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Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08

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Note: We revised this Article to reflect a revised CR 12502. The revised CR didn't affect the substance of the Article. We revised the CR release date, the transmittal number, and the web address of the CR. All other information is the same.

Provider Types Affected

This MLN Matters Article is for Federally Qualified Health Centers (FQHCs), Home Health Agencies (HHAs), Independent Diagnostic Testing Facilities (IDTFs), Physician Assistants (PAs), physicians, and other providers billing MACs for services to Medicare patients.

What You Need to Know

In this Article, you'll learn about:

- A summary of changes to the Medicare Program Integrity Manual, Chapter 10 - Medicare Enrollment
- Changes affecting a variety of provider types, including PA enrollment

Make sure your billing staff knows about these changes.

Background

The CY 2022 Home Health Prospective Payment System (HH PPS) and the Physician Fee Schedule (PFS) Final Rules (FR) (respectively, 86 FR 62240 and 86 FR 64996) contained provisions concerning Medicare provider enrollment. Some of these provisions only added certain longstanding sub-regulatory policies into regulation.

Other provisions, however, represent new or modified provider enrollment policies. CR 12502 makes these changes to Chapter 10 - Medicare Enrollment.

The key changes include:

- A revision to Section 10.2.1.4 clarifies an outstanding policy matter about the processing of FQHC enrollment applications

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- A revision to Section 10.2.1.6 contains a clarification of one of the exceptions related to HHA ownership changes
- Revisions to Section 10.2.2.4 provide policies regarding "indirect" IDTFs
- Revisions to Section 10.2.3.12 provide that PAs may individually enroll in Medicare (for example, as a sole proprietorship, professional corporation). See the "PA Enrollment" section below for more information.
- Clarifications to Sections 10.4.1.4.2 (Returns of Enrollment Applications) and 10.4.1.4.3 (Rejections)
- Clarifications to Section 10.4.6 on reactivating billing privileges and 10.4.8 on deactivations
- Clarifications to Section 10.6.2 about establishing effective dates of billing privileges for certain provider types as well as effective dates of certain enrollment transactions
- Information in Section 10.6.12 talks about the timing for physicians and practitioners wanting to opt-out of Medicare

A number of other minor changes are in the revised Chapter 10, which is part of CR 12502. These changes appear in red print in the revised chapter.

PA Enrollment

Note the following regarding PA enrollment:

- **CY 2022 PFS Final Rule Changes** -- Prior to January 1, 2022, Medicare made payment for a PA's services only to the PA's employer, not to the PA. That is, PAs couldn't individually enroll in Medicare to get direct payment for their services. This also meant that the PAs couldn't reassign their benefits to the employer, since the employer would be getting direct payment anyway. Under the CY 2022 PFS Final Rule, however, PAs may:

    - Individually enroll in Medicare (for example, as a sole proprietorship, professional corporation)
    - Get direct payment for their services
    - Establish PA groups (for example, limited liability companies) by enrolling via the Form CMS-855B
    - Reassign their benefits

- **Enrollment Policies -** Beginning January 1, 2022, the MAC will continue to pay the PA's employer currently listed in Section 2(I) of the Form CMS-855I **unless the PA submits a Form CMS-855I that removes or changes the employer. It's the PA's responsibility to report or change this data (if it chooses to) via the Form CMS-855I.**

    The following PA enrollment policies apply:

- If a PA is initially enrolling in Medicare and won't reassign their benefits, they don't need to complete Section 2(I) of the Form CMS-855I. Payments will be made directly to the PA.
- If a PA is initially enrolling in Medicare and wants to reassign their benefits, the PA must complete Section 2(I) with information on the party getting the reassigned benefits. For the time being, Section 2(I) will effectively constitute a reassignment application, and the PA doesn't need to submit a Form CMS-855R to reassign benefits. We'll make reassigned payments to the party listed in Section 2(I), similar to how we previously paid employers for PA services. However, any reassignment must meet all CMS regulatory requirements. This means that the party you list in Section 2(I) must be eligible to get the reassigned payments.
- If a currently enrolled PA wants payments for their services to continue to go to their employer, the PA doesn't need to take any action.
- If a currently enrolled PA wants payments for their services to go to a different party, they must submit a Form CMS-855I that removes the previous party listed in Section 2(I) and reports the new one. This will effectively constitute a new reassignment arrangement. No Form CMS-855R submission is required.
- If a currently enrolled PA wants to get payments directly for their services, they must submit a Form CMS-855I that removes the party currently listed in Section 2(I).
- PAs must submit a Form CMS-855B to establish a PA group.
- Although PAs may submit the applications described above prior to January 1, 2022, the effective date of the applicable enrollment transaction will be on or after January 1, 2022.

For more information on PA enrollment requirements, find your MAC's website.

More Information

We issued CR 12502 to your MAC as the official instruction for this change.

For more information, find your MAC's website.

Document History

Date of Change	Description
January 6, 2022	Note: We revised this Article to reflect a revised CR 12502. The revised CR didn't affect the substance of the Article. We revised the CR release date, the transmittal number, and the web address of the CR. All other information is the same.
December 6, 2021	Initial article released.