

610 - AHCCCS PROVIDER QUALIFICATIONS

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I. PURPOSE

This Policy applies to providers of AHCCCS-covered services, both managed care and Fee-For-Service (FFS). This Policy outlines the provider enrollment, revalidation, and reenrollment requirements and describes AHCCCS requirements for screening providers based on categorical risk.

II. DEFINITIONS

AHCCCS OFFICE OF THE INSPECTOR GENERAL (OIG)	The AHCCCS Office of Inspector General (AHCCCS-OIG) is the division of AHCCCS that has the authority to conduct preliminary and full investigations relating to fraud, waste, and abuse involving the programs administered by AHCCCS.
INDIRECT OWNERSHIP INTEREST	An ownership interest in an entity that has an ownership interest in the provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the provider as specified in 42 CFR 455.101.
MANAGING EMPLOYEE	A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency as specified in 42 CFR 455.101.
OWNERSHIP INTEREST	The possession of equity in the capital, the stock, or the profits of the provider as specified in 42 CFR 455.101.

**OWNERSHIP OR
CONTROL INTEREST**

As specified in 42 CFR 455.101, a person or entity that:

1. Has a direct ownership interest equal to five percent or more in a provider.
2. Has an indirect ownership interest equal to five percent or more in a provider.
3. Has a combination of direct and indirect ownership interests equal to five percent or more in a provider.
4. Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the provider if that interest equals at least five percent of the value of the property or assets of the provider.
5. Is an officer or director of a provider that is organized as a corporation; or a partner in a provider that is organized as a partnership.

For reference only, some examples of Ownership or Control Interest included below:

1. If Entity A has a 100 percent interest in the provider entity then Entity A has an Ownership of Control Interest and must be disclosed.
2. Any entity with a five percent or greater interest in Entity A also has an Ownership or Control Interest and shall be disclosed.

RECERTIFICATION

A process through which the provider must submit current credentials and confirm:

1. That it holds valid licensure/certification in accordance with the laws of any State in which its purports to be licensed/certified and,
2. Its licensure/certification has not expired and does not have any limitations.

REENROLLMENT

A process through which a provider that has been terminated, deactivated, or otherwise removed as a state Medicaid provider, seeks to reactivate its enrollment. A reenrollment is subject to the same requirements as a new enrollment, including but not limited to disclosure, screening, and fingerprint-based background check requirements.

REVALIDATION

A process that occurs periodically after enrollment by which a provider is subject to the same screening, disclosures, and as applicable, Fingerprint-based Criminal Background Check (FCBC) requirements as a new enrollment, and through which a provider shall verify the accuracy of its enrollment information.

III. POLICY

AHCCCS registration is mandatory for consideration of payment by:

1. AHCCCS for services rendered by FFS providers, and
2. AHCCCS Contractors for services rendered by managed care providers as well as submission of encounter data to the AHCCCS Administration by the Contractors.

All providers of AHCCCS-covered services, for both managed care and FFS shall:

1. Enroll with AHCCCS, which includes but is not limited to, signing and submitting to AHCCCS, the Provider Participation Agreement (“PPA”) or Group Biller Participation Agreement (“GBPA”), as applicable.
2. Comply with all federal, state, and local laws, rules, regulations, executive orders, and agency policies governing performance of the Provider’s duties under the PPA or GBPA.
3. As specified in 42 CFR 455 Subpart B, provider is required to disclose with submission of its provider application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request the following:
 - a. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the prior 12-month period,
 - b. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the prior five-year period,
 - c. The identity of any **individual** or entity who:
 - i. Has an Ownership or Control Interest in the provider, or is an agent or managing employee of the provider, and
 - ii. Has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
 - d. Consistent with 42 CFR 455.104, for any provider that is not an **individual** practitioner or a group of practitioners, the following disclosures must be made:
 - i. For any **individual** with an Ownership or Control Interest, the provider must disclose:
 - a) The **individual**’s name, home address, date of birth, social security number,
 - b) Whether the **individual** is related to another person with Ownership or Control Interest in the provider as spouse, parent, child, or sibling.

- ii. For any **entity** with an Ownership or Control Interest, the provider must disclose:
 - a) The **entity's** name,
 - b) The **entity's** primary business address,
 - c) Every business location and P.O. Box address for the **entity**,
 - d) The **entity's** tax identification number.
 - iii. Consistent with 42 CFR 455.104(b)(1)(iii), for any **entities** with an Ownership or Control Interest in any subcontractor in which the provider has a five percent or more interest, provider must disclose the **entity's** tax identification number,
 - iv. Consistent with 42 CFR 455.104(b)(2), for any **individual** with an Ownership or Control Interest in any subcontractor in which the provider has a five percent or more interest, provider must disclose whether that **individual** is related to another person with an Ownership or Control Interest in the provider as a spouse, parent, child, or sibling,
 - v. The name of any other disclosing **entity** in which an owner of the provider has an Ownership or Control Interest,
 - vi. The name, address, date of birth, and social security number of any managing employee of the provider.
4. Sign any attestations during initial enrollment, reenrollment, revalidation, or recertification specified by provider type.
5. Comply with the AHCCCS requirements specific to the provider type applied for, including but not limited:
 - a. Requirements relating to professional licensure,
 - b. Certification, or
 - c. Registration as specified in Attachment A, current Medicare certification.
6. The provider shall disclose with submission of its provider application; upon executing the provider agreement; and the provider has an ongoing obligation to disclose to AHCCCS within 24 hours: any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, and/or certification that has the potential, may reasonably be determined to, or may in any way impact the provider's registration with, authorization by, enrollment in and/or billing of, to, for, or on behalf of any Federal Health Care Program.
7. Complete all applicable enrollment forms found in the AHCCCS Provider Enrollment Packet available on the AHCCCS website.
8. For institutional and other designated provider types specified in Attachment A, submit an enrollment fee.
9. For specific provider types, shall grant access to AHCCCS/Division of Member and Provider Services (DMPS), or its designee, to complete a site visit prior to enrollment as

specified in Attachment A. Providers are subject to unannounced post-enrollment site visits as well.

