

COVID-19 Public Health Emergency: PECOS Updates

On Friday, March 13, 2020, the Trump Administration announced new flexibilities to assist healthcare providers and states respond to and contain the spread of COVID-19. On March 22, 2020 the following regulations went into place regarding PECOS enrollment through Section 1135 of the Social Security Act.

Physician and Non-physician Practitioners

- There is a toll-free hotline to enroll and receive temporary Medicare billing privileges
 - Contact Novitas Solutions, Inc.
 - The toll-free Hotline Telephone Number: 1-855-247-8428
 - Monday through Friday: Hours of Operation: 8:30 A.M.- 4:00 P.M. EST
 - The providers effective date is March 1, 2020
- Information that is needed to enroll a physician or non-physician provider:
 - Legal Name
 - National Provider Identifier (NPI)
 - Social Security number
 - Valid In-State or Out of State license
 - Address information
 - Contact Information
- The following screening requirements are waived:
 - Criminal background checks
 - Site visits
 - Revalidation actions
- Hotlines are to be used by providers and suppliers regarding questions they may have about the waiver, enrollment questions, and change in practice locations
 - Hotlines will remain active until the public health declaration is lifted
 - The Medicare Administrative Contractor (MAC) representative will attempt to screen and enroll the provider over the phone and will notify the provider of their approval or rejection of temporary Medicare privileges
 - The provider will then receive written notification of the approval or rejection
 - The enrollment hotline is only for Physician Providers and Non-physician providers/Mid-Levels.
 - All other Providers and Suppliers (including DMEPOS) need to submit the appropriate CMS 855 application

All Other Providers and Suppliers (including DMEPOS)

- All other providers and suppliers, including Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, are required to submit initial enrollments and changes of information via the appropriate CMS-855 application
- The Medicare Administrative Contractor (MAC) representative will attempt expedite any pending or new applications
 - Error free web applications within 7 days
 - Error free paper applications within 14 days

- The following screening requirements are waived for all applications received on or after March 1, 2020:
 - Application Fee
 - Criminal background checks
 - Site visits
 - Revalidation actions

Key Points

- Once the national declaration of emergency is lifted, all Physicians and Non-physicians and Suppliers will need to complete the appropriate CMS 855 form in order to establish full Medicare billing privileges.
 - Failure to complete this within 30 days will terminate your temporary privileges
- Revalidations are not required at this time. Once the national declaration of emergency is lifted, CMS will resume revalidation activities
- Telehealth providers working from non-medical facility locations are required to update their Medicare enrollment.
 - If providers are working from home, they can add their home address to their enrollment file by reaching out to their MAC representative
- Pending applications for providers and suppliers received prior to March 1, 2020 are being processed with existing timeframes
 - All web applications are processed within 45 days and paper applications are being processed within 60 days

References

www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf