

LexisNexis® ACA Provider Screening Requirements Brief



Don't leave compliance with ACA provider screening regulations up to chance.

The Patient Protection and Affordable Care Act (ACA) is bringing unparalleled change to Medicaid, Medicare and private insurance. With billions of dollars lost each year through fraud and improper payments, State Agencies are having to take an active role in screening and ongoing monitoring of the providers that service their constituents and bill their system.

The Affordable Care Act requires providers and suppliers who wish to enroll in the Medicare, Medicaid or CHIP programs to undergo screening so that an agency can properly evaluate the level of risk (i.e., likelihood for fraud, waste and abuse) that these entities present to the programs. This new rule will require high-risk providers and suppliers, including newly enrolling suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and home health agencies, to undergo a higher level of scrutiny based on CMS' and law enforcement's experience with them.

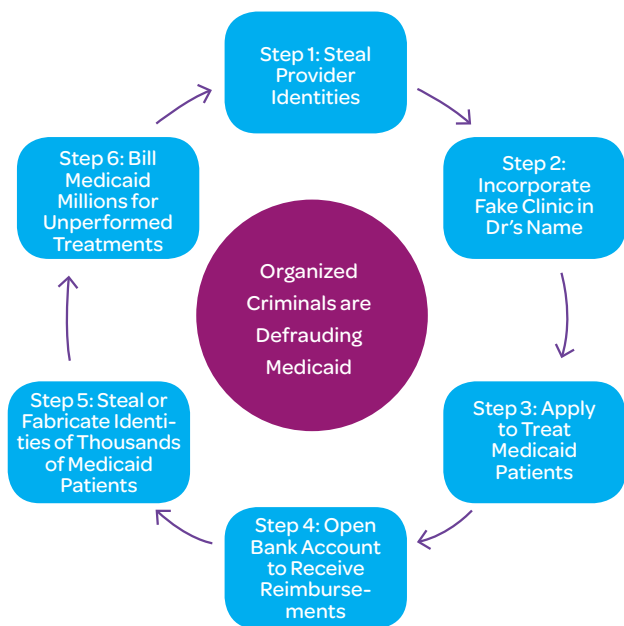
In addition to known risks, CMS has also established certain triggers that would move a provider or supplier into a higher risk screening level. These triggers include exclusions by the OIG or other reported final adverse actions.

CMS-6028-FC allows Medicare payments to be withheld from providers or suppliers if there is a credible allegation of fraud pending an investigation or final action. The law also requires States to withhold payments to Medicaid providers where there is a credible allegation of fraud. This enhanced authority will help prevent taxpayer dollars from being used to pay fraudulent suppliers.

The final rule is designed to ensure "that only legitimate providers and suppliers are enrolled in Medicare, Medicaid, and CHIP, and that only legitimate claims will be paid."

Provider fraud comes in many forms

Once enrolled in the Medicaid Provider Network, would-be criminals have a 'license to steal' from States. Schemes can range from legitimate providers working the system to stolen provider identities billing you for unperformed services. Failed checks of exclusion lists could result in a bad provider becoming in-network. When this occurs and the criminal discovered, the State finds itself responsible for repaying Federal match dollars spent on the provider's fraudulent claims and services. Avoiding this risk requires deployment of identity management capabilities prior to network participation. Enrollment screening enables States to quickly identify risks prior to network entry and then to evaluate new risks by monitoring changes in provider profiles on a continuous basis.



LexisNexis® provides a comprehensive portfolio of identity analytics, user authentication and risk assessment solutions that can enhance State Medicaid provider enrollment and management processes by:

Meeting and exceeding ACA standards by efficiently consolidating and delivering information.

- Providing actionable information and analysis on providers and practitioners; providing a broader, deeper view of the individual or corporation.
- Resolving disparate provider identities across multiple federal and state sources for confident and intelligent decision making.
- Leveraging unique data hygiene processes which ensure association of information to the correct provider such as corrected Social Security numbers, best address, telephone number, etc.
- Offering cost-effective solutions that enable significant savings in an era of increased service needs and decreasing budgets.
- Deploying comprehensive provider management, including enrollment, the validation and evaluation of current providers and the delivery of a dynamic risk indicator that detects critical changes to your providers' status and alerts your Medicaid staff and systems accordingly.
- Identifying disclosed entities having direct or indirect ownership or controlling interest in the provider entity.

With LexisNexis, agencies benefit from both professional and personal information for a greater dimension of visibility into their providers and the potential risks associated with them.



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Health Care

With LexisNexis, State Medicaid Programs will have the ability to meet these new provider requirements by accessing one of the world's largest repositories of data on people and businesses. This information can be delivered in an automated manner, increasing current efficiency, reducing labor, and ensuring greater knowledge and accuracy than what is currently available. Our solutions can validate and deliver information on:

