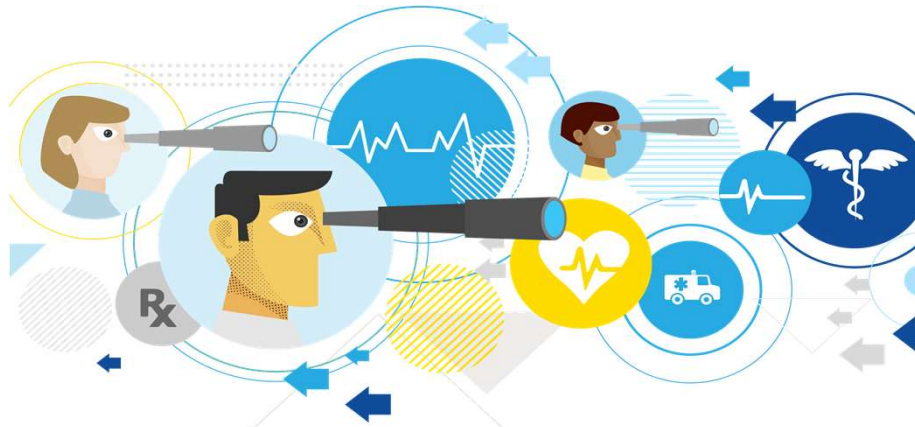# CMS Medicaid Provider Screening and Enrollment Update

Michael Cimmino *Deputy Director,*
Kendra Delaine *Business Function Lead,*
Division of Enrollment Operations
Provider Enrollment Oversight Group
CMS Center for Program Integrity (CPI)

1

Sub-Regulatory Guidance

- The Medicaid Provider Enrollment Compendium (MPEC):
  - Medicaid.gov
  - First released March 2016
  - Last updated July 2018 to include guidance on enrolling Medicaid Managed Care Network Providers
  - Provides sub-regulatory and clarifying guidance regarding 42 CFR 455 Subparts B & E
  - Currently working through a broad sweeping update to include further clarifications based on state feedback (late summer/early fall 2019)

2

Sub-Regulatory Guidance

- Updates to include:
  - Clarification on collection of app fees for dually enrolled
  - Use of e-signatures and online enrollment
  - Clarification on site visit policy for Physical Therapists
  - Enrolling and screening Rideshare entities for NEMT purposes (Uber, Lyft, etc.)
  - Updated terminations section to include the use of DEX

3

Enrollment of Managed Care Network Providers

- May 2016, CMS issued the Medicaid and CHIP Managed Care Final Rule (CMS -2390-F)
- Requires states to screen and enroll all Medicaid Managed Care Program network providers per 42 CFR part 455 no later than July 1, 2018
- December 2016, Congress passes the 21st Century Cures Act, which requires enrollment no later than January 1, 2018
- CMS is actively providing technical assistance to states via a number of pathways (BFL, MCO PE TAG, MPEC, etc.)

4

Enrollment of Managed Care Network Providers

- As of July 2019, states are actively working to enroll their managed care network provider population

Shared best practices for better managing this workload include:
- Re-examining and redefining the state's network
- Encounter claims edit
- Adequate data sharing between SMA and MC plans
- CMS Data Compare Service

5

Data Compare Service

- The CMS Data Compare Service is a process that states may leverage to rely upon Medicare screening data

- CMS works with the SMA to identify dually enrolled providers who Medicare has already screened

