

New Medicare Screening Requirements Finalized, but Mandatory Compliance Program Requirements Are Still Pending

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The Centers for Medicare and Medicaid Services (CMS) recently published its final rule for establishing screening requirements for enrollees in Medicare, Medicaid, and the Children's Health Insurance Programs (CHIP) (the "Screening Rule"). The Screening Rule will be effective on March 25, 2011 for newly enrolling providers and suppliers as well as for

currently enrolled providers and suppliers whose revalidation cycle ends between March 25, 2011 and March 25, 2012. For all others, the effective date is March 25, 2012.

The Screening Rule finalized a three-tiered screening system for providers and suppliers, categorizing them as either "limited," "moderate" or "high" risk. Depending on the level of risk assigned to a provider or supplier category, the Medicare contractor will impose different screening measures designed to address risks.

The providers and suppliers in the "limited" risk category include, for example, physicians and non-physician practitioners and medical groups or clinics, hospitals, and mammography screening centers. For providers or suppliers posing limited risk,

Medicare contractors will (i) verify that the provider or supplier meets all of the applicable federal and state regulations; (ii) conduct license verifications; and (iii) conduct database checks.

Providers and suppliers posing "moderate" risk include, for example, ambulance service suppliers, community mental health centers, comprehensive outpatient rehabilitation facilities, hospice organizations, independent diagnostic testing facilities, independent clinical laboratories, physical therapists, portable x-ray suppliers, revalidating home health agencies (HHAs) and durable medical equipment, and prosthetic and orthotics suppliers (DMEPOS). These entities will be subject to all of the limited screening requirements as well as an on-site visit.

In the "high" risk category,

CMS included newly enrolling HHAs and DMEPOS suppliers. With respect to high-risk providers and suppliers, Medicare contractors will perform all of the moderate screening measures, and require the submission of a set of fingerprints for a background check and an FBI criminal history check from all individuals who maintain a five percent or greater direct or indirect ownership interest in the entity.

CMS is permitted to adjust a screening level from "limited" or "moderate" to "high" upon the occurrence of specific events. Adjustments can be made if the provider or supplier (i) has had a payment suspension anytime in the last ten years; (ii) has been excluded from Medicare by the Office of Inspector General; (iii) has had its billing privileges revoked by Medicare within the last ten years and is attempting to

establish additional billing privileges; (iv) has been terminated or precluded from billing Medicaid; (v) has been excluded from any federal program; or (vi) has been subject to any final adverse action within the last ten years.

Lastly, the Screening Rule addresses the mandatory compliance program requirement established in the healthcare reform legislation, which requires that, as a condition of enrolling in Medicare, Medicaid or CHIP, providers and suppliers must maintain compliance programs that meet certain "core elements." At this time, CMS did not finalize rules related to these core elements. Instead, CMS will advance specific proposals in the future. Providers and suppliers should remain attentive to future developments relating to mandatory compliance programs.





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ObamaCare After One Year

By Adam Bitely



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One year ago, ObamaCare was passed in the House of Representatives. And just one year later, the fate of the legislation is still unknown.

Since Obama signed the ironically named "Affordable Health Care Act", a federal court in Florida has ruled ObamaCare unconstitutional, a federal court in Virginia ruled the individual mandate unconstitutional, and Wisconsin Attorney General J.B. Van Hollen has completely stopped implementing the law on the grounds that the Florida ruling reversed ObamaCare from being a law. And all that happened before ObamaCare celebrated its first birthday.

But there are some who still think that the best days of ObamaCare are ahead of us. Nancy Pelosi is celebrating the entire month of March as a time that a major difference was made in the lives of all Americans. She is definitely right that everyone's lives have changed...

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Pelosi and House Democrat cohort Rep. Henry Cuellar are celebrating the month by continuing to spread mistruths on ObamaCare, as the Washington Post pointed out. Here are just a few of the myths that these two Democrats are still spreading:

"It's about jobs. Does it create jobs? Health insurance reform creates 4 million jobs, and in the last 12 months the private sector has added 1.5 million new jobs, and of that a quarter of a million were in the health insurance industry." -Pelosi

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