

Health Information Compliance Alert

Home Health Documentation: You Don't Have To Enroll In PECOS -- But You May Want To

CMS spokesperson clarifies agency's online enrollment policy.

Don't believe everything you read when it comes to your duty to enroll in PECOS.

Background: Physicians who order Medicare services are required to use the online Provider Enrollment, Chain, and Ownership System (PECOS) for Medicare enrollment; edits that will reject claims that are ordered by docs not enrolled in PECOS are imminent. But confusion abounds regarding whether home health agencies are required to enroll or revalidate enrollment with PECOS.

Clarification: In a recently issued question-and-answer set, HHH MAC Palmetto GBA says, "All newly or revalidating HHAs must establish records in PECOS." And the Centers for Medicare & Medicaid Services' Feb. 2 final rule about beefed up screening measures for enrollment contains the statement, "all newly enrolling or revalidating providers must establish records in PECOS as this is the only available enrollment option at this time."

The real answer: But not so fast. "It's optional for providers to register in PECOS, but it is not required of home health agencies," says billing expert **M. Aaron Little** with BKD in Springfield, Mo. "I'm not aware of any potential forthcoming requirement like the one imposed on physicians."

And now CMS has confirmed that HHAs aren't required to use PECOS. Agencies "can submit an application through the web-based PECOS interface or they may submit a paper application," a CMS spokesperson tells **Eli**.

Watch For Your Revalidation Request Or Risk Losing Billing Privileges

This clarification comes at an opportune time, because CMS is beginning its big revalidation push following implementation of the new screening procedures with risk categories. "All providers and suppliers who enrolled in the Medicare program prior to Friday, March 25, 2011, will be required to revalidate their enrollment under new risk screening criteria required by the Affordable Care Act," CMS says in a new message to providers.

Keep an eye out: "Between now and March 2013, MACs will be sending notices to individual providers/suppliers; please begin the revalidation process as soon as you hear from your MAC," CMS instructs in the message. "Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges."

"It is imperative that home health agencies revalidate in a timely manner," stresses the National Association for Home Care & Hospice. "A deactivated home health agency or hospice must re-enroll to reactivate its Medicare billing privileges; however, a deactivated home health agency must also get accredited."

After their revalidation, all Medicare providers including HHAs "will begin a cycle of revalidation every five years," the CMS spokesperson explains.

Under the new enrollment procedures, most HHAs, hospices, and durable medical equipment suppliers will fall under the "moderate" risk level, which means they'll be subject to the former enrollment requirements plus unscheduled or unannounced site visits. Newly enrolling agencies and suppliers will be considered "high risk," which will require criminal background checks and fingerprinting.

But you don't have to worry about getting the full court press during the site visit. "These visits are not for survey and certification compliance," NAHC reassures. "Rather, the contractor performs the visit to determine whether the agency is operational. The agency must be open for business, with at least one person at the office."

Don't forget: You'll now have to pay a \$505 fee when enrolling or revalidating. Providers can pay it via www.pay.gov, CMS explains.

Tip: NAHC recommends submitting a copy of the receipt from pay.gov with your revalidation application, "because the contractor will not commence processing of the application unless it has confirmed that the fee has been paid."

PECOS May Make Your Life Easier -- Eventually

Even though PECOS enrollment isn't required for home care providers, "I would recommend consideration of getting registered, because then Medicare 855 provider enrollment updates can be completed online instead of having to be done on paper," Little counsels.

PECOS enrollment applications typically take 45 days to process compared to 60 days for paper, the Centers for Medicare & Medicaid Services says on its website at www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp. "The easiest and quickest way to revalidate your enrollment information is by using Internet-based PECOS," CMS stresses in its new message.

Enrolling in PECOS "does make sense, as PECOS allows providers to electronically update their provider enrollment information when necessary, such as changes in management, location, engagement of billing services, etc.," Little advises.

Do this: Whether you go the paper or online route, don't delay in your response to your revalidation request, NAHC counsels. "You should pull your most-recently filed 855A," the trade group says in its member newsletter. "Review the form and see what has changed, and start to gather any additional information that you will need, since you will only have 60 days to submit the revalidation after you receive the revalidation request."

Even if you receive a revalidation request, you need to submit your changes separately from your revalidation information, CMS stresses. Submit your usual enrollment changes timely, or you'll be sorry. "The Medicare provider enrollment revalidation effort does not change other aspects of the enrollment process," CMS says in an e-mail message to providers. "Providers should continue to submit routine changes -- address updates, reassignments, additions to practices, changes in authorized officials, information updates, etc. -- as they always have."

Note: The rule outlining the new enrollment and revalidation requirements is at <http://edocket.access.gpo.gov/2011/pdf/2011-1686.pdf>.

More details about provider revalidation are in an MLN Matters article at www.cms.gov/MLN MattersArticles/downloads/SE1126.pdf. CMS's PECOS website is at <https://pecos.cms.hhs.gov>.