

610 – AHCCCS PROVIDER QUALIFICATIONS

EFFECTIVE DATES: 10/01/94, 02/14/96, 10/01/01, 04/01/05, 02/01/08, 01/01/12, 06/25/12, 06/01/16, 10/01/16, 07/12/17, 10/01/18¹

REVISION

APPROVAL DATES: 10/01/94, 02/14/96, 10/01/01, 04/01/05, 02/01/08, 01/01/12, 06/25/12, 06/01/16, 10/01/16, 06/26/17, 05/30/19²

I. PURPOSE

This Policy applies to providers of AHCCCS-covered services, both managed care and Fee-For-Service (FFS). This Policy outlines the provider enrollment, revalidation, and reenrollment requirements and describes AHCCCS requirements for screening providers based on categorical risk.³

II. DEFINITIONS

AHCCCS OFFICE OF THE INSPECTOR GENERAL (OIG)

The AHCCCS Office of Inspector General (AHCCCS-OIG) is the division of AHCCCS that has the authority to conduct preliminary and full investigations relating to fraud, waste, and abuse involving the programs administered by AHCCCS.

INDIRECT OWNERSHIP INTEREST

An ownership interest in an entity that has an ownership interest in the provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the provider as specified in 42 CFR 455.101.⁴

MANAGING EMPLOYEE

A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency as specified in 42 CFR 455.101.⁵

OWNERSHIP INTEREST

The possession of equity in the capital, the stock, or the profits of the provider as specified in 42 CFR 455.101.⁶

¹ Date policy becomes effective

² Date presented at APC

³ Revised purpose to align with this AMPM Chapter which are requirements of AHCCCS Providers. Revised Registration to Enrollment throughout

⁴ Definition added to align with policy

⁵ Definition added to align with policy

⁶ Definition added to align with policy

OWNERSHIP OR CONTROL INTEREST

As specified in 42 CFR 455.101, a person or entity- that:

1. Has a direct ownership interest equal to five⁷ percent or more in a provider,
- 1-2. Has an indirect ownership interest equal to five percent of more in a provider,
- 2-3. Has a combination of direct and indirect ownership interests equal to five percent or more in a provider,
- 3-4. Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the provider if that interest equals at least five percent of the value of the property or assets of the provider,
5. Is an officer or director of a provider that is organized as a corporation; or a partner in a provider that is organized as a partnership.

For reference only, some examples of Ownership or Control Interest included below:

1. If Entity A has a 100 percent interest in the provider entity then Entity A has an Ownership of Control Interest and must be disclosed.
2. Any entity with a five percent of greater interest in Entity A also has an Ownership or Control Interest and shall be disclosed.⁸

RECERTIFICATION

A process through which the provider must submit current credentials and confirm:

1. That it holds valid licensure/certification in accordance with the laws of any State in which its purports to be licensed/certified and
2. Its licensure/certification has not expired and does not have any limitations.⁹

REENROLLMENT

A process through which a provider that has been terminated, deactivated, or otherwise removed as a state Medicaid provider, seeks to reactivate its enrollment. A reenrollment is subject to the same requirements as a new enrollment, including but not limited to disclosure, screening, and fingerprint-based background check requirements.¹⁰

⁷ Numbers 1-9 are spelled out throughout policy

⁸ Definition added to align with policy

⁹ Definition added to align with policy

¹⁰ Revised to align with currently applied definitions

REVALIDATION

A process that occurs periodically after enrollment by which a provider is subject to the same screening, disclosures, and as applicable, Fingerprint-based Criminal Background Check (FCBC) requirements as a new enrollment, and through which a provider shall verify the accuracy of its enrollment information¹¹.

III. POLICY

AHCCCS registration is mandatory for consideration for payment by:

1. AHCCCS for services rendered by FFS providers, and
2. AHCCCS Contractors for services rendered by managed care providers as well as submission of encounter data to the AHCCCS Administration by the Contractors¹²

All providers of AHCCCS-covered services, for both managed care and FFS shall:

1. Register-Enroll with the-AHCCCS, which includes but is not limited to, requires signing and submitting to AHCCCS, the Provider Participation Agreement (“PPA”) or Group Biller Participation Agreement (“GBPA”), that includes all federal and state requirements as applicable.¹³
2. Comply with all federal, state, and local laws, rules, regulations, executive orders, and agency policies governing performance of the Provider’s duties under this agreementthe PPA or GBPA.¹⁴
3. As specified in 42 CFR 455 Subpart B, provider is required to disclose with submission of its provider application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request the following:
 - i. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the prior 12-month period,
 - ii. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the prior five-year period,
 - iii. The identity of any individual or entity who:

¹¹ Revised to align with currently applied definitions

¹² Moved under section A

¹³ Clarifications aligning Provider Participation and Group Biller Agreement acronyms for forms

