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Federal and State Regulations on Medicaid Provider Address Requirements

Provider Enrollment Management System (PEMS)



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Code of Federal Regulations (CFR) & Medicaid Provider Enrollment Compendium (MPEC) guidance

CFR §455 Subpart E: Provider Screening and Enrollment

§455.432 Site Visits

- The State Medicaid agency—
 - (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

§455.450 Screening levels for Medicaid Providers

- A State Medicaid agency 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.



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CFR §455 Subpart B

§455.104 Disclosure by Medicaid providers and fiscal agents: Information on ownership and control

- **(b) What disclosures must be provided.** The State must require that disclosing entities, fiscal agents, and managed care entities provide the following disclosures:
 - (1)(i) the name and address of any person with ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.
 - (4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).
- **(e) Consequences for failure to provide required disclosures.** Federal financial participation (FFP) is not available in payments made to a disclosing entity that fails to disclose ownership or control information as required by this section.



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MPEC Guidance 1.2.1.A - Statutory and Regulatory Background

"Disclosure of Information by Providers and Fiscal Agents" Subpart E "Provider Screening and Enrollment"

Via the February 2, 2011, final rule "Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers, Final Rule" (Federal Register Volume 76, pages 5862 - 5971):

- a. **The federal regulation at § 455.104(b)(1)(i) was modified to clarify from whom the name and address must be provided and to require the disclosing entity to supply primary business address as well as every business location and P.O. Box address, if applicable.**



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MPEC Guidance 1.5.2.C - Screening for Practice Locations

Sub-regulatory guidance / clarifications on compliance with 42 Subpart B “Disclosure of Information by Providers and Fiscal Agents” Subpart E “Provider Screening and Enrollment”

The SMA must screen all initial applications, including applications for a new practice location, and any applications received in response to a reenrollment or revalidation of enrollment request based on a categorical risk level of “limited,” “moderate,” or “high.” The SMA has substantial discretion in how it performs and completes each required screening activity.



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Texas Administrative Code (TAC)

Title 1, Part 15, Chapter 352

§352.5 Provider Enrollment Requirements

- (b) Prerequisites for enrollment in Texas Medicaid:
 - (10) An applicant or re-enrolling provider must consent to unscheduled and unannounced pre- and post-enrollment site visits conducted by HHSC or its designee.



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National Plan and Provider Enumeration System (NPPES)

NPPES Guidance



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NPPES: About provider information

- **The provider file must contain a record for each location address at which a provider performs a service.** Each location will require all associated provider identifiers to be reported on the provider identifiers record segment. In addition, records capturing the providers licensing information for each location should be reported in the provider licensing information segment. Finally, any information regarding inpatient beds should be reported on the bed type information segment, if applicable.

Summary



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- Providers must enroll all practice locations in PEMS.
- Address standardization is required.

Questions?