

DIH Rules Matrix 10-17-24

Rule Summary	Bulletin Publication	Effective
R414-23 Provider Enrollment (Five-Year Review); The department will continue this rule because it implements revalidation requirements for providers to assure quality and cost-effective services.	10-1-24	9-16-24

The public may access proposed rules published in the State Bulletin at <https://rules.utah.gov/publications/utah-state-bull/>

State of Utah
Administrative Rule Analysis
Revised May 2024

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION

Rule Number:	R414-23	Filing ID: Office Use Only
Effective Date:	Office Use Only	

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 North 1460 West	
City, state	Salt Lake City, UT	
Mailing address:	288 North 1460 West	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:
R414-23. Provider Enrollment.
3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require this rule:
Section 26B-3-108 requires the department to implement Medicaid through administrative rules, and Section 26B-1-213 grants the department the authority to adopt, amend, or rescind these rules.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:
The department has not received any written comments in support of or opposition to this rule since its last five-year review.
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:
Continuation of this rule is necessary because it implements revalidation requirements for providers to assure quality and cost-effective services. As there were no comments in opposition to this rule, the department did not respond to any such comments.

Agency Authorization Information

To the agency: Information requested on this form is required by Section 63G-3-305. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the <i>Utah State Bulletin</i> .		
Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:
Reminder: Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a nonsubstantive change.		

R414. Health and Human Services, Integrated Healthcare.

R414-23. Provider Enrollment.

R414-23-1. Purpose and Authority.

- (1) Sections 26B-1-213 and 26B-3-108 authorize this rule.
- (2) This rule implements requirements for provider revalidation as set forth in the Code of Federal Regulations and in the Patient Protection and Affordable Care Act.

R414-23-2. Definitions.

- (1) "Provider" means an individual or entity approved by the Department to provide services to Medicaid members,

and has signed a provider agreement with the Department.

(2) "Revalidation" means the mandatory process of screening enrolled providers of medical services, other items, and suppliers, as required by Section 6401 of the Patient Protection and Affordable Care Act.

(3) "PRISM" means Provider Reimbursement Information System for Medicaid.

(4) "CFR" means Code of Federal Regulations.

R414-23-3. Revalidation Requirements.

(1) An enrolled provider must revalidate with Medicaid through PRISM at intervals not to exceed five years as required by 42 CFR 424.515, depending on the provider's risk level.

(2) The Department shall notify a provider, when it is time to revalidate, with a letter mailed to the pay-to address in the PRISM system.

(3) A provider must complete and submit the revalidation process within 60 days from the date of the letter, or the Department will place a temporary payment hold on the provider account.

(4) The Department shall terminate a provider that fails to revalidate within 90 days from the date on the letter. The provider, however, has the option to request a fair hearing.

(5) A provider terminated for any reason must reenroll and be approved as a new provider.

(6) The Department may only reimburse a provider for services rendered during an enrollment period.

R414-23-4. Auto Closure of Provider Contracts.

The Department may automatically close a provider contract for any of the following reasons:

(1) failure to revalidate within the required five-year cycle as directed by 42 CFR 424.515;

(2) expiration of professional license, or expiration of any license associated with the program for clinical laboratory improvement amendments;

(3) upon state or federal reporting of a deceased provider; or

(4) failure to bill Medicaid for one or more years without notification.

KEY: Medicaid

Date of Last Change: November 10, 2023

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108