

EXPECTED RELEASE: August 16, 2018

Revisions to Provider/Supplier Enrollment Moratoria

CMS Enrollment Waiver Demonstration helps protect patient access in six states & continues agency efforts on fighting fraud

FACT SHEET

The Centers for Medicare & Medicaid Services (CMS) is revising its Provider Enrollment Moratoria Access Waiver Demonstration (PEWD) that allows providers and suppliers the ability to enroll in moratoria areas if certain conditions are met with if there are access to care concerns or if the potential provider or supplier had a pending application denied when the state-wide moratoria began.

Summary

This Federal Register notice, CMS-6073-N2, announces revisions to the Provider Enrollment Moratoria Access Waiver Demonstration (PEWD) for Medicare Part B non-emergency ground ambulance suppliers and Home Health Agencies (HHAs). The demonstration was implemented in accordance with section 402(a)(1)(J) of the Social Security Amendments of 1967 and, as revised, will allow CMS to approve individual waivers to a state-wide moratorium due to providers or suppliers demonstrating that access to care issues exist, or for providers and suppliers that had submitted an enrollment application prior to implementation of a moratorium on July 29, 2016, or later, that was denied by their relevant MAC as a result of implementation of such moratoria. The PEWD supports the state-wide moratoria by helping to address some operational issues CMS identified when implementing the moratoria, and providing possible exceptions to the moratoria to ensure that beneficiary access to care is not adversely impacted.

Background

On July 29, 2016, CMS implemented the original Provider Enrollment Moratoria Access Waiver Demonstration (PEWD) under section 402(a)(1)(J) of the Social Security Amendments of 1967 concurrently with the statewide expansion of temporary moratoria in Medicare, Medicaid, and CHIP for the enrollment of new Medicare Part B, Medicaid and CHIP non-emergency ground ambulance suppliers and Medicare, Medicaid, and CHIP HHAs. The Demonstration addressed the operational concerns that have surfaced throughout the moratoria and provided possible exceptions to the moratoria to ensure that beneficiary access to care is not adversely impacted. Authorization of an exception was based primarily on beneficiary access to care but would also depend upon passing the enhanced screening measures.

On August 15, 2018, CMS revised the Demonstration to include two different options for eligibility: (1) the existing option requiring that the provider or supplier demonstrate that access to care issues exist; or (2) the new alternative option requiring that the provider or supplier establish that it had submitted an enrollment application prior to implementation of the

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moratorium that was denied as a result of implementation of such moratorium. The revised Demonstration waives the requirements of section 17004 of the 21st Century Cures Act for the providers and suppliers enrolled under the Demonstration. With this revision, providers and suppliers enrolled under the Demonstration will be able to receive Medicare, Medicaid, and/or CHIP payment for items and services furnished within the provider's or supplier's approved service area for the Demonstration. Providers and suppliers who meet either criteria will be subject to the heightened screening, oversight, and restrictions of the revised Demonstration.

Additional Background

Enrollment moratoria were initially implemented (Phase I) in selected metropolitan areas and their surrounding counties on July 30, 2013. They were extended and expanded with Phase II of the moratoria on January 30, 2014. CMS further extended these phases of the moratoria on July 29, 2014, January 29, 2015, July 29, 2015, and January 29, 2016.

- Phase I:
 - HHAs - Miami, FL and Chicago, IL metropolitan areas
 - Ambulance – Houston, TX metropolitan area
- Phase II:
 - HHAs - Miami, FL, Chicago, IL, Dallas and Houston, TX, and Detroit, MI metropolitan areas
 - Ambulance – Houston, TX, and Philadelphia, PA metropolitan areas (which includes some counties in NJ)
- The temporary enrollment moratorium that was originally implemented on July 30, 2013, expanded on January 31, 2014 for Medicare Part B ambulance suppliers, was lifted for emergency ground ambulance suppliers only on July 29, 2016, for the following states:
 - Texas
 - Pennsylvania
 - New Jersey
- The temporary enrollment moratorium was extended and expanded statewide on July 29, 2016. It was then extended on January 29, 2017, July 29, 2017, January 29, 2018, and July 29, 2018 for the following states:
 - HHAs – Florida, Illinois, Michigan and Texas

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- Non-emergency ambulance supplier – Pennsylvania and New Jersey (the moratorium for non-emergency ambulance suppliers in Texas was lifted on September 1, 2017 due to the natural disaster declaration)

Section(s) Applicable for Announcement

- CMS will prioritize continued monitoring of utilization and access to care in the areas selected for moratoria to ensure that any access to care issues that arise are addressed.
 - CMS receives a monthly report from the Regional Offices, which report moratoria inquiries.
 - CMS will be verifying with all state Medicaid directors that they have not received any reports of beneficiary access to care issues.
 - CMS has not received any beneficiary access to care issues reported through 1-800-MEDICARE.
- The public may access HHA and Medicare Part B non-emergency ground ambulance saturation data at: <https://data.cms.gov/moratoria-data>
- CMS's program integrity strategy has moved beyond the reactive "pay and chase" method toward a more effective, proactive strategy that identifies potential improper payments before they are made, keeps unscrupulous providers and suppliers out of Medicare and Medicaid at the outset, quickly removes wrongdoers from the programs once they are detected, and corrects improper payments as quickly as possible.
- Moratoria and related investigations are a portion of CMS' comprehensive strategy that include recently published activities in FY 2016 <https://www.cms.gov/About-CMS/Components/CPI/Downloads/2016-Medicare-Medicaid-PI-Report-to-Congress.pdf>. CMS estimates that program integrity activities saved Medicare \$17.9 billion in FY 2016, CMS estimates that program integrity activities saved Medicare \$17.9 billion in FY 2016, for an average return on investment of \$12.4 to 1 for the three-year period of October 1, 2013 – September 30, 2016.

For more information, please visit: <https://www.federalregister.gov/documents>.

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