- Significant screening and revalidation workload reduction

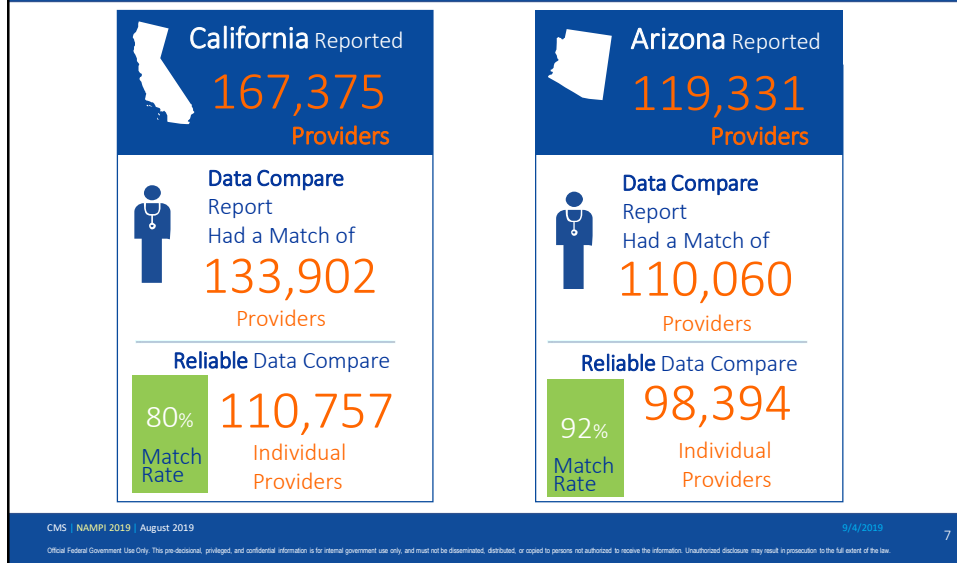- Some states have matched as high as 80% of their provider population to Medicare's

6

Data Compare Service

California Reported
167,375
Providers

Data Compare Report
Had a Match of
133,902
Providers

Reliable Data Compare
80% Match Rate
110,757
Individual Providers

Arizona Reported
119,331
Providers

Data Compare Report
Had a Match of
110,060
Providers

Reliable Data Compare
92% Match Rate
98,394
Individual Providers

7

CMS State Visits

- State visits are not an audit
- Voluntary
- Build a relationship
- Ask and answer questions related to federal enrollment requirements
- Review MPEC guidance
- Discuss challenges and barriers
- Brainstorm opportunities to tackle challenges and barriers, and share best practices
- Find ways CMS can better support the SMA, help reduce burden, and provide guidance
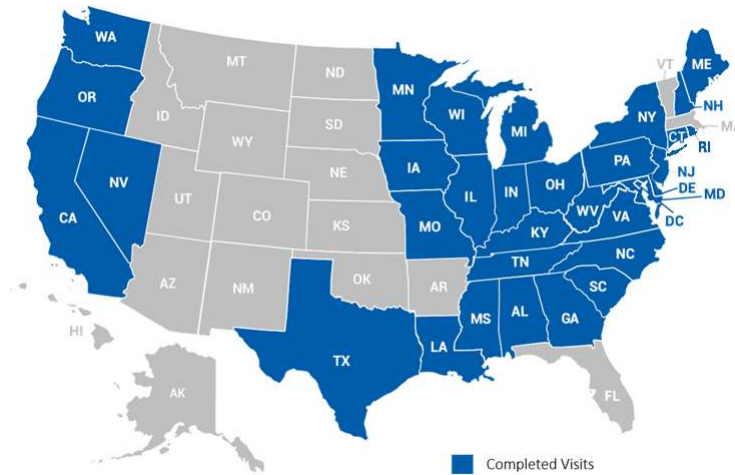
8

4

CMS State Visits

9

Collecting Ownership Information

- Capturing accurate ownership information continues to present a challenge as there is no source of truth to verify the data

What is the next best option?

10

Reporting Ownership Discrepancies

- CMS relies on states to ensure ownership information is consistent between programs

- CMS receives input from states when the ownership in PECOS doesn't match the ownership reported to the state on their enrollment application

- CMS does not have statutory authority to require such a practice but requests states' cooperation in efforts to better safeguard the Medicare and Medicaid trust

11

Fingerprint-Based Criminal Background Checks

- CMS continues its work with states to ensure they are complying with the fingerprint requirement for "high" risk providers

- CMS, in conjunction with the FBI, has worked with states to address challenges accessing criminal history data via the state repository

- CMS has facilitated connecting the SMA with the appropriate contacts at the state repository

- During state calls and visits, CMS has provided clarifying guidance and demonstration on how to better rely on Medicare's fingerprinting

12

Updates to the PECOS States' Page

- Currently, CMS is working to streamline the states' page and make it more user-friendly
- Updates include:
  - Removing irrelevant data
    - Dates
    - Unpopulated fields
  - Adding Medicare enrollment data
    - Enrollment type

13

Best State Practices

OR — Use of **CMS Data Compare Service** enabled Oregon to leverage Medicare screening and **complete revalidation for 90%** of their providers.

