

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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July 16, 2013

Jason Helgeson  
Medicaid Director, Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower IOCP - 1211J  
Albany, NY 12237

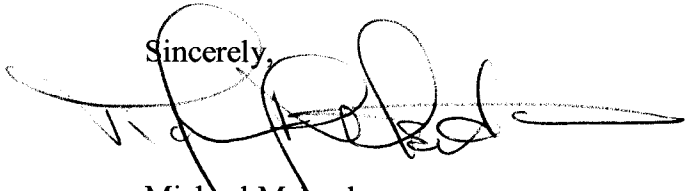
Dear Mr. Helgeson,

We have completed our review of the New York State Plan Amendment (SPA) submittal 12-07, "Provider Screening and Enrollment" and find it acceptable for incorporation into the Medicaid State Plan with an effective date of April 1, 2013. Enclosed, please find copies of the approved pages for State Plan Amendment 12-07 and a signed HCFA-179 Form.

Please note that as agreed, we have replaced the originally submitted SPA pages with the revised pages that New York transmitted to our office via the State Plan Amendment mailbox on June 19, 2013.

If you have any questions or which to discuss this further, please contact Dominique Mathurin at 212-616-2422.

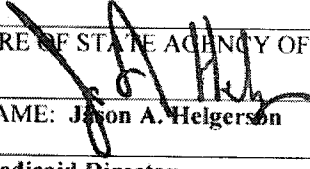
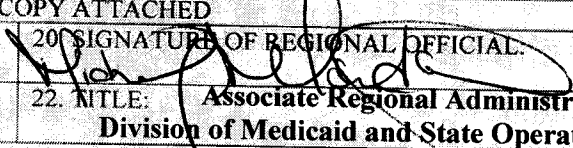
Sincerely,



Michael Melendez  
Associate Regional Director  
Division of Medicaid and Children's Health

CC: Dominique Mathurin  
Ricardo Holligan  
Karla Knuth  
Alberta Sannie-Ariyibi

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 12-07	2. STATE New York
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 455 subpart E		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/12-09/30/12 \$85,566 b. FFY 10/01/12-09/30/13 \$580,065	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 79(aa), 79(ab), 79(ac)  **Please see remarks		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Provider Screening and Other Enrollment Requirements under Medicaid			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of HCRA Operations & Financial Analysis 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 19, 2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: July 16, 2013	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 01, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

**OFFICIAL**

New York  
79(aa)

OMB No.: 0938-1151

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**4.46 Provider Screening and Enrollment**

**Citation**

1902(a)(77)  
1902(a)(39)  
1902(kk);  
P.L. 111-148 and  
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455  
Subpart E

**PROVIDER SCREENING**

X 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**

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

X 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 PROVIDER LICENSES**

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

**REVALIDATION OF ENROLLMENT**

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

**TERMINATION OR DENIAL OF ENROLLMENT**

X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

**REACTIVATION OF PROVIDER ENROLLMENT**

X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

**New**

TN # 12-07

Approval Date JUL 16 2013

Supersedes TN # NEW

Effective Date APR 01 2013

**OFFICIAL**

New York  
79(ab)

OMB No.: 0938-1151

**4.46 Provider Screening and Enrollment (Continued)**

42 CFR 455.422

**APPEAL RIGHTS**

X 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.

42 CFR 455.432

**SITE VISITS**

X 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**

X 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 for that category of provider.

42 CFR 455.436

**FEDERAL DATABASE CHECKS**

X 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 agency or managing employee of the provider.

42 CFR 455.440

**NATIONAL PROVIDER IDENTIFIER**

X 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**

X 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.

**New**

TN # 12-07

Approval Date JUL 16 2013

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OMB No.: 0938-1151

New York  
79(ac)

**4.46 Provider Screening and Enrollment (Continued)**

42 CFR 455.460

**APPLICATION FEE**

X 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**

X 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.

**New**

TN # 12-07

Approval Date

JUL 16 2013

Supersedes TN # NEW

Effective Date

APR 01 2013