



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

275 E. Main Street, 6W-A
Frankfort, KY 40621
P: 502.564.4321
F: 502.564.0509
www.chfs.ky.gov

Janie Miller
Secretary

Neville Wise
Acting Commissioner

January 19, 2012

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

RE: Kentucky State Plan Amendment 12-002
Provider Screening and Enrollment

Dear Ms. Glaze:

Enclosed please find Kentucky Title XIX Transmittal Number 12-002. The purpose of this State Plan Amendment is to provide assurances that the State is in compliance with the screening and enrollment of providers pursuant to 42 CFR 445.

If additional information is needed, please contact my office at 502-564-4321.

Sincerely,

A handwritten signature in blue ink that reads "Neville Wise".

Neville Wise
Acting Commissioner

NW/sjh

Enclosure



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-002	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 01/01/12
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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*)

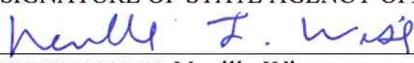
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(77), 1902(a)(39), 1902(kk); P.L. 111-148 And P.L. 111-152 42 CFR 455	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - \$66,700 b. FFY 2012 - \$100,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Page 80.1 Section 4, Page 80.2 Section 4, Page 80.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New pages

10. SUBJECT OF AMENDMENT

The purpose of this State Plan Amendment is to provide assurances that the State is in compliance with the screening and enrollment of providers pursuant 42 CFR 445.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED to Commissioner, Department for Medicaid
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Neville Wise	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: January 19, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Citation

4.46 Provider Screening and Enrollment

Section 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:

PROVIDER SCREENING

42 CFR 455
Subpart E

- 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.

ENROLLMENT AND SCREENING OF PROVIDERS

42 CFR 445.410

- 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.

VERIFICATION OF PROVIDER LICENSES

42 CFR 455.412

- 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.

REVALIDATION OF ENROLLMENT

42 CFR 455.414

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

TERMINATION OR DENIAL OF ENROLLMENT

42 CFR 455.416

- 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.

REACTIVATION OF PROVIDER ENROLLMENT

42 CFR 455.420

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Citation

4.46 **Provider Screening and Enrollment**

APPEAL RIGHTS

42 CFR 455.422

- 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.

SITE VISITS

42 CFR 455.432

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

CRIMINAL BACKGROUND CHECKS

42 CFR 455.434

- 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.

FEDERAL DATABASE CHECKS

42 CFR 455.436

- 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.

NATIONAL PROVIDER IDENTIFIER

42 CFR 455.440

- 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.

SCREENING LEVELS FOR MEDICAID PROVIDERS

42 CFR 455.450

- 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.

TN No.: 12-001
Supersedes
TN 'No.: None

Approval Date _____

Effective Date; 1/1/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Citation

4.46 **Provider Screening and Enrollment**

APPLICATION FEE

42 CFR 455.460

- 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.

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

42 CFR 455.470

- 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.: 12-001

Supersedes

TN No.: None

Approval Date _____

Effective Date; 1/1/ 2012