 subpart E	Applicability by RBS Category - Limited	Applicability by RBS Category - Moderate	Applicability by RBS Category - High
Office of Inspector General (OIG)/List of Excluded Individuals and Entities (LEIE) (§ 455.436).	X	X	X
Social Security Administration's Death Master File (SSA DMF) (except organizational providers) (§ 455.436).	X	X	X
System for Award Management (SAM) or Excluded Parties List System (EPLS) (§ 455.436).	X	X	X
National Provider Identifier (NPI) verification from the National Plan and Provider Enumeration System (NPPES) (except providers/ family members that do not enumerate) (§ 455.436).	X	X	X
Site visit (§ 455.432).		X	X
Fingerprint-based criminal background check (FCBC) (§ 455.434).			X

WHAT IS A NEGATIVE CHECK?

The screening result from the database check must be recorded to meet RBS documentation requirements. Performing a database check and only recording the result when a match is found in a particular database, i.e., not recording the result when no match is found, is referred to as a "negative check". Negative checks are common for states working with a vendor or with automated database checks, but **negative checks do not meet documentation standards**. The RC will cite a DP10 – Provider Information/Enrollment Error if all elements required for the database checks have not been performed and/or documentation cannot be provided.

REQUIRED DATABASES AND DESCRIPTIONS

The table below lists the required databases along with a description and applicable requirement.

Database Name	Description	Requirement
OIG/LEIE - *Office of Inspector General/List of Excluded Individuals and Entities*	This list provides information to the health care industry, patients, and public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE.	This database check is required for organizational and individual providers.
SSA DMF - *Social Security Administration's Death Master File*	This file is created from internal Social Security Administration (SSA) records of deceased persons possessing social security numbers and whose deaths were reported to the SSA.	The State Medicaid Agency is responsible for verifying if any of its providers are listed on this site. This database check is required for individual providers.
SAM/EPLS - *System for Award Management/ Excluded Parties List System*	This list identifies parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. Exclusions are also referred to as suspensions and debarments.	States are required to search this site for all providers. This database check is required for organizational and individual providers.
NPPES - *National Plan and Provider Enumeration System*	This is a registry that enables a search for providers to determine if they have an active NPI.	This database check is required for organizational and individual providers.

If the DP reviewer is not able to validate an element using the available systems, the RC will ask the state to provide the information. The RC places the review on the DP Pending P1 list to request the information from the state. The state has fourteen calendar days to supply the requested documentation before the RC moves forward with citing an error. Refer to the Fast Facts flyer *DP Pending P1 List* for information on the DP Pending P1 list process.