



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

<p>42 CFR 455.416</p>	<p>TERMINATION OR DENIAL OF ENROLLMENT  <u>X</u> 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.</p> <p>The Department will access the Medicaid/Chip State Information Sharing system (MCSIS) to identify terminated providers in Medicare, Medicaid and CHIP.</p>
<p>42 CFR 455.420</p>	<p>REACTIVATION OF PROVIDER ENROLLMENT  <u>X</u> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.</p>
<p>42 CFR 455.422</p>	<p>APPEAL RIGHTS</p> <p><u>X</u> 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.</p> <p>Effective January 1, 2013</p>
<p>42 CFR 455.432</p>	<p>SITE VISITS</p> <p><u>X</u> Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.</p>
<p>42 CFR 455.434</p>	<p>CRIMINAL BACKGROUND CHECKS</p> <p><u>X</u> Assures that providers, as a condition of</p>

TN No. 12-005 Approval Date: April 8, 2013 Effective Date: October 1, 2013

\*Except as otherwise noted above

Supersedes

TN No. N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	<p>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.</p>
<p>42 CFR 455.436</p>	<p>FEDERAL DATABASE CHECKS</p> <p><u>X</u> 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.</p>
<p>42 CFR 455.440</p>	<p>NATIONAL PROVIDER IDENTIFIER</p> <p><u>X</u> 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.</p>
<p>42 CFR 455.450</p>	<p>SCREENING LEVELS FOR MEDICAID PROVIDERS</p> <p><u>X</u> 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.</p>
<p>42 CFR 455.460</p>	<p>APPLICATION FEE</p> <p><u>X</u> Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(2)© of the Act and 42 CFR 455.460.</p>

TN No. 12-005 Approval Date: April 8, 2013 Effective Date: October 1, 2013

\*Except as otherwise noted above

Supersedes

TN No. N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

42 CFR 455.470	<p>TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS</p> <p><u>X</u> 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.</p> <p>Effective 4/1/12</p>
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TN No. 12-005 Approval Date: April 8, 2013 Effective Date: October 1, 2013

\*Except as otherwise noted above

Supersedes

TN No. N/A