LexisNexis Provider Screening Summary		
Pre-Enrollment	CMS 6028-FC Provider Rule	LexisNexis Solutions
State licensure and sanction checks	✓	✓
National licensure and sanction checks	✓	✓
Identity Verification includes:	✓	✓
Name and aliases, corporate DBA's	✓	✓
DOB	✓	✓
Gender	✓	✓
Primary Business Address	✓	✓
Every business location	✓	✓
P.O. Box Address	✓	✓
SSN (and other improperly associated SSN)	✓	✓
Current and historical addresses	✓	✓
Land-line and wireless numbers	✓	✓
Verification and disclosure of corp. officers, owners and relatives	✓	✓
Fingerprint based national criminal background check	✓	✓
Death indicators (SSA and other sources)	✓	✓
National Plan and Provider Enumeration System (NPPES) NPI	✓	✓
List of Excluded Individuals/Entities (LEIE)	✓	✓
Excluded Parties List System (EPLS)	✓	✓
TIN/FEIN, DEA number		✓
National criminal history		✓
Specialty certification		✓
Residency, group practice and hospital affiliations		✓
Bankruptcies, liens and judgements		✓
Proofing and Authentication services integrated into an online enrollment portal		✓
Post-Enrollment	CMS 6028-FC Provider Rule	LexisNexis Solutions
Monthly checks for national changes in licensure and exclusion status	✓	✓
Post-enrollment assignment of a dynamic, numeric risk score with alerts to changes in all of the above-listed information		✓

*Provides a superior complement to the rule, as criminal history will be run for all providers regardless of risk category. Does not meet fingerprint check requirement.

Implement a simple, powerful solution

LexisNexis Provider Integrity Scan is a comprehensive work solution that assists with both provider enrollment and program integrity efforts enabling agencies to:

- Verify and validate the credentials of providers
- Implement robust, up-front enrollment screening for verification and risk assessment
- Screen all currently enrolled fee-for-service providers
- Monitor provider files for risk indicators between enrollment periods

Gain fast, easy access to actionable information

Provider Integrity Scan gives users the ability to efficiently process multiple requests and obtain the critical information contained within massive volumes of data. From verification data to risk scoring and fraud indicators, this powerful tool uses advanced analytics to process and output the specific information you need.

Input Elements	Output Data
The more input data elements that are provided, the more we can verify, and the more information we can return.	Provider Integrity Scan is easily configurable so you can remove any data set or output fields not needed.
1. First Name	1. National Provider Identifier (NPI), medical education, specialties, and more
2. Last Name	2. Deceased information with date of death
3. SSN	3. Derogatory information to include HHS OIG and GSA exclusions and state sanctions/disciplinary actions
4. Date of Birth	4. Professional license information
5. Business Name	5. DEA controlled substance license information
6. Business Street Address	6. Financial information, such as bankruptcies, liens, and judgments
7. City	7. Criminal convictions
8. State	8. Sexual offenses
9. Zip	9. Corporate affiliations
10. Work Phone	10. InstantID® with high-risk indicators
11. Tax ID/FEIN	11. Business InstantID with high-risk indicators
12. License Number	12. Provider Associates and Relatives
	13. Provider ranking based on suggested need of investigation

For More Information

Call 800.869.0751 or visit
www.lexisnexis.com/risk/healthcare

About LexisNexis® Risk Solutions

LexisNexis Risk Solutions (www.lexisnexis.com/risk/) is a leader in providing essential information that helps customers across industries and government predict, assess and manage risk. Combining cutting-edge technology, unique data and advanced analytics, Risk Solutions provides products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of Reed Elsevier, a leading global provider of professional information solutions across a number of sectors.

Our health care solutions assist payers, providers and integrators with ensuring appropriate access to health care data and programs, enhancing disease management contact ratios, improving operational processes, and proactively combating fraud, waste and abuse across the continuum.



LexisNexis® solutions for provider screening are not provided by "consumer reporting agencies," as that term is defined in the federal Fair Credit Reporting Act (15 U.S.C. § 1681, et seq.) (FCRA) and do not constitute "consumer reports," as that term is defined in the FCRA. Accordingly, LexisNexis solutions for provider screening may not be used in whole or in part as a factor in determining eligibility for credit, insurance, employment or another purpose in connection with which a consumer report may be used under the FCRA. Due to the nature of the origin of public record information, the public records and commercially available data sources used in reports may contain errors. Source data is sometimes reported or entered inaccurately, processed poorly or incorrectly, and is generally not free from defect. This product or service aggregates and reports data, as provided by the public records and commercially available data sources, and is not the source of the data, nor is it a comprehensive compilation of the data. Before relying on any data, it should be independently verified.

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Isolate and eliminate high-risk and fraudulent activities

- Identify current and potential providers with sanctions, exclusions, or criminal histories.
- Detect and prevent fraudulent and improper payments.
- Identify permissible yet high-risk indicators that require scrutiny post-enrollment.
- Identify providers who are convicted sex offenders or have been convicted of crimes of moral turpitude and prevent them from enrolling with Medicare/Medicaid.

Leverage the industry's most comprehensive professional content

- 6.5 million+ profiled providers, with education and specialties
- Provider profile updates from 60+ health plans
- Telephonic verification twice annually
- 133 million+ monthly provider touchpoints
- Direct verification from client consortium, authority sources, medical claim headers, phone and fax
- 1 million+ physicians with active locations
- 1 million facility, group and other business entities
- 10 million+ HCP to HCO affiliations
- National Plan and Provider Enumeration System
- List of Excluded Individuals and Entities
- System for Award Management / EPLS
- 50-State Board Licensure and Disciplinary Sanctions

Receive provider update and risk alerts

This total solution also monitors provider files for updates, and alerts staff of important changes, providing key insight after initial enrollment and screening.

Agencies will receive:

- Deceased information with date of death
- License status
- Sanctions and exclusions
- Criminal convictions
- High-risk indicators for address and Social Security Number (SSN)
- Financial information, such as liens, bankruptcies and judgments
- Provider business ID verification