CT — **Automated checks** of the Death Master File built into the online application **identify inaccurate data** in real time and prevent application submission.

VA — Virginia established a 100% online enrollment process.

IA — Iowa's **automated risk assessment tool** screens for the existence of uncollected debt and past exclusions to **"bump up" risk level** and trigger additional screening and monitoring.

WI — WI established a 24 hour auto-enrollment process.

14

Best State Practices

Requires enrollment and **screening of clearinghouses**.

Personal Care **"lock-in"** service where PC providers with questionable legal history cannot provide services for more than one beneficiary and may only do so upon request by the beneficiary

Indiana maintains **strong oversight** of its PE contractor through well-defined **performance measures**, state **policy expertise**, and **awareness** of the enrollment process.

With support and input from Program Integrity, Ohio developed a **robust site visit** protocol to comprehensively screen and educate providers.

Alabama **compares ownership disclosures** against Medicare data in PECOS to **identify potentially outdated or fraudulent** data and **returns the application** if there are mismatches.

CMS | NAMPI 2019 | August 2019

9/4/2019   15

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

15

Terminations

➢ As established under the *Social Security Act 1902(a)(41)*, SMAs are required to **report** terminations to CMS

➢ Per *42 CFR 455.101* and *MPEC 1.1.2.A*, **termination** means:

- For a Medicaid or CHIP provider: the SMA has revoked the provider/supplier's billing privileges *and* the provider/supplier has exhausted all applicable appeal rights or the timeline for appeal has expired

- For a Medicare provider/supplier: CMS has revoked the provider/supplier's billing privileges, *and* the provider/supplier has exhausted all applicable appeal rights or the timeline for appeal has expired
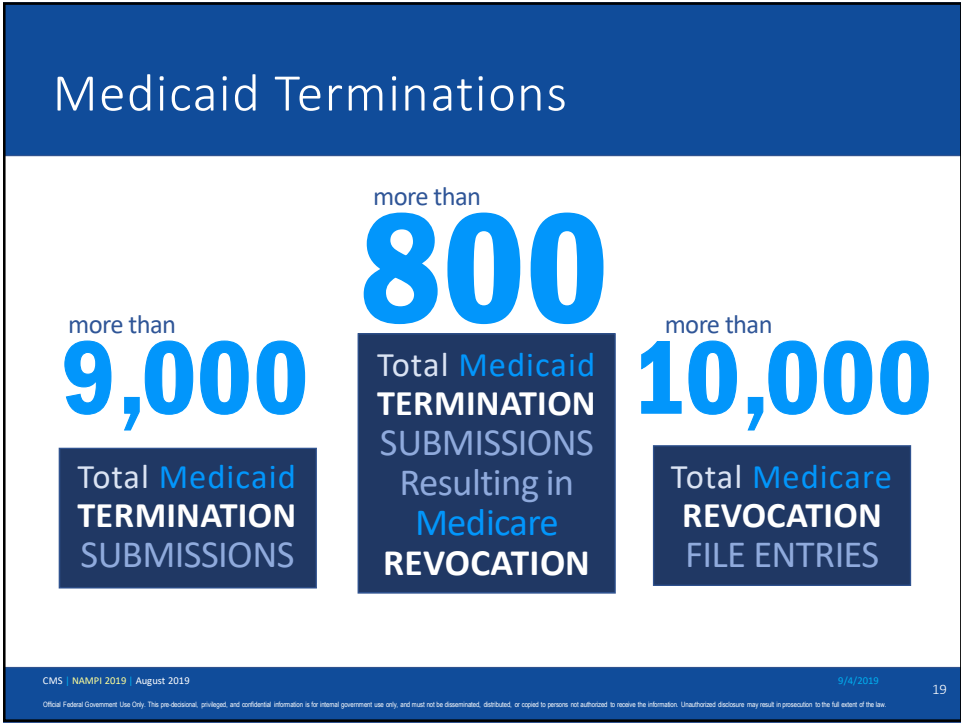
CMS | NAMPI 2019 | August 2019

