

payment system applicable to the service, provided the requirements for payment under that system are met.

(1) *Payment for ambulance services.* Ambulance services furnished by an entity owned and operated by a rural emergency hospital are paid under the ambulance fee schedule as described at section 1834(l) of the Act.

(2) *Payment for post-hospital extended care services.* Post-hospital extended care services furnished by a rural emergency hospital that has a unit that is a distinct part licensed as a skilled nursing facility are paid under the skilled nursing facility prospective payment system described at section 1888(e) of the Act.

(d) *REH payment for the costs of graduate medical education.* (1) For portions of cost reporting periods beginning on or after October 1, 2023, an REH that incurs costs of training full-time equivalent (FTE) residents that rotate to the REH may receive direct graduate medical education payments for those costs.

(2) Payment is equal to the Medicare reasonable costs that the REH incurs to train the FTE residents that rotate to the REH, as determined in accordance with section 1861(v)(1)(A) of the Act and the applicable principles of cost reimbursement in part 413 of this chapter, except that the following payment principles are excluded:

- (i) Lesser of cost or charges.
- (ii) Ceilings on hospital operating costs.

(3) An REH that does not incur costs of training FTE residents that rotate to the REH is considered a nonprovider setting for purposes of graduate medical education payments, consistent with §§ 412.105(f)(1)(ii)(E) and 413.78(g) of this chapter.

(4) Direct graduate medical education payments to REHs made under this section are made from the Federal Hospital Insurance Trust Fund.

[87 FR 72292, Nov. 23, 2022, as amended at 88 FR 59335, Aug. 28, 2023]

**§ 419.93 Payment for an off-campus provider-based department of a rural emergency hospital.**

(a) Items and services furnished by an off-campus provider-based department of an REH, as defined in para-

graph (b) of this section, are not applicable items and services under sections 1833(t)(1)(B)(v) and (t)(21) of the Act and are paid as follows:

(1) REH services furnished by an off-campus provider-based department of an REH are paid as described in § 419.92(a)(1).

(2) Services that do not meet the definition of REH services under § 419.91 that are furnished by an off-campus provider-based department of an REH are paid as described under § 419.92(c).

(b) For the purpose of this section, “off-campus provider-based department of an REH” means a “department of a provider” (as defined at § 413.65(a)(2) of this chapter) that is not located on the campus (as defined in § 413.65(a)(2) of this chapter) or within the distance described in such definition from a “remote location of a hospital” (as defined in § 413.65(a)(2) of this chapter) that meets the requirements for provider-based status under § 413.65 of this chapter.

**§ 419.94 Preclusion of administrative and judicial review.**

There is no administrative or judicial review under section 1869 of the Act, section 1878 of the Act, or otherwise of the following:

- (a) The determination of whether a rural emergency hospital meets the requirements of this subpart.
- (b) The determination of payment amounts under this subpart.
- (c) The requirements established by this subpart.

**PART 420—PROGRAM INTEGRITY: MEDICARE**

**Subpart A—General Provisions**

Sec.

420.1 Scope and purpose.

420.3 Other related regulations.

**Subpart B [Reserved]**

**Subpart C—Disclosure of Ownership and Control Information**

420.200 Purpose.

420.201 Definitions.

420.202 Determination of ownership or control percentages.

420.203 Disclosure of hiring of intermediary's former employees.

## § 420.1

- 420.204 Principals convicted of a program-related crime.
- 420.205 Disclosure by providers and part B suppliers of business transaction information.
- 420.206 Disclosure of persons having ownership, financial, or control interest.

### Subpart D—Access to Books, Documents, and Records of Subcontractors

- 420.300 Basis, purpose, and scope.
- 420.301 Definitions.
- 420.302 Requirement for access clause in contracts.
- 420.303 HHS criteria for requesting books, documents, and records.
- 420.304 Procedures for obtaining access to books, documents, and records.

### Subpart E—Rewards for Information Relating to Medicare Fraud and Abuse, and Establishment of a Program to Collect Suggestions for Improving Medicare Program Efficiency and to Reward Suggesters for Monetary Savings

- 420.400 Basis and scope.
- 420.405 Rewards for information relating to Medicare fraud and abuse.
- 420.410 Establishment of a program to collect suggestions for improving Medicare program efficiency and to reward suggesters for monetary savings.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 44 FR 31142, May 30, 1979, unless otherwise noted.

## Subpart A—General Provisions

### § 420.1 Scope and purpose.

This part sets forth requirements for Medicare providers, intermediaries, and carriers to disclose ownership and control information. It also deals with access to records pertaining to certain contracts entered into by Medicare providers. These rules are aimed at protecting the integrity of the Medicare program. The statutory basis for these requirements is explained in each of the other subparts.

[51 FR 34787, Sept. 30, 1986]

### § 420.3 Other related regulations.

(a) *Appeals procedures.* Part 498 of this chapter sets forth the appeals procedures available to providers whose provider agreements CMS terminates for failure to comply with the disclosure of

## 42 CFR Ch. IV (10–1–23 Edition)

information requirements set forth in subpart C of this part.

(b) *Exclusion, termination, or suspension.* Part 1001 of this title sets forth the rules applicable to exclusion, termination, or suspension from the Medicare program because of fraud or abuse or conviction of program-related crimes.

[51 FR 34787, Sept. 30, 1986, as amended at 52 FR 22454, June 12, 1987]

## Subpart B [Reserved]

## Subpart C—Disclosure of Ownership and Control Information

### § 420.200 Purpose.

This subpart implements sections 1124, 1124A, 1126, and 1861(v)(1)(i) of the Social Security Act. It sets forth requirements for providers, Part B suppliers, intermediaries, and carriers to disclose ownership and control information and the identities of managing employees. It also sets forth requirements for disclosure of information about a provider's or Part B supplier's owners, those with a controlling interest, or managing employees convicted of criminal offenses against Medicare, Medicaid, or the title V (Maternal and Child Health Services) and title XX (Social Services) programs.

[57 FR 27306, June 18, 1992, as amended at 60 FR 50442, Sept. 29, 1995]

### § 420.201 Definitions.

As used in this subpart unless the context indicates otherwise:

*Agent* means any person who has been delegated the authority to obligate or act on behalf of a provider.

*Disclosing entity* means:

(1) A provider of services, an independent clinical laboratory, a renal disease facility, a rural health clinic, a Federally qualified health center, or a health maintenance organization (as defined in section 1301(a) of the Public Health Service Act);

(2) A carrier or other agency or organization that is acting for one or more providers of services for purposes of part A and part B of Medicare; and

(3) A part B supplier, as defined in § 400.202 of this chapter.