

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

PROVIDER ENROLLMENT / SCREENING POLICIES 1

TEMPORARY MORATORIA..... 1

 Federally Mandated Moratoria 1

 State-Initiated Moratoria 1

 Temporary Moratoria Requirements 1

DENIAL OF ENROLLMENT 2

 Denial of Provider Enrollment 2

 Provider Appeal 3

PROVIDER TERMINATION 3

 Provider Termination for Cause 3

 Provider Appeal 5

ORDERING/REFERRING 5

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES..... 6

CRIMINAL BACKGROUND CHECKS..... 8

REVALIDATION OF ENROLLMENT 8

VERIFICATION OF PROVIDER LICENSE, CERTIFICATIONS AND/OR CREDENTIALS 8

FEDERAL/STATE DATABASE CHECKS..... 9

SCREENING OF PROVIDERS 10

 Prospective and Re-enrollment Provider Screening 10

PROVIDER SCREENING LEVELS 10

 Provider Screening Level – Limited 11

 Provider Screening Level – Moderate..... 12

 Provider Screening Level – High 13

 Provider Screening Level Adjustment..... 13

 Provider Screening Mandates 14

REACTIVATION OF ENROLLMENT..... 16

ADDING PROVIDER LOCATION 16

PRE AND POST ENROLLMENT SITE VISITS 17

REJECTION OF ENROLLMENT..... 17

PROVIDER APPEALS 18

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**PROVIDER
ENROLLMENT /
SCREENING
POLICIES****TEMPORARY MORATORIA****Federally Mandated
Moratoria**

SCDHHS will impose temporary moratoria on enrollment of new providers or provider types identified by the Secretary of the United States Department of Health and Human Services (“the Secretary”) as posing an increased risk to the Medicaid program.

SCDHHS will not impose a temporary moratorium on the enrollment of new providers or provider types, identified by the Secretary as posing an increased risk to the Medicaid program if SCDHHS determines that the imposition of such a moratorium would adversely affect beneficiaries’ access to medical assistance. If such a determination is made, SCDHHS will notify the Secretary in writing.

State-Initiated Moratoria

SCDHHS may impose temporary moratoria on enrollment of new providers, or impose numerical caps or other limits that SCDHHS identifies as having a significant potential for fraud, waste, or abuse and the Secretary has identified as being at high risk for fraud, waste, or abuse.

SCDHHS, before implementing the moratoria, caps, or other limits, will determine that its action would not adversely impact beneficiaries’ access to medical assistance.

SCDHHS will notify the Secretary in writing in the event SCDHHS seeks to impose such moratoria, including all details (rationale and justification) of the moratoria; and obtain the Secretary’s concurrence with imposition of the moratoria.

**Temporary Moratoria
Requirements**

The temporary moratorium is for an initial period of 6 months. If SCDHHS determines that it is necessary, the temporary moratorium may be extended in 6-month increments. SCDHHS will document in writing the necessity for extending the moratoria each time. At the

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Temporary Moratoria Requirements (Cont'd.)

time a moratorium is imposed, any pending Provider application subject to the moratorium will be denied.

DENIAL OF ENROLLMENT

Denial of Provider Enrollment

Denial of enrollment means that SCDHHS has reviewed the information provided in a completed enrollment application, and if applicable, a contract, and the Medicaid program takes action to deny enrollment. Approval to enroll in the Medicaid program is not automatic.

SCDHHS will deny the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required under 42 CFR Subpart E – Provider Screening and Enrollment.

SCDHHS will deny the enrollment of any provider that was terminated on or after January 1, 2011, by Medicare or another State's Medicaid or Children's Health Insurance Program.

Unless SCDHHS first determines that termination is not in the best interest of the State Medicaid program and documents that determination in writing, SCDHHS will deny enrollment for the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or Children's Health Insurance Program (CHIP) program in the past 10 years.
- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit timely or accurate information.
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner required by SCDHHS within 30 days of a CMS or SCDHHS request.
- The provider fails to permit access to provider location for any site visit under 42 CFR §455.432.
- SCDHHS has determined that the provider has falsified information provided on the application

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Denial of Provider Enrollment (Cont'd.)