9/4/2019   16

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

16

Terminations: Reporting *(MPEC 1.10.4)*

? *Which terminations should SMAs report?*

- ✓ SMA shall report providers terminated on or after **January 1, 2011**

- ✓ After Jan. 1, 2018, MCO providers who were dually enrolled under the MCO rule are now **required** to be terminated and reported to CMS under the same guidelines applicable to FFS providers

? *What is a timely termination report?*

- ✓ SMA should report terminated providers **within 30 days of the effective date or appeals exhaustion**, whichever is later

9/4/2019 17

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

17

Medicaid Terminations

SMAs are required to report to CMS when a SMA terminates a provider from their program. If a provider is terminated from any SMA, CMS has the *discretion* to revoke the provider from Medicare. *

SCENARIO #1**	SCENARIO #2**	SCENARIO #3
• A provider is terminated from California Medicaid and reported to CMS. CMS publishes the termination to be viewable by all SMAs.	• A provider is revoked for cause from Medicare in Utah. CMS publishes the revocation to be viewable by all SMAs.	• A supplier is terminated from Arizona Medicaid and reported to CMS. CMS publishes the termination to be viewable by all SMAs.
• The provider is enrolled in Oregon's Medicaid Program.	• The provider is enrolled in New Mexico's Medicaid program.	• The provider is enrolled in Medicare.
• When a provider is terminated in one state's Medicaid program they are prohibited from enrolling or remaining active in another state's Medicaid program. Here, the provider must be terminated from Oregon's Medicaid program because he is prohibited from being actively enrolled in any State Medicaid Agency.	• When a provider is revoked from Medicare in any jurisdiction, the provider must be terminated from any state Medicaid program. Here, New Mexico Medicaid must terminate the provider.	• When a provider is terminated from a state Medicaid program, Medicare has the *discretion* to revoke the provider from Medicare. Here, the provider may be revoked in Medicare based on the termination in Arizona.
		*See Social Security Act Sec. 1902(a)(41); (kk)(6); 42 CFR 455.101 ** 42 CFR 455.416(c)

9/4/2019 18

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

18

Medicaid Terminations

more than

800

Total Medicaid **TERMINATION** SUBMISSIONS Resulting in Medicare **REVOCATION**

more than

9,000

Total Medicaid **TERMINATION** SUBMISSIONS

more than

10,000

Total Medicare **REVOCATION** FILE ENTRIES

CMS | NAMPI 2019 | August 2019

9/4/2019

19

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

19

Data Exchange (DEX) – *FY 2019*

In collaboration with State Medicaid Agency (SMA) partners, CMS is improving the data exchange process:

- DEX replaced the TIBCO file transfer site

- DEX supports automated submissions of terminations in both individual and bulk format

- CMS continues to manually review state-submitted terminations.

CMS | NAMPI 2019 | August 2019

9/4/2019

20

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

20

DEX

- ✔ Web Interface for Individual or Bulk Submissions
- ✔ Streamlined Access
- ✔ Death Master File Access
- ✔ Search Functionality for Provider Information
  (i.e. Medicare Revocations & Medicaid Terminations)
- ✔ Data Validation
- ✔ Web Interface for Sharing of Large Files
  (i.e. Data Compare)
- ✔ Web Interface for All File Downloads
  (i.e. MED, PECOS, Reval)

21

DEX's Role in Managed Care

- 21st Century Cures Act and The Medicaid and CHIP Managed Care final Rule CMS 2390-F.
- Termination by an SMA means termination of the any network provider agreement.
- Screening in DEX for FFS providers will automatically effect MCO enrolled providers due to the dual enrollment requirement.

