AFFORDABLE CARE ACT (ACA) SCREENING REQUIREMENTS

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TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

ACA Screening Requirements

Under the Affordable Care Act of 2010 (ACA), providers must fulfill certain requirements to enroll in Medicaid. Upon initial enrollment, revalidation, update to existing enrollment record, and reenrollment, all participating providers are screened based on their categorical risk level, which may require a site visit and proof of criminal background checks.

Site Visits

If a site visit is required, it must be conducted at the practice location or locations listed on the enrollment application.

If a provider is already enrolled in Medicare, their Medicare enrollment may serve to fulfill the site visit requirement. For Medicare-enrolled providers, the Texas Medicaid & Healthcare Partnership (TMHP) will review the provider's Medicare enrollment information to confirm the following:

- For individual providers, the following information matches in their Medicare and Medicaid applications:
  - Name
  - National Provider Identifier (NPI)
  - Social Security number (SSN)
  - Practice location address(es)
- For organizational providers, the following information matches in their Medicare and Medicaid applications:
  - Name
  - Tax Identification Number (TIN)
  - Practice location address(es)
- Additionally, for any owners of 5% or more of the practice, the following information matches in their Medicare and Medicaid applications:
  - Owner's name
  - Owner's date of birth (DOB)
  - Owner's Social Security number (SSN)
  - Legal entity's name, if applicable
  - Legal entity's tax identification number (TIN), if applicable

If the information matches, TMHP may be able to rely on the site visit conducted by Medicare.

If the information does not match, a TMHP site visit will be needed.

When it is determined that a TMHP site visit is needed, a site visit coordinator will reach out through email or phone to schedule a visit. If the TMHP site visit coordinator is unable to reach the provider, then TMHP will conduct an unannounced site visit.

During the site visit, the TMHP representative will complete the Provider Site Visit Form, collect required documents, and take photos of specific areas within the office building.

For Home and Community Services (HCS) Providers Only: The provider's billing location, along with any headquarter locations, 3-person residences, 4-person residences, Host Home/Companion Care (HH/CC) residences, and 3-person and 4-person group and host homes must be added as practice locations within the enrollment application.

Site Visit Process

During a site visit, the TMHP representative will ask for the following information. Additional information may be requested as appropriate.

- What written procedures does the provider follow to verify that the services being billed are the services that are actually provided?
- Is the facility accessible to people with disabilities? If not, how does the provider accommodate beneficiaries with disabilities?
- Does the provider share office space with other providers or other businesses? If so, what are the names of those companies and owners?
    - Does the co-located facility share office personnel? If so, describe.
    - Does the co-located facility share services/equipment? If so, describe.
    - Do the co-located providers share EIN or ownership? If so, describe.
    - Do the co-located providers share a specialty (that is, provide the same or similar types of services)? If so, describe.
- Does the owner lease the building?
- Does the provider use a billing service? If yes, identify the name of the billing service.
- Does the provider do their billing in-house? If so, identify all persons who perform billing activities.

Required Documents

The practice representative must be prepared to furnish the following to the TMHP representative:

- Personnel listing (including titles)
- Copies of valid licenses/certifications
- Assumed Name Certificate (also known as Doing Business As [DBA] certificate)
- Complaint policy/log

Required Photos

The TMHP representative will take the following photographs:

- Exterior of building
- If located within a multiple-tenant building:
    - Interior facility entrance
    - Tenant directory
    - Signage on entry door to the suite

The practice representative will be expected to sign a form acknowledging that the site visit was conducted.

Fingerprint Criminal Background Check (FCBC)

All high-categorical risk level providers, and any practice owners that have a 5% or greater direct or indirect ownership interest, must submit fingerprints for enrollment or revalidation in Texas Medicaid. If a provider meets the criteria to receive a high categorical risk level, the provider will be sent a deficiency letter with specific directions and information required to schedule a fingerprinting appointment. For additional information, see the Texas Medicaid Provider Fingerprinting Requirement Frequently Asked Questions (FAQ) web page.

Owner/Creditor/Principal Requirement

An Owner/Creditor/Principal entry must be completed by each principal/creditor, subcontractor, and creditor of the provider that is applying for enrollment, with the following exceptions:

- Performing providers who are applying to join a group that is already enrolled
- Individuals who enrolled using their own Social Security number and an entity type of Individual/Sole Proprietorship

Refer to the *Texas Medicaid Provider Procedures Manual* (TMPPM), section 1.1.9.3. The definition of a principal is also defined in 42 CFR § 455.101 and § 455.104, as well as Texas Administrative Code (TAC) § 371.1005 (a) - (d), Note that, for purposes of enrollment, managing employees fall within the definition of principal.

Principals of the provider include all the following:

- An owner with a direct or indirect ownership or control interest of 5 percent or more
- Corporate officers and directors
- Managing employees or agents who exercise operational or managerial control, or who directly or indirectly manage the conduct of day-to-day operations
- Limited or nonlimited partners
- Shareholders of a professional corporation, professional association, limited liability company, or other legally designated entity
- Any employee of the provider who exercises operational or managerial control over the entity or who directly or indirectly conducts the day-to-day operations of the entity
- All individuals, companies, firms, corporations, employees, independent contractors, entities, or associations that have been expressly granted the authority to act for or on behalf of the provider
- All individuals who are able to act on behalf of the provider because their authority is apparent
- An individual or entity with a security interest in a debt that is owed by the provider if the creditor's security interest is protected by at least 5 percent of property listed in Section III(c) of the Disclosure of Ownership

A subcontractor of the provider is defined as follows:

- An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or

- An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space or supplies

Note: *This includes the on-site manager, supervising licensed practitioner, or medical director for each physical location of the provider in Texas.*