10. As applicable, and as a condition of enrollment, certain provider types based on risk category, and any person with a five percent or more direct or indirect ownership interest in the provider must consent to a criminal background check including fingerprinting. A provider, or any person with five percent or greater direct or indirect ownership in the provider, who is required by AHCCCS to submit a set of fingerprints and fails to do so may have its application denied or enrollment terminated as specified in 42 CFR 455.450 (d).
11. AHCCCS may, in its sole discretion, conduct criminal background checks and/or fingerprint checks of the provider or any employees or contractors of the provider.

A. AHCCCS PROVIDER ENROLLMENT MATERIALS

AHCCCS/DMPS materials are available on the AHCCCS web site. Click on the “Plans/Providers” tab, Under “New Providers”, click on the “Provider Enrollment” hyperlink, From the AHCCCS Provider Enrollment page, click on the “Provider Enrollment Packets” tab. The forms can be completed on the AHCCCS website; however, completed forms shall be submitted in paper by fax or mail.

B. AHCCCS PROVIDER TYPES

Providers are enrolled with AHCCCS under a provider type (e.g. Hospital, Nursing Home, MD-Physician) established by AHCCCS. See Attachment A for a complete list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type. Provider Enrollment is available to assist providers in identifying the most appropriate provider type, based on the provider's license/certification and other documentation submitted by the provider.

C. SCREENING OF PROVIDERS BASED ON CATEGORICAL RISK

As part of the Provider Screening, and Other Enrollment Requirements under Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) as specified in 42 CFR 457 and 42 CFR 438, CMS mandates that AHCCCS require all providers to be screened in accordance with Federal and State law, regulations, and rules including the following:

1. Screening of providers as specified in 42 CFR 455.450.
2. Screening of all provider applications, including initial applications, applications for a new practice location, and applications for re-enrollment or revalidation, based on a categorical risk level of “limited”, “moderate”, or “high” as specified in 42 CFR 455.450. Screening requirements for each risk category can be found in the applicable tabs in Attachment B.

3. When AHCCCS determines that a provider’s categorical risk level is “high”, or when the provider poses an increased risk of fraud, waste, and/or abuse to the Medicaid program and/or AHCCCS, the provider must consent to a criminal background check including fingerprinting. See Attachment B “High Risk Providers” tab for applicable screening requirements.
4. Each “high” risk provider and any **individual** or entity with a five percent or more direct or indirect ownership interest in the provider, must submit fingerprints and consent to a criminal background check. See Attachment B “High Risk Providers” tab for applicable screening requirements.
5. AHCCCS may rely upon Medicare screening to the extent Medicare has screened the same provider and if AHCCCS is provided verification that demonstrates the following conditions are met:
 - a. The date of Medicare’s last screening (revalidation or new enrollment) of the subject provider must have occurred within the last five years,
 - b. The provider is the “same” in Medicaid and Medicare. A provider is the same when AHCCCS is able to match the data elements listed in the Table 1 below,
 - c. The Medicare enrollment is in an “Approved” status, and
 - d. The Medicare risk category is equal or exceeds the Medicaid risk category for that provider, with the exception of prospective Home Health Agency (HHA) or Durable Medical Equipment (DME) providers.

TABLE 1

	RISK CATEGORY	NAME	NPI	SSN (LAST 4 DIGITS)	TIN	PRACTICE LOCATION (S)	ALL 5% OR MORE OWNERS
INDIVIDUAL PROVIDER	“Limited”	X	X	X			
	“Moderate”	X	X	X		X	
	“High”	X	X	X		X	
ORGANIZATIONAL PROVIDER	“Limited”	X			X		X
	“Moderate”	X			X	X	X
	“High”	X			X	X	X

D. RISK ASSESSMENT AND CRITERIA FOR RISK ADJUSTMENT

As specified in 42 CFR 455.450, AHCCCS-OIG will adjust the provider’s categorical risk level from “limited” or “moderate” to “high” on a credible allegation of fraud, waste, and/or abuse, or when any of the following occurs:

1. AHCCCS imposes a payment suspension on a provider based on credible allegation of fraud, waste, and/or abuse; the provider has an existing Medicaid overpayment; or the provider has been excluded by the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG) or another State's Medicaid program within the previous 10 years.
2. AHCCCS or CMS in the previous six months lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment as a provider at any time within six months from the date the moratorium was lifted.

AHCCCS-DMPS will notify each high-risk provider regarding the fingerprint based background checks. The **individual(s)** subject to the FCBC requirement will be listed as part of the notification process and will have 30 calendar days to comply, from the date of notification. Provider Enrollment will notify the provider with a 15-day notification letter to remind the provider of the fingerprint background requirement. If the provider, or any person with five percent or greater direct or indirect interest in the provider, fails to submit sets of fingerprints in the form and manner requested by DMPS within 30 calendar days from request, AHCCCS may terminate the enrollment or deny the application. The 15-day notification letter is provided as a courtesy only and does not impact and/or toll the timeframe for compliance with FCBC request.

The provider will be notified if FCBC results require a denial of the provider's application or the termination of a provider's enrollment. The notice will include appeal rights in accordance with A.R.S. §36-2903.01(B)(4) and A.R.S. §41-1092.01 et seq.

Refer to the AHCCCS website for additional information regarding provider registration requests.