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By Nina Youngstrom

CMS again is proposing to raise the bar for Medicare enrollment and make it easier to revoke billing privileges, according to the proposed 2024 Medicare Physician Fee Schedule (MPFS) regulation announced July 12.^[1]

This time around, there's a False Claims Act (FCA) angle and new middle ground—a “stay of enrollment”—for providers that flubbed paperwork. With a stay, the provider's enrollment status is protected while it fixes its noncompliance. The additions also heighten the risk around “affiliates,” echoing a 2019 regulation.

With these proposals, CMS continues to build the fortress around Medicare to protect it from providers it considers a threat to the program. “Every year, they have been expanding their authorities under the enrollment regulations,” said attorney Judy Waltz, with Foley & Lardner LLP in San Francisco. Keeping providers and suppliers out of Medicare if they're deemed a risk to the program and taking away their billing privileges are core program-integrity strategies. “This is the way they're going to avoid fraud and abuse as opposed to pay and chase,” Waltz said. As CMS puts it in the proposed rule, “The overarching purpose of the enrollment process is to help confirm that providers and suppliers seeking to bill Medicare for services and items furnished to Medicare beneficiaries meet all applicable Federal and State requirements to do so. The process is, to an extent, a ‘gatekeeper’ that prevents unqualified and potentially fraudulent individuals and entities from entering and inappropriately billing Medicare.”

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