



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1647

DATE: March 24, 2016

TO: All Iowa Medicaid Providers and Managed Care Organizations (MCOs)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Enrollment Renewal for Medicaid Providers

Federal regulations at 42 CFR 455.414 require that Medicaid must renew enrollment of all providers, regardless of provider types, at least every five years. Enrollment renewal is a requirement for all providers in order to stay active in the Iowa Medicaid program. Providers who fail to complete enrollment renewal by September 25, 2016, may have their Medicaid provider number terminated. Providers must be enrolled with the IME in order to enroll, or remain enrolled with a Medicaid MCO.

Risk Based Screening

Under federal regulations at 42 CFR 455.450, Iowa Medicaid must screen all enrollment applications including renewals, based on categorical risk levels of “limited,” “moderate,” or “high.” The screening levels are based on national statistics for the risk of fraud, waste, or abuse within a particular provider category.

Moderate risk provider types include the following:

- Ambulance Suppliers
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities (includes Rehabilitation Agencies)
- Hospice Organizations
- Independent Diagnostic Testing Facilities and Independent Clinical Laboratories
- Physical Therapy including Physical Therapy Groups
- Portable X-Ray Suppliers
- Re-enrolling Home Health Agencies
- Re-enrolling Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

High risk provider types include the following:

- Newly enrolling Home Health Agencies
- Newly enrolling DMEPOS suppliers

All other provider types not listed above are considered limited risk provider types; however, the screening level for any individual or agency adjusts from limited or moderate to high-risk if any of the following occur:

- The Centers for Medicare and Medicaid Services (CMS) has imposed a payment suspension on a provider or supplier at any time in the last 10 years.

- The provider or supplier:
 - Has been excluded from Medicare by the Office of Inspector General (OIG);
 - Had billing privileges revoked by a Medicare contractor within the previous 10 years and is attempting to establish additional Medicare billing privileges by enrolling as a new provider or supplier; or billing privileges for a new practice location;
 - Has been terminated or is otherwise precluded from billing Medicaid;
 - Has been excluded from any federal health care program;
 - Has been subject to any final adverse action, as defined at 42 CFR 424.502, within the previous 10 years.
 - CMS lifts a temporary moratorium for a particular provider or supplier type and a provider or supplier that was prevented from enrolling based on the moratorium, applies for enrollment as a Medicare provider or supplier at any time within six months from the date the moratorium was lifted.

Enrollment Renewal Timelines

Individual Consumer Directed Attendant Care (CDAC) Providers

Iowa Medicaid has already begun enrollment renewal for Individual CDAC providers as announced in Informational Letter No. [1494](#)¹. Individual CDAC providers who have not yet completed enrollment renewal should refer to that letter for instructions.

Limited Risk Provider Types

Renewal for limited risk provider types will begin June 1, 2016. An informational letter with instructions for the renewal process will be issued within the next month.

Moderate Risk Provider Types

Enrollment renewal has already begun for moderate risk provider types as announced in Informational Letter [1571](#)².

High Risk Provider Types

High risk screening procedures apply primarily to newly enrolling providers; however, renewal for any limited or moderate risk providers that are adjusted to the high risk category will begin June 1, 2016. An informational letter with instructions for the renewal process will be issued within the next month.

Enrollment Renewal Procedures

Enrollment renewal is completed electronically on the [Iowa Medicaid Portal Access](#)³ (IMPA) system.

The provider will:

- Legally accept the new Provider Agreement
- Verify a listing that identifies each professional and institutional component of the provider organization and structure.

¹ https://dhs.iowa.gov/sites/default/files/1494-Individual_CDAC_Enrollment_Renewal.pdf

² https://dhs.iowa.gov/sites/default/files/1571_Enrollment_Renewal.pdf

³ <https://secureapp.dhs.state.ia.us/imp/Default.aspx>

- Complete the Ownership and Control Disclosure (OCD) and provide individual Social Security numbers where needed (see below for additional information on OCD requirements).

Ownership and Control Disclosures

Federal regulations at 42 CFR 455.104 require the IME to collect OCD information for all Medicaid providers, regardless of risk level. This includes:

- The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.

“Disclosing entities” normally are corporations or partnerships where there are owners, board of directors, officers, partners, or managing employees who run the company. Disclosures on these individuals are captured as these parties are considered “behind the scenes” and direct how the organization will operate. They are responsible for decisions made in policies and procedures for how services will be provided and for billing.

The IME is required to collect this information regardless of the entity’s for-profit or nonprofit status. This OCD information will be collected only by the IME, not by the state’s contracted MCOs. The IME will conduct regular checks of this information against several exclusionary databases to assure that an excluded individual is not participating with a Medicaid provider. In the event that the IME finds any excluded individuals, the IME will provide the MCO with the provider’s name and NPI number. The MCO will then be expected to suspend payment to the provider until the matter is resolved.

Site Visits for Moderate and High Risk Provider Types

As announced in Informational Letter [1575](#)⁴, all moderate or high risk provider types are subject to pre and post enrollment site visits wherein the IME will verify that the information submitted by the provider is accurate and will determine compliance with federal and state enrollment requirements. The IME is not required to conduct site visits on those providers who have already been screened as a moderate risk provider type by Medicare or another state’s Medicaid or CHIP program within the previous twelve months.

Fingerprint-Based Criminal Background Checks (FCBC) for High Risk Provider Types

Requirements at 42 CFR 455.434 and 455.450 require fingerprint-based criminal background checks for all high risk providers and any person with a five percent or more direct or indirect ownership interest in the provider, unless the provider is enrolled with Medicare, in which case Iowa will rely on Medicare’s FCBCs as verified through Medicare’s Provider Enrollment, Chain, and Ownership System (PECOS) system.

⁴ https://dhs.iowa.gov/sites/default/files/1575_Reminder-SiteVisitsConductedforMedicaidProviderEnrollmentScreening.pdf

During the enrollment process, the IME will supply all providers in the high-risk category with fingerprint cards. Fingerprints may be taken only by a local police or sheriff's department and must be returned to the IME within 30 days. Any cost associated with completion of the fingerprint cards is the responsibility of the provider. The IME will forward the cards to the Iowa Department of Criminal Investigation (DCI) who will perform a statewide background check. The DCI will also send the fingerprint cards to the FBI for a national background check. The DCI will forward the provider's results to the IME. A provider will not be enrolled until all FCBCs have been completed.

The IME will terminate or deny enrollment for any provider who:

- Fails to submit sets of fingerprints to the IME within 30 days of the request.
- Fails to submit sets of fingerprints in the form and manner requested by the IME.
- Has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid or CHIP program in the last 10 years.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.