Instructions for Disclosures of Noncompliance with the Physician Self-Referral Law
Arising Solely from a Violation of 42 C.F.R. § 411.362(b)(3)(ii)(C)

To date, CMS has reviewed numerous disclosures involving noncompliance with 42 C.F.R. § 411.362(b)(3)(ii)(C), which requires physician-owned hospitals and rural providers that are hospitals to disclose on any public website for the hospital and in any public advertising that the hospital is owned or invested in by physicians. CMS has determined that, in order to satisfy the disclosure requirements of the CMS Voluntary Self-Referral Disclosure Protocol (OMB Control No.: 0938-1106),¹ parties disclosing solely noncompliance with 42 C.F.R. § 411.362(b)(3)(ii)(C) need only provide the information noted below. Parties disclosing noncompliance with any other provision of the physician self-referral law, including parties disclosing mixed noncompliance with § 411.362(b)(3)(ii)(C) and noncompliance with any other provision of the physician self-referral law, must continue to provide all the information required by the CMS Voluntary Self-Referral Disclosure Protocol. In addition, CMS retains the right to request additional information and/or documentation to assist in its verification process, up to and including all the information required by the CMS Voluntary Self-Referral Disclosure Protocol. See section V of the CMS Voluntary Self-Referral Disclosure Protocol, titled “Verification.”

Required information for disclosures of noncompliance with 42 C.F.R. § 411.362(b)(3)(ii)(C) only:

- Name and address of the hospital
- Hospital’s CMS Certification Number(s) (CCN), National Provider Identifier(s) (NPI), and tax identification number(s) (TIN)
- Name and contact information of the Hospital’s designated representative
- Names and NPIs of all physicians who were owners/investors during the period(s) of noncompliance identified below.

- Period(s) of noncompliance: For the period beginning on September 23, 2011,² identify the months during which the hospital had at least one instance of noncompliance with 42 C.F.R. § 411.362(b)(3)(ii)(C). To satisfy this requirement, the hospital can provide a date range (e.g., “Period of noncompliance: December 2012 through March 2014”) and exclude months during which the hospital was in compliance (e.g., “Periods of noncompliance: September 2011 through October 2012; December 2013 through January 2015”).

- Certify that, for each of the months in the period(s) of noncompliance identified above, there was at least one instance of noncompliance with 42 C.F.R. § 411.362(b)(3)(ii)(C).

² September 23, 2011 is the effective date of the requirement at 42 C.F.R. § 411.362(b)(3)(ii)(C).
To satisfy this requirement, the hospital may state that, because it cannot certify that it complied with 42 C.F.R. § 411.362(b)(3)(ii)(C) for each of the months in the period(s) of noncompliance identified above, it is certifying noncompliance.

- Certify that, during each of the months in the period(s) of noncompliance identified above, at least one physician owner/investor made referrals to the hospital for designated health services, and the hospital billed Medicare for these services.

- Certify that the hospital met the other requirements of 42 C.F.R. § 411.362 and the remaining requirements of 42 C.F.R. § 411.356(c)(1) or (c)(3), as applicable.

- Certify that no other exception to the physician self-referral law was available during the period(s) of noncompliance identified above to except referrals from physicians with ownership or investment interests in the hospital.

Instructions for submission:

- The complete disclosure must be submitted electronically to 1877SRDP@cms.hhs.gov, with a copy to Laura.Dash@cms.hhs.gov. Include the following phrase in the subject line of the e-mail: “Website and advertisement disclosures.”

- The disclosure must include a signed certification. See section IV.A.4 of the CMS Voluntary Self-Referral Disclosure Protocol, entitled “Instructions Regarding the Voluntary Disclosure Protocol Submission.” A hard copy of the signed certification only should be mailed to the following address: Division of Technical Payment Policy, ATTN: Provider and Supplier Self-Disclosure, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop C4-25-02, Baltimore, MD 21244-1850.