



**Medicare
Provider Enrollment
Compliance Conference
March 18, 2026
The REG-ular Suspects:
*New Regs for 2026***

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CMS | Medicare Provider Enrollment Compliance
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Disclaimers



News Regs Presentation Roadmap

What's about to happen...



- Enrollment Requirements
- Administrative Actions: Revocations, Deactivations, and Denials
- DME





Enrollment Requirements

Clarified supporting documentation requirement



- Any other documentation needed to verify and confirm the information furnished on the enrollment application. This includes, but is not limited to, documentation regarding the provider's or supplier's ownership or management

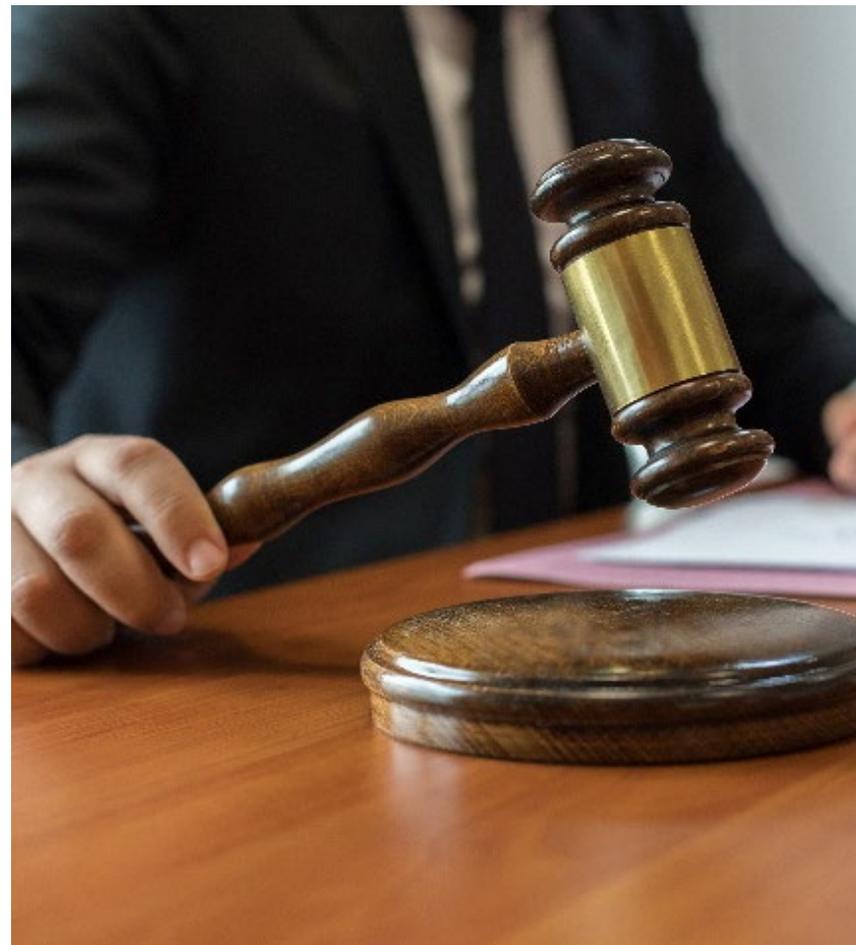


42 CFR 424.510(d)(2)(iii)C

“Regardless of who filled out the application” rule



- *Legal responsibility.* All providers and suppliers are legally responsible for the accuracy, completeness, and truthfulness of all information they provide on or with their applications, regardless of whether another party completed the application



