

# interChange Provider Important Message

## Attention Providers: ACA Enhanced Provider Enrollment Requirements - Fingerprint Based Criminal Background Checks (FCBC)

### Background:

42 CFR 455.410(a) provides that a state Medicaid agency must require all enrolled providers (Physician, Durable Medical Equipment Providers (DME) and Home Health Agencies (HHA)) to be screened according to the provisions of Part 455 subpart E. Under 42 CFR 455.40, a state Medicaid agency is required to screen all enrollment applications, including initial applications, applications for a new practice location, and applications for re-enrollment based on a categorical risk level of "limited", "moderate" or "high".

42 CFR 455.434 requires that when a state Medicaid agency designates a provider as "high" categorical risk, the agency must require the submission of a set of fingerprints to conduct a criminal background check. This requirement applies to both the provider and any person with a five percent or more direct or indirect ownership interest in the provider (DME/HHA). This requirement is applicable to any "high" risk provider enrolled since August 1, 2015 or whose application is currently in process.

### FCBC Process:

The Scheduled Go Live date for this new process is May 30, 2017.

Initial Enrollments All providers designated as a "high" categorical risk and their owners (defined in 42 CFR 455.434) will be required to submit to a FCBC.

"High" risk providers may not be required to submit to a FCBC if all of the following requirements are met:

- the provider has a current "approved" Medicare enrollment;
- a positive match between a provider, including their five percent or more owners, applying for Medicaid enrollment against the information in a Medicare's enrollment record;
- Medicare's screening was based on a "high" risk level and FCBCs;
- approval by DSS

# interChange Provider Important Message

Re-enrollments During re-enrollment, providers may be subject to the FCBC process if their category risk level is elevated to "High". A provider who was previous categorized as "high" risk that subsequently has a change in ownership, including the addition of five percent or more direct or indirect ownership, shall be subject to FCBC requirements.

Notification: Providers and their owners who are required to submit to a FCBC will be individually notified in writing. This notification will include approved fingerprint cards, instructions on how to obtain and submit fingerprints, and the location for each state trooper barracks.

Compliance: Providers will have 30 days from the date of their notification letter to submit their fingerprints for processing.

Any provider subject to the FCBC requirements who does not comply will either be denied enrollment or their current Connecticut Medical Assistance Program (CMAP) enrollment will be terminated.

FCBC Results: The results of any FCBC will be kept confidential. This information will be reviewed to determine if the provider, or any of the five percent or more owners, may be disqualified from participating in the CMAP based on the Department's Provider Enrollment Fitness Criteria.

The results of FCBC will be kept confidential and will be reviewed by DSS only to determine if the provider or their five percent or more owners are fit to participate in the CMAP.

Providers Rights Individuals subject to the FCBC requirements in Section 6401(a)(2)(B)(ii) of the Affordable Care Act (ACA) as well as Title 42, Code of Federal Regulations (C.F.R.) Part 455, Section 434, will be provided notification of their rights and the process to complete or challenge the accuracy of the information in the FBI or State criminal history record.

For any questions: Please contact Mike Flynn at (860) 424-5265, DSS Provider Relations.