

C Medicare A CONNECTION



A Newsletter for MAC Jurisdiction 9 Providers

April 2012



CMS fraud prevention: Automated provider screening and national site visit initiatives

Provider types affected

This *MLN Matters*[®] special edition article is intended for all providers and suppliers, who enroll in the Medicare program and submit fee-for-service (FFS) claims to fiscal intermediaries (FIs), carriers, A/B Medicare administrative contractors (MACs), and/or regional home health intermediaries (RHHIs), for services provided to Medicare beneficiaries.

What you need to know

This article provides you with the latest information about the Centers for Medicare & Medicaid Services (CMS) national fraud prevention program (NFPP) initiative. The initiative includes additional tools to assist CMS in its efforts to prevent fraud and abuse in the Medicare program starting with the enrollment process itself. This article describes two new processes that CMS now employs as part of the provider enrollment process:

1. Automated provider screening, and
2. Implementation of a new national site visit contractor that will conduct site visits to certain providers and suppliers.

This NFPP is intended to protect the Medicare program and to ensure that correct program payment is made only for

In this issue	
CARC, RARC, MREP, and PC Print update.....	25
Submitting secondary payer claims correctly	29
Learn about the Middle Class Tax Relief and Job Creation Act of 2012	41
April update to the Medicare physician fee schedule database.....	45

covered appropriate and reasonable services provided to Medicare beneficiaries by legitimate providers of care.

Key Information

National fraud prevention program (NFPP)

The NFPP is an integral part of the CMS fraud prevention initiative. The NFPP also enables CMS to proactively identify and respond to suspicious behavior, thus making the Agency more effective at fighting health care fraud than ever before. The NFPP focuses on two key program integrity gateways: provider enrollment and claims payment. By integrating these steps into one program, CMS can better ensure that it enrolls only qualified providers and pays only valid claims. CMS' comprehensive program integrity strategy is designed to stop fraudsters at every step of the process so CMS is now better able to:

- Identify and prevent bad actors from enrolling in Medicare;
- Identify and remove bad actors that are already in its programs; and
- Identify and prevent payment of fraudulent claims by responding with quick administrative action.

(continued on Page 3)



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