# Medicare Provider Enrollment Compliance Conference

**March 18-19, 2026**


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# Enforcement Actions

# Adverse Legal Actions

**Required during:**

- Initial enrollment
- Revalidation *(even if previously reported)*
- Within 30 days of the action

**Applies to……**

- Individual providers
- Individuals and organizations in section 5/6 (owners, managing employees, AO/DO)

**Failure to report…**

- **Deny application or revoke billing privileges**
  - Possible revocation back to the date of the action *(felony, sanction, exclusion or loss of licensure)*
- No longer required to report **Medicare Payment Suspensions** or **CMS-Imposed Medicare Revocations** *(April 2018)*

x **Felony conviction in last 10 years**
  - Crimes against persons
  - Financial crimes

x Misdemeanor conviction
  - Patient abuse or neglect
  - Theft, fraud, embezzlement

x **Sanction or exclusion** (ever)

x **License revocation or suspension** (ever)

x Accreditation revocation or suspension (ever)

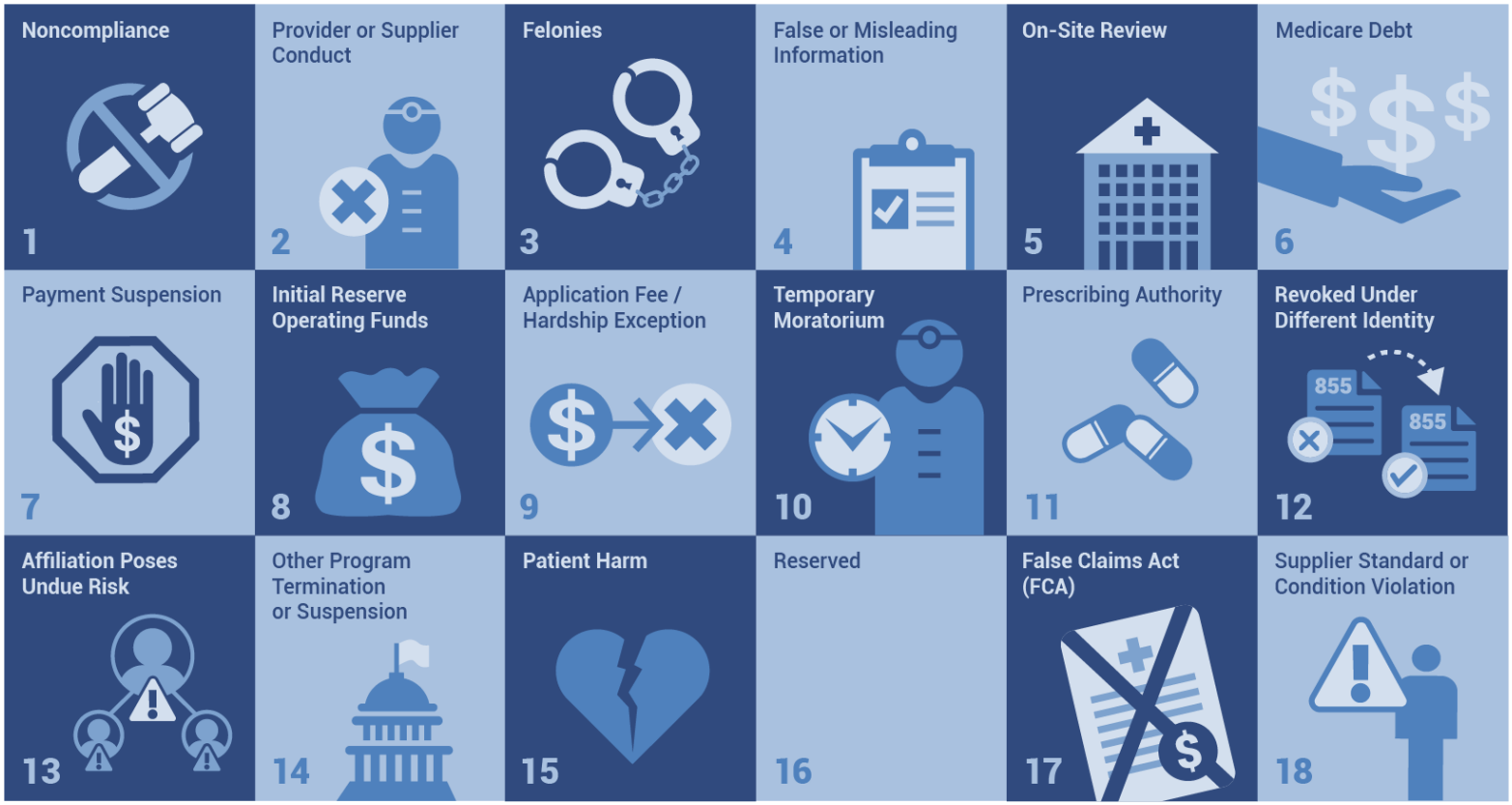
x Medicaid exclusion, revocation or terminations (ever)

