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State/Territory Name: OH

State Plan Amendment (SPA) #: 12-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

December 1, 2014

John McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: Technical Correction to Ohio State Plan Amendment (SPA) TN 12-008

Dear Mr. McCarthy:

This is a technical correction to Ohio SPA 12-008 which was originally approved on June 27, 2012. Effective April 1, 2012, Ohio SPA 12-008 implemented new state plan pages to assure compliance with the provider screening and enrollment requirements at 42 CFR subpart E. We are making this technical correction to include text from the CMS pre-print that was inadvertently deleted from the approved state plan pages.

If you have any questions, please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

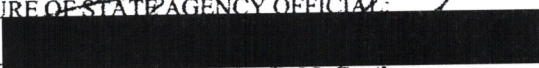
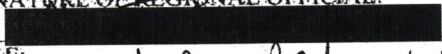
Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Andy Jones, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-008	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN		<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	
<input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(77), 1902(a)(39), and 1902(kk) of the Social Security Act; P.L. 111-148 and P.L. 111-152 42 CFR 455 Subpart E Section 6401 of the Affordable Care Act (as amended)		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 40 thousands b. FFY 2013 \$ 80 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Table of Contents, page v Pages 79z, 79z-1, 79z-2 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Table of Contents, page v (TN 87-16)	
10. SUBJECT OF AMENDMENT: Section 4.46. Provider Screening and Enrollment			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 3-29-2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 29, 2012		18. DATE APPROVED: 6/27/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

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SECTION

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TN: 12-008
Supersedes:
TN: 87-16

Approval Date: **JUN 27 2012**

Effective Date: 04/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

page 79z

4.46 Provider Screening and Enrollment

The State Medicaid agency gives the following assurances:

Citation

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

42 CFR 455
Subpart E

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

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.

Anticipated implementation date: January 1, 2013

Implementation Plan:

- 1) Identify prescribing and ordering providers who are not currently enrolled as Medicaid providers,**
- 2) Require these non-Medicaid providers to apply to become Medicaid providers.**
- 3) Modify the Medicaid claims adjudication system in order to deny claims when the ordering/ prescribing NPI is not found in the Medicaid Provider Master File Subsystem.**

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

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

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

Anticipated implementation date: January 1, 2013

Implementation Plan:

- 1) Currently developing an automated process in the Medicaid**

TN: 12-008
Supersedes:
TN: NEW

Approval Date: 6/27/2012

Effective Date: 04/01/2012

4.46 Provider Screening and Enrollment

Provider Master File Subsystem to calculate the 5 year revalidation span for each of the 100,000 currently active Medicaid providers.

2) The automated process will mail a notice of revalidation to each provider informing them that they must revalidate, or offer yet to be determined proof that they are an active Medicare provider, thus precluding the need to complete yet to be determined aspects of the revalidation process through the Medicaid Provider Web Portal (to update their provider profile and supply updated documentation as appropriate).

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

- 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

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

Anticipated implementation date: July 1, 2012

Implementation Plan:

July 1, 2012 is the go live date for the functionality to collect credit card payments from Medicaid providers in the State of Ohio's Vendor payment system. Otherwise any reactivation of terminated provider agreements currently includes the same screening processes as those required of new provider applicants.

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.

Anticipated implementation date: January 1, 2013

Implementation Plan:

1) The department will deem Medicare provider screenings and site visits by securing an attestation from the provider along with

TN: 12-008

Supersedes:

TN: NEW

Approval Date: 6/27/2012

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verifying their current Medicare CCN/PTAN at enrollment and/or revalidation.

2) Medicaid-only providers (who number approximately 4500) who receive site visits pre and post enrollment and/or at revalidation, whichever is appropriate to meet the federal requirement, will receive site visits by state staff or the state's designee

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.

Anticipated implementation date: July 1, 2012

Implementation Plan:

July 1, 2012 is the go live date for the functionality to collect credit card payments from Medicaid providers in the State of Ohio's Vendor payment system.

TN: 12-008

Supersedes:

TN: NEW

Approval Date: 6/27/2012

Effective Date: 04/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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4.46 Provider Screening and Enrollment

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.

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TN: NEW

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