



Center for Program Integrity

September 25, 2020

Re: Medicare, Medicaid, and Children's Health Insurance Programs; Program Integrity Enhancements to the Provider Enrollment Process (CMS-6058-FC)

Dear State Medicaid Agency:

The Centers for Medicare & Medicaid Services (CMS) published a final rule with comment (CMS-6058-FC)¹ on September 10, 2019, that contains, in part, Medicaid and the Children's Health Insurance Program (CHIP) provisions regarding the reporting and evaluation of certain types of affiliations pertaining to entities in the Medicare, Medicaid, and CHIP programs. The affiliations provisions are part of the implementation of Section 1902(kk)(3) of the Social Security Act (the Act), as amended by Section 6401(b) of the Patient Protection and Affordable Care Act, which mandates that states require providers to comply with the same disclosure requirements established by the Secretary under section 1866(j)(5) of the Act.²

This memo is a follow up to the memo shared with State Medicaid Agencies (SMAs) on November 20, 2019³. In CMS' November 2019 memo, we stated that the regulations from CMS-6058-FC⁴ were effective on November 4, 2019. However, as noted in a recent Government Accountability Office (GAO) report⁵, the effective date for CMS-6058-FC and its regulations should be March 17, 2020 based on certain requirements in the Congressional Review Act (CRA).⁶ Accordingly, the revised effective date for CMS-6058-FC is **March 17, 2020**.

This memo does not alter CMS' direction to SMAs in the November 2019 memo, which required SMAs to refrain from denying or terminating any provider's enrollment pursuant to 42 CFR § 455.107(g) until further guidance is issued. CMS will issue guidance to the SMAs in the future pertaining to enrollment determinations under 42 CFR § 455.107(g).

¹ 84 FR 47794.

² Further, Section 2107(e)(1) of the Act, as amended by section 6401(c) of the Affordable Care Act, applies the requirements of section 1902(kk) of the Act, including the disclosure requirements, to CHIP.

³ <https://www.medicaid.gov/sites/default/files/2019-12/state-memo-cms-6058-fc-112019.pdf>

⁴ The Medicaid affiliations regulations from CMS-6058-FC are found at 42 CFR Part 455 subpart B.

⁵ Government Accountability Office. 2020. *Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare, Medicaid, and Children's Health Insurance Programs; Program Integrity Enhancements to the Provider Enrollment Process* (B-331769).

⁶ Congressional Review Act, 5 U.S.C. § 801(a).

SMAAs may contact their designated Provider Enrollment Business Function Lead within the Provider Enrollment & Oversight Group in the Center for Program Integrity within CMS for further assistance in implementing these requirements. Additionally, we will continue to develop guidance and perform outreach with the SMAAs regarding affiliations. We thank you for your continued collaboration as we work to reduce fraud, waste, and abuse throughout the Medicaid and CHIP programs while protecting Medicaid and CHIP beneficiaries.

Sincerely,



Zabeen Chong
Director, Provider Enrollment and Oversight Group