

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Florida

**4.46 Provider Screening and Enrollment**

Citation

1902(a)(77)

1902(a)(39)

1902(kk);

111-148 and

111-152

42 CFR 455

Subpart E

42 CFR 455.410

The State Medicaid agency gives the following assurances:

PROVIDER SCREENING X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

ENROLLMENT AND SCREENING OF PROVIDERS X Assures enrolled providers will be screened in accordance with 42 CFR 455.400, et seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

4/1/12 - In 2011, Florida adopted legislation to expand its Medicaid managed care delivery system statewide. CMS is currently reviewing waivers and renewal requests submitted to facilitate this expansion. If Florida is granted approval by CMS, approximately 85% of the Florida Medicaid population will be enrolled in risk based managed care. Note that Medicaid providers who serve Medicaid recipients via managed care organizations are registered as Medicaid providers.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

4/1/12 – Florida Medicaid does not allow providers who were previously terminated to re-enroll in the program unless terminated voluntarily. Additionally, per **1866(j)(2)(C)(ii) of the Act**, Florida Medicaid has been granted a hardship waiver by CMS for collection of application fees from ICF/DD and SIPP providers (the only provider types in Florida that could not be Medicare providers).

- 42 CFR 455.422      **APPEAL RIGHTS**  
  X   Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432      **SITE VISITS**  
  X   Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.
- 42 CFR 455.434      **CRIMINAL BACKGROUND CHECKS**  
  X   Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436      **FEDERAL DATABASE CHECKS**  
  X   Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440      **NATIONAL PROVIDER IDENTIFIER**  
  X   Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450      **SCREENING LEVELS FOR MEDICAID PROVIDERS**  
  X   Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460      **APPLICATION FEE**  
       Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.
- 4/1/12 – Per **1866(j)(2)(C)(ii) of the Act**, Florida Medicaid has been granted a hardship waiver by CMS for collection of application fees from ICF/DD and SIPP providers (the only provider types in Florida could not be Medicare providers).
- 42 CFR 455.470      **TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS**  
  X   Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries’ access to medical assistance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1151. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.