# Reasons to Deny

**CMS can deny Medicare enrollment for:**

## 17 Reasons for Enrollment Denial

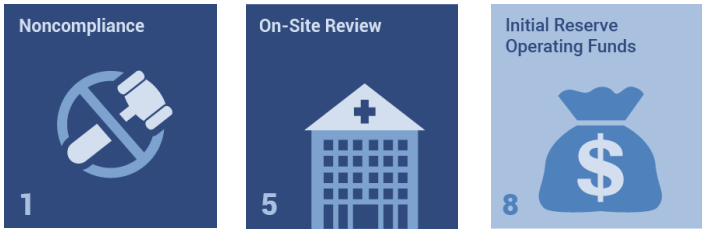
42 C.F.R. §424.530(a)



# Reasons to Deny

## Most Common Reasons:

- x Noncompliance: program requirements
- x On-site review, showing noncompliance
- x HHA Initial Reserve Operating Funds




## Newest Denial Reasons:

Effective January 1, 2024

- x False Claims Act Judgement
- x Supplier Standard Violation

# Denials

# Deactivations

## CMS can deactivate Medicare billing privileges for:

### 8 Reasons for Enrollment Deactivation

42 C.F.R. §424.540(a)

# Deactivations & Reactivations

**Most Common Deactivation Reasons:**

- x No claims submitted
- x Not compliant with enrollment requirements

**Newest Deactivation Reasons:**

Effective January 1, 2022

- x Not compliant with enrollment requirements
- x Practice location is non-operational
- x Provider or supplier is deceased
- x Provider or supplier has voluntarily withdrawn from Medicare
- x The provider is the seller in an HHA change of ownership under § 424.550(b)(1)

**Updated Deactivation Reason:**

Effective January 1, 2024

- x Provider does not submit any Medicare claims for 6 consecutive calendar months.

Billing privileges were paused, but can be restored upon the submission of a new enrollment application with updated information*

