



## Center for Medicaid and CHIP Services

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### CMCS Informational Bulletin

DATE: May 25, 2012

FROM: Cindy Mann, Director  
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: New Federal Register Publications

This bulletin provides information on three important Federal Register publications:

- CMS Provider Screening Innovator Challenge (CMS-2382-N)
- Final Rule Regarding Disallowance of Claims for Federal Financial Participation and Technical Corrections (CMS 2292-F)
- Final Rule to Align Certain Provider Qualifications Between Medicaid and Medicare (CMS-9070-F)

Additionally, CMCS published a new set of Questions and Answers regarding Affordable Care Act implementation.

### **CMS Provider Screening Innovator Challenge (CMS-2382-N)**

Today the Centers for Medicare & Medicaid Services (CMS) is announcing the launch of the “CMS Provider Screening Innovator Challenge.” This Challenge is sponsored by CMS and is presented as part of the Partnership for Program Integrity Innovation program. It will be administered by the National Aeronautic and Space Administration’s (NASA) Federal Center of Excellence for Collaborative Innovation. This Challenge supports our goal of improving our ability to streamline operations, screen providers, and reduce fraud and abuse.

Specifically, the Challenge is an innovation competition to develop a multi-State, multi-program provider screening software application capable of risk scoring, credentialing validation, identity authentication, and sanction checks, while also lowering burden on providers and reducing administrative and infrastructure expenses for States and Federal programs.

The notice announcing the Challenge is on display at the Federal Register today and may be accessed at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-12633.pdf>

Further information about the CMS Provider Screening Innovator Challenge is available at <http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html>

## **Final Rule Regarding Disallowance of Claims for Federal Financial Participation and Technical Corrections (CMS 2292-F)**

Today CMS is releasing a final rule to implement a provision of the Affordable Care Act and other program improvements regarding overpayments to providers and disallowances to States in the Medicaid program. In light of State fiscal pressures, the rule also makes additional changes to the disallowance repayment process to increase State flexibility.

The final rule implements section 6506 of the Affordable Care Act by increasing the period of time States have to collect provider overpayments before they are required to return the Federal funds. Under the new provisions, States will have up to one year from the date of discovery of an overpayment made to a Medicaid provider to recover or attempt to recover the overpayment before the Federal funds must be returned. Additionally, the final rule revises the repayment of Federal funds by installment by providing three options for States qualifying for and electing a repayment schedule. The options and accompanying repayment schedules recognize the unique fiscal pressures States are experiencing. The final rule also makes several additional changes through existing statutory authorities to improve the disallowance process, implement other changes to Federal law, and better align policies and practices with the general principles of the President's Executive Order Improving Regulation and Regulatory Review released on January 18, 2011.

The final rule is on display in the Federal Register today and can be viewed here [http://www.ofr.gov/\(X\(1\)S\(e3g5ts4wpjscf4puy043hkza\)\)/OFRUpload/OFRData/2012-12637\\_PI.pdf](http://www.ofr.gov/(X(1)S(e3g5ts4wpjscf4puy043hkza))/OFRUpload/OFRData/2012-12637_PI.pdf).

## **Final Rule to Align Certain Provider Qualifications Between Medicaid and Medicare (CMS-9070-F)**

On May 16, 2012, CMS published a final rule titled "Medicare and Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction". Among the provisions of this rule is the alignment of Medicaid provider qualifications for Physical Therapists and Occupational Therapists with Medicare qualifications. 42 CFR 440.110 (a) and (b) have been amended to refer to Medicare provider qualifications, ensuring future revisions to the Medicare program will be adopted in Medicaid. This revision can benefit the Medicaid program by recognizing individuals qualified to furnish therapy services in the Medicare program and facilitating continuity of care for individuals dually eligible for Medicare and Medicaid.

The final rule may be accessed at: <http://www.gpo.gov/fdsys/pkg/FR-2012-05-16/pdf/2012-11543.pdf>

## **Affordable Care Act Implementation Questions and Answers**

This week CMCS published a set of Q&A documents covering some of the most frequently asked questions we have received from States regarding Affordable Care Act and Medicaid expansion and simplification. We hope this information will be useful to States and other stakeholders and we will make more Q&A available as we develop them. Topics covered include:

- Eligibility and Enrollment Systems
- Eligibility Policy
- Coordination Across Insurance Affordability Programs
- Section 1115 Waiver Transitions
- Children's Health Insurance Program
- Benefits/Delivery System
- Federal Medical Assistance Percentages

The Q&A documents are available at: <http://www.medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html>