



PRMMIS

Provider Background Check and Fingerprints	Policy No.:	PRMMIS – PRV-0004
	Classification:	Provider Enrollment
	Approving Authority:	Caleb Colon
	Effective Date:	04/06/20
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually – TBD

PURPOSE: The purpose of this policy is to establish when enrolling and revalidating providers are required to consent to the Federal Fingerprint-based Criminal Background Check (FCBC) (federal background check, not to be confused with the local Puerto Rico criminal screening requirements that apply to all enrolling providers) under 42 CFR Part 455 - Program Integrity: Medicaid Subpart E - Provider Screening and Enrollment Section 455.434 - Criminal background checks in the Puerto Rico Medicaid Program (PRMP).

Acronym/Term	Definition
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
DME	Durable Medical Equipment
FCBC	Fingerprint-based Criminal Background Check
PEU	Provider Enrollment Unit
PECOS	Provider Enrollment, Chain, and Ownership System
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program

SCOPE

All references to the Puerto Rico Medicaid Program (PRMP) in this policy are inclusive of Children’s Health Insurance Program (CHIP). This policy covers all providers enrolling in the PRMP (including out-of-state providers) who are deemed to be “high” risk.

POLICY

Providers enrolling and revalidating with PRMP are required to consent to enrollment screening regulations in compliance with the Puerto Rico FCBC policy when it is determined that providers pose an increased financial risk of fraud, waste, or abuse to the Medicaid program.

High-risk provider types are:

- Home Health Agencies (65)
- Durable Medical Equipment (DME) Suppliers (90)

All owners of high-risk providers (Home Health Agencies and DME Suppliers) with 5% or more interest in a Medicaid provider are required to consent to the FCBC within 30 days upon request from Centers for Medicare and Medicaid Services (CMS) or the PRMP Provider Enrollment Unit (PEU). This requirement confirms the provider’s ownership status and verifies all owners must match the listed owners on the enrollment application.



Providers who do not comply with this policy will have their applications denied, or in the case of revalidation, their provider agreement for participation in the PRMP will be terminated. Additionally, the results of a provider's FCBC may impact the provider's participation in the PRMP. Providers or owners who have been convicted of a criminal offense related to that person's involvement in the Medicare, Medicaid, or CHIP program in the last 10 years will have their applications denied.

PRMP will not exempt providers from the local background check process; however, for the federal background check, if the provider has submitted fingerprints to Medicare or another state's Medicaid program as a requirement of enrollment or revalidation, the PEU may rely on that process to fulfill this requirement so long as PRMP is able to validate the results of those screening through the Provider Enrollment, Chain, and Ownership System (PECOS) validation.

The FCBC verification requirements must be validated prior to a final enrollment decision; therefore, PRMP may make exception to deny or terminate if it is determined that it is not in the best interests of the PRMP to enroll a provider, except in the case of when the provider has been terminated under Medicare or another State's Medicaid Plan as defined in 42 CFR §455.101, as defined below.

Per §455.101, "termination" means:

(1) For a—

(i) Medicaid or CHIP provider, a State Medicaid program or CHIP has taken an action to revoke the provider's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired; and

(ii) Medicare provider, supplier or eligible professional, the Medicare program has revoked the provider or supplier's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired.

(2)(i) In all three programs, there is no expectation on the part of the provider or supplier or the State or Medicare program that the revocation is temporary.

(ii) The provider, supplier, or eligible professional will be required to reenroll with the applicable program if they wish billing privileges to be reinstated.

(3) The requirement for termination applies in cases where providers, suppliers, or eligible professionals were terminated or had their billing privileges revoked for cause which may include, but is not limited to—

- (i) Fraud;
- (ii) Integrity; or
- (iii) Quality.

The determination to make an exception must be documented in writing.

The State Medicaid Agency has the authority to move a provider type into the high-risk category based on an identified risk of fraud, waste, or abuse.

REFERENCE

Federal Regulations

42 CFR Part 455 Subpart E - Provider Screening and Enrollment. <https://ecfr.io/Title-42/sp42.4.455.e>

- 42 CFR §455.434(b) - Criminal background checks. https://ecfr.io/Title-42/pt42.4.455#se42.4.455_1434

State Plan

NOTE: PRMP has an amendment at CMS for the State Plan that is not approved which will bring the State Plan in alignment with the federal regulations on the background check and fingerprinting of providers; Transmittal No. PR-18-0001; Supersedes TN No. 12-004; Effective Date 08/01/18.



CMS Bulletin

- CMCS Informational Bulletin. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-12-23-11.pdf>
- Medicaid Provider Enrollment Compendium (MPEC). <https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-7242018.pdf>

CHANGE HISTORY

Date	Version	Change Details	Owner/ Approver	Date of MMIS Mgr Approval
08/09/19	1.0	New Policy	Caleb Colon	08/09/19