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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

**4.46 Provider Screening and Enrollment**

Citation  
 1902(a)(77)  
 1902(a)(39)  
 1902(kk);  
 P.L. 111-148 and  
 P.L. 111-152

The State Medicaid agency gives the following assurances:  
*There are two factors that affect the timing of full implementation of the Affordable Care Act (ACA) requirements: 1) our current provider enrollment software system does not fully support the new screening requirements; and 2) we need additional state regulatory authority to implement all of the requirements. State Legislators have approved appropriations for the purchase of a new provider enrollment system through July 2013 (SFY 13). We were informed on November 9, 2012 that the RFP has been approved by CMS. The RFP will be released upon receipt of the CMS "approval letter". Vendor estimates for implementation are six to twelve months. We are on track to promulgate a new regulation by the end of November or early December which gives full authority to implement all of the screening, provider enrollment and application fee requirements mandated by Federal regulation. Based upon normal rulemaking timeframes in Missouri, this regulation should be effective by June 2013. Where we have added explanation below, it is because full compliance will only be met once we complete the aforementioned regulatory and system initiatives.*

42 CFR 455  
 Subpart E

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.

See above for timing of system and regulatory fixes to bring into full compliance.

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.

We currently lack regulatory authority to charge or collect the application fee and its present enrollment system software does not support many of the new screening requirements. See above for timing of system and regulatory fixes to bring into full compliance.

42 CFR 455.412 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.

We currently lack regulatory authority to require all ordering and referring physicians or other professionals to be enrolled. As stated above we are in the process of trying to remedy this issue; see above for timing of regulatory fixes.

42 CFR 455.414 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 455.416 REVALIDATION OF ENROLLMENT  
X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.420 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 455.422 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.

We re-screen providers seeking reactivation or re-enrollment. However, we currently lack regulatory authority to require payment of the application fee. See above for timing of regulatory fixes.

42 CFR 455.432

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 455.434

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 455.436

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 455.440

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.

At present, we lack the ability to conduct such checks monthly because our present enrollment software system cannot automatically conduct federal database checks. This capability will be present in the new system. See above for timing of system fixes.

42 CFR 455.450

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.

We currently lack regulatory authority to require all ordering and referring physicians or other professionals to be enrolled. See above for timing of regulatory fixes.

42 CFR 455.460

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.

We currently lack regulatory authority to screen according to the specifically required risk levels. See above for timing of regulatory fixes.

42 CFR 455.470

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.

We currently lack regulatory authority to charge or collect the application fee. See above for timing of regulatory fixes.

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.

PRA Disclosure Statement

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-New. 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, and 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.

State Plan TN# MO 12-06  
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