22

Current Adverse Actions Report in DEX

❖ Combined the Medicaid Terminations File and Medicare Revocations File.

❖ No longer a static report (previously only updated on the 1st and 15th of each month). Now updated in real time as actions are reviewed by CMS.

❖ Contains all Medicare "for cause" revocations that have the CMS level appeal rights exhausted.

❖ Contains all Medicaid "for cause" terminations that have been reported by State Medicaid Agencies, and exhausted appeal rights.

❖ CSV format to allow states to easily upload into state systems.

❖ Reduces state burden by decreasing number of reports each state needs to check.

23

Reports Available in DEX

Adverse Actions Report:
- Contains all terminations and revocations published by CMS since **1/1/2014**. You may use this file for your **monthly checks**.
- If any of the providers found on this report are actively enrolled in your SMA you **must terminate the provider and report the termination** to CMS.

Terminations Report:
- This report contains all terminations reported by **your** SMA to CMS

24

Using DEX for Enrollment Screenings

Frequency of Enrollment Checks

- ✓ Initial enrollment

- ✓ Revalidation

- ✓ Monthly for providers actively enrolled in your SMA via the Adverse Actions Report

25

Effective Use of DEX

Individual Provider Cards and Adverse Actions Report:
- ➢ Per 42 CFR §455.416(c) and 42 CFR §455.101, if any of the providers found in DEX are actively enrolled in your SMA or seeking enrollment, you **must terminate or deny their enrollment and report the termination** to CMS.

Death Master File:
- ➢ Providers that are actively enrolled in your SMA and listed as deceased in the SSA DMF should be **deactivated**.

Files Tab:
- ➢ *CMS Files:* All files previously available for download in TIBCO (i.e. MED sanctions, reinstatement and waiver files, etc.) are now available for download in DEX.
- ➢ *State File Exchange*: SMAs are able to share files with CMS such as a data compare file easily and securely.

26

Your SMA's DEX Dashboard

9/4/2019   27

27

Maneuvering through DEX

Published Actions Tab:
➤ This tab contains all of the terminations and revocations CMS published. The state should **review each adverse action** to determine whether the providers are actively enrolled with the state.

Returned Actions Tab:
➤ This tab contains terminations your SMA reported to CMS but that CMS returned to the state because it was **missing one or more required data elements**.

Drafts Tab:
➤ This tab contains any terminations your SMA saved as a **draft when it began reporting** a termination to CMS.

Not in My SMA Button:
➤ To **remove adverse actions from your dashboard** because the provider is not actively enrolled in your SMA, check the box to the left of each provider not enrolled in your SMA and click the "not in my SMA" button.

Tutorials:
➤ Instruction on **how to use various features of the system** such as reporting terminations one at a time or in bulk, searching the DMF, downloading the adverse actions report, and your SMA terminations report.

9/4/2019

28

14

Adverse Action Cards

- Medicare revocation cards are generated for each provider who has been **revoked from the Medicare** program and will appear on the SMA's dashboard.

- Medicaid termination cards are generated for each provider who has been **terminated for cause from an SMA**, reported to CMS, reviewed by CMS, and published to DEX.

- The state can differentiate between revocation cards and termination cards by **who took the action**. For revocation cards, it will say "Medicare" under "action by." For all Medicaid termination cards, under "Action By" on the dashboard, you will see the name of the SMA who reported the termination to CMS.

29

Access: Approval

- Who in your SMA can access DEX?
    - SMA staff
    - Provider Enrollment Contractor staff

- Access Levels
    - Administrator (2 - **requires CMS approval**)
    - Termination Reporting (unlimited - **requires Admin approval**)
    - Screening
    - State Basic