¹⁴ Clarified agreement to be clear referencing PPA and GBPA referenced in #1

- a) Has an Ownership or Control Interest in the provider, or is an agent or managing employee of the provider, and
- b) Has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
- iv. Consistent with 42 CFR 455.104, for any provider that is not an individual practitioner or a group of practitioners, the following disclosures must be made:
 - a) For any individual with an Ownership or Control Interest, the provider must disclose:
 - i.) The individual’s name, home address, date of birth, social security number
 - ii.) Whether the individual is related to another person with Ownership or Control Interest in the provider as spouse, parent, child, or sibling.
 - b) For any entity with an Ownership or Control Interest, the provider must disclose:
 - i.) The entity’s name
 - ii.) The entity’s primary business address
 - iii.) Every business location and P.O. Box address for the entity
 - iv.) The entity’s tax identification number
 - c) Consistent with 42 CFR 455.104(b)(1)(iii), for any entities with an Ownership or Control Interest in any subcontractor in which the provider has a five percent or more interest, provider must disclose the entity’s tax identification number.
 - d) Consistent with 42 CFR 455.104(b)(2), for any individual with an Ownership or Control Interest in any subcontractor in which the provider has a five percent or more interest, provider must disclose whether that individual is related to another person with an Ownership or Control Interest in the provider as a spouse, parent, child, or sibling.
 - e) The name of any other disclosing entity in which an owner of the provider has an Ownership or Control Interest.
 - a)f) The name, address, date of birth, and social security number of any managing employee of the provider.¹⁵

~~Effective August 2nd, 2012, sign and return attestations found on the Provider Registration section of the AHCCCS website that are applicable to their individual practices or facilities.¹⁶~~

- 4. Sign any attestations during initial enrollment, reenrollment, revalidation, or recertification specified by provider type¹⁷.

¹⁵ Added language to align with Ownership or Control Interest in Code of Federal Regulations

¹⁶ Removed, not applicable here

¹⁷ Clarified to encompass any/all applicable attestations for provider registration and removing the August 2, 2012 attestation no longer required at registration

5. ~~Meet~~ Comply with the AHCCCS requirements specific to the provider type applied for, including but not limited to requirements for relating to professional licensure, certification, or registration as specified in Attachment A, and as applicable, including and current Medicare certification.
6. Provider shall disclose with submission of its provider application; upon executing the provider agreement; and the provider has an ongoing obligation to disclose to AHCCCS within 24 hours: any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, and/or certification.
7. Provider shall disclose with submission of its provider application; upon executing the provider agreement; and the provider has an ongoing obligation to disclose to AHCCCS within twenty-four hours: any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, and/or certification that has the potential, may reasonably be determined to, or may in any way impact the provider's registration with, authorization by, enrollment in and/or billing of, to, for, or on behalf of any Federal Health Care Program¹⁸.
8. Complete all applicable registration-enrollment forms found in the AHCCCS Provider Enrollment Packet available on the AHCCCS website.
9. For Institutional-institutional and other designated providers-provider types specified in Attachment A, are required to submit an enrollment fee, effective January 1, 2012. (See the Attachment A).
10. For S-specific-provider types, shall grant access to require an AHCCCS-OIG, or its designee, to complete a site visit prior to enrollment as specified in Attachment A. ; and Providers are subject to unannounced post-enrollment site visits as well (See Attachment A).
11. As applicable, and as a condition of enrollment, certain provider types based on risk category, and any person with a five percent or more direct or indirect ownership interest in the provider must consent to a criminal background check including fingerprinting. A provider, or any person with five percent or greater direct or indirect ownership in the provider, who is required by AHCCCS to submit a set of fingerprints and fails to do so may have its application denied or enrollment terminated as specified in 42 CFR 455.450 (d).

¹⁸ Wording added for detailed instructions of submission of provider application and disclosures

12. AHCCCS may, in its sole discretion, conduct criminal background checks and/or fingerprint checks of the provider or any employees or contractors of the provider.

AHCCCS registration is mandatory for consideration for payment by:

1. AHCCCS for services rendered by FFS providers, and

2.3. AHCCCS Contractors for services rendered by managed care providers as well as submission of encounter data to the AHCCCS Administration¹⁹ by the Contractors.²⁰

A. AHCCCS PROVIDER REGISTRATION ENROLLMENT MATERIALS

AHCCCS-OIG Provider Registration Enrollment materials are available on the AHCCCS web site. Click on the “Plans/Providers” tab. Under “New Providers”, click on the “Provider Registration Enrollment” hyperlink. From the AHCCCS Provider Registration Enrollment page, click on the “Provider Reenrollment Enrollment Packets²¹” tab. The forms can be completed on the AHCCCS website; however, completed forms must be submitted in paper by fax or mail.

