



NATIONAL PROVIDER ENROLLMENT CONFERENCE

61.5 Million Patients, 2.8 Million Providers, ONE Mission

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Provider Enrollment Site Visits

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Session Overview



- Site Visit Requirements
- Administrative Actions





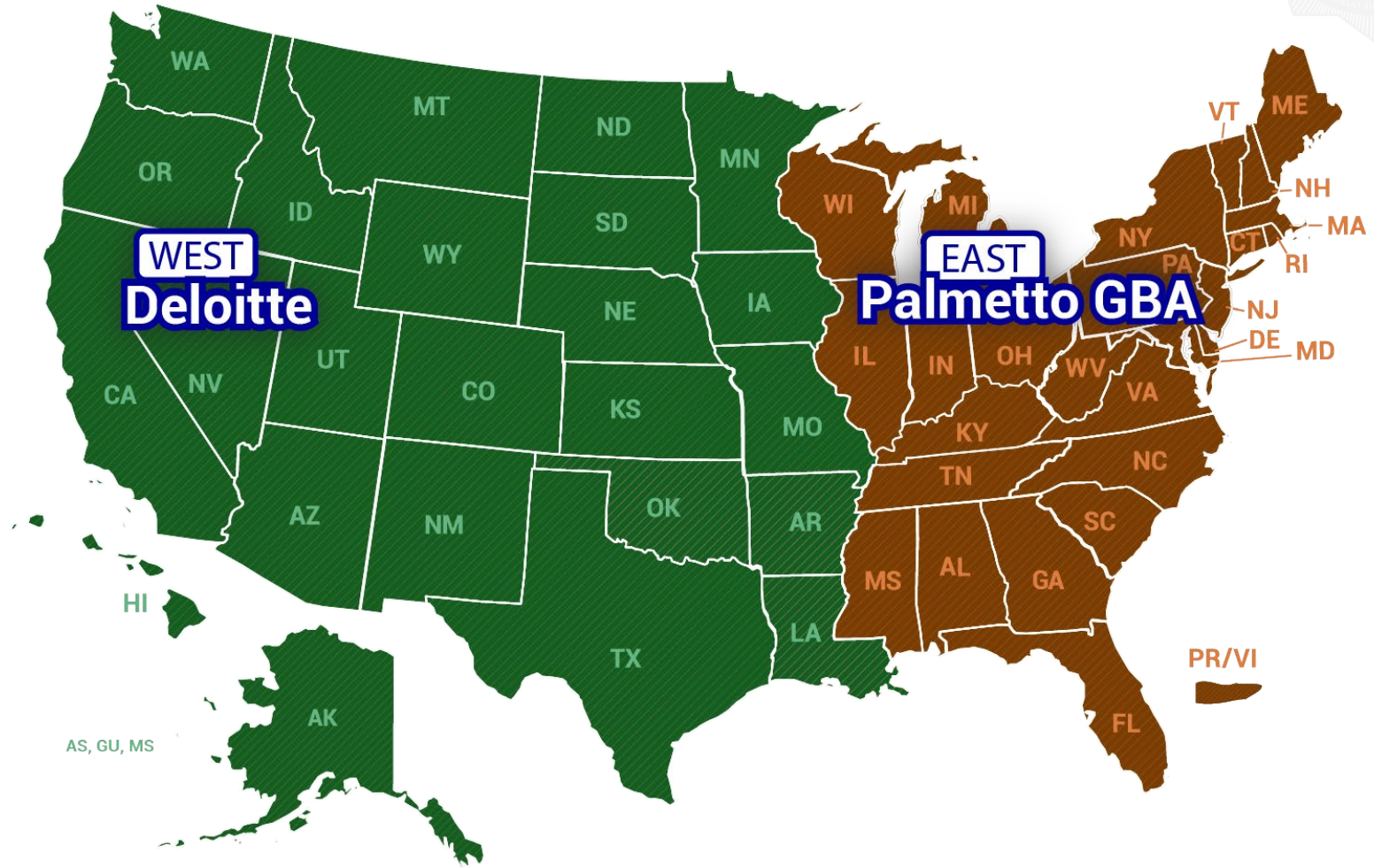
Site Visit Requirements

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 who report 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

- 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



Inspector Credentials



- 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, telephone numbers/extensions)
- 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
- Site visit will be performed at co-working office spaces used as practice locations
 - Co-working locations used solely to receive or forward mail are not considered valid practice locations and could lead to denial or revocation

Site Visit Tips

- Identify if services are provided in patient's homes or in a mobile unit (IDTF)
- Site visit will be performed at the group's location if you reassign all benefits
- Refusing a site visit could result in the denial or revocation of your Medicare billing privileges
- For education on site visit requirements refer to:
 - [Medicare Provider Enrollment Educational Tool](#) (Enrollment tab, Step 3)
 - [Provider & Supplier Enrollment Site Visits: CMS has Authority to Conduct](#)

DME Site Visit Tips



- Posted permanent 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

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



Thank You

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