STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **HAWAII**

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.46 Provider Screening and Enrollment

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

42 CFR 455
Subpart E

PROVIDER SCREENING

☒ 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.

Ordering and referring providers for Medicaid beneficiaries within the provider network of a risk-based managed care organization (MCO) are subject to the compliance of the MCO screening and credentialing process. The State shall rely upon the screening performed by Medicare, other State Medicaid agencies, Children Health Insurance Programs of other States or MCOs contracted by the State for Fee-For-Service (FFS) ordering and referring providers when available. For all other FFS providers the State will perform the screening and enrollment function in accordance with the Act.

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.

42 CFR 455.412

VERIFCATION OF PROVIDER LICENSES

☒ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and such providers licenses have not expired or have no current limitations.

The process for verification of provider licenses is an electronic process to assure accuracy. The Med-QUEST Division (MQD) sends a request to the Department of Commerce and Consumer Affairs (DCCA) to receive a file of all updated provider licenses. This file is imported into Hawaii's Medicaid

Management Information System (HPMMIS) when it is received from DCCA.

Providers who have not updated their licenses are pended in HPMMIS and recoupment initiated for claims paid during the period between the expiration of the license and the processing of the DCCA file. The pend period is the last day of their previous active license through either the submission of a hard copy of their license for manual input into HPMMIS or the receipt of the subsequent electronic file from DCCA, whichever occurs earlier. Providers with inactive licenses are unable to submit claims for dates of services occurring after the pended date in HPMMIS.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

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

The State shall rely upon revalidation credentialing performed by Medicare, other State Medicaid agencies, Children Health Insurance Programs of other States or MCOs contracted by the State for Fee-For-Service (FFS) ordering and referring providers. The State shall assure revalidation of Fee-For-Service (FFS) providers not otherwise credentialed.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

☒ Assure 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

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

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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 be 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.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

☒ Assures that providers, as condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do under State law, or by the level of screening based on risk fraud, waste abuse for that category of provider.

42 CFR 455.436

FEDEAL DATABASED 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 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

☒ Assure that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

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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.

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.