

Medicare/Medicaid: CMS Finalizes Regulations For Revisit User Fees.

On September 19, 2007 CMS finalized new regulations to start charging user fees for Medicare and Medicaid survey revisits.

The Federal Register announcement is available at www.nursinglaw.com/revisitusertees.pdf.

The fee for each survey revisit conducted on-site is:

Hospitals \$2,554.00;

SNF/NF \$2,072.00;

Home Health \$1,613.00;

Hospices \$1,736.00.

The only change versus the regulations proposed June 29, 2007 is a fourteen-day, not seven-day, deadline to send CMS a letter requesting reconsideration.

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Sec. 488.30 Revisit user fee for revisit surveys.

(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 defi-

ciency that is cited during a complaint survey, whether or not the cited deficiency was the original subject of the complaint.

(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.

(3) Fees for revisit surveys will be due for any revisit surveys conducted during the time period for which authority to levy a revisit user fee exists.

(e) Reconsideration process for revisit user fees.

(1) CMS will review a request for reconsideration of an assessed revisit user fee--

(i) If a provider or supplier believes an error of fact has been made in the application of the revisit user fee, such as clerical errors, billing for a fee already paid, or assessment of a fee when there was no revisit conducted, and

(ii) If the request for reconsideration is received by CMS within 14 calendar days from the date identified on the revisit user fee assessment notice.

(2) CMS will issue a credit toward any future revisit surveys conducted, if the provider or supplier has remitted an assessed revisit user fee and for which a reconsideration request is found in favor of the provider or supplier. If in the event that CMS judges that a significant amount of time has elapsed before such a credit is used, CMS will refund the assessed revisit user fee amount paid to the provider or supplier.

(f) Enforcement. If the full revisit user fee payment is not received within 30 calendar days from the date identified on the revisit user fee assessment notice, 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.

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