**Section 140.11 Enrollment Conditions for Medical Providers**

a) In order to enroll for participation, providers shall:

1) Hold a valid, appropriate license where State law requires licensure of medical practitioners, agencies, institutions and other medical vendors.

2) Be certified for participation in the Title XVIII Medicare program where federal or State rules and regulations require such certification for Title XIX participation.

3) Be certified for Title XIX when federal or State rules and regulations so require.

4) Provide enrollment information to the Department in the prescribed format, and notify the Department, in writing, immediately whenever there is a change in any such information which the provider has previously submitted.

5) Provide disclosure, as requested by the Department, of all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business, enterprises, joint ventures, agencies, institutions or other legal entities providing any form of health care services to public aid recipients.

6) Have a written provider agreement on file with the Department.

b) Approval of a corporate entity such as a pharmacy, laboratory, durable medical equipment and supplies provider, medical transportation provider, nursing home or renal satellite facility, as a participant in the Medical Assistance Program, applies only to the entity's existing ownership, corporate structure and location; therefore, participation approval is not transferable.

c) Except for children's hospitals described at 89 Ill. Adm. Code 148.25(d)(3)(B), hospitals providing inpatient care that are certified under a single Centers for Medicare and Medicaid Services certification number shall be enrolled as a single entity in the Medical Assistance Program. A children's hospital must be separately enrolled from the general care hospital with which it is affiliated.

d) Upon notification from the Illinois Department of Public Health of a change of ownership, the Department shall notify the prospective buyer of its obligation under Section 140.12(l) to assume liability for repayment to the Department for overpayments made to the current owner or operator. Such notification shall inform the prospective buyer of all outstanding known liabilities due to the Department by the facility and of any known pending Department actions against the facility that may result in further liability. For long term care providers, when there is a change of ownership of a facility or a facility is leased to a new operator, the provider agreement shall be automatically assigned to the new owner or lessee. Such assigned agreement shall be subject to all conditions under which it was originally issued, including, but not limited to, any existing plans of correction, all requirements of participation as set forth in Section 140.12 or additional requirements imposed by the Department.

e) For purposes of administrative efficiency, the Department may periodically require classes of providers to re-enroll in the Medical Assistance Program. Under such re-enrollments, the Department shall request classes of providers to submit updated enrollment information. Failure of a provider to submit such information within the requested time frames will result in the disenrollment of the provider from the Program. Such disenrollment shall have no effect on the future eligibility of the provider to participate in the Program and is intended only for purposes of the Department’s efficient administration of the Program. A disenrolled provider may reapply to the Program and all such re-applications must meet the requirements for enrollment.

f) For purposes of this Section, a vendor whose investor ownership has changed by 50 percent or more from the date the vendor was initially approved for enrollment in the Medical Assistance Program shall be required to submit a new application for enrollment in the Medical Assistance Program. All such applications must meet the requirements for enrollment.

g) Anything in this Subpart B to the contrary notwithstanding, enrollment of a vendor is subject to a provisional period and shall be conditional for one year unless limited by the Department. During the period of conditional enrollment, the Department may terminate the vendor's eligibility to participate in, or may disenroll the vendor from, the Medical Assistance Program without cause. Upon termination of a vendor under this subsection (g), the following individuals shall be barred from participation in the Medical Assistance Program:

1) Individuals with management responsibility;

2) All owners or partners in a partnership;

3) All officers of a corporation or individuals owning, directly or indirectly, five percent or more of the shares of stock or other evidence of ownership in a corporation; or

4) An owner of a sole proprietorship.

h) Unless otherwise specified, the termination of eligibility or vendor disenrollment, as described in subsection (g) of this Section, and resulting barrments are not subject to the Department's hearing process. However, a disenrolled vendor may reapply without penalty.

(Source: Amended at 38 Ill. Reg. 15081, effective July 2, 2014)