



ACA Screening Requirements

This document is produced by TMHP Training Services.
Contents are current as of the time of publishing and are subject to change.
Providers should always refer to the TMHP website for current and authoritative information.



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 re-enrollment, 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:

- Medicare's last screening (revalidation or new enrollment) of the provider occurred within the last five years
- For individual providers, the following information matches in their Medicare and Medicaid applications:
 - Name
 - National Provider Identifier (NPI)
 - Social Security number (SSN) (last four digits)
 - Practice location
- For organizational providers, the following information matches in their Medicare and Medicaid applications:
 - Name
 - Tax Identification Number (TIN)
 - Practice location

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) (last four digits)

If the information matches, TMHP may be able to forgo the site visit.

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

Site Visit Form

The following information must be collected for the Site Visit Form:

- Provider information
 - Provider name
 - NPI
 - Employer Identification Number (EIN)
 - Physical address
 - Provider representative name
 - Accounting address
- Does the facility have staff present?
- Does the facility have a sign that indicates the business name? (photo required)
- Does the facility have inventory/supplies present?
- Is the facility operational?
- Does the provider currently see Medicaid patients?
- Are the client records stored and maintained in a secure and access-controlled location? If not, where are the records stored and maintained?
- What written procedures does the provider follow to verify that the services being billed are the services that are actually provided?
- Is the provider, or a qualified delegated provider, available after hours? If so, how do clients reach one of these providers after hours?
- 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? If so, what is the monthly rent?
- Does the provider use a billing service? If so, a copy of the billing agreement with the billing service must be attached.
- Does the provider do their billing in-house? If so, identify all persons who perform billing activities.

Required Documents

All providers are required to furnish the following to the Site Visit representative:

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

Required Photos

The Site Visit representative is required to take the following photographs:

- Exterior of building
 - Business sign
 - Hours of operation (if posted)
- Equipment/supplies
- Posted licenses/certifications
- Office space/general work areas
- Accessible to people with disabilities
 - Handicapped parking
 - Wheelchair ramp
 - Aisles wide enough to fit a wheelchair
- Signed site visit acknowledgment form

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.

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. Refer to the *Texas Medicaid Provider Procedures Manual (TMPPM)*, section 1.1.9.3.

The definition of a “principal”, as required by Code of Federal Regulations (CFR) 455.101 and 455.104 and Texas Administrative Code (TAC) 371.1005 (a) - (d), includes the following:

- An owner with a direct or indirect ownership or controlling interest of 5% 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% of property listed in Section III(c) of the Disclosure of Ownership