

**Bulletin Number:** MSA 15-39

**Distribution:** All Providers

**Issued:** October 1, 2015

**Subject:** Affordable Care Act (ACA) Fingerprint Requirements

**Effective:** November 1, 2015

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services, Children's Special Health Care Services

This policy applies to requirements of the ACA regarding provider screening/enrollment and program integrity for the Medicaid Fee-for-Service (FFS) program. For providers interested in enrolling or who are currently enrolled in a Medicaid Health Plan (MHP), refer to the MHP for policy and coverage information. MHPs and other managed care plans and organizations are not required to implement the screening and enrollment changes, but must comply with ACA ownership and controlling interest disclosures.

The purpose of this bulletin is to notify Medicaid FFS providers that effective November 1, 2015, in accordance with Centers for Medicare and Medicaid Services (CMS) sub-regulatory guidance dated June 1, 2015, the Michigan Department of Health and Human Services (MDHHS) will require Fingerprint-Based Criminal Background Checks (FCBCs). Fingerprints will be collected when screening certain providers for Medicaid enrollment, re-enrollment or revalidation. This requirement is mandated under 42 CFR §455.434 (b) for "high-risk" providers and those persons with 5% or more direct or indirect ownership interest in the provider.

"High-risk" providers are classified as those providers with an elevated level of risk for fraud, waste and abuse and include Home Health Agencies (HHAs) and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers.

As required by Sections 6401 and 6501 of the ACA, MDHHS currently screens Medicaid FFS providers according to the levels of risk and ownership interest. For more details on the categories, provider types and screening activities refer to the General Information Chapter, Provider Enrollment Section of the Medicaid Provider Manual and bulletin MSA 12-55, found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms.

The sub-regulatory guidance directs that FCBCs must be performed on "high-risk" providers, and those with 5% or more direct or indirect ownership interest in the provider, during enrollment, re-enrollment and revalidation with FFS Medicaid. If a provider or provider category is designated as high-risk by Medicare, the same "high-risk" designation must be applied for Medicaid purposes. A provider's screening level can be increased to high under certain circumstances and Medicaid is required to adjust screening accordingly.

Under 42 CFR §455.410 (c), State Medicaid agencies are not required to conduct an FCBC on a "high-risk" provider if that provider has been enrolled in Medicare. MDHHS will assess a provider's Medicare enrollment at the time of enrollment, re-enrollment and revalidation with FFS Medicaid. If enrollment with Medicare is not proven, an FCBC will be conducted. MDHHS may also rely on the results of an FCBS conducted by another State's Medicaid or Children's Health Insurance Program (CHIP) agency if the provider is enrolled in the other State's Medicaid or CHIP and has met the revalidation requirements of 42 CFR §455.410(c) and § 455.414.

Beginning November 1, 2015, MDHHS will conduct FCBCs on newly enrolling, re-enrolling or revalidating HHAs and DMEPOS providers. MDHHS must be in full compliance of the fingerprinting background check no later than June 1, 2016. The Department will collect fingerprints on all "high-risk" providers, including those that have re-enrolled, revalidated or newly enrolled prior to November 1, 2015. When MDHHS determines fingerprint fees need to be collected from an enrolling provider, a form, list of acceptable fingerprint locations and further instructions will be sent to the provider to complete and submit back to MDHHS. Failure to submit the requested information within 30 days of the request will result in denial and/or termination of enrollment in the Medicaid program (refer to 42 CFR §455.416).

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**



Kathy Stiffler, Acting Director  
Medical Services Administration