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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: RI 12-006

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

August 31, 2012

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of the approved Rhode Island State Plan Amendment (SPA) No. 12-006 submitted to my office on June 12, 2012. This SPA was submitted to implement the provider screening and enrollment provisions of Section 6401(a) of the Affordable Care Act. This SPA has been approved effective April 1, 2012. Attached are the final pages as approved.

If you have any questions regarding this matter, you may contact Lynn DelVecchio at (617) 565-1201, Lynn.DelVecchio@cms.hhs.gov or Sahana Sanyal at (617) 565-1325, Sahana.Sanyal@cms.hhs.gov.

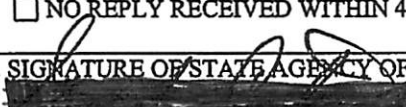
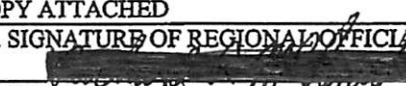
Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Sandra Powell, Director, Department of Human Services
Elena Nicolella, Medicaid Director
Kimberly Merolla-Brito, Chief Policy and Systems Specialist

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-006	2. STATE RI
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 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 checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 455 Subpart E - 42 CFR 455.470		7. FEDERAL BUDGET IMPACT: 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.46 Page 1 and Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: 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 (See Attached Letter) <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: RI DHS Policy Office Department of Human Services 57 Howard Avenue Cranston, RI 02920	
13. TYPED NAME: Steven M. Costantino			
14. TITLE: Secretary, EOHHS			
15. DATE SUBMITTED: June 12, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 12, 2012		18. DATE APPROVED: August 31, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Boston	
23. REMARKS:			

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

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:

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.

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 provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

TN No. 12-006
Supersedes
TN No. NEW

Approval Date: 8/31/12

Effective Date: 04/01/2012

OFFICIAL

- 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 that 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**
X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)© of the Act and 42 CFR 455.460.
- 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.

TN No. 12-006
Supercedes
TN No. NEW

Approval Date: 8/31/12

Effective Date: 04/01/2012