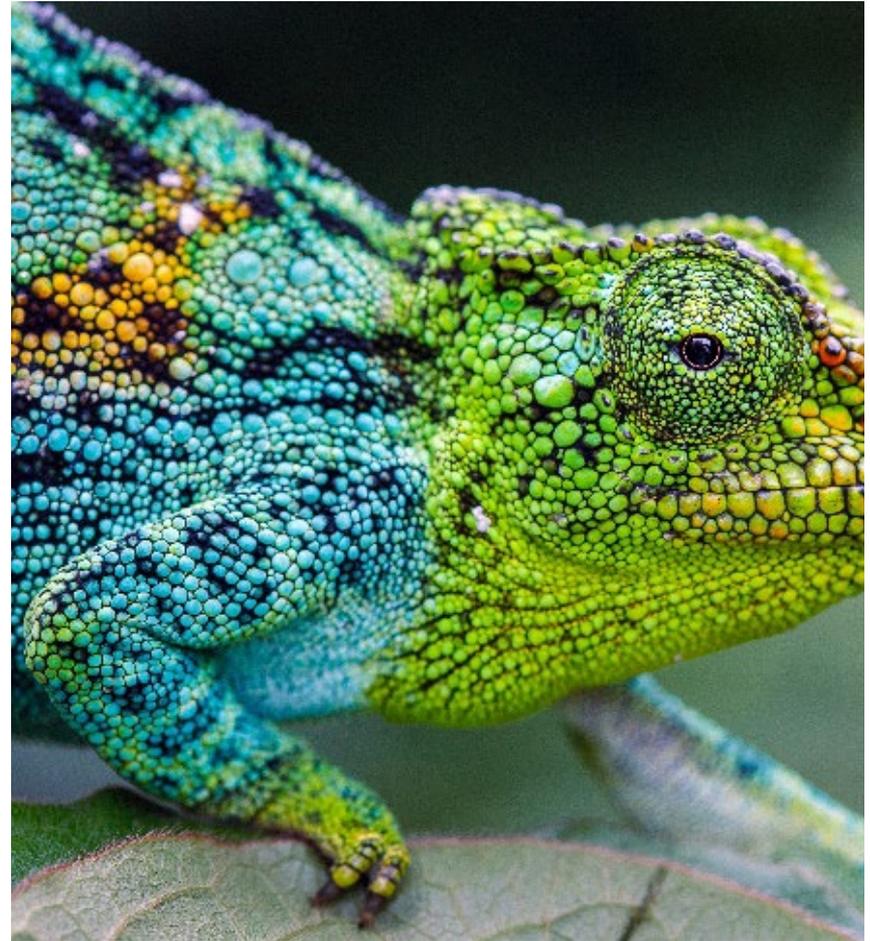
42 CFR 424.510(d)(10)

Change is the only constant in life



Within 30 days for a change of ownership or control (including changes in authorized official(s) or delegated official(s)), an **adverse legal action**, or a change, addition, or deletion of a practice location

42 CFR 424.516(e)(1)



Reassignment effective date



- Reassignments. (1) The effective date of a reassignment of benefits...is the later of the dates identified in § 424.520(d)(1)(i) and (ii).
- Retrospective billing allowed in some circumstances.



42 CFR 424.522(a)

What's that date?



- The effective date of billing privileges...is the later of—
- The **date of filing** of a Medicare enrollment application that was subsequently approved by a Medicare contractor; or
- The date that the provider or supplier **first began furnishing services** at a new practice location.

424.520(d)(1)(i) and (ii)



“O/R only” enrollment effective date



- (b) Form CMS-8550 enrollment. The effective date of a Form CMS-8550 enrollment is the date on which the Medicare contractor received the Form CMS-8550 application if all other requirements are met



42 CFR 424.522(b)



Administrative Actions: Revocations, Deactivations, and Denials

Attestations/Services Not Rendered



- The beneficiary attests that the item(s) or service(s) identified on the provider's or supplier's claim or claims was not or were not rendered or furnished



42 CFR
424.535
(a)(8)(i)(D)

Abusive Billing Effective Dates



- (a)(8)(i) → the earliest date of service on the claim or claims that is or are triggering the revocation
- (a)(8)(ii) → the last date of service on the claims in question



42 CFR
424.535
(a)(8)(iii)

Retroactive Renaissance



- For revocations based on a lapse in the IDTF's comprehensive liability insurance → the date the insurance lapsed
- For revocations based on the provider's submission of false or misleading information on an enrollment application → the date the application's certification statement was signed



42 CFR 424.535 (g)

Retro for failures to report & DEA show cause



- For revocations based on the provider's failure to timely report a change of ownership or adverse legal action, or a change, addition, or deletion of a practice location → the day after the date by which the provider or supplier was required to report the change, addition, or deletion
- For revocations based on the surrender of the provider's or supplier's provider's Drug Enforcement Administration certificate of registration in response to a show cause order → the date the certificate was surrendered

Retro for prescribing authority and extension



- For revocations based on a State's suspension or revocation of the physician's or practitioner's ability to prescribe one or more drugs → the date of the suspension or revocation
- For revocations of any of the provider's other enrollments under the extension of revocation authority (424.535(i)) → the effective date of the revocation that triggered the revocation(s) of the other enrollment(s)



Retro for DME supplier std. violation



- For revocations based on a DMEPOS supplier's non-compliance with a condition or standard in § 424.57(b) or (c), respectively, the date on which the non-compliance began.



