

# Medicare Provider Enrollment Compliance Conference



**February 27-29, 2024**

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**CMS | Medicare Provider Enrollment Compliance  
Conference | February 2024**

# Session Overview

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- Site Visit Requirements
- Administrative Actions





# Site Visit Requirements

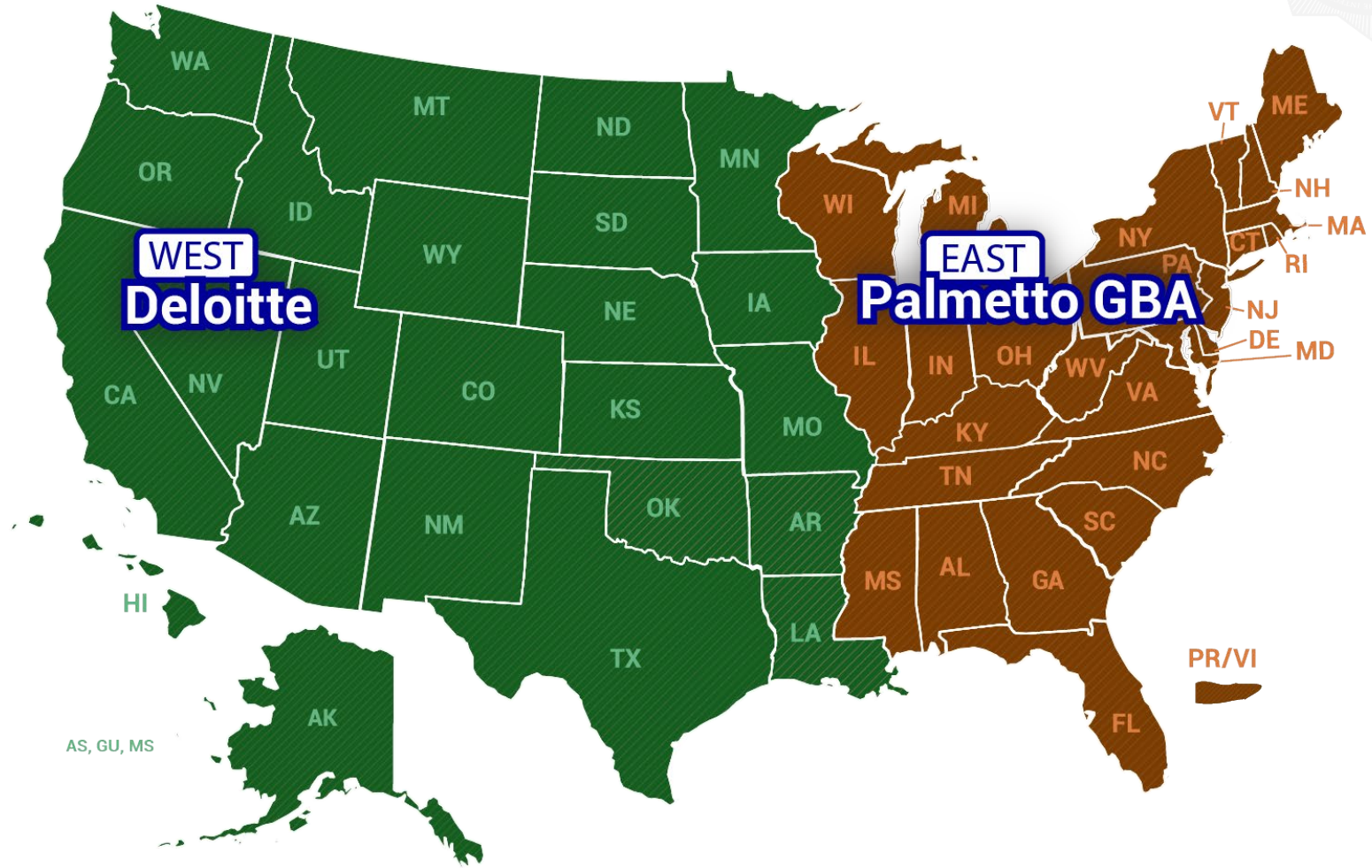
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# Site Visits | National Site Visit Contractors (NSVCs)