B. AHCCCS PROVIDER TYPES

Providers are registered-enrolled with AHCCCS under a provider type (e.g., hospital, nursing facility, physician) established by AHCCCS. See Attachment A for a complete list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type.²² The AHCCCS-OIG Provider Registration Enrollment Section²³ will is available to assist providers in identifying the most appropriate provider type, based on the provider's license/certification and other documentation submitted by the provider.

C. SCREENING OF PROVIDERS BASED ON CATEGORICAL RISK

As part of the implementation of the Section 6401 of the Affordable Care Act, Provider Screening Screening, and Other Enrollment Requirements under Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), CMS requires-mandates that AHCCCS require all providers to be screened in accordance with Federal and State law, regulations, and rules including the following comply with the following provisions:

¹⁹ Agency decision to no longer utilize AHCCCS Administration

²⁰ Moved under section A

²¹ Correction to location on the web

²² Moved up from below

²³ Revised to align with references to AHCCCS units throughout policy

1. Screening of providers according to the provisions under as specified in 42 CFR 455.450.
 2. Screening of all provider applications, including initial applications, applications for a new practice location, and applications for re-enrollment or revalidation, based on a categorical risk level of “limited”²⁴, “moderate”²⁵, or “high”²⁶ [as specified in- 42 CFR 455.410(a)- 42 CFR 455.450. Screening requirements for each risk category can be found in the applicable tabs in Attachment B.²⁵
 - ~~3. To establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste or abuse to the Medicaid Program.~~²⁶
 3. When AHCCCS determines that a provider’s categorical risk level is “high”, or when the provider poses an increased risk of fraud, waste, and/or abuse to the Medicaid program and/or AHCCCS, the agency provider must consent to a criminal background check, INCLUDING FINGER-PRINTING including fingerprinting²⁷. See Attachment B “High Risk Providers” tab for applicable screening requirements.
 - ~~4. Not all providers are required to pay enrollment fees, these are only applicable to institutional providers. Applicable requirements for each risk category are found in Attachment B as defined by CMS and AHCCCS.~~²⁸
 - 5.4. Under Pursuant to As specified in 42 CFR 455.434(b), Each the requirement to submit fingerprints applies to both the “high” risk provider and any person individual or entity with a five percent or more direct or indirect ownership interest in the provider, as those terms are defined in 42 CFR 455.101, must submit fingerprints and consent to a criminal background check.²⁹ (See Attachment B — “High Risk Providers” tab for applicable screening requirements).³⁰
- ~~AHCCCS is not required to conduct a Fingerprint Based Criminal Background Check (FCBC) on a “high” risk provider if that provider is considered a “high” risk provider by Medicare and the provider has been enrolled by Medicare. (Under 42 CFR 424.518(e), Medicare considers newly enrolling home health agencies and suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to be “high” categorical risk).~~³¹

²⁴ Revised Tab and Title of Attachment B from Low risk to Limited Risk to align

²⁵ Moved up from below

²⁶ Removed and revised/included below to align with MPEC (6/23/2017) guidance provided by CMS

²⁷ Added language to align with attachment B

²⁸ Moved from below for consistency in flow of information provided

²⁹ Moved from below for consistency in flow of information provided and revised for clarity

³⁰ Moved from below for consistency in flow of information provided

³¹ Removed – Medicare Screening information included in #5

5. AHCCCS may rely upon Medicare screening to the extent Medicare has screened the same provider and if AHCCCS is provided verification that demonstrates the following conditions are met:
- a. The date of Medicare’s last screening (revalidation or new enrollment) of the subject provider must have occurred within the last five years.
 - b. The provider is the “same” in Medicaid and Medicare. A provider is the same when AHCCCS is able to match the data elements listed in the Table 1 below.
 - c. The Medicare enrollment is in an “Approved” status, and
 - a.d. The Medicare risk category is equal or exceeds the Medicaid risk category for that provider, with the exception of prospective Home Health Agency (HHA) or Durable Medical Equipment (DME) providers.³²

TABLE 1³³

	RISK CATEGORY	NAME	NPI	SSN (LAST 4 DIGITS)	TIN	PRACTICE LOCATION (S)	ALL 5% OR MORE OWNERS
<u>INDIVIDUAL PROVIDER</u>	<u>“Limited”</u>	<u>X</u>	<u>X</u>	<u>X</u>			
	<u>“Moderate”</u>	<u>X</u>	<u>X</u>	<u>X</u>		<u>X</u>	
	<u>“High”</u>	<u>X</u>	<u>X</u>	<u>X</u>		<u>X</u>	
<u>ORGANIZATIONAL PROVIDER</u>	<u>“Limited”</u>	<u>X</u>			<u>X</u>		<u>X</u>
	<u>“Moderate”</u>	<u>X</u>			<u>X</u>	<u>X</u>	<u>X</u>
	<u>“High”</u>	<u>X</u>			<u>X</u>	<u>X</u>	<u>X</u>

