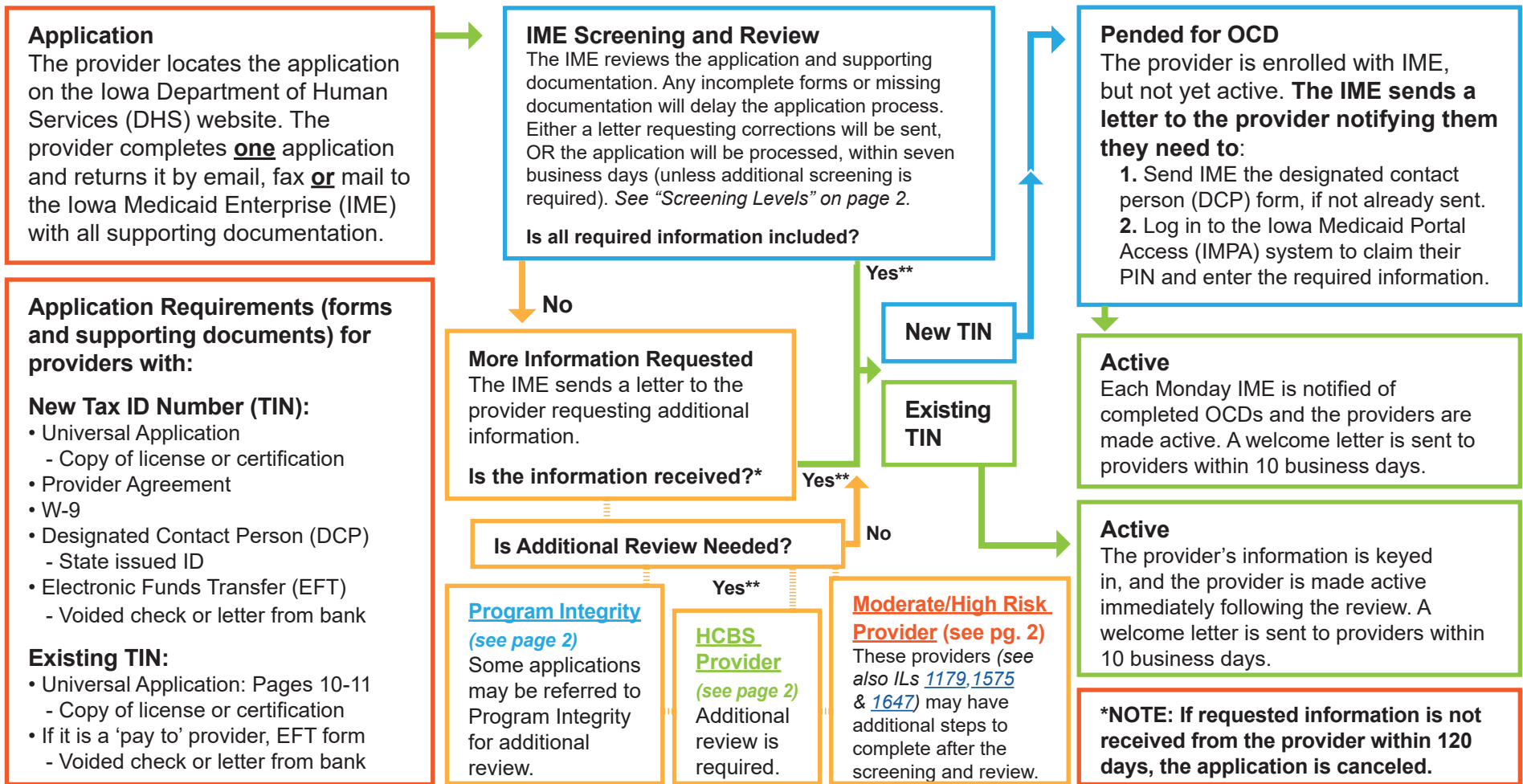


Provider Enrollment and Ownership, Control and Disclosure (OCD) Process Flow Chart

Provider Enrollment Process



**Once all required information is received and any additional reviews completed, the provider's information is sent in a daily file to the MCOs they've selected. Provider must still go through MCO credentialing process.

Application Fee: Some providers are required to submit an application fee (see [Informational Letter 1747-MC-FFS-D](#)).

New TIN: If the provider has never been enrolled with the IME or was previously enrolled but is no longer active, the provider is considered new and requires OCD.

Existing TIN: If the provider is already enrolled and currently active with the IME, OCD is not needed.

Provider Enrollment and Ownership, Control and Disclosure (OCD)

Additional Information on Enrollment Process

Screening Levels

- The screening levels, limited, moderate and high, are based on national statistics of the provider type's risk of fraud waste or abuse.
- After the application has been screened and the risk level determined, the application is forwarded to the site review team for review, if applicable.

Program Integrity (PI)

- Applications will be forwarded to PI for review and approval for any of the following:
 - Provider marked "yes" to any of the following questions: HCBS Waiver Application (470-2917) questions 18, 19 or 20; Universal Application (470-0254) questions 29a-29c; or Ordering and Referring Application questions 10, 11 or 12.
 - Provider was found on any of the following: Office of Inspector General Exclusion List, System for Award Management or State Medicaid Exclusion Lists.
 - Provider received a "high" rating on risk assessment tool due to overpayment.
 - Provider did not pass site visit, if applicable.

Home- and Community-Based Service Provider (HCBS)

- The following applications must be reviewed and approved by HCBS: Provider type 64 (Habilitation) and Waiver provider type 99 (Adult Day Service, Behavioral Programming, Case Management, Chore, Counseling, Day Habilitation, Family and Community Supports, Family Counseling, In-Home Family Therapy, Interim Medical Monitoring and Treatment, Mental Health Outreach, Prevocational Services, Respite, Supported Community Living, Residential-Based Supported Community Living and Supported Employment).

Moderate/High Risk Provider

- All moderate or high risk provider types are subject to pre and post enrollment site visits wherein the IME will verify that the information submitted by the provider is accurate and will determine compliance with federal and state enrollment requirements. The IME is not required to conduct site visits on those providers who have already been screened as a moderate risk provider type by Medicare or another state's Medicaid or CHIP program within the previous 12 months.
- High risk provider types and any person with a five percent or more direct or indirect ownership interest in the provider, unless the provider is enrolled with Medicare, may also require fingerprint-based criminal background checks.
- Moderate risk provider types include the following:
 - Ambulance Suppliers
 - Community Mental Health Centers
 - Comprehensive Outpatient Rehabilitation Facilities
 - Hospice Organizations
 - Independent Diagnostic Testing Facilities and Independent Clinical Laboratories
 - Physical Therapy including Physical Therapy Groups
 - Portable X-Ray Suppliers
 - Re-enrolling Home Health Agencies
 - Re-enrolling Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- High risk provider types include the following:
 - Newly enrolling Home Health Agencies
 - Newly enrolling DMEPOS Suppliers
- All other provider types not listed above are considered limited risk provider types; however the screening level for any individual or agency may change at any time.