

Sub Regulatory Guidance for State Medicaid Agencies (SMA): Revalidation (2016-001)

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every 5 years. The regulation was effective March 25, 2011. Based on this requirement, in a December 23, 2011 CMCS Informational Bulletin, we directed states to complete the revalidation process of all provider types by March 24, 2016.

The purpose of this guidance is to revise previous guidance in order to align Medicare and Medicaid revalidation activities to the greatest extent possible. We are revising that previous guidance to now require a two-step deadline under which states must notify all affected providers of the revalidation requirement by the original March 24, 2016 deadline, and must have completed the revalidation process by a new deadline of September 25, 2016.

In revalidating a provider's enrollment, the SMA must conduct a full screening appropriate to the provider's risk level in compliance with 42 CFR 455 Subparts B and E, or rely on the results of screening conducted by Medicare or another state, as discussed below. All revalidation screening activities must be carried out in accordance with these regulations, with the exception of the fingerprint-based criminal background check (FCBC) described at 42 CFR 455.434 and 455.450(c). With respect to the FCBC component of "high" risk screening, CMS has issued additional sub regulatory guidance on FCBC to indicate how states are expected to comply with this requirement during the FCBC implementation period. See <https://www.medicaid.gov/affordablecareact/provisions/downloads/FCBC-2016-002.pdf>

Revalidation also includes complying with the disclosure requirements specified in §§ 455.104, 455.105, and 455.106.

1. Deadline for SMA to revalidate providers enrolled on or before September 25, 2011.

The Federal regulation at 42 CFR § 455.414 requires states, beginning March 25, 2011, to revalidate the enrollment of all Medicaid providers, regardless of provider type, at least every five years. Based upon this requirement, by March 24, 2016, states must notify providers that were enrolled on or before March 25, 2011 that they must revalidate their enrollment. On March 25, 2016, states that have notified all providers subject to the revalidation requirement will be considered compliant with the revalidation activities required as of that date.

Additionally, by September 24, 2016, the state must have completed revalidation for each provider enrolled on or before September 25, 2011. "Completed" revalidation means that the Medicaid enrollment record for a provider includes information verified by the provider, as well as documentation to support all enrolled providers have been screened. Providers found no longer to meet enrollment requirements or that fail to respond to revalidation must be terminated in accordance with 42 CFR 455 Subpart E.

2. Instructions for Relying on Revalidation Screening Conducted by Medicare

Under certain circumstances, the SMA may rely on the screening conducted in connection with Medicare's enrollment or revalidation process in place of its own screening. The SMA remains

responsible to collect its own disclosures as required under 42 CFR 455 Subpart B. The SMA must maintain its own provider agreements.

To rely on Medicare screening in place of its own, the SMA must verify the following conditions are met:

- The date of Medicare’s last screening of the subject provider must have occurred on or after March 25, 2011.
- The provider must be the “same” in Medicaid and Medicare. A provider is the same when the SMA is able to match the applicable data elements discussed in the guidance “Instructions for relying on provider screening conducted by Medicare (42 CFR 455.410) or conducting additional screening when required.”
(<https://www.medicaid.gov/affordablecareact/provisions/sub-reg-guidance.html>)
- The subject’s Medicare enrollment must be in an “approved” status.
- The subject’s Medicare risk category must equal or exceed the Medicaid risk category for that provider.

3. Form and Manner of SMA’s Revalidation

The SMA has the discretion to:

- Require or permit paper and/or on-line revalidation.
- Pre-populate revalidation applications.
- Use any means it chooses to notify providers to revalidate.

The SMA must be able to produce documentation to support having met each of the provider screening and enrollment requirements under 455 Subpart E.