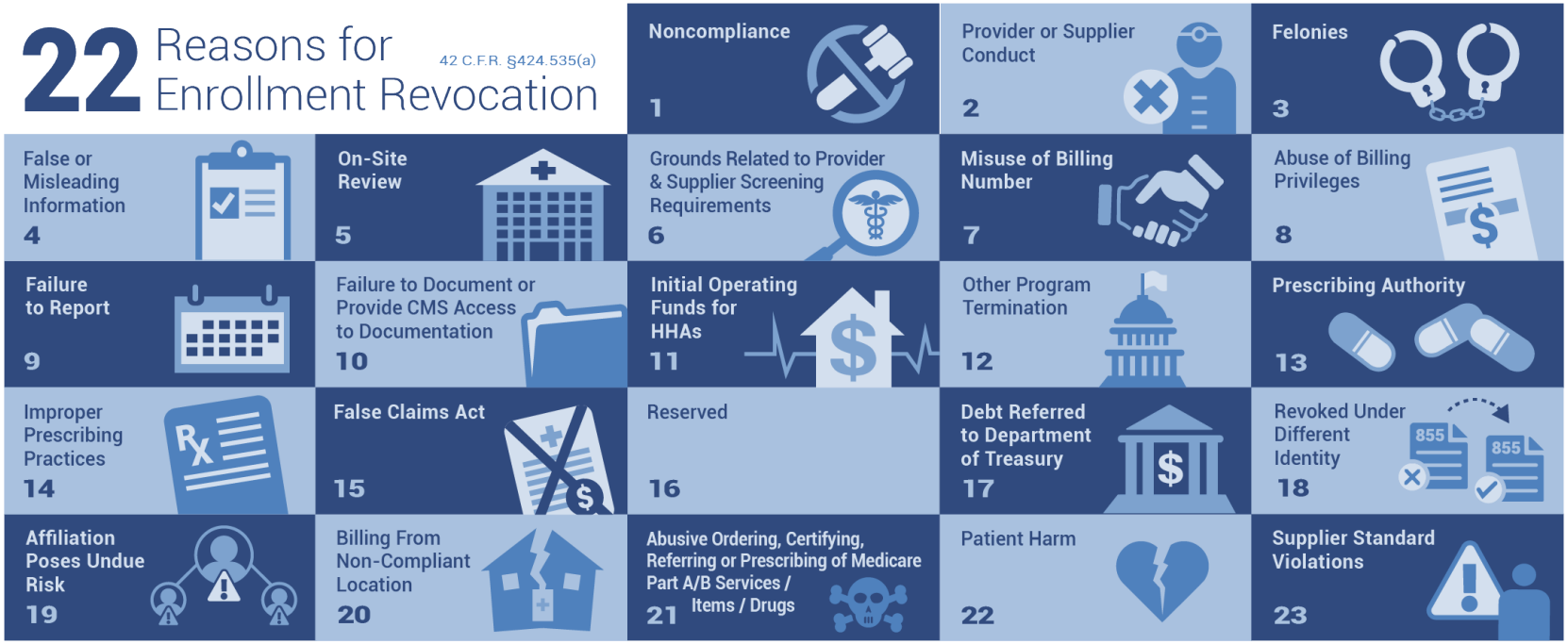
**To reactivate Medicare billing privileges:**

- ✓ **Must submit a complete CMS-855 application**
- ✓ **Effective date based on receipt date of the reactivation application**
- ✓ May submit a rebuttal to overturn deactivation
- ✓ Does not require a new state survey for certified providers (exception for HHAs)

# Deactivations

# Reasons to Revoke

**CMS can revoke Medicare billing privileges for:**



# Reasons to Revoke

## Most Common Reasons

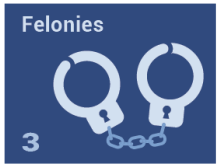
- x 424.535(A)(1) Noncompliance
- x 424.535(A)(9) Failure To Report
- x 424.535(A)(3) Felonies

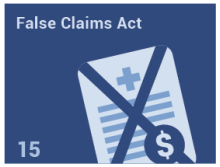
## Newest Revocation Reasons

Effective January 1, 2024

- x False Claims Act Judgments
- x Supplier Standard Violations






# Revocations

# Re-enrollment Bar

Revoked providers or suppliers are barred from participating in the Medicare program from the date of the revocation until the end of the re-enrollment bar.

**Re-enrollment bar lasts 1 – 10 years***

- *However,* CMS may add up to 3 more years to the provider or supplier's reenrollment bar if the provider or supplier is attempting to circumvent its existing reenrollment bar by enrolling in Medicare under a different name, numerical identifier or business identity.


Re-enrollment bar

**1–10 Years***

**CMS may impose a reenrollment bar of up to 20 years if the provider or supplier is being revoked from Medicare for the second time.*

# Protecting Medicare Part C & D

**CMS-4182F**
started JAN 2019

Replaces the Medicare Advantage (MA) and Prescriber enrollment requirements and creates a Preclusion list

## Preclusion List

- Applies to individuals/entities
- Currently revoked and under an active re-enrollment bar,
- Could have revoked if enrolled in Medicare; or
- Convicted of a felony within last ten years under federal/state law; and
- Conduct that led to the revocation or felony is considered detrimental to the Medicare program

# Part C & D Preclusion List

## What happens if I'm on the Preclusion List?

You will receive a letter from CMS in advance of your inclusion on the Preclusion List

