

The Enrollment File Self-Audit

21 checks for home health agencies, hospices, and skilled nursing facilities preparing for the proposed CMS enrollment-enforcement rule (CMS-1844-P).

CMS-1844-P (published July 6, 2026; final rule expected fall 2026, effective ~January 1, 2027) would allow retroactive revocation back to when noncompliance began, cut the post-revocation claims window from 60 days to 15, eliminate the five-year lookback on affiliation disclosures, tighten the 36-month ownership rule, and expand who counts as a managing employee. When the rule takes effect, the enrollment file you have on record is the one CMS measures you against. Work through each item below; anything you cannot check is a gap worth closing now.

Domain 1 · PECOS record accuracy (checks 1–7)

- 1. Pull your current PECOS enrollment record (855A) and compare every data element — legal business name, TIN, NPI, CCN — against your actual corporate records.
- 2. Verify every practice location, branch, and administrative office on file matches where you actually operate today; remove closed or relocated sites.
- 3. Confirm all state licenses and certifications listed are active, unexpired, and match the licensing board's record — including your administrator's and medical director's individual licenses.
- 4. Check your revalidation due date in PECOS and calendar it at least 120 days out; a missed revalidation is a deactivation.
- 5. Confirm the authorized official and delegated officials on file are current employees with current contact information.
- 6. Reconcile your Medicare bank account (EFT) and correspondence addresses — CMS notices go to what is on file, not to where you actually are.
- 7. Verify any reportable adverse legal actions (past denials, revocations, exclusions, felony convictions of owners/officials) are disclosed exactly as they occurred.

Domain 2 · Ownership, affiliation & managing-employee disclosures (checks 8–15)

- 8. List every individual and organization with 5% or greater direct or indirect ownership and confirm each appears in PECOS — including holding companies and parent entities.
- 9. Map indirect ownership chains to the ultimate natural-person owners; private equity and management-company layers are where reviewers look first.

- **10.** Inventory all affiliations — current and historical — with any provider that has uncollected debt, a payment suspension, an exclusion, or a revoked/denied enrollment. The proposed rule removes the five-year limit.
- **11.** Document business and financial arrangements (management agreements, loans, leases between related parties) that could become disclosable relationships under the expanded definition.
- **12.** List every officer, director, and managing employee in PECOS — then add clinical directors and department heads, whom the proposed rule would treat as managing employees.
- **13.** For hospices: confirm your medical director and administrator hold active state licenses and document any who serve multiple facilities — a proposed ground for denial.
- **14.** Screen every disclosed individual against the OIG exclusion list (LEIE) and SAM.gov — and calendar a recurring monthly screen.
- **15.** Confirm each disclosure was reported within its deadline (30/90 days); late-reported changes are themselves a compliance finding.

Domain 3 · 36-month rule & transaction exposure (checks 16–21)

- **16.** Date your last change in majority ownership or control; if within 36 months (HHA — and proposed to tighten further), any new change may trigger a full initial enrollment with survey.
- **17.** Review management agreements and MSOs for terms that transfer operational control — the proposed rule reaches arrangements that shift control before the paperwork does.
- **18.** If a transaction is contemplated, sequence the CHOW filing before the closing timeline — not after — and budget for the 15-day post-revocation claims window worst case.
- **19.** Confirm interim management or transition-services arrangements are documented and disclosed; undocumented de facto control is the fact pattern CMS cites.
- **20.** Verify your capitalization and operational records (staffing, active patients, physical site) would survive an unannounced site visit — operational standards are enforcement grounds in the proposed rule.
- **21.** Assemble an “enrollment file” binder — current 855A, disclosures, licenses, org chart, transaction documents — so any CMS request can be answered from one place, in days not weeks.

What to do with your gaps. Anything unchecked above is exposure under the proposed rule — and most of it is fixable before the effective date. Precisian Group offers a free evaluation of your enrollment file: your PECOS record, disclosures, and revalidation posture, with a gap report before CMS builds one of their own. Book at precisiangroup.com/book-discovery-call or reply to the email that brought you here.

Sources: CMS-1844-P (proposed rule, published July 6, 2026; comments close August 31, 2026; final rule expected fall 2026). This checklist summarizes proposed provisions — requirements may change in the final rule. This document is general