- All enrollment site visits conducted by the NSVC
- Required for moderate/high risk providers (ambulance, IDTF, DME, HHA)
  - initial enrollment, revalidation, adding a new location
- CMS has the authority to perform site visits on all providers
  - address validation errors, CAPs/reconsiderations, provider enrollment initiatives
- Verifies practice location information to determine compliance with enrollment requirements and supplier standards (IDTF, DME)
- Separate from State/AO surveys for certified providers

# National Site Visit Contractors (NSVCs)



# What to Expect During a Site Visit?

- Unannounced site visit conducted during normal business hours 9am – 5pm or posted business hours
  - Exception: site visits are scheduled for mobile units (IDTFs, PXR) or providers open by appointment only
- An external or internal review, by an inspector, with limited disruption to your business
- Photographs of the business
- Private residences reported as practice locations will be visited, unless listed on the CMS-855I/B as a home address used solely for telehealth

# Additional Checks During DME Site Visits

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- Staff interviews
- Assessment of inventory
- Documentation reviews (complaints logs/policy, warranty information, rental/purchase agreements)
- Suppliers located in a private residence must meet all supplier standards

# Advanced Site Visit Notice



- MACs/NPEs will send a letter to the contact person or the correspondence address in advance of the site visit (only applies to application-based site visits)
- Letter will not specify when the visit will be conducted (unannounced)
- Make sure your office staff are aware and prepared

The image shows a sample letter from CMS (Center for Medicare & Medicaid Services) regarding a Medicare site visit. The letter is addressed to a "TEST LBN" at "123 MAIN STREET, SESAME, PA 12345". It includes a reference number "7230860001" and a salutation "Dear Test LBN:". The body of the letter explains that an unannounced site visit is required at the specified location as a result of an application submission on March 27, 2023, under 42 CFR §424.517. It states that CMS contractor personnel will be conducting the visit to determine if the location is operational. The letter also provides contact information for CMS: 1-855-252-8782 for Jurisdiction H (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas) and 1-877-235-8073 for Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia, or the City of Alexandria in Virginia). The letter is signed "Sincerely, PE Rep Name, Provider Enrollment Representative".



# Inspector Credentials

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- Inspectors will possess a photo ID and letter of authorization issued and signed by CMS
- Providers/suppliers may request to review the documents but cannot copy or retain
- To verify an inspector is associated with a CMS ordered site visit contact your MAC/NPE
  - Letter of authorization will include a QR code for MAC/NPE contact information

# Site Visit Tips

- Submit complete address information (practice location name, suite numbers)
- List the correct practice location type
  - Home used for telehealth
  - Hospital or nursing home where you see patients but do not have office space at the location
- Identify if services are provided in patient's homes or in a mobile unit (IDTF)

# DME Site Visit Tips



- Posted signage must include supplier's business name and hours of operation
- Inventory is stored on site
- Documents are available upon request:
  - Licenses/certifications
  - Written complaint policy and procedure for logging complaints
  - Warranty information to confirm equipment warranty was provided
  - Proof of business records (rental/purchase agreements)



# Administrative Actions

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# Non-operational Indicators

The listed CMS 855 practice location address is:

- A vacant suite with no signage and/or is posted for-lease
- Practice location has signage, but no business activity is observed during posted hours of operation
- An unrelated business is identified that does not match a listed DBA name



# Administrative Action(s) based on Site Visits

## *42 CFR §424.535 Revocation of Enrollment in the Medicare program*

- (a)(1) – Noncompliance with Enrollment Requirements
- (a)(5) - On-Site Review
- (a)(9) – Failure to Report a Change of Information

## *42 CFR §424.540 Deactivation of Medicare Billing Privileges*

- (a)(5) - The provider's or supplier's practice location is non-operational or otherwise invalid

## *42 CFR §424.530 Denial of Enrollment in the Medicare program*

- (a)(5) – On-site review

# Program Integrity Concerns

- Claims billed after the date of a non-operational site visit can indicate fraudulent billing
- Untimely reporting of a new practice location can lead to administrative action
  - Providers/suppliers must report a change, addition, or deletion of a practice location to their MAC within 30 days, pursuant to 42 CFR §424.516(d)





# Question & Answer Session

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# Thank You

**February 2024** | This summary material was part of an in-person presentation. It was current at the time we presented it. It does not grant rights or impose obligations. We encourage you to review statutes, regulations, and other directions for details.

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