



Stay of Enrollment

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MLN Matters Number: MM13449

Effective Date: 90 days from issuance for stays involving non-responses to revalidation requests; April 1, 2024, for all other stays

Related Change Request (CR) Number: [CR 13449](#)

Related CR Transmittal Number: R12524PI

Implementation Date: June 3, 2024, for stays involving non-responses to revalidation requests; 30 days from issuance for all other stays

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

Action Needed

Make sure your staff knows about:

- A new provider enrollment status called a stay of enrollment
- Updates to the Medicare Program Integrity Manual, Chapter 10

Background

The [CY 2024 Physician Fee Schedule \(PFS\) Final Rule](#) contains provisions about Medicare provider enrollment. One of these provisions is the creation of a new provider enrollment status labeled a "stay of enrollment."

Stay of Enrollment

Stay of enrollment is a CMS action that's less burdensome on providers and suppliers than a deactivation or revocation of your Medicare enrollment. A stay of enrollment (or "stay") is a preliminary, interim status representing a pause in enrollment.

Requirements for a Stay Two-Step Test

There are 2 steps for implementing a stay per [42 CFR 424.541](#).

The provider:

1. Is non-compliant with at least 1 Medicare enrollment requirement.
2. Can remedy the non-compliance by submitting, as applicable, a [Form CMS-855](#), [Form CMS-20134](#), or [Form CMS-588](#). We refer to these forms as applicable CMS forms (ACFs).

If the type of non-compliance involved can't be corrected by the submission of an ACF, a stay **can't** be imposed.

Examples of how this 2-Step works include:

- A provider failed to timely report a change in its address from 10 Smith Street to 20 Smith Street
- A supplier didn't respond to a revalidation request
- A DMEPOS supplier didn't report the deletion of a managing employee
- A physician didn't timely report a change in their practice location's ZIP code
- A Medicare Diabetes Prevention Program supplier failed to timely report a change in the address of an organizational owner
- An independent diagnostic testing facility failed to comply with a supplier standard, but compliance can be reached by submitting an ACF

In these examples, the provider failed to adhere to a reporting, revalidation, or supplier standard requirement, but could resume compliance by submitting the ACF. These are merely examples, and there are many scenarios in which a stay could apply.

Key Points of a Stay

- You remain enrolled in Medicare during the stay
- We'll reject claims you submit with dates of service within the stay period
- Your stay of enrollment lasts no longer than 60 days
- We can impose a stay of less than 60 days
- A stay ends on the earlier of the following dates:
 - The date on which we or your contractor decides you resume compliance with all Medicare enrollment requirements
 - The day after the imposed stay period expires
- A stay isn't considered an adverse legal action of any kind
- We may impose a stay multiple times for separate instances of non-compliance, for example, a stay in June 2024 and another stay in December 2025

Letters

Your MAC will send all stay notification letters by hard-copy mail and e-mail if a valid email address is available. They'll also send the notice via fax if a valid fax number is available. We'll mail all notification letters on the same date listed on the letter.

Rebuttals

You may file a rebuttal under a stay of enrollment. A rebuttal is an opportunity for you to show you met all applicable enrollment requirements and that the stay shouldn't have been imposed. You may submit only 1 rebuttal request per enrollment stay.

If we get the applicable ACF for your stay while a rebuttal submission is pending or during the rebuttal submission timeframe, your MAC will process the ACF consistent with current instructions.

Your MAC will handle all non-DMEPOS supplier stay rebuttals consistent with the instructions in CR 13449.

National Provider Enrollment (NPE) and DME MAC Interaction

The NPEs and the DME MACs will interact, coordinate, and communicate with each other in stay situations consistent with our instructions.

For example:

- The NPE notifying the DME MAC of the imposition or lifting of a stay and any subsequent deactivation
- Upon being informed of a stay by the NPE, the DME MAC holding payment for services provided during the stay period

More Information

We issued CR 13449 to your MAC as the official instruction for this change. More details on stays are in new Section 10.4.9 of the Medicare Program Integrity Manual, [Chapter 10](#).

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
March 4, 2024	Initial article released.

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