The letter will be sent to your PECOS (enrolled) or NPPES (unenrolled) mailing address

The letter will include the effective date of your preclusion and your applicable appeal rights

# Part C & D Preclusion List

## Medicare Advantage (Part C)

- MA plans will deny payment for a health care item or service if the individual/entity is on the Preclusion List

## Prescriber (Part D)

- Pharmacy will deny prescriptions at point of sale if the provider is on the Preclusion List

# Part C & D Preclusion List

Preclusion List resources at https://www.cms.gov/medicare/provider-enrollment-and-certification/preclusion-list

- Frequently Asked Questions (FAQs)
- Preclusion List Reference Guide
- Guidance to the Healthcare Plans
- Contact providerenrollment@cms.hhs.gov for questions

# CMS Preclusion list

## PRECLUDED ENTITIES

# 3,357

OCT 1, 2022 — SEPT 30, 2025

# Medicaid Terminations

- **If Medicare revokes "for-cause" then the states must terminate a provider from their program**
- **If one state terminates "for-cause" then all states must terminate a provider from their program**
- **If terminated from any state "for-cause", CMS has the discretion to revoke from Medicare**

## SCENARIO #1

- A provider is terminated for cause from California Medicaid
- The provider wants to enroll in Oregon Medicaid

➢ Provider cannot enroll in Oregon's Medicaid program because he is prohibited from enrolling in another state's Medicaid program while actively terminated in California.

## SCENARIO #2

- A provider is revoked for cause from Medicare
- The provider would like to enroll in New Mexico Medicaid

➢ When a provider is revoked for cause from Medicare in any jurisdiction, the provider is unable to enroll in any state Medicaid program. Provider would not be permitted to enroll in New Mexico's Medicaid program

## SCENARIO #3

- A provider is terminated for cause from Arizona Medicaid
- The provider is also enrolled in Texas

➢ When a provider is terminated for-cause from a state Medicaid program, ALL other State Medicaid programs MUST also terminate the provider. Here Texas must terminate this provider. If the provider is also enrolled in Medicare, CMS has the discretion to revoke.

# Medicaid Terminations

more than

**2,030**

Total Medicaid **TERMINATION** SUBMISSIONS

**51**

Total Medicaid **TERMINATION** SUBMISSIONS Resulting in Medicare **REVOCATION**

more than

**1,404**

Total Medicare **REVOCATION** FILE ENTRIES

***FY 2025**

# Hospice Provisional Period of Enhanced Oversight

- CMS implemented a Provisional Period of Enhanced Oversight (PPEO) on newly enrolling hospices located in Arizona, California, Nevada, and Texas. In December 2025, PPEO was expanded to Ohio and Georgia.
- Numerous reports of hospice fraud, waste, and abuse received
- The number of enrolled hospices has increased significantly in these states, raising serious concerns about market oversaturation
- The PPEO, which can last from 30 days to 1 year, may include medical review, such as prepayment review
- For more information, see https://www.cms.gov/files/document/mln7867599-period-enhanced-oversight-new-hospices-arizona-california-nevada-texas.pdf

**Authority: Section 1833(e) of the Social Security Act and 42 C.F.R. § 424.527**

# Fraud Patterns

- Technology enabling scale
- Organized actors
- Countermeasures
- Open discussion

# Question & Answer Session

# Resources

**cms.gov**

- ordering and referring, DMEPOS accreditation, supplier standards
- MAC contacts: (search for Medicare enrollment contact")

**cms.gov/Revalidation**

- search all records online
- view and filter online spreadsheets
- export to Excel, or connect to with API

**PECOS.cms.hhs.gov**

account creation, videos, providers resources , FAQs

**888-734-6433**

PECOS Help Desk

**ProviderEnrollment@cms.hhs.gov**

Provider Enrollment contact

**FFSProviderRelations@cms.hhs.gov**

"ListServ" sign-up: Notice of program and policy details, press releases, events, educational material

**cms.gov MLN Matters® Articles**

articles on the latest changes to the Medicare Program and enrollment education products

# Thank You

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Centers for Medicare & Medicaid Services