30

Access: Roles

31

DEX Update Preview: Search Enhancements

32

33

34

DEX Update Preview: New Enrollment Type

	A	B	C	D	E	F	G
1	Enrollment Type	NPI	SSN	EIN	Last Name	First Name	Legal Business Name
2	Individual	1306173950	XXX-XX-6521		Parker	John	
3	Individual	1750660015	XXX-XX-2014		Porter	Dick	
4	Ind as Org	4620120100	XXX-XX-4126				Jane Pallace
5	Individual	1652014870	XXX-XX-3684		Stage	Tom	
6	Individual	1346699154	XXX-XX-2154		Stark	Harry	
7	Individual	1687451200	XXX-XX-6431		Pork	Steve	
8	Organization			312522013			Naturopath
9	Individual	1922242627	XXX-XX-2415		Smart	Joe	
10	Individual	1654870211	XXX-XX-6544		Short	Jene	
11	Organization			658583514			Patient Correctional Institut
12	Individual		XXX-XX-7630		Little	Sarah	
13	Individual	1710216858	XXX-XX-4126		Tall	Paul	
14	Individual	1306173952	XXX-XX-7826		Big	Cassie	
15	Individual		XXX-XX-8542		Plank	Kim	
16	Organization			312522013			Naturopath
17	Individual	1652014870	XXX-XX-3684		Stage	Tom	
18	Ind as Org		XXX-XX-8489				Mary Smith
19	Ind as Org	1134437460	XXX-XX-8542				Kim Plank

Adverse-Actions-Report-as-of-08

Individuals Enrolled as Organizations

- SSN
- Legal Business Name
- Example: Durable Medical Equipment (DME) Suppliers

9/4/2019   35

35

DEX Update Preview: MED Ingestion

	I	J	K	L	M	N	O
1	Effective Date	Adverse Action Reason(s)	Correspondence Address Line 1	Correspondence Address City	Correspondence Address State	Correspondence Address Zip Code	Active Enrollment Bar?
2	04/06/1993	1128a1 - Conviction of program-related crimes	3125 W Alton Gloor Blvd	Brownsville	TX	78520	Yes
3	07/19/2001	1128b8 - Entities controlled by a sanctioned individual	1604 E 8th StSuite A	Weslaco	TX	78596-5587	Yes
4	07/19/2001	1128b8 - Entities controlled by a sanctioned individual	1008 Paluxy Rd	Granbury	TX	76048	Yes
5	02/08/1993	1128a1 - Conviction of program-related crimes	Tsw Medical Ctr, 5323 Harry Hines Bl	Dallas	TX	75390	Yes
6	09/19/2002	1128a1 - Conviction of program-related crimes	1011 Main St, Po Box 777	White River	VT	05001-6200	Yes
7	02/13/1996	1128b5 - Exclusion or suspension under federal or state health care program	525 E 68th St, Suite M204	New York	NY	10065	Yes
8	02/13/1996	1128b5 - Exclusion or suspension under federal or state health care program	10 Technology Dr, Suite 7	Brattleboro	VT	05301-9181	Yes
9	03/20/2000	1128b8 - Entities controlled by a sanctioned individual	11050 68th Dr	Forest Hills	DE	15423	Yes
10	03/20/2000	1128b8 - Entities controlled by a sanctioned individual	P O Box 653	Porterville	OH	65201	Yes
11	08/19/1999	1128a1 - Conviction of program-related crimes	900 Westchester Hall, Room 151	Atlanta	GA	65248-3000	Yes
12	08/20/2003	1128b4 - License revocation, suspension, or surrender	13044 236th St	Rosedale	NY	11422-1218	Yes
13	04/19/2012	1128b4 - Felony conviction relating to controlled substance	400 West Annapolis Dr	Northwood	NH	03214-6520	Yes
14	10/19/2017	1128b4 - License revocation, suspension, or surrender	10706 East Keswick Rd	Philadelphia	HI	72756	No
15	04/19/2018	1128b8 - Entities controlled by a sanctioned individual	3851 Roger Brooke Dr	FT Sam Houston	TX	78234	Yes
16	02/13/1996	1128b4 - License revocation, suspension, or surrender	10 Technology Dr, Suite 7	Brattleboro	VT	05301-9181	Yes
17	02/08/1993	1128b5 - Exclusion or suspension under federal or state health care program	Tsw Medical Ctr, 5323 Harry Hines Bl	Dallas	TX	75390	Yes
18	04/06/1993	1128a1 - Conviction of program-related crimes	3501 S Soncy Rd, Ste 1	Amarillo	TX	79119	Yes
19	04/19/2018	1128a1 - Conviction of program-related crimes	3851 Roger Brooke Dr	FT Sam Houston	TX	78234	Yes

