CORPORATE POLICY & PROCEDURE

	Policy Name: CR3 - Screening of Providers
Department: Credentialing	Policy Number: CR3
Version: 6	Creation Date: 10/24/1996
Revised Date: 2/27/19, 6/12/19, 1/25/23	
Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☐ Umpqua Health Management ☒ Umpqua Health Network
Approved By: Credentialing Committee, Douglas Carr (Medical Director) Date: 01/26/2023	

POLICY STATEMENT

Umpqua Health Alliance (UHA) through Umpqua Health Network (UHN) shall, in accordance with OAR 410-120-1260, and in agreement with Coordinated Care Organization (CCO) requirements, screen their providers for compliance with 42 Code of Federal Regulation 455 Subpart E (42 CFR 455.410 through 42 CFR 455.470) and will retain all resulting documentation for audit purposes.

PURPOSE

To demonstrate how UHN will screen providers for compliance with 42 CFR 455 Subpart E (42 CFR 455.410 through 42 CFR 455.470).

RESPONSIBILITY

Credentialing Department

DEFINITIONS

High Risk: Medicare and Medicaid designates a "high" risk category according to section 42 CFR §424.518(c)(l) when a provider is newly enrolling. A provider designated "high" risk must meet limited and moderate risk screening requirements. Criminal background check must be conducted and submission of fingerprint set required based on risk of Fraud, Waste, and Abuse in accordance with 42 CFR §455.434. A provider at high risk is defined by one who has received suspension, sanction, or exclusion from a State or Federal program within the previous 10 years.

Limited Risk: Medicare and Medicaid designates a "limited" category according to section 42 CFR §424.518(a)(l) to a physician or non-physician. A provider designated "limited" risk must meet State or Federal requirements for provider scope of practice prior to determination of enrollment. Verification of all state licensing is held in accordance with 42 CFR §455.412. Provider meets enrollment criteria for scope of practice in accordance with 42 CFR §455.436.

Moderate Risk: Medicare and Medicaid designates a "moderate" risk category to listed provider types in section 42 CFR §424.518(b)(1). A provider designated "moderate" risk must meet limited risk screening requirements. On-site visits are conducted in accordance with 42 CFR §455.432.

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Provider: An individual, facility, institution, corporate entity, or other organization that supplies health services or items, also termed a rendering provider, or bills, obligates, and receives reimbursement on behalf of a rendering provider of services, also termed a billing provider (BP). The term provider refers to both rendering providers and BP unless otherwise specified (OAR 410-120-0000(206).

PROCEDURES

Enrollment and Screening of Providers (42 CFR §455.410)

1. All enrolled providers must be screened.
2. All ordering or referring providers or other professionals providing services under the State plan or under a waiver of the plan will be enrolled as participating providers.
3. UHN may rely on the results of the provider screening performed by any of the following:
    a. Medicare contractors.
    b. Medicaid agencies or Children's Health Insurance Programs of other States.
4. The Oregon Health Authority (OHA) must allow enrollment of all Medicare-enrolled providers and suppliers for purposes of processing claims to determine Medicare cost-sharing (as defined in section 1905(p)93) of the Act) if the providers or suppliers meet all Federal Medicaid enrollment requirements, including, but not limited to, all applicable provisions of 42 CFR part 455, subparts B and E.
    a. Includes Medicare-enrolled providers or suppliers not recognized by the OHA

Verification of Provider Licenses (42 CFR §455.12)

1. UHN will utilize the method of verification outlined in policy CR2 - Verification of Sources. This will include confirming that provider's license has not expired and that there are no current limitations in place on the license.

Verification of Medicaid Enrollment

1. OHA has established categorical risk levels for providers and provider types listed on the OHA webpage for tools for OHP health plans (https://www.oregon.gov/oha/HSD/OHP/Pages/Plan-Tools.aspx). During the credentialing process UHN must verify provider categorical risk level assigned by OHA. When credentialing providers or provider types designated by OHA as “moderate” or “high” risk, UHA or UHN shall not execute any contract with such providers unless the provider has been approved for enrollment by OHA.
2. In accordance with 42 CFR § 438.602(b)(1) OHA will screen and enroll providers and revalidate all of UHA’s providers as Medicaid providers. UHA/UHN may execute provisional provider contracts pending the outcome of screening and enrollment with OHA, for no longer than 120 days UHA/UHN shall terminate the contract immediately if

notified by OHA that the provider is precluded from being enrolled as a Medicaid provider. Notwithstanding the foregoing, UHA/UHN shall not execute provisional provider contracts with moderate or high-risk providers until the provider has been approved for enrollment by OHA, as described in Ex. B, Part 4, Sec 5 b.

Site Visits (42 CFR §455.432)

1. OHA is responsible for performing site visits for provider deemed "moderate" or "high" risk and for ensuring "high" risk providers have undergone fingerprint-based background checks. For a provider who is actively enrolled in Medicare and has undergone a fingerprint-based background check as part of Medicare enrollment, OHA deems this provider to have satisfied the same background check requirement for OHA provider Enrollment. OHA's Provider Enrollment files are updated weekly and provided on the aforementioned OHA webpage.
2. UHN must require any enrolled provider to permit Centers for Medicare & Medicaid Services (CMS), its agents, its designated contractors, or the OHA to conduct unannounced on-site inspections of any and all provider locations.

