



Updated Provider Screening Requirements



Background

- Under federal law (42 CFR Part 455), AHCCCS must categorize and screen providers based on their risk of committing fraud.
- Risk categories: “limited,” “moderate” or “high.”
- At minimum, AHCCCS must place providers in the same risk category as Medicare (e.g. if Medicare categorizes the provider as high risk, AHCCCS must use that same category).

Limited Risk

- Criteria for determining limited risk:
 - Individual professional licensure;
 - Subject to additional government or professional oversight for payment of salaries or expenses;
 - Analysis of historical trends;
 - Previous experience with provider screening and enrollment.
- Examples: Physicians; FQHCs; Certain Health Programs Receiving IHS Funding.

Limited Risk

- Screening Requirements
 - Verify that provider meets all Federal and State requirements for that provider type.
 - Conduct license verifications.
 - Check databases
 - Social Security Administration Death Master File
 - List of Excluded Individuals/Entities
 - Excluded Parties List System

Moderate Risk

- Criteria for determining moderate risk:
 - Lack of individual professional licensure;
 - Highly dependent on Medicare, Medicaid or CHIP to pay salaries;
 - Provider can easily enter a line of business without clinical or business experience;
 - Review of reports from HHS OIG and/or AHCCCS OIG.
- Examples: Hospice organizations;
Community Mental Health Centers

Moderate Risk

- Screening Requirements
 - Conduct all limited risk screening;
 - Conduct site visit to verify information in provider's registration application;
 - Conduct site visit to confirm that provider meets all registration requirements.

High Risk

- Criteria for determining high risk:
 - AHCCCS/HHS experience with provider type;
 - Review of reports from HHS OIG and/or AHCCCS OIG;
 - Medicaid vulnerable to making improper payments to the provider type;
 - High number of providers enrolled in the program.
- Examples: newly-enrolling home health agencies; newly-enrolling durable medical equipment companies.

High Risk

- Screening Requirements:
 - Conduct limited and moderate screening requirements.
 - Conduct a fingerprint-based criminal background check.

Adjustment of Risk Level

- AHCCCS must raise a provider's risk level to high when:
 - AHCCCS imposes payment suspension based on credible allegation of fraud;
 - Provider has existing Medicaid overpayment;
 - Provider has been excluded by HHS or a State Medicaid Agency within the last ten years.

Additional Screening Requirements

- Medicaid agencies may impose screening requirements above the minimum required by federal law.
- Example: Requiring proof of Tribal Business License for providers operating on Tribal lands.
- AHCCCS does not have to re-screen a provider already screened by Medicare.

Assignment of Risk Levels

- For Medicare provider types, AHCCCS using the risk category assigned by Medicare.
- For non-Medicare provider types, AHCCCS using criteria from previous slides to categorize providers.

Fingerprint-Based Criminal Background Checks

- Only required for the high-risk provider and anyone with a 5% or more direct or indirect ownership interest in the provider.
 - Ownership interest = possession of equity in the capital, stock or profits
 - Indirect ownership interest = ownership interest in an entity that owns a provider
- Generally, no individual has an ownership interest in a governmentally-owned provider.

Fingerprint-Based Criminal Background Checks

- AHCCCS must terminate or deny registration if the provider, or person with 5% or more direct or indirect ownership interest in provider:
 - Fails to submit fingerprints within 30 days of AHCCCS' request;
 - Fails to submit fingerprints in the form and manner requested by AHCCCS;
 - Has been convicted of crime involving Medicare, Medicaid or CHIP in prior 10 years.

Fingerprint-Based Criminal Background Checks

- All Medicaid agencies must implement fingerprint-based criminal background checks by June 1, 2016.
- AHCCCS will conduct these checks for the following providers if they initially registered after June 1, 2015:
 - Home Health Agencies
 - DME suppliers

Questions?



Thank You.

