



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

Provider Enrollment Limits

Updated as of April 9, 2007

On March 30, 2007, NASMD asked states whether they impose any sort of limits on provider enrollments or have moratoriums to prevent fraud. The following is a summary of responses from states regarding their policies and practices. If you wish to update your state's response please contact Andrea Maresca at amaresca@aphsa.org.

State	Response
AK	No
AL	AL has not limited provider enrollment as a method of preventing fraud.
AR	No. Any moratoriums have been at the licensure level, which is a prerequisite to enrolling with the Medicaid program.
AZ	The Arizona Health Care Cost Containment System (AHCCCS) has not limited provider enrollments, or moratoriums, to prevent fraud. The Agency has not instituted moratoriums or broad restrictions on provider enrollments for any reason. AHCCCS registers all providers meeting the statutory and regulatory requirements for becoming an AHCCCS provider. Of note, the program is administered almost exclusively as a Managed Care Medicaid program. Each of the contracted MCOs is permitted to selectively contract with AHCCCS-registered providers to meet its needs. Arizona is not an "any willing provider" state when it comes to contracting with the MCOs, although the Agency does monitor the MCOs' networks to ascertain that they are adequate to meet the needs of the members assigned to that MCO, both in terms of numbers of providers and geographic locations of providers contracted with the MCO to serve its members.
CA	California has several moratoriums that were put in place to combat fraud: <ul style="list-style-type: none">• Adult Day Health Care Centers (ADHC)• Laboratories• Pharmacies – the moratorium only applies to non-pharmacist owned pharmacies in Los Angeles County.• DME Providers Each moratorium has a number of exemptions. Copies of all moratoriums are available on the Medi-Cal website under "Provider Enrollment" (lower left corner of home page). Website is www.medi-cal.ca.gov .
CT	No
DC	No
DE	No
FL	No "limited" enrollment process for fraud related issues. Our use of the term "moratorium" is applicable only to situations when our agency's facility licensure division places a residential facility on notice to improve upon its required standards. If such a facility does not comply, it can be disenrolled from Medicaid. Our Medicaid Program Integrity (MPI) bureau can place

	Medicaid providers on "pend status" when the MPI bureau has initiated an investigation and believes that fraudulent or abusive billing procedures are being followed. MPI reserves the "right" to pend and "unpend" such providers. There are denials on a case by case basis that may have some fraud prevention indicators to support the denial.
GA	No
IA	No
ID	Has not limited provider enrollment to prevent fraud. Have implemented other requirements to ensure that providers have appropriate qualifications before we approve their enrollment. For MH Clinics, PSR Agencies, and MH Service Coordination providers, do not approve new applications for these specialties if there are plenty of providers in that same geographic area already enrolled. If a Mental Health Provider refuses to participate in the credentialing process, they are denied enrollment. When we sanction providers, they are off for a designated period of time, sometimes permanently, depends on the offense.
IN	No. However, the State Board of Accounts auditors have been reviewing provider enrollment and licensure issues very closely and believe that more should be done regarding checking the exclusion list, & monitoring on-going licensure to reduce fraud. These activities will be reviewed again in response to those concerns.
KS	No formal "moratoriums." Look at provider licensing to make sure they are licensed, check the CMS website for providers excluded from participation in the Medicare program. Look for past enrollment in our state to make sure it is not a provider who was terminated in the past and is trying to enroll under a new name. Look for suspicious change of ownership.
LA	Imposed several moratoriums on enrollment. These have always been imposed by provider type and on a Statewide basis. Home Health, Nursing Homes, MHR are the most common.
MA	No
MD	No
ME	ME does not at this time have limited provider enrollment but the state is interested in this as an option.
MI	No
MO	Several possible sanctions that can be imposed upon providers for program violations. One potential sanction is suspension of participation in the Missouri Medicaid program for a specified period of time.
MT	No
NC	No
ND	No
NM	No
NV	No
NY	Yes, for <u>pharmacies</u> the state uses a density criteria by zip code to control enrollment (estimated annual savings of \$1,223,000 per denial); there is a complete moratorium for <u>ambulettes</u> in the five boroughs of NYC (estimated annual savings \$328,000 per denial); there is a statewide moratorium for <u>laboratories</u> , with exceptions for specialized testing (estimated annual savings

	of \$255,000 per denial); and a moratorium for <u>DME providers</u> applies only to orthopedic shoes, and only for NYC except Bronx (\$190,000 per denial). Approximately 25% of NY's 250 annual denials of provider applications are related to these moratoriums.
OK	Oklahoma Medicaid does not limit enrollment to prevent fraud. If a provider is suspected to be fraudulent, a thorough process is followed which could ultimately result in a cancellation of any Medicaid contracts that a fraudulent provider may have. If someone has previously had a contract terminated with the agency, there is a process to go through to apply to re-contract.
OR	Verify tax id or social security numbers prior to enrollment of the provider with the web access to the IRS site. If the information given on the application by the provider does not match the IRS records, we do not enroll the provider. We also have some provider types that we do not enroll, such as Physician Assistants. Our Audits department actively audits provider types as well as auditing any provider record where Audits has received a concern in regards to possible double-billing, etc. Audits department and provider enrollment unit receive the monthly file from CMS showing all the providers who may be under sanction, etc so if they are enrolled with Medicaid, we can take immediate and appropriate action on their file.
PA	No
PR	No
SD	Nursing home bed moratorium unrelated to preventing fraud
UT	Nursing homes. Total Medicaid moratorium, about 10 years old.
WA	No
WI	Medicaid providers are required to re-enroll at least every three years, with the exception of non-emergency transportation providers, who because of the high levels of fraud and abuse are re-enrolled on an annual basis. As part of WI's transition to a new MMIS, they will have the authority to terminate a provider's participation if they do not file claims for 12 consecutive months. Although they have the legislative authority to limit the number of providers in a certain area, they have not promulgated the administrative rules necessary to operationalize that provision.
WV	No
WY	No