- SCDHHS cannot verify the identity of the provider / applicant.
- The provider’s license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider fails to meet all screening requirements as specified by SCDHHS policy.

Provider Appeal

Providers have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3.

PROVIDER TERMINATION

“Termination” means SCDHHS has taken an action to revoke a provider’s Medicaid billing privileges, the provider has exhausted all applicable appeal rights or the timeline for appeal has expired, and there is no expectation on the part of the provider or SCDHHS that the revocation is temporary.

A terminated provider will be required to reapply and be reenrolled with the Medicaid program if they wish billing privileges to be reinstated.

Provider Termination for Cause

SCDHHS will terminate the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required under 42 CFR Subpart E – Provider Screening and Enrollment.

SCDHHS will terminate the enrollment of any provider that was terminated on or after January 1, 2011, by Medicare or another State’s Medicaid or Children’s Health Insurance Program.

Unless SCDHHS first determines that termination is not in the best interest of the State Medicaid program and documents that determination in writing, SCDHHS will terminate a provider’s enrollment for any of the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Termination for Cause (Cont'd.)

convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or title XXI program in the last 10 years.

- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit timely or accurate information and/or does not cooperate with nay screening methods required by SCDHHS.
- The provider fails to permit access to provider locations for any site visit under 42 CFR §455.432.
- The provider fails to provide access to Medicaid patient records.
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner required by SCDHHS within 30 days of a CMS or SCDHHS request.

SCDHHS may terminate a provider's enrollment for any of the following reasons:

- It is determined that the provider has falsified any information provided on the application.
- The identity of any provider/applicant cannot be verified.
- The provider fails to comply with the terms of the enrollment agreement.
- The provider fails to comply with the terms of contract with SCDHHS.
- The provider has not repaid an outstanding debt or recoupment identified through a program integrity review.
- The provider's license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license.
- The provider has been terminated by a Medicaid Managed Care Organization for reasons due to fraud or quality of care.
- The provider allows a non-enrolled rendering provider to use an enrolled provider's number, except where otherwise allowed by policy.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Termination for Cause (Cont'd.)

- The provider continues to bill Medicaid after the suspension or revocation of their medical license.
- The provider is under a State and/or Federal exclusion.
- The provider falsifies medical records to support services billed to Medicaid.
- The provider is sanctioned under State Regulation 126-403.
- The provider or any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints within 30 days when required to do so.

Provider Appeal

Providers have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3.

ORDERING/REFERRING

SCDHHS requires all ordering/referring physicians or other professionals providing services, under the State plan or under a waiver of the plan, to be enrolled as participating providers.

This includes all health care providers who are HIPAA-covered individuals (e.g., physicians, nurses, dentists, chiropractors, physical therapists, or pharmacists).

- Enrollment and NPI of Ordering or Referring Providers—Medicaid and CHIP Section 1902(kk)(7) of the Social Security Act provides that States must require all ordering or referring physicians or other professionals to be enrolled under a Medicaid State plan or waiver of the plan as a participating provider.
- Further, the NPI of such ordering or referring provider or other professional must be included on any Medicaid claim for payment based on an order or referral from that physician or other professional.

Qualified individuals must be enrolled in SC Medicaid to order or refer services for Medicaid beneficiaries and/or to bill Medicaid for said services.

SC Medicaid will reimburse for items or services for Medicaid beneficiaries that have been ordered or referred

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING (CONT'D.)

by a SC Medicaid enrolled physician or other qualified professional.

- Orders must be provided by an individual physician or other qualified non-physician (identified by an NPI number with an entity type code of “1”). Organizations cannot order or refer.

Residents or interns practicing under the supervision of a licensed professional may utilize the NPI of the supervising physician for reimbursement purposes.

