

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: GEORGIA

Provider Screening and Enrollment

- Citation The State Medicaid agency gives the following assurances:
1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152
- 42 CFR 455 PROVIDER SCREENING
Subpart E 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.
- 42 CFR 455.410 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.
- 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.

- 42 CFR 455.422 APPEAL RIGHTS
 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
 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
 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
 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
 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
 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.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
 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.