


GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



Office of the Senior Deputy Director

Transmittal No. 14-08

**To:** All DC Medicaid Providers

**From:** Linda Elam, Ph.D., M.P.H.   
Senior Deputy Director & State Medicaid Director

**Date:** NOV 27 2013

**Subject:** Provider Enrollment and Safeguard Changes under the Affordable Care Act

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On February 2, 2011, the Centers for Medicare & Medicaid Services (CMS) released the final regulations implementing sections of the Affordable Care Act (ACA) related to provider and supplier screening, an application fee for institutional provider and suppliers, and guidance regarding termination of providers from the Medicaid program. As a result of the ACA and associated regulation, Department of Health Care Finance (DHCF) issued a final rule, entitled "Medicaid Provider and Supplier Screening, Enrollment, and Termination" which was published on July 12, 2013. The final rulemaking governs the District's Medicaid Program's procedures for provider and supplier screening, enrollment and termination. Below is an overview of the new requirements which DHCF will begin implementing on January 1, 2014.

**Enrollment and Screening**

All DC Medicaid-participating providers must be screened upon initial enrollment, including applications for a new practice location, and any applications received in response to a request for re-enrollment. Screening is also performed for a provider who is revalidated for enrollment. The required screening measures will vary according to the provider's categorical risk level of "limited," "moderate" or "high." All DC Medicaid providers other than durable medical equipment (DME) must re-enroll every **five years**. DME providers will continue to be subject to mandatory re-enrollment every **three years**. Additionally, all **institutional** providers will be required to pay an application fee at the time of initial and re-enrollment. This requirement does **NOT** apply to individual physicians or non-physician practitioners or providers that have remitted an application fee to Medicare or another state's Medicaid program.

**Categorical Risk Assignments**

DHCF has designated which provider types will be considered limited, moderate or high.

**Moderate** risk provider types (hospice, home and community based service waiver providers, freestanding community mental health centers, intermediate care facilities for individuals with intellectual disabilities and pharmacy) will be subject to general screening requirements as well as mandatory unannounced site visits. **High** risk provider types (home health and durable medical equipment) will be subject to mandatory unannounced site visits, criminal background checks and submission of fingerprints in addition to general screening requirements. All other provider types will be classified as limited risk.

### **Disclosure of Ownership**

All providers must submit a disclosure of ownership form at time of enrollment, re-enrollment and within 35 days of a change in ownership.

### **Criminal Background Checks/Fingerprinting**

High risk providers must complete a criminal background check and submit fingerprints within 30 days of the time they receive the request from DHCF. These providers or any persons with a five percent or more direct or indirect ownership interest in the providers are the ones who must adhere to the request. The ACA also gives DHCF the right to request criminal background checks/fingerprinting from any provider who may be suspected of fraud, waste or abuse.

### **Site Visits**

Moderate and high risk providers will be required to permit DHCF staff to conduct unannounced site visits before enrollment and after enrollment.

### **National Provider Identification (NPI)**

All claims for payment for items and services that were ordered or referred must contain the NPI number of the physician or other professional who ordered or referred such items or services.

### **Enrollment of Ordering/Referring Providers**

All ordering and referring providers, except those who are enrolled in risk-based managed care organizations, are now required to be enrolled with the Medicaid program if they continue to order and/or refer services for Medicaid beneficiaries.

To view or download a copy of the “Medicaid Provider and Supplier Screening, Enrollment, and Termination” final rule, please visit DHCF’s website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov), click *Policies* then *DHCF Medicaid Regulations*.

You may contact Laurie Rowe, Manager, Division of Public and Private Provider Services at either 202-698-2044 or [laurie.rowe@dc.gov](mailto:laurie.rowe@dc.gov) if you have questions or would like additional information.