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES

An order or referral is required for the following SC Medicaid services:

- Services provided to beneficiaries participating in a Medical Home Network (MHN)
- Laboratory/Radiology Services
- Services provided as the result of an Early and Periodic Screening Diagnosis and Treatment (EPSDT) screening/evaluation
- Eyeglasses
- Ambulatory Surgical Center (ASC)
- Pharmacy Services
- Durable Medical Equipment (DME)
- Private Rehabilitative Therapy Services
- Rehabilitative Behavioral Health Services provided by a Licensed Independent Practitioner (LIP)
- Adult Day Care Services
- Institutional Respite
- Children’s Personal Care Aid
- Telemonitoring
- Incontinence Supplies
- Nutritional Supplement
- Private Duty Nursing
- Respite in a Community Residential Care Facility
- Medicaid Nursing Services
- Psychiatric Residential Treatment Facility (PRTF)/ Inpatient Psychiatric Hospital Services for Children Under 21

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES (CONT'D.)

- Services provided outside the South Carolina Medicaid Service Area (SCMSA)
- Hospice Services
- Home Health Services
- Hospital Services
- School Based Rehabilitative Therapy Services
- Local Educational Agency Rehabilitative Behavioral Health Services
- Rehabilitative Behavioral Health Services

The following provider types are authorized to order or refer services for a Medicaid beneficiary:

- Licensed Physician
- Licensed Nurse Practitioner
- Certified Mid-Wife
- Licensed Optometrist
- Licensed Practitioner of the Healing Arts for Rehabilitative Behavioral Health Services (Licensed Psychiatrist, Licensed Physician, Licensed Psychologist, Licensed Advanced Practice Registered Nurse, Licensed Independent Social Worker-Clinical Practice, Licensed Master Social Worker, Licensed Physician Assistant, Licensed Professional Counselor, Licensed Marriage and Family Therapist).
- Licensed Practitioner of the Healing Arts for Local Education Agency School Based Rehabilitative Therapy Services (Licensed Physician Assistant, Licensed Advanced Practice Registered Nurse, Licensed Registered Nurse, Licensed Audiologist, Licensed Occupational Therapist, Licensed Physical Therapist, Licensed Speech Language Pathologist, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psychologist, Licensed Independent Social Worker, Licensed Master Social Worker, Licensed Baccalaureate Social Worker).
- Licensed Practitioner of the Healing Arts for Local Education Agency Rehabilitative Behavioral Health (Licensed Psychiatrist, Licensed Physician, Licensed Psychologist, Licensed Advanced Practice

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES (CONT'D.)

Registered Nurse, Licensed Independent Social Worker-Clinical Practice, Licensed Master Social Worker, Licensed Physician Assistant, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psycho-educational Specialist).

CRIMINAL BACKGROUND CHECKS

As a condition of enrollment in Medicaid, SCDHHS requires that providers consent to criminal background checks, including National and State criminal record checks when they:

- Have a 5 percent or more direct or indirect ownership interest in the provider
- Are listed in the high categorical risk level

Failure to consent to a criminal back ground check is cause for application denial or termination of enrollment in the Medicaid program.

REVALIDATION OF ENROLLMENT

All SCDHHS providers, other than Durable Medical Equipment (DME) providers, must have their enrollment information revalidated every five years regardless of their provider type.

DME providers must revalidate their enrollment information every 3 years.

When revalidating a provider's enrollment, the provider must submit a new application and pay the applicable application fee.

Providers failing to resubmit a new application when required to revalidate will be terminated from Medicaid.

Providers failing to submit an application fee or hardship waiver request at the time of revalidation will be terminated from Medicaid.

VERIFICATION OF PROVIDER LICENSE, CERTIFICATIONS AND/OR CREDENTIALS

SCDHHS requires that all providers:

- Are compliant with Federal and/or State licensure and regulatory requirements for licenses, certifications and/or credentials.
- Operate within the appropriate standards of conduct as established by the laws and standards of their profession and/or business.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

VERIFICATION OF PROVIDER LICENSE, CERTIFICATIONS AND/OR CREDENTIALS (CONT'D.)

