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:
  o Individual professional licensure;
  o Subject to additional government or professional oversight for payment of salaries or expenses;
  o Analysis of historical trends;
  o Previous experience with provider screening and enrollment.

• Examples: Physicians; FQHCs; Certain Health Programs Receiving IHS Funding.
Limited Risk

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

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

• Examples: Hospice organizations; Community Mental Health Centers
Moderate Risk

• Screening Requirements
  o Conduct all limited risk screening;
  o Conduct site visit to verify information in provider’s registration application;
  o Conduct site visit to confirm that provider meets all registration requirements.
High Risk

• Criteria for determining high risk:
  o AHCCCS/HHS experience with provider type;
  o Review of reports from HHS OIG and/or AHCCCS OIG;
  o Medicaid vulnerable to making improper payments to the provider type;
  o High number of providers enrolled in the program.

• Examples: newly-enrolling home health agencies; newly-enrolling durable medical equipment companies.

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**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:
  o AHCCCS imposes payment suspension based on credible allegation of fraud;
  o Provider has existing Medicaid overpayment;
  o 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.
  o Ownership interest = possession of equity in the capital, stock or profits
  o 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:
  o Fails to submit fingerprints within 30 days of AHCCCS’ request;
  o Fails to submit fingerprints in the form and manner requested by AHCCCS;
  o 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:
  o Home Health Agencies
  o DME suppliers
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Thank You.

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