

Report on Medicare Compliance Volume 30, Number 13. April 05, 2021

News Briefs: April 5, 2021

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◆ Because of the COVID-19 pandemic, CMS said April 1 that it won't update the 855 enrollment form with sections on "affiliation disclosures," as planned in a 2019 program integrity regulation,^[1] "for at least another 12 months," according to *MLN Matters* (SE21003).^[2] It also will adopt a phased-in approach to affiliation disclosures. The regulation, which implements provisions of the Affordable Care Act, is designed to keep, or kick, providers out of Medicare if they pose an "undue risk" of fraud, waste or abuse. It requires providers to disclose "affiliations" with other providers who have been suspended or excluded from Medicare, Medicaid or the Children's Health Insurance Program (CHIP); owe the programs money; or had their billing privileges denied or revoked.^[3] In the *MLN Matters*, CMS said "we initially proposed requiring affiliation disclosures from all providers and suppliers on all initial and revalidation Medicare enrollment applications." However, in response to comments, CMS has changed its tune. "We will issue affiliation disclosure requests on a discretionary basis. We have the authority to request that a provider or supplier disclose all applicable affiliations if we become aware that the provider or supplier likely has at least one potentially problematic affiliation. Further, we may become aware of an affiliation through internal data or other means."

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