Deactivation for O/R: No ordering 12 months



- CMS may deactivate a physician's or practitioner's ability to order, certify, or refer the Medicare services and items identified in § 424.507(a) and (b) if the individual:
 - Is enrolled via the Form CMS-855O application solely to order, certify, or refer Medicare services or items;
 - **And** Has not been listed as the ordering, certifying, or referring individual on a Medicare Part A or B claim received in the previous 12 consecutive months

42 CFR 424.547
(a)(1)





DME Suppliers & Accreditation Organizations

DMEPOS supplier changes in majority ownership



A change in majority ownership occurs when an individual/organization acquires more than a 50 percent direct ownership interest in a DMEPOS supplier during (1) the 36 months following the DMEPOS supplier's initial enrollment or (2) the 36 months following the DMEPOS supplier's most recent change in majority ownership.



42 CFR 424.551

Continued 2: DMEPOS supplier changes in majority ownership



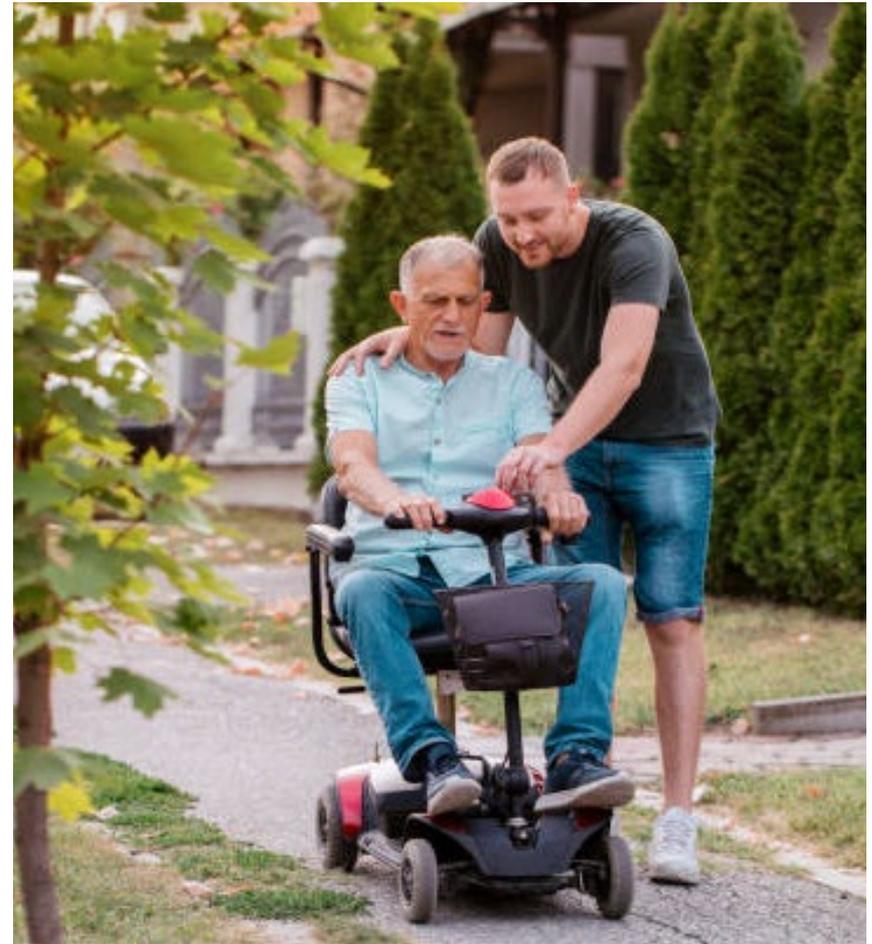
- through the cumulative effect of asset sales,
- stock transfers,
- consolidations,
- or mergers



Continued 3:DMEPOS supplier changes in majority ownership



(b) General principle. Unless an exception in paragraph (c) of this section applies, if there is a change in majority ownership of a DMEPOS supplier by sale (including asset sales, stock transfers, mergers, and consolidations) within 36 months after the effective date of the DMEPOS supplier's initial enrollment in Medicare or within 36 months after the DMEPOS supplier's most recent change in majority ownership, the Medicare billing privileges do not convey to the new owner



Continued 4: DMEPOS supplier changes in majority ownership



The prospective owner of the DMEPOS supplier must instead do both of the following:(1) Enroll in the Medicare program as a new DMEPOS supplier under the provisions of § 424.510.(2) Undergo a survey by, and obtain a new accreditation from, a CMS-approved DMEPOS accrediting organization in accordance with §§ 424.57 and 424.58



Continued 5: DMEPOS supplier changes in majority ownership



- (c) Exceptions. The following situations are exceptions to the requirements of paragraph (b) of this section:(1) A DMEPOS supplier's parent company is undergoing an internal corporate restructuring, such as a merger or consolidation.(2) The owners of the existing DMEPOS supplier are changing the DMEPOS supplier's current business structure (for example, from a corporation to a partnership (general or limited); from a limited liability company (LLC) to a corporation; or from a general or limited to an LLC) and the owners remain the same.(3) An individual owner of the DMEPOS supplier dies.