~~Under 42 CFR 455.434(b), the requirement to submit fingerprints applies to both the “high” risk provider and any person with a five percent or more direct or indirect ownership interest in the provider, as those terms are defined in 42 CFR 455.101.~~³⁴

D. RISK ASSESSMENT AND CRITERIA FOR RISK ADJUSTMENT

~~In accordance with~~As specified in 42 CFR 455.450, AHCCCS-OIG will adjust the provider’s categorical risk level from “limited” or “moderate” to “high” on a credible allegation of fraud, waste, and/or abuse, or when any of the following occurs:

³² Aligned with the Medicaid Provider Enrollment Compendium (MPEC)

³³ Included Table to outline requirements aligning with MPEC (6/23/2017) guidance provided by CMS

³⁴ Moved up for consistency in flow of information provided

1. AHCCCS imposes a payment suspension on a provider based on credible allegation of fraud, waste, and/or abuse; the provider has an existing Medicaid overpayment; or the provider has been excluded by the U.S. Department of Health & Human Services, Office of Inspector General³⁵ (HHS-OIG) or another State's Medicaid program within the previous 10 years.
2. AHCCCS or CMS in the previous six months lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment as a provider at any time within six months from the date the moratorium was lifted.

AHCCCS-OIG Provider Registration-Enrollment will notify each high-risk provider regarding the fingerprint based background checks. The individual(s) subject to the FCBC requirement will be listed as part of the notification process and will have 30 calendar³⁶ days to comply, from the date of notification. AHCCCS-OIG Provider Registration-Enrollment will notify the provider with a 15-day notification letter to remind the provider of the fingerprint background requirement. If the provider, or any person with five percent or greater direct or indirect interest in the provider, fails to submit sets of fingerprints in the form and manner requested by AHCCCS-OIG within 30 calendar days from AHCCCS-OIG's request, AHCCCS may terminate the enrollment or deny the application. The 15-day notification letter is provided as a courtesy only and does not impact and/or toll the timeframe for compliance with AHCCCS-OIG's FCBC request.³⁷

~~Once the individual(s) have complied with the requirement, AHCCCS-OIG Provider Registration will send the fingerprints to the Department of Public Safety (DPS) to complete the background check. Upon receipt of the background results, AHCCCS-OIG Provider Registration 'designee' will review results and elevate any individual(s) with a criminal history to the AHCCCS-OIG High Risk Provider Review Committee (HRPRC) to review. The provider will be issued an AHCCCS provider identification number if the results are positive.~~

~~The provider will be notified if FCBC results require a denial of the provider's application or the termination of a provider's enrollment. If AHCCCS-OIG Provider Registration denies the enrollment based on the FCBC results, the individual(s) or provider will be notified. The notice will include the appeal rights as~~ in accordance with³⁸ A.R.S. §-36-2903.01-(B)-(4) and A.R.S. §-41-1092.01 et seq.

³⁵ Spelled out acronym. First time use

³⁶ Added for clarification

³⁷ Added for clarification of time frames

³⁸ Modified information in this section for clarification of FCBC and notification letter process

~~In accordance with the CMS SMD 15-002, a provider that has failed to comply with the FCBC requirement or fails the background check must be terminated or the agency has a basis to deny their enrollment, unless AHCCCS determines that termination is not in the best interests of the Medicaid Program and documents that determination in writing.~~

~~Attachment A identifies the complete list of AHCCCS Medicaid provider types. The list identifies the registration requirements per provider type along with the regulatory organization(s) for providers of AHCCCS covered services.³⁹ Refer to AMPM Chapter 300 for a description of all AHCCCS covered services. Refer to AMPM Chapter 1200 for long term care services, and the Behavioral Health Services Guide for behavioral health services.⁴⁰~~

Refer to the AHCCCS website for additional information regarding provider registration requests.

ATTACHMENT A, AHCCCS PROVIDER TYPES

SEE THE AMPM WEBPAGE FOR ATTACHMENT A OF THIS POLICY⁴¹

ATTACHMENT B, AHCCCS PROVIDER SCREENING TOOL

SEE THE AMPM WEBPAGE FOR ATTACHMENT B OF THIS POLICY

⁴²

³⁹ Moved up under section on provider types to keep like information together

⁴⁰ Removed references to other policy sections – this is not all-inclusive list; providers must reference all manual policies and guides as appropriate

⁴¹ Removed language, no longer adds value

⁴² Removed language, no longer adds value