

**NEW YORK**  
*state department of*  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

March 28, 2012

Mr. Michael Melendez  
Associate Regional Administrator  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza - Room 37-100 North  
New York, NY 10278

RE: SPA #12-07

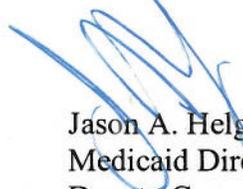
Dear Mr. Melendez:

The State requests approval of the enclosed amendment #12-07 to the Title XIX (Medicaid) State Plan effective April 1, 2013 (Appendix I). This amendment is based on federal legislation and CMS directive. A summary of the plan amendment is provided in Appendix II.

As directed by CMS, this amendment is being sent to provide assurances that the State will comply with the Federal regulations at 42 CFR 455 Subpart E regarding Provider Screening and Enrollment Requirements under Medicaid.

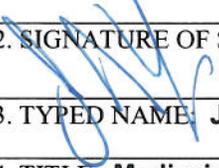
If you or your staff have any questions or need any assistance, please contact Karla Knuth of my staff at (518) 474-1673.

Sincerely,



Jason A. Helgerson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>12-07</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2013</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR Part 455 subpart E</b>		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/12-09/30/12 \$1,825,000 b. FFY 10/01/12-09/30/13 \$ 2,195,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Pages 79(aa), 79(ab), 79(ac)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>Provider Screening and Other Enrollment Requirements under Medicaid (FMAP = 90%)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>March 28, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**Appendix I**  
**2012 Title XIX State Plan**  
**Second Quarter Amendment**  
**Amended SPA Pages**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

**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**

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**

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

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**

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**

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

42 CFR 455.416

**TERMINATION OR DENIAL OF ENROLLMENT**

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**

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

TN # 12-07 Approval Date \_\_\_\_\_

Supersedes TN # NEW Effective Date \_\_\_\_\_

**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.

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.

TN # 12-07 Approval Date \_\_\_\_\_Supersedes TN # NEW Effective Date \_\_\_\_\_

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

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 # 12-07 Approval Date \_\_\_\_\_

Supersedes TN # NEW Effective Date \_\_\_\_\_

**Appendix II  
2012 Title XIX State Plan  
Second Quarter Amendment  
Summary**

**SUMMARY**  
**SPA #12-07**

This State Plan Amendment provides assurances that New York State will comply with the Federal regulations at 42 CFR 455 Subpart E, which require that all participating providers be screened according to their categorical risk level, upon initial enrollment and upon re-enrollment or revalidation of enrollment. In addition, the amendment requires that all ordering and referring physicians or other professionals providing services under the State plan be enrolled as participating providers.

**Appendix III**  
**2012 Title XIX State Plan**  
**Second Quarter Amendment**  
**Authorizing Provisions**