



Center for Clinical Standards and Quality/QUALITY & SAFETY SPECIAL ALERT MEMO

Ref: QSSAM-25-1-ALL

DATE: November 4, 2024
TO: All Providers and other Covered Entities
FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT: Clarification of CMS' Provider Enrollment Visits (all providers and suppliers) and Specific Disclosure Requirements for SNFs and NFs

Memorandum Summary

- This QSSAM provides clarification on CMS provider enrollment site visits to Medicare certified providers and suppliers that are outside of the Survey and Certification oversight process.
- This memo also includes information for Medicare-Certified Skilled Nursing Facilities and Medicaid Certified Nursing Facilities (NFs) on the required disclosure of certain ownership, managerial, and other information, which will be requested by the Medicare Administrative Contractors, beginning in October 2024.

Note: The Quality, Safety & Oversight Group is introducing a new memorandum type, *Quality and Safety Special Alert memos (QSSAM)*. These memos will be geared towards specific provider types and will often serve as reminders of existing obligations or requirements. These QSSAM memos will not have any modifications to existing survey and certification policies.

Discussion:

Site Visit Verification (all provider types):

We have received questions regarding onsite visits by CMS contractors unrelated to Survey and Certification. This memo provides additional information related to these CMS Provider Enrollment site visits.

CMS conducts a site visit verification process, separate from CMS or State Survey Agency health and safety surveys, for all provider types using National Site Visit Contractors (NSVCs). A site visit helps prevent questionable providers and suppliers from enrolling or staying enrolled in the Medicare Program.

Below is a consolidated list of resources that all providers and suppliers may utilize should they have questions regarding the site visit verification process:

- [Medicare Provider Enrollment MLN](#) (Enrollment tab, step 3)
- [Provider & Supplier Enrollment Site Visits: CMS has Authority to Conduct](#)
- [Provider Enrollment Site Visits \(PDF\)](#) (August 2024)

To verify that CMS ordered a provider enrollment site visit, please [contact your MAC](#).

Reporting Expanded Ownership, Management, & Related Party Data (SNFs only):

On November 15, 2023, CMS issued a final rule that implement portions of section 6101 of the Affordable Care Act, requiring the disclosure of certain ownership, managerial, and other information regarding Medicare skilled nursing facilities (SNFs) and Medicaid nursing facilities (NFs). This additional data, as outlined in the final rule, will give CMS and the states a more complete background on the organizations and individuals that own, oversee, and facilitate the operations of nursing homes.

CMS will send revalidation notices to enrolled skilled nursing facilities (SNFs) and nursing facilities (NFs) from October – December 2024 to collect data on ownership, managerial, and related party information. Long Term Care Facilities can find additional information at the following links:

- [Skilled Nursing Facilities: Report Your Expanded Ownership, Management, & Related Party Data](#)
- [Skilled Nursing Facilities: Report Expanded Ownership, Management, & Related Party Data](#) (Second topic under News & Additional Resources)
- [Medicare and Medicaid Programs; Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities; Medicare Providers' and Suppliers' Disclosure of Private Equity Companies and Real Estate Investment Trusts](#)
- [CMS-855A Medicare Enrollment Application for Institutional Providers.](#)

Contact:

For questions or concerns relating to this memorandum, please [contact your MAC](#).

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

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Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select *Quality in Focus*

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov](#) [page](#) and entering your email to sign up. Check the box next to “CCSQ Policy, Administrative, and Safety Special Alert Memorandums” to be notified when we release a memo.