

>To: OC AIMS Support  
>Subject: Public Submission  
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>Public Comments on Medicare Program; Appeals of CMS or Contractor  
>Determinations When a Provider or Supplier Fails To Meet the  
>Requirements for Medicare Billing Privileges:=====

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>Title: Medicare Program; Appeals of CMS or Contractor Determinations  
>When a Provider or Supplier Fails To Meet the Requirements for Medicare  
>Billing Privileges FR Document Number: 07-00870 Legacy Document ID:  
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>General Comment:Following comments are in reference to CMS-6003-P2:  
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>1) In the new Sec. 424.535(c), CMS is proposing a timeframe to wait  
>for  
>  
>reapplication to the Medicare program when a provider or supplier is  
>revoked. CMS is proposing that when a provider or supplier, including

>all authorized officials, delegated officials and practitioners, is  
>revoked for any of the reasons listed at Sec. 424.535 that the  
>provider, supplier, delegated official or authorizing official be  
>prohibited from enrolling for 3 years.

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>We strongly agree with the proposal as written. Participating in the  
>Medicare program should be viewed as a privilege and not a right.  
>Currently no regulation exists (outside of the permissive exclusion  
>process) that provides a credible administrative deterrent to ensure  
>suppliers/providers comply with program rules and regulations. By  
>denying enrollment participation for three year period after  
>revocation, CMS will possess the appropriate administrative tools to  
>provide a strong and very reasonable deterrent to ensure  
>suppliers/providers abide by all program regulations. Approval of the  
>provision as written will have extremely beneficial effect in the  
>protection of the Medicare Trust Fund.

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>2) CMS is proposing to revise Sec. 498.56 and Sec. 498.86 to prohibit  
>providers and suppliers from submitting new provider enrollment issues  
>or evidence at the ALJ and DAB levels of review.

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>We strongly agree with the proposal as written. We too believe the  
>efficiency and accuracy of the appeals process is enhanced when the  
>provider or supplier submits all necessary documentation with their  
>appeal request to prove that they are in compliance with all Medicare  
>requirements for enrollment. To maintain the effectiveness and  
>integrity of the appeals process it is inherent that all necessary  
>evidence be submitted to the reviewing official for review and that no  
>additional evidence could be introduced at higher levels of the appeals  
>process.

>The appeal

>of the revocation or denial action should only be based upon  
>information pertinent at the time the Medicare FFS contractor made the  
>reasonable determination in its denial or revocation of a supplier's  
>billing privileges. The provider/supplier should be required to furnish  
>the evidence that clearly shows the determination was in error at the  
>time it was made and not that the provider or supplier is now in  
>compliance.

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