Criminal Background Checks (42 CFR §455.434)

1. As a condition of enrollment, the OHA must require providers to consent to criminal background checks including fingerprinting when required to do so under State law or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.
    a. Due to the following categories of providers meeting the OHA 's criteria for criminal background checks as a "high" risk to the Medicaid program, the following providers must be fingerprinted:
        i. A provider, or a person with a 5 percent or more direct or indirect ownership interest in the provider.
        ii. A set of fingerprints, in a form and manner to be determined by the OHA, within 30 days upon request from CMS or the OHA.

Federal Database Checks (42 CFR §455.436)

1. UHN will confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases.
2. The following databases will be checked:
    a. Social Security Administration's Death Master File;
    b. National Plan and Provider Enumeration System (NPPES);

c. List of Excluded Individuals/Entities (LEIE) / System for Award Management (SAM) - Excluded Parties List System (EPLS); and
d. Any such other databases as the Secretary may prescribe.

3. In accordance with the CCO contract, if found, UHN will immediately notify OHA's Provider Services Unit of any provider who has been convicted of a felony, misdemeanor related to a crime, and/or has been excluded from participation in State or Federally funded programs.
4. UHN will also consult appropriate databases to confirm identity upon enrollment and reenrollment.
5. The LEIE and EPLS databases will be checked no less frequently than monthly.

Screening Levels for Medicaid Providers by the Oregon Health Authority (42 CFR §455.450)

OHA must screen all initial applications, including applications for a new practice location, and any applications received in response to a re-enrollment or revalidation of enrollment request based on a categorical risk level of "limited," "moderate," or "high." If a provider could fit within more than one risk level described in this section, the highest level of screening is applicable.

3. Screening for providers designated as limited categorical risk. When OHA designates a provider as a "limited" categorical risk, it must do all of the following:
    a. Verify that a provider meets any applicable Federal regulations, or State requirements for the provider type prior to making an enrollment determination.
    b. Conduct license verifications, including State licensure verifications in States other than where the provider is enrolling, in accordance with §455.412.
    c. Conduct database checks on a pre- and post-enrollment basis to ensure that providers continue to meet the enrollment criteria for their provider type, in accordance with §455.436.
4. Screening for providers designated as moderate categorical risk. When OHA designates a provider as a "moderate" categorical risk, it must do both of the following:
    a. Perform the aforementioned "limited" screening requirements.
    b. Conduct on-site visits in accordance as outlined above.
5. Screening for providers designated as high categorical risk. When OHA designates a provider as a "high" categorical risk, it must do both of the following:
    a. Perform the aforementioned "limited" and "moderate" screening requirements;
    b. Conduct a criminal background check; and
    c. Require the submission of a set of fingerprints in accordance with §455.434.
6. Denial or termination of enrollment. A provider, or any person with 5 percent or greater direct or indirect ownership in the provider, who is required by the OHA or CMS to submit a set of fingerprints and fails to do so may have its:
    a. Application denied under §455.434; or

b. Enrollment terminated under §455.416.

7. Adjustment of risk level. The State agency must adjust the categorical risk level from "limited" or "moderate" to "high" when any of the following occurs:
    a. OHA imposes a payment suspension on a provider based on credible allegation of fraud, waste or abuse, the provider has an existing Medicaid overpayment, or the provider has been excluded by the Office of Inspector General (OIG) or another State's Medicaid program within the previous 10 years.
    b. OHA or CMS in the previous 6 months lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment as a provider at any time within 6 months from the date the moratorium was lifted.

Sanctions

In accordance with the National Committee for Quality Assurance CR3, Element B, UHN screens for State sanctions, restrictions on licensure or limitations on scope of practice as well as Medicare and Medicaid sanctions.

1. Scope of Review for Sanctions or Limitations on Licensure
    a. UHN may obtain verification from the National Practitioner Databank (NPDB) for all provider types listed below.
    b. The organization verifies the most recent five-year period available through any of the following sources:
        i. Providers:
            1. Appropriate state agencies.
            2. Federation of State Medical Boards (FSMB).
        ii. Chiropractors:
            1. State Board of Chiropractic Examiners.
            2. Federation of Chiropractic Licensing Boards' Chiropractic Information Network-Board Action Databank (CIN-BAD).
        iii. Oral surgeons:
            1. State Board of Dental Examiners or State Medical Board.
        iv. Podiatrists:
            1. State Board of Podiatric Examiners.
            2. Federation of Podiatric Medical Boards.
        v. Other non-physician health care professionals:
            1. State licensure or certification board.
            2. Appropriate state agency.
2. Sources for Medicare/Medicaid sanctions
    a. The organization may obtain verification from any of the following sources:

i. UHN or intermediary.
ii. Medicare intermediary.
iii. List of Excluded Individuals and Entities (maintained by OIG and available over the Internet).
iv. Medicare Exclusion Database.
v. Federal Employees Health Benefits Plan (FEHB) Program department record, published by the Office of Personnel Management, Office of the Inspector General.
vi. AMA Physician Master File.
vii. FSMB.
viii. NPDB.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Credentialing	Provider License Monitoring	SOP-CR2-CR3	8/3/21	2