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Final Rule Eases Regulatory Burden on Physicians

By [News Staff](#)

Posted: 5/30/2012, 5:35 p.m. -- The Academy's ongoing discussions with CMS about how proposed rules affect family physicians *can* make an impact.

Case in point is a [final rule](#) (30-page PDF; [About PDFs](#)) in the May 16 *Federal Register* that details new regulations intended to promote efficiency and transparency in CMS operations and to lessen the regulatory burden on physicians serving Medicare and Medicaid beneficiaries.

According to an [HHS news release](#), one of the two rules finalized is expected to save \$200 million in the first year by eliminating duplicative, overlapping and outdated regulatory requirements.

Specifically of interest to family physicians is a section of the final rule that is titled "Revocation of Enrollment and Billing Privileges in the Medicare Program" and that eliminates punitive measures aimed at physicians for failing to respond to CMS requests for information -- for revalidation, for example -- in a timely manner.

The AAFP supported this action, and made that clear in December 2011 when AAFP Board Chair Roland Goertz, M.D., M.B.A., signed a [letter](#) (2-page PDF; [About PDFs](#)) stating that the re-enrollment bar "often results in unnecessarily harsh consequences for physicians and could cause beneficiary access issues in some cases."

The section of the final rule that covers updates in electronic prescribing technical requirements also was favored by the AAFP. Specifically, CMS finalized plans to retire older versions of e-prescribing transactions for Medicare Part D and adopt the newer versions to be in compliance with the current e-prescribing standards mandated by the Health Insurance Portability and Accountability Act.

However, CMS let stand for now the current Medicare rule that deactivates -- albeit on a discretionary basis -- physicians who have not submitted a Medicare claim for 12 consecutive months. The agency cited several concerns with lifting the current rule, including the risk of fraudulent activity emanating from an inactive physician Medicare billing account.

The Academy supports temporary deactivation of physicians' billing privileges after 12 months of Medicare inactivity. Inserting the word "temporary" would help keep physicians from being inadvertently barred from re-enrolling in Medicare, argued Goertz in his December comments to CMS.



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