- A valid license, certification and/or credential means an established State and/or Federal authorizing board has granted the provider approval to practice within that profession or operate a business.
- SCDHHS will verify all licenses, certifications and/or credentials that they have not expired and have no restrictions in place such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider must continuously meet South Carolina licensure, certification and/or credentialing requirements of their respective professions or boards in order to maintain SC Medicaid enrollment.

Failure to comply with this policy will result in termination or denial of enrollment.

FEDERAL/STATE DATABASE CHECKS

SCDHHS will confirm the identity and determine the exclusion status of:

- Providers to include medical professionals and any other eligible professionals.
- Any person with an ownership or control interest.
- An agency or managing employee of the provider.

SCDHHS will check the following databases to verify the identity and determine the exclusion status of the persons referenced above:

- Social Security Administration's Death Master File
- National Plan and Provider Enumeration System (NPPES)
- Health and Human Services (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)
- System for Award Management (SAM)
- SCDHHS Excluded Provider Listing
- Termination for Cause (formerly MCSIS)
- Any other databases as prescribed by CMS and/or SCDHHS

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

FEDERAL/STATE DATABASE CHECKS (CONT'D.)

SCDHHS will refer to appropriate databases to confirm identity upon enrollment and provider re-enrollment.

SCDHHS will check LEIE and SAM no less frequently than monthly.

An enrolling provider or Medicaid provider that fails a Federal/State Database check is subject to denial or termination.

SCREENING OF PROVIDERS

Prospective and Re- enrollment Provider Screening

All providers are required to be screened by SCDHHS prior to enrollment in the SC Medicaid program.

All individuals and organizations will be screened upon submission of:

- An initial application for enrollment as a provider in SC Medicaid
- An application(s) for a new practice location(s)
- An application(s) to be an ordering and/or referring provider(s)
- An application for re-activation or revalidation

SCDHHS will rely, in part, on the results of the provider screening performed by the external provider enrollment programs of:

- Medicare Contractors
- Medicaid agencies or CHIP's of other States.

SCDHHS will conduct certain database checks of providers that have been screened by one of the above programs.

PROVIDER SCREENING LEVELS

The level and type of provider screening conducted will be based on a categorical risk level of "limited", "moderate" or "high".

A provider that fits in multiple categorical risk levels will be elevated to the highest level of screening.

SCDHHS will conduct all required provider screenings and verifications prior to making an enrollment determination.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level – Limited

Screening for providers designated as **“limited”** categorical risk will include the following verifications:

- That the provider meets all provider-specific requirements, including those in SCDHHS policy, and any applicable Federal or State requirements for the provider type.
- That the provider is licensed in good standing with his or her respective licensing board, including verification of any licenses in States other than South Carolina.

SCDHHS requires that all providers:

- Be compliant with Federal and/or State licensure and regulatory requirements for licenses, certifications and/or credentials.
- Operate within the appropriate standards of conduct as established by the laws and standards of their profession and/or business.

Verification of Licenses, Certifications and/or Credentials:

- A valid license, certification and/or credential means an established State and/or Federal authorizing board has granted the provider approval to practice within that profession or operate a business.
- SCDHHS will verify all licenses, certifications and/or credentials that they have not expired and have no restrictions in place such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider must continuously meet South Carolina licensure, certification and/or credentialing requirements of their respective professions or boards in order to maintain SC Medicaid enrollment.
- Failure to comply with this policy will result in termination or denial of enrollment.

Federal/State Database Checks:

- SCDHHS will conduct checks to verify the identity and determine the exclusion status of:

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level – Limited (Cont'd.)

- o Providers to include medical professionals and any other eligible professionals
- o Any person with an ownership or control interest
- o An agent or managing employee of the provider.
- o Medical directors
- o Supervising Physicians
- SCDHHS will check the following databases to verify the identity and determine the exclusion status of the persons referenced above:
 - o Social Security Administration’s Death Master File
 - o NPPES
 - o LEIE
 - o SAM
 - o SCDHHS Excluded Provider Listing
 - o Termination for Cause (formerly MCSIS)
 - o Any other databases as prescribed by CMS and/or SCDHHS.
- SCDHHS will refer to appropriate databases to confirm identity upon enrollment and provider re-enrollment.
- SCDHHS will check LEIE and SAM no less frequently than monthly.
- An applicant or Medicaid provider that fails a Federal/State Database check is subject to denial or termination
- SCDHHS will conduct these database checks on a pre and post-enrollment basis to ensure that providers meet and continue to meet the enrollment criteria for their provider type.

Provider Screening Level – Moderate

Screening for providers designated as **“moderate”** categorical risk will include the following verifications:

- That the provider meets the “limited” screening requirements described above and

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level – Moderate (Cont’d.)

- An on-site visit to verify that information submitted to SCDHHS is accurate and to determine compliance with Federal and State enrollment requirements.

SCDHHS will conduct pre-enrollment and post-enrollment site visits of providers designated as “moderate” or “high” categorical risks to the Medicaid program.

- The purpose of the site visit by SCDHHS will be to:
 - o Verify the information submitted to SCDHHS for accuracy.
 - o Determine compliance with Federal and State enrollment requirements.
- Any enrolling and/or enrolled provider must permit SCDHHS, its agents or its designated contractors, to conduct unannounced on-site inspections of any and all provider locations.
- Any enrolling and/or enrolled provider that fails to permit access for site visits will be denied or terminated from Medicaid.

Provider Screening Level – High

Screening for providers designated as a “**high**” categorical risk will include the following verifications:

- That the provider meets all “limited” and “moderate” screening requirements described above.
- Criminal background checks, including National and State criminal record checks, for the provider and individuals with a 5 percent or more direct or indirect ownership interest in the provider.
- Submission of a set of fingerprints in accordance with 42 CFR §455.434 (b)(2).

Provider Screening Level Adjustment

SCDHHS will adjust the categorical risk level from “limited” or “moderate” to “high” when any of the following occurs:

- Imposition of a payment suspension on a provider based on credible allegation of fraud, waste or abuse
- The provider has an existing Medicaid overpayment

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level Adjustment (Cont'd.)

- The provider has been excluded by the OIG, SCDHHS, or another State's Medicaid program within the previous ten years
- If CMS or SCDHHS, in the previous six months, has lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment at any time within six months from the date the moratorium was lifted

Provider Screening Mandates

All providers must meet these screening requirements.

SCDHHS will deny enrollment or terminate the enrollment in the Medicaid program of any provider for the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely an accurate information and cooperate with any screening methods
- Provider was terminated on or after January 1, 2011, by Medicare or another State's Medicaid or Children's Health Insurance Program
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or title XXI program in the last 10 years
- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit accurate information and/or does not cooperate with any screening methods required by SCDHHS within ten (10) calendar day timeframe
- Any person with a five (5) percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner required by SCDHHS within 30 days of a CMS or SCDHHS request
- Fails to permit access to provider locations for any site visit under 42 CFR §455.432
- Fails to provide access to Medicaid patients records

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**Provider Screening
Mandates (Cont'd.)**

- The provider falsified information on the application
- SCDHHS cannot verify the identity of the provider
- Fails to comply with the terms and conditions of the provider enrollment agreement
- Fails to comply with the terms of SCDHHS contract
- The provider's license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license
- Fails to meet all screening requirements as specified by SCDHHS policy
- Imposition of a temporary moratorium
- The provider did not re-submit the Return for Additional Information within the requested ten (10) calendar day timeframe
- The provider has not repaid an outstanding debt or recoupment identified through a program integrity review
- The provider has been terminated by a Managed Care Organization for reasons due to fraud or quality of care
- The provider allowed a non-enrolled rendering provider to use an enrolled provider's number, except where otherwise allowed by policy
- The provider continues to bill Medicaid after suspension or revocation of his or her medical license
- The provider is under a State and/or Federal exclusion
- The provider falsified medical records to support services billed to Medicaid
- The provider is sanctioned under State Regulation 126-403
- The provider fails to submit an application fee within 30 days after Hardship Request was denied
- The provider fails to submit an application fee or Hardship Waiver Request at the time of revalidation

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Mandates (Cont'd.)