DMEPOS supplier standards



- (23) Report new practice location to AO/No 3-month grace period for new DMEPOS
- (24) Annual reaccreditation (not every three years)

42 CFR 424.57



§ 424.58 DMEPOS Accreditation



- (G) If the DMEPOS accrediting organization has the discretion to perform a survey in certain instances, how it determines whether to perform one. This must include a suggested methodology for **sampling locations** for surveys under a single tax identification number or organization



Continued 2: § 424.58 DMEPOS Accreditation



- (D) The organization's policies and procedures to **avoid conflicts of interest** and the appearance thereof involving individuals who conduct surveys or participate in accreditation decisions...



Continued 3: § 424.58 DMEPOS Accreditation



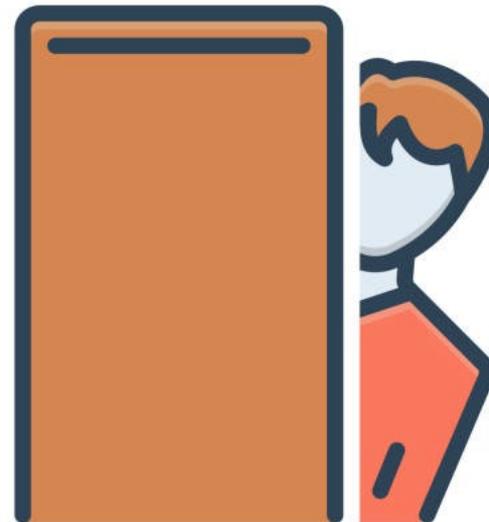
- (xviii) A description of the organization's accreditation decision-making process. This includes its policies and procedures for approving, denying, or terminating accreditation status for DMEPOS suppliers that fail to meet the DMEPOS accrediting organization's standards or requirements



Continued 4: § 424.58 DMEPOS Accreditation



- Reasons for denial of an AO
- Reapproval process
- Term of approval (max six years)
- All surveys unannounced



Continued 5: § 424.58 DMEPOS Accreditation



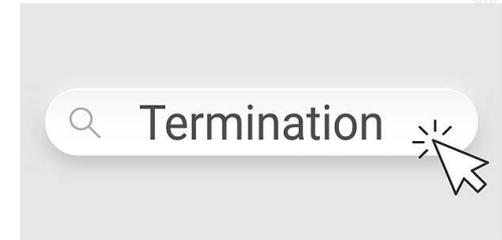
- Deficiencies. (i) With respect to DMEPOS supplier compliance with the quality standards, CMS has the discretion to do all of the following:(A) Define the term deficiency.(B) Establish levels and categories of deficiencies.(C) Revise the quality standards



Continued 6: § 424.58 DMEPOS Accreditation



- Involuntary termination :
 - (A) no longer demonstrates reasonable assurance (as defined in paragraph (b) of this section)
 - (B) poses an immediate jeopardy to the patients/constitutes a hazard to the public health
 - (C) CMS determines that the DMEPOS accrediting organization is non-compliant with any provision of this section.
 - (D) There is a pattern or practice of the DMEPOS accrediting organization's accredited DMEPOS suppliers being revoked for failing to comply with the quality standards



Continued 7: § 424.58 DMEPOS Accreditation



- (m) Restrictions on consulting —(1) Definition. For purposes of this paragraph (m) only, the terms consulting and consulting services mean those services provided by a DMEPOS accrediting organization (or its consulting division or separate business entity (such as a company or corporation) that provides such services) for the review of a DMEPOS supplier's standards, processes, policies, and functions for compliance with the accrediting organization's standards, the DMEPOS quality standards, or other Medicare requirements through simulation of a real survey, such as a mock survey, with comprehensive written reports of findings and early intervention and action to correct deficiencies prior to an actual accreditation survey.



Question & Answer Session

Resources



[cms.gov](https://www.cms.gov)

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

[cms.gov/Revalidation](https://www.cms.gov/Revalidation)

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

[PECOS.cms.hhs.gov](https://www.cms.hhs.gov)

account creation, videos, providers resources , FAQs

[888-734-6433](https://www.cms.hhs.gov/888-734-6433)

PECOS Help Desk

ProviderEnrollment@cms.hhs.gov

Provider Enrollment contact

FFSPProviderRelations@cms.hhs.gov

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

[cms.gov/EHRIncentivePrograms](https://www.cms.gov/EHRIncentivePrograms)

Electronic Health Record website

[cms.gov MLN Matters®](https://www.cms.gov/MLN) Articles

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



Thank You

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