



Summary of Final Rule on *Medicare, Medicaid, and Children's Health Insurance Programs: Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers*

AMA ask	CMS response
Physicians should not be subjected to unlimited suspension periods, or suspensions that last for 2 or 3 years, as suggested by CMS.	Yes. There will be a good cause exception for suspensions that last more than 18 months, unless OIG or DOJ has a pending action or investigation.
“Geographical circumstances” should not be a factor in adjusting a physician’s risk tier assignment.	Yes. CMS will not adopt "geographic circumstances" as a criterion for adjusting a provider or supplier's screening level at this time.
Physicians who have had their billing privileges revoked should not be assigned to a higher risk tier.	Yes, in part. Physicians who have had their billing privileges <i>denied</i> (often as a result of clerical error or failure to meet requirements for enrollment) will not be moved into a higher risk screening level. However, physicians whose billing privileges have been <i>revoked</i> in the last 10 years will be subject to high risk screening requirements.
Physicians who supply office-based DMEPOS be exempted from increased screening requirements.	No. Physicians who supply DMEPOS will be screened as all DMEPOS suppliers are screened – including, in some cases, unscheduled site visits, criminal background checks, and fingerprinting.
Physicians who supply office-based DMEPOS should be exempted from the enrollment fee of at least \$500, as Congress specifically intended.	No. Physicians who supply DMEPOS will be subject to the \$505 fee as suppliers of DMEPOS for 2011 (fee increases each year).

<p>Physicians who have been the victim of identity theft should not be subject to increased screening requirements. A fourth category of risk (and correspondent screening requirements) should be created for those physicians.</p>	<p>No. CMS will work closely with law enforcement to address identity theft concerns, and does not mean to address this issue through the screening process. Physicians who are victims of identity theft will not be placed in a higher risk tier; instead, they will remain in the lowest risk tier.</p>
<p>Temporary moratoria should only be 30 days in duration, not 6 months as proposed. And CMS should not be allowed to extend the duration.</p>	<p>No. 6 month standard duration, and CMS may extend in 6 month increments.</p>
<p>Physicians should be exempted from heightened screening requirements following temporary moratoria.</p>	<p>No. While CMS will attempt to narrowly tailor providers subject to temporary moratoria, physicians who are subject to temporary moratoria will not be exempted from the heightened risk / screening requirements once the moratorium ends.</p>
<p>The evidentiary standard for suspension should be the current standard, “reliable information that fraud or willful misrepresentation exists,” instead of the proposed lower standard, a “credible allegation of fraud.”</p>	<p>No. In the Medicaid program, CMS will include State Medicaid agency review of the allegations in the standard, but will also omit the phrase ‘willful misrepresentation exists’ from existing regulation.</p>