- Does not meet any of the required licensure, certification or other screening requirements as set forth in this policy
- Fails to submit timely and accurate information needed for screening
- Fails to consent to a criminal background check

REACTIVATION OF ENROLLMENT

Providers whose enrollment with SCDHHS has been denied, terminated, or deactivated for any reason must follow normal provider enrollment and screening to have their enrollment reactivated.

Reactivation includes re-screening based on the categorical risk level of the provider and requiring, if necessary, payment of associated application fees.

ADDING PROVIDER LOCATION

SCDHHS requires providers to complete a new provider enrollment application when adding a new location. The location being added must operate under the same EIN/NPI as the previously enrolled location. The location being added is subject to an enrollment application fee. When the EIN/NPI combination is not the same as a previously enrolled location, providers must complete a new enrollment for that location.

Processing the new location enrollment application will include:

- Screening for the new location based on the provider's categorical risk level of "limited", "moderate" or "high".
- SCDHHS will rely on the results of a screening performed by:
 - Medicare contractors
 - Other State Medicaid Programs or CHIP
- Payment of the applicable application fee is required unless:
 - The provider is already enrolled in Medicare or another State's Medicaid program or CHIP.
 - The provider already paid the fee to Medicare or another State Medicaid program or CHIP.
 - The applicant is an individual physician or non-physician practitioner.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ADDING PROVIDER LOCATION (CONT'D.)

- o The provider wishes to request a hardship exception to the application fee by:
 1. Submitting a hardship exception waiver request to SCDHHS providing justification that the provider is not required to pay the application fee.
- o Processing the new location enrollment application will not begin until the provider has been notified if the hardship exception has been granted.

PRE AND POST ENROLLMENT SITE VISITS

SCDHHS will conduct pre-enrollment and post-enrollment site visits of providers designated as “moderate” or “high” categorical risks to the Medicaid program.

The purpose of the site visit by SCDHHS will be to:

- Verify the information submitted to SCDHHS for accuracy.
- Determine compliance with Federal and State enrollment requirements.

Any enrolling and/or enrolled provider must permit SCDHHS, its agents or its designated contractors, to conduct announced and unannounced on-site inspections of any and all provider locations.

- Any enrolling and/or enrolled provider that fails to permit access for site visits will be denied or terminated from Medicaid.

REJECTION OF ENROLLMENT

Rejection of enrollment means SCDHHS has reason to reject the initial enrollment application submitted by the provider, without further review as to whether the provider or supplier qualifies to enroll in SC Medicaid.

SCDHHS may reject an enrollment application for the following reasons:

- Errors or omissions are found in the application.
- If The Medicaid agency is not able to deposit the full amount into the State-owned account or the funds are not able to be credited to the State-owned account.
- The provider does not submit the applicable application fee within 30 days of notification that the hardship exception request was not approved.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

REJECTION OF ENROLLMENT (CONT'D.)

- Imposition of a Temporary Moratorium.
- The provider submitted an application while a temporary moratorium was in place for that provider type and/or specialty.

PROVIDER APPEALS

In accordance with SCDHHS regulations an appeal hearing may be requested by a provider when:

- A prospective provider is denied enrollment as a Medicaid provider.
- An enrolled provider is terminated for cause.

In accordance with regulations of SCDHHS, a provider wishing to file an appeal must request a hearing in writing and submit a copy of the notice of adverse action. Appeals may be filed:

Online: www.scdhhs.gov/appeals

By Fax: (803) 255-8206

By Mail to:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action. Hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.