

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Hampshire

4.46 Provider Screening and Enrollment

The State Medicaid agency gives the following assurances*:

Citation

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

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.

HP

The current system is capable of some limited screening. After much discussion in various workgroups as to how the new requirements could be met, it has been determined that there are significant challenges to implementing the requirements in the current system. These challenges are related to (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

Re-enrollment has begun under the new fiscal agent in accordance with the process flow that was part of the new system design. Some provider notification of the new requirements has been accomplished, and additional, detailed notification documents have been prepared. However, in order to fully implement these new regulatory requirements, it has been determined that the originally designed work flow process for the new MMIS must first be refined and that then the additional provider notification must be completed.

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.

*Note: NH is transitioning its MMIS from one fiscal agent (HP) to a new fiscal agent (Xerox, formerly known as ACS), which results in some unique challenges to implementation of the new requirements.

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4.46 Provider Screening and Enrollment (cont.)

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42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS (cont.)

HP

This function requires a change to the provider enrollment application and agreement. This is not administratively or fiscally feasible as the state is nearly ready to move to a new fiscal agent and provider enrollment approach.

Xerox

Screening is built into the Xerox work flow design, but additional provider notification is necessary before this can be activated. The enrollment of ordering or referring physicians and other professionals will require a modification to the provider enrollment application and the on-line enrollment system. These modifications are not administratively feasible at the current time, but the state plans to carry out this requirement at a future date.

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.

HP

HP verifies that providers are licensed as required, but no crosscheck of licensure data bases is done. The challenge to implementing this in the current system is (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

This criteria is built into the new MMIS.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

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

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

HP

This requirement is done to some extent. Complete compliance with the new regulations would be a challenge due to (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

This is built into the new MMIS.

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.

HP

The Department has designed its site visit program and stands at the ready. However, the current MMIS system is not designed to flag providers by risk category. This is currently an implementation challenge because of (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

The Department stands ready to implement site visits as soon as reenrollments are completed under Xerox and providers are referred.

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P.L. 111-152

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.

It is the Department's understanding that this is on hold at the federal level. We are working on this requirement and could implement under HP and Xerox on a limited basis, but would need more time to fully implement.

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.

HP

The current system is unable to do this. This would be an implementation challenge due to (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

The new system has the capability to electronically do the database checks. We are reviewing work flow processes to determine if it is included in the actual work flow process. Regardless, the Department is confident that it can be implemented when the new MMIS comes on-line.

42 CFR 455.440

NATIONAL PROVIDER IDENTIFIER

 X Assures that the State Medicaid agency requires the 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.

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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.

HP

The Department has prepared internal processes and documents necessary to meet the departmental work flow aspect of this requirement. HP is unable to implement the front end identification process due to (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

This is part of the process flow and the system design for the new MMIS. The new system is being evaluated and refined as its phase-in occurs, and the Department is prepared to implement this requirement once MMIS implementation is fully accomplished.

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)(C) of the Act and 42 CFR 455.460.

HP

Meetings have been ongoing regarding this requirement. This is an implementation challenge under the current system due to (a) lack of fiscal agent resources/staff, and (b) contract obligations, i.e., the fiscal agent contract would have to be amended.

Xerox

This requirement is ready to be implemented once adequate provider notice is accomplished.

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.

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