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'Mega' Enrollment Form on PECOS 2.0 Should Reduce Burden; Providers Will Have One Profile

By Nina Youngstrom

When CMS unlocks PECOS 2.0, providers and suppliers are expected to get some relief from the heavy lift of Medicare enrollment and revalidation. CMS is rolling out a consolidated billing form for PECOS—the Provider Enrollment, Chain and Ownership System—with a national profile as the nucleus.

Providers and suppliers will have to wait a little bit longer for it. “PECOS 2.0 will be available to providers and suppliers in 2024,” a CMS spokesperson tells *RMC*. But experts expect it to be worth the wait.

“If it rolls out as they claim and works as they say it’s going to, you will be able to do one mega enrollment form,” said attorney Judy Waltz, with Foley & Lardner LLP in San Francisco. That would spare a health system or nursing home chain, for example, from updating dozens or hundreds of forms when all their locations are affected by a change (e.g., a new corporate executive, change in controlling individuals, relocated corporate headquarters). “It looks like a significant step toward making enrollment much more tolerable in terms of the administrative burden,” she said.

According to an August update to Chapter 10 of the *Medicare Program Integrity Manual*, “In PECOS 2.0, individuals and organizations will have National Entity Profiles. [...] A party’s National Profile will show Medicare enrollment record(s) for each of their provider/supplier types (e.g., ABC, Inc. will have one National Profile that includes 3 separate Medicare enrollment records: one for its clinic/group, one for its durable medical equipment (DME) enrollment, and one for its IDTF enrollment). All such records will be grouped by provider/supplier type due to differences in data collection and/or processing requirements.”^[1] A provider/supplier will be able to submit one consolidated application for each provider type, which will be sent to the Medicare administrative contractor (MAC) for the jurisdiction. “The profile is like an umbrella,” Waltz said.

The problem is that PECOS 2.0 isn’t available yet, even though the manual update on the profiles is dated Aug. 17, 2023, and CMS has been talking about PECOS 2.0 for quite some time. “We have only manual instructions and CMS announcements to work with,” she noted. “CMS hasn’t explained what the delay is.”

But what’s been previewed is promising, Waltz said. “The way it’s described, you can do one mega 855 enrollment form and it will associate to all your locations, even those across contractors,” she explained. “You can have an entity in Wisconsin and one in Nevada and they will be sorted out to the right contractors, and you will have a nice complete record.” And if a provider moves its main office or changes CEOs, it will update one form—not dozens or hundreds—she said.

That’s good for providers and suppliers because it reduces the administrative burden. It’s also helpful to enforcement and oversight agencies because they will have a better picture of the activities across MAC jurisdictions, instead of reviewing siloed information from one MAC at a time, Waltz said.

“CMS has been promoting PECOS 2.0 as a coming attraction and game changer since the end of January. Outside of a few small video previews on their site, we haven’t seen the revamped functionality in action but anticipate a

pretty significant facelift with more user friendly and intuitive features,” said Christa Bernacchia, senior manager and director of credentialing services at BerryDunn. “New features such as information synching across applications, real-time tracking (think about what the large shipping companies provide to track deliveries) and the promise of electronic revalidation notices should allow for a more efficient experience.”

Because CMS uses enrollment and revalidation (re-enrollment) as a program integrity tool, the consolidated billing form also appears to dovetail with CMS’s increasing interest in related parties and affiliated entities. “CMS wants to know more and more what all the levels of party involvement are,” Waltz said.

CMS gave a couple of examples in the manual of how the national profile and consolidated billing form will play out:

- “A group practice exists in Nebraska, Iowa, and Missouri, all of which are in the same contractor jurisdiction. Here: (1) only one application is submitted to the contractor as opposed to three (one for each state); and (2) for inventory purposes, this will constitute only one application (not three). (Note that the contractor need only send one determination letter (approval, denial, etc.) to the group practice even though three states are involved. This is because only one application was submitted.)”
- “A group practice exists in Ohio, Pennsylvania, and West Virginia, each of which are in separate contractor jurisdictions. Here, the group may submit a consolidated application for all three enrollments, which PECOS would then split into three separate applications because there are three separate contractor jurisdictions. (In this example, the fact that there are three separate states involved is largely irrelevant for application submission purposes. The central consideration is the number of contractor jurisdictions.)”

Different forms are required for different types of providers and suppliers, such as independent diagnostic testing facilities (IDTFs), however.

CMS on Sept. 12 updated its FAQs on PECOS 2.0.^[2]

Different Form for Reassignment Nov. 1

In another enrollment development, say goodbye to the 855R enrollment form for reassignment of Medicare benefits starting Nov. 1. Reassignment allows organizations and groups to bill Medicare Part B on behalf of physicians and nonphysician practitioners (NPPs) for services they have provided as a member of the organization or group. Physicians and NPPs will switch to the 855I.

“All data previously collected on CMS-855R and used to report reassignment information is now captured on the CMS-855I,” CMS said.^[3] “The CMS-855R will no longer be used to report reassignment information.”

Waltz said this change should help prevent billing by organizations under the provider numbers of physicians and NPPs when they’re no longer associated with the organization and reduce the opportunity for identity theft. “Physicians can review their own enrollment records through the 855I and physicians accordingly should be able to more easily keep track of the outstanding 855Rs associated with their own enrollment.”

Bernacchia said the reassignment shift by and large will be “seamless” for PECOS users. “The real impact will be felt by those who still utilize paper applications.”

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¹ Centers for Medicare & Medicaid Services, “Chapter 10 – Medicare Enrollment,” *Medicare Program Integrity*

Manual, Pub. 100-08, revised August 17, 2023, <https://go.cms.gov/46qUdZP>.

2 Centers for Medicare & Medicaid Services, “FAQ’s,” accessed September 29, 2023, <https://bit.ly/3PAhRfU>.

3 Centers for Medicare & Medicaid Services, “Consolidated CMS-855I/CMS-855R Enrollment Applications,” September 1, 2023, <https://go.cms.gov/46nscmE>.

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