

CMS IS NOW SCREENING PROVIDERS AND SUPPLIERS AS OF MARCH 25, 2011

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It is the continuing goal of the Centers for Medicare & Medicaid Services (CMS) to reduce fraud, waste, and abuse through all available avenues. The Affordable Care Act requires CMS to determine the level of screening to be conducted during provider and supplier enrollment based on the level of risk posed to the Medicare system. With the enactment of the Affordable Care Act, CMS has the increased ability to focus efforts on prevention, rather than simply acting after the fact. The use of risk categories and associated screening levels will help ensure that only legitimate providers and suppliers are enrolled in Medicare, Medicaid, and CHIP, and that only legitimate claims are paid.

Effective Friday, March 25, 2011, newly-enrolling and revalidating providers and suppliers will be placed in one of three screening categories - limited, moderate, or high. These categories represent the level of risk for fraud, waste, and abuse to the Medicare program for the particular category of provider/supplier, and determine the degree of screening to be performed by the Medicare Administrative Contractor (MAC) processing the enrollment application. Providers in the limited category include but are not limited to Physicians, Non-Physician practitioners other than physical therapists, medical groups or clinic and Ambulatory surgical centers. Physical therapists enrolling as individuals or as group practices have been placed in the moderate category.

These new screening requirements by level of risk will be implemented on March 25, 2011. The only portion of this new screening procedure that will not be implemented in March will be the fingerprint-based criminal background checks. CMS will provide information on these background checks at a later date.

For additional information on this, see the CMS website at:
http://questions.cms.hhs.gov/app/answers/detail/a_id/10486/kw/screening%20for%20providers.

Consult your practice management advisor to find out what screening category your organization falls under and for answers to further questions about provider enrollment and screening.

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