

# Medicare / Medicaid: CMS Proposes To Start Charging User Fees For Survey Revisits.

**On June 29, 2007 the US Centers for Medicare & Medicaid Services (CMS) announced proposed new regulations to start charging user fees for Medicare and Medicaid survey revisits.**

**CMS's Federal Register announcement is on our website at [www.nursinglaw.com/revisitusertees.pdf](http://www.nursinglaw.com/revisitusertees.pdf).**

**Any US Federal agency, before adopting new regulations, must first publish proposed regulations in the Federal Register and invite public comments.**

**The announcement includes instructions for members of the public who wish to submit their comments.**

**CMS will accept public comments until August 27, 2007.**

**At some point thereafter CMS will likely finalize new mandatory regulations.**

**CMS estimates the following as the average provider cost for each survey revisit conducted on-site:**

- Hospitals \$2,554.00;**
- Skilled Nursing Facilities \$2,072.00;**
- Nursing Facilities \$2,072.00;**
- Home Health Agencies \$1,613.00;**
- Hospices \$1,736.00.**

FEDERAL REGISTER June 29, 2007  
Pages 35673 – 35864

## PROPOSED NEW REGULATIONS

Published June 29, 2007

### PART 424--CONDITIONS FOR MEDICARE PAYMENT

Sec. 424.535 Revocation of enrollment and billing privileges in the Medicare program.

(a) [grounds for revocation]

(1) Noncompliance. The provider or supplier is determined not to be in compliance with the enrollment requirements described in this section, or in the enrollment application applicable for its provider or supplier type, and has not submitted a plan of corrective action as outlined in part 488 of this chapter. The provider or supplier may also be determined not to be in compliance if it has failed to pay any user fees as assessed under part 488 of this chapter. All providers and suppliers are granted an opportunity to correct the deficient compliance requirement before a final determination to revoke billing privileges.

### PART 488--SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

(a) Definitions ...

Revisit survey means a survey performed with respect to a provider or supplier cited for deficiencies during an initial certification, re-certification, or substantiated complaint survey and that is designed to evaluate the extent to which previously-cited deficiencies have been corrected and the provider or supplier is in substantial compliance with applicable conditions of participation, requirements, or conditions for coverage.

Revisit surveys include both offsite and onsite review.

Substantiated complaint survey means a complaint survey that results in the proof or finding of noncompliance at the time of the survey, a finding that noncompliance was proven to exist, but was corrected prior to the survey, and includes any deficiency that is cited during a complaint survey, whether or not the cited deficiency was the original subject of the complaint.

(b) Criteria for determining the fee.

(1) The provider or supplier will be assessed a revisit user fee based upon one or more of the following:

(i) The average cost per provider or supplier type.

(ii) The type of revisit survey conducted (onsite or offsite).

(iii) The size of the provider or supplier.

(iv) The number of follow-up revisits resulting from uncorrected deficiencies.

(v) The seriousness and number of deficiencies.

(2) CMS may adjust the fees to account for any regional differences in cost.

(c) Fee schedule. CMS will publish in the Federal Register the proposed and final notices of a uniform fee schedule before it adopts this schedule. The notices will set forth the amounts of the assessed fees based on the criteria as identified in paragraph (b) of this subpart.

(d) Collection of fees.

(1) Fees for revisit surveys under this section may be deducted from amounts otherwise payable to the provider or supplier.

\*\*\*\*

(2) Fees for revisit surveys under this section are not allowable items on a cost report, as identified in part 413, subpart B of this chapter, under title XVIII of the Act.

(e) Reconsideration process for revisit user fees. CMS will review revisit user fees if a provider or supplier believes an error of fact has been made, such as clerical errors. A request for reconsideration must be received by CMS within seven calendar days from the date identified on the revisit user fee assessment notice.

(f) Enforcement. If the full revisit user fee payment is not received within 30 calendar days from the date the provider or supplier receives notice of assessment, CMS may terminate the facility's provider agreement and enrollment in the Medicare program or the supplier's enrollment and participation in the Medicare program.

FEDERAL REGISTER June 29, 2007  
Pages 35673 – 35864