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June 25, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

On behalf of our physician and medical student members, the American Medical Association (AMA) urges the Centers for Medicare & Medicaid Services (CMS) to evaluate the process for revoking a currently enrolled physician's Medicare billing privileges, and how CMS and Medicare Administrative Contractors (MACs) can improve the process to resolve minor clerical mistakes and help physicians remain in compliance with enrollment requirements. In particular, we believe that there should be a greater focus on standardizing the revocation process across MACs, targeting bad actors, providing opportunities to correct mistakes, and publicly reporting information on revocations.

The AMA is firmly committed to eliminating fraud and abuse from health care. While Congress, federal agencies, and states have made unprecedented investments in improving program integrity, significant challenges remain. The power to revoke a physician's ability to bill for Medicare is an important tool in this effort, but it is one that should be used judiciously. The Agency's revocation authority begins with mistakes as mundane as forgetting to notify Medicare of a change in address and extends to crimes as serious as felony convictions for patient harm. These efforts to fight health care fraud or to identify areas of waste or abuse have a tangible impact on physician practices. For example, the revocation process leaves little room for human error, hurts the communities the physicians serve as much as the physicians themselves, and is virtually impossible to stop once it begins. Moreover, a Medicare revocation can be considered an adjudicated action or decision and thus it would be reportable to the National Practitioner Data Bank. Therefore, a Medicare revocation will follow a physician indefinitely.

Medicare's power to revoke physicians' billing privileges is expansive. Failure by a physician practice to notify Medicare of a change in address could be an indicator of fraud. The same holds true for submitting claims for services rendered to deceased individuals. However, broad brush requirements that impose burdens on physicians, rather than focusing on those providers who have demonstrated a propensity to commit fraud and abuse, inequitably affect physicians and providers who are good actors and result in unnecessary costs to the health care system. Billing errors and clerical oversights can occur in a busy physician practice especially given the volume and burden of administrative requirements. A notice in the mail is insufficient when the consequences could result in a physician not being able to support the community. Medicare Administrative Contractors (MACs) should be required to send these notices by certified mail and, when site visits are conducted, include pictures of the location in question. Moreover,

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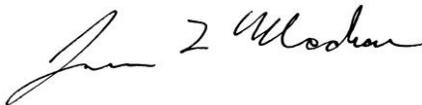
mailed correspondence should be followed-up with phone calls to the practice that are date and time stamped along with a record of who answered the phone and what message was conveyed.

The Agency must establish the right balance in a process that protects the Medicare program but also has the potential to negatively impact honest physicians. The MACs should be afforded enough flexibility to stop a revocation from proceeding when there is a reasonable explanation that is supported by the facts. Furthermore, CMS should take a more educational approach to potential revocations that do not jeopardize program integrity or beneficiary health and safety by allowing physicians to enter into corrective action plans with the MACs for routine human error. To revoke a physician's billing privileges when the problem can be quickly and easily corrected via a corrective action plan leads to unfair results and unnecessary burden on patients and physicians.

Finally, under the Medicare Program Integrity Manual, MACs are required to furnish CMS Provider Enrollment and Oversight Group information regarding the number of revocations, the three most frequent reasons for revocations, and certain appeals information. The AMA believes this data should be publicly available to allow for further research and trend analysis. Data are meaningless unless they are accessible and usable and, to date, we have no information on the number of and reasons for Medicare revocations.

The AMA urges CMS to standardize the revocations process by focusing on bad actors and affording physicians an opportunity to take remedial action to correct deficiencies caused by routine human error. Additionally, CMS should make revocations data publicly available. Should you have any questions or to arrange a meeting, please contact Jason Scull, Assistant Director Federal Affairs, at [jason.scull@ama-assn.org](mailto:jason.scull@ama-assn.org) or 202-789-4580.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD