

<u>SECTION</u>	<u>PAGE NUMBERS</u>
4.20 Direct payments to certain recipients for physicians' or dentists' services .....	67
4.21 Prohibition against reassignment of provider claims.....	68
4.22 Third party liability .....	69
4.23 Use of contracts.....	71
4.24 Standards for payments for nursing facility and intermediate care facility for the mentally retarded services .....	72
4.25 Program for licensing administrators of nursing homes .....	73
4.26 Drug utilization review program.....	74
4.27 Disclosure of survey information and provider or contractor evaluation .....	75
4.28 Appeals process .....	76
4.29 Conflict of interest provisions.....	77
4.30 Exclusion of providers and suspension of practitioners and other individuals.....	78
4.31 Disclosure of information by providers and fiscal agents .....	79
4.32 Income and eligibility verification system.....	79
4.33 Medicaid eligibility cards for homeless individuals .....	79a
4.35 Enforcement of compliance for nursing facilities.....	79c.1
4.36 Required coordination between the Medicaid and WIC programs.....	79d
4.39 Preadmission screening and annual resident review in nursing facilities.....	79s
4.42 Employee education about false claims recoveries .....	
4.46 Provider screening and enrollment .....	79z

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State/Territory: OHIO

page 79z

**4.46 Provider Screening and Enrollment**

Citation

1902(a)(77)  
1902(a)(39)  
1902(kk);  
P.L. 111-148 and  
P.L. 111-152  
42 CFR 455  
Subpart E

The State Medicaid agency gives the following assurances:

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.

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page 79z-1

**4.46 Provider Screening and Enrollment**

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 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 455.420

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.

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State/Territory: OHIO

page 79z-2

**4.46 Provider Screening and Enrollment**

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 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 455.460

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.

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