

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

<u>§ 4.46. Provider Screening and Enrollment</u>	
<u>Citation</u>	
§§ 1902 (a)(77), (a)(39) and 1902 (kk); P.L. 111-148 and 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455, Subpart E	PROVIDER SCREENING <u>XX</u> Assures that the State Medicaid agency complies with the process for screening providers under §§ 1902(a)(39), 1902(a)(77), 1902(kk) of the <i>Act</i> .
42 CFR § 455.410	ENROLLMENT AND SCREENING OF PROVIDERS <u>XX</u> Assures enrolled providers will be screened in accordance with 42 CFR §455.400 et. seq. <u>XX</u> 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 <u>XX</u> 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 <u>XX</u> Assures that providers will be revalidated regardless of Provider type at least every 5 years.
42 CFR § 455.416	TERMINATION OR DENIAL OF ENROLLMENT <u>XX</u> Assures that the State Medicaid agency will comply with § 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 <u>XX</u> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR § 455.420.

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Citation	
42 CFR § 455.422	APPEAL RIGHTS <u>XX</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.
42 CFR § 455.432	SITE VISITS <u>XX</u> 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 <u>XX</u> Assures that providers, as a condition of enrollment, will be Required to consent to criminal background checks including finger-Prints, 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 <u>XX</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.
42 CFR 455.440	NATIONAL PROVIDER IDENTIFIER <u>XX</u> Assures that the State Medicaid agency requires the National Provider Identifier or 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 MEDICIAD PROVIDERS <u>XX</u> Assures that the State Medicaid agency complies with § 1902(a)(77) and § 1902 (kk) of the <i>Act</i> and with the requirements outlined in 42 CFR § 455.450 for screening levels based upon categorical risk level determined for a provider.
42 CFR § 455.460	APPLICATION FEE <u>XX</u> Assures that the State Medicaid agency complies with the Requirements for collection of the application fee set forth in § 1866(j)(2)(C) of the <i>Act</i> and 42 CFR § 455.460.

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Citation	
42 CFR 455.470	TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
	<u>XX</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 § 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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