

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Stephen Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

JUN 22 2012

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #12-003 - To comply with Sections 6401 and 6501 of the Affordable Care Act for provider screening, enrollment of referring/ordering providers, and provider termination requirements.

Effective date: January 1, 2012

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at Leslie.Campbell@cms.hhs.gov.

Sincerely,



Alan Freund
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
12 - 03

2. STATE:
Michigan

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 455, Subpart E

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$0
b. FFY 2013 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.45, Pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
N/A - New Pages

10. SUBJECT OF AMENDMENT:
To comply with Sections 6401 and 6501 of the ACA for provider screening, enrollment of referring/ordering providers, and provider termination requirements

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Stephen Fitton

16. RETURN TO:
Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933
Attn: Loni Hackney

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
March 26, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 27, 2012

18. DATE APPROVED:
6/22/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:
Alan Freund

21. TYPE NAME:
Alan Freund

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Cooperation with Medicaid Integrity Program Efforts

Citation

1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 and P.L. 111-152	4.45	<u>Provider Screening and Enrollment</u> The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E		PROVIDER SCREENING <input checked="" type="checkbox"/> 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.
42 CFR 455.410		ENROLLMENT AND SCREENING OF PROVIDERS <input checked="" type="checkbox"/> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. <input checked="" type="checkbox"/> 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.
42 CFR 455.412		VERIFICATION OF PROVIDERS LICENSES <input checked="" type="checkbox"/> Assures that the State Medicaid agency has a method for verifying providers licensed by the State and that such providers licenses have not expired or have no current limitations.
42 CFR 445.414		REVALIDATION OF ENROLLMENT <input checked="" type="checkbox"/> Assures that providers will be revalidated regardless of provider type at least every 5 years.
42 CFR 455.416		TERMINATION OR DENIAL OR ENROLLMENT <input checked="" type="checkbox"/> Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.
42 CFR 455.420		REACTIVATION OF PROVIDER ENROLLMENT <input checked="" type="checkbox"/> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
42 CFR 455.422		APPEAL RIGHTS <input checked="" type="checkbox"/> 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.

TN NO.: 12-03Approval Date: JUN 22 2012Effective Date: 01/01/2012Supersedes
TN No.: N/A new page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Cooperation with Medicaid Integrity Program Efforts

Citation

42 CFR
455.432

SITE VISITS

- Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

42 CFR
455.434

CRIMINAL BACKGROUND CHECKS

- 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 of that category of provider.

42 CFR
455.436

FEDERAL DATABASE CHECKS

- 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.

42 CFR
455.440

NATIONAL PROVIDER IDENTIFIER

- 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.

42 CFR
455.450

SCREENING LEVELS FOR MEDICAID PROVIDERS

- 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.

42 CFR
455.460

APPLICATION FEE

- 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.

42 CFR
455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

- 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.

TN NO.: 12-03

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