



June 12, 2018

Web Announcement 1613

Reminder: Fingerprint-based Criminal Background Checks (FCBC) for “High” Risk Providers

Effective July 1, 2017, the Division of Health Care Financing and Policy (DHCFP) implemented a mandatory fingerprint-based criminal background check (FCBC) for certain providers, as part of the Nevada Medicaid provider enrollment process. This change is in response to the enhanced enrollment screening provisions contained in the Affordable Care Act (ACA) and Nevada Medicaid’s compliance with these requirements.

As defined in 42 CFR 455.434, the FCBC applies to providers and suppliers in the “high” risk category as defined by Nevada Medicaid. This includes newly enrolling and re-enrolling Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) suppliers and Home Health Agency (HHA) providers, in addition to providers who have been elevated to the “high” risk category in accordance with enrollment screening regulations. High risk providers are required to complete an FCBC waiver form for each individual owner with 5 percent or more direct or indirect ownership in the provider, and may be required to complete additional screening. The additional screening may delay application processing time.

FCBCs are also required for any provider that has been elevated to the “high” risk category for any of the following reasons:

- A payment suspension has been imposed on a provider based on credible allegation of fraud, waste or abuse. The provider’s risk level remains “high” for 10 years beyond the date of the payment suspension.
- Providers who have an existing overpayment of \$1500* or greater and the overpayment meets all of the following criteria:
 - more than 30 days old
 - has not been repaid at the time the application was filed
 - not currently being appealed
 - not part of a DHCFP approved extended repayment scheduled for the entire outstanding overpayment

*Note: The \$1500 threshold is an aggregate of all outstanding debts and interest, to include the principal overpayment balance amount and the accrued interest amount for a given provider.

- The provider has been excluded by the Office of Inspector General (OIG) or another state’s Medicaid Program within the previous 10 years.

A notification letter will be sent to providers that have been adjusted to the “high” risk category. The notification will include instructions and information regarding where to obtain fingerprints, associated costs, how to submit fingerprints and the time frame for response.