Adverse-Actions-Report-as-of-08

9/4/2019   36

36

9/4/2019

37

38

19

Identifying Matches in DEX

Not all providers in DEX will be enrolled in your SMA, you should refer to the **numerical identifiers and provider name** to perform a match on the data points:

❖ *For **organizational providers**, to determine if the terminated provider is the same as a provider enrolled or newly enrolling in an SMA, the SMA is required to match:*
- ✓ *NPI or EIN (whichever is available)*
- ✓ *Legal business name.*

❖ *For **individual providers**, to determine if the terminated provider is the same as a provider enrolled or newly enrolling in an SMA, the SMA is required to match:*
- ✓ *NPI or the last four of the SSN (whichever is available)*
- ✓ *First and last name of the provider.*
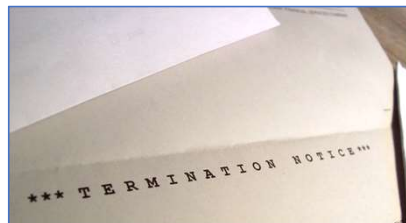
CMS | NAMPI 2019 | August 2019   9/4/2019

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

39

Terminating Based on Another Program's Action

The SMA must terminate a provider's enrollment from its program if:

1) A positive match is found,

2) the provider is actively enrolled in the SMA, *and*

3) the eligible to reapply date has not expired.

NOTICE OF TERMINATION

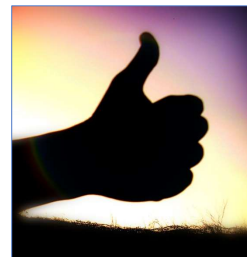CMS | NAMPI 2019 | August 2019   9/4/2019   40

Official Federal Government Use Only. This pre-decisional, privileged, and confidential information is for internal government use only, and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

40

20

Features of a Exemplary Termination Letter

- ✓ Clearly dated
- ✓ Identifiers for the implicated provider(s) are notated (*i.e. name, NPI, EIN, last four digits of SSN*)
- ✓ Basis for the termination is clearly stated
- ✓ Facts pertaining to the termination basis are included for otherwise vague reasons
- ✓ The effective date is written conspicuously
- ✓ The appeals period or explanation of no appeal rights is clear and concise.

41

Best Practices: Reminders

▶ Failing to report a **reinstatement** or **change in the enrollment bar** of a provider.

➔ Causes provider burden, and burdens other SMAs.

➔ Creates issues with data integrity.

▶ **Unanswered** questions from CMS (*Returned to State* terminations)

➔ Creates a risk for the trust.

➔ Creates program integrity risks for other SMAs.

➔ Creates opportunities for bad actors to reinvent in another SMA.

42

Best Practices: Reminders

▸ **Inadequate or vague** termination letters (i.e. no description of termination basis, first level appeal rights have not been exhausted, etc.)

➔ Makes it difficult for CMS to review and publish terminations.

➔ Makes it difficult for other states to rely on your termination when taking their actions against the provider.

▸ **Infrequent** reporting

➔ Puts your SMA out of compliance with the Cures Act.

➔ Puts other SMAs at risk for bad actors.

43

Best Practices: What can *YOU* do?

✓ Keep information in DEX up to date

✓ Provide clear and specific information in termination letters

✓ Report regularly

✓ Ask questions if you have them

44

Data Exchange (DEX)

- Thank you CA, CT, FL, IN, IA, OR, PA, and TX for participating in the DEX feedback sessions

- CMS has incorporated State feedback in the development and updates of DEX

- CMS welcomes your feedback. If you wish to participate, please contact CMS Business Function Leads (BFLs).

45

Questions?

For system/access questions, please email
DEXsupport@cms.hhs.gov

For policy questions, please email
ProviderTerminations@cms.hhs.gov

46

Thank you!

9/4/2019

47