



Medicare Provider Enrollment

Center for Program Integrity
Centers for Medicare & Medicaid Services

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Decision Health – April 29, 2014



Agenda

- ❑ Policy and Program Changes
- ❑ Provider Enrollment Chain, and Ownership System (PECOS)
- ❑ Future Initiatives

The Past, Present, and Future of Provider Enrollment

Backing up to 2010 ... We had A LOT to learn

How CMS saw it.

 Step 1

 Step 2

 Step 3

How Providers saw it.



We Learned...

... from the Provider Community:



- Doctors don't do paperwork.
- The process for accessing PECOS is overly complicated.
- Providers don't trust MACs to get an answer when they call for customer service.
- You are losing hundreds of thousands of dollars a year due to processing delays.

... from the MACs:



- They processed ~ 600K Applications/month, and none of them work the same way.
- Application processing is full of inefficiencies due to out dated guidance
- 30% of applications require a least one round of correspondence to collect missing information.

... about Fraud Prevention:



- Transitioning from Pay and Chase to Prevention.
- Shift from "One Size Fits All" approach to a "Risk Based" strategy.



Questions?

Knowledge



We realized the more we learned, the more we needed to know.

... so we started engaging the
community

We listened, and made changes.

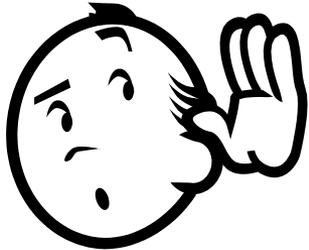


We Believe:

Provider Enrollment = Easy for good providers, and hard for the bad.
(MUST BE)

Policy and Program Changes

Our Change in Culture



We heard you!

Provider & Contractor Focus Groups

New features and changes are based on listening to providers and Medicare contractors and crafting solutions around the needs instead of implementing features or policies that simply meet regulation.



...And we are here to help.

Culture of Customer Service

Changing the attitude of Provider Enrollment at CMS and MACs to one of collaboration and support. Working with the Provider to understand what they have a question about, and providing the correct answer or getting them to the right person, with the first call.

Proactive Education & Outreach

- **List Serv** - Notification of program and policy details, updates and announcements, press releases, event reminders, educational material announcements, and other news and information for Medicare Fee For Service (FFS) providers. To join send an email to FFSProviderRelations@cms.hhs.gov
- **CMS.gov** – Questions about enrollment criteria and links to hot topics like Revalidation, Ordering and Referring, and DMEPOS Accreditation and Supplier Standards.
- **PECOS Homepage** – <https://pecos.cms.hhs.gov/> - Redesigned to have quick links to account creation, video tutorials, providers resources , and FAQs.
- **Medicare Learning Network® MLN Matters® Articles** – Articles designed to inform providers about the latest changes to the Medicare Program. To sign up for MLN Matters notifications go to CMS.gov and search: MLN Matters.
- **National Provider Calls** - educational conference calls conducted for the provider community that educate and inform participants about new policies and/or changes to the Medicare program.



MAC Processing Delays

Internet-based
PECOS - fastest way
to submit
application

MACs can't begin
processing
application until all
e-signatures
complete or paper
signatures received

To avoid processing
delays submit a
clean application
with all required
documentation

MACs are experiencing processing delays as a result of:

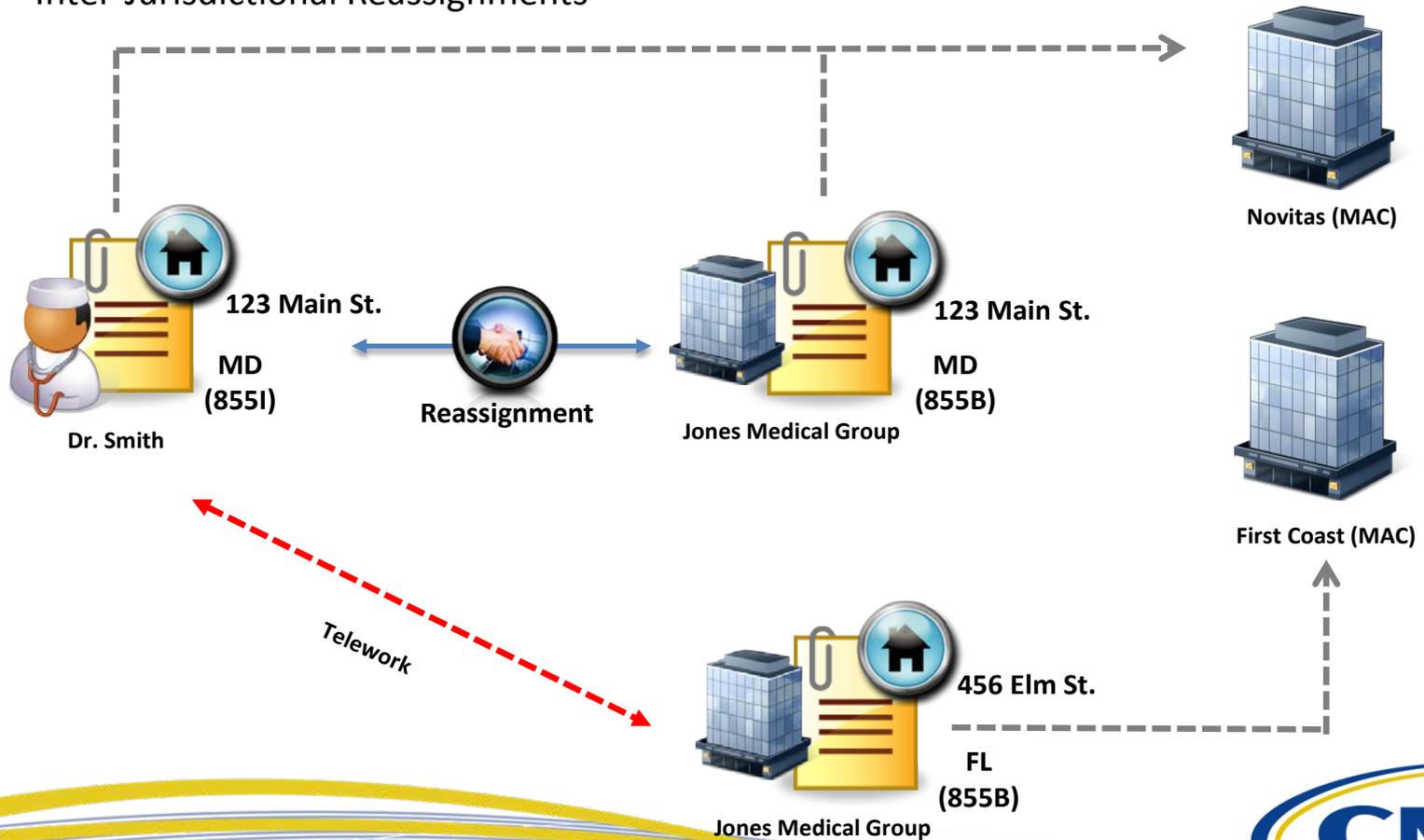
- Increased volume due to Revalidation
- Applications requiring development
 - Application unsigned/undated
 - Required documentation not submitted (i.e., CMS-588 (EFT), CMS-460 (PAR))
 - Incorrect form/version submitted
 - Required fields not completed (i.e., adverse history, managing employees)

Processing Improvements

- Submit applications 60 days in advance vs. 30 days
- Ability to fax information
- Develop for missing information rather than return as incomplete
- Verify education requirements online
- Verify practice locations with contact person
- Copy of driver's license/passport no longer required to validate signature
- CMS-855R no longer required for IDTFs that employ or contract with Interpreting Physicians.

Inter-Jurisdictional Enrollment Arrangements

MM8545 – Inter-Jurisdictional Reassignments



Revalidation

Approx. 1.5 M
Providers &
Suppliers must be
revalidated by
March 25, 2015.

**You will receive a
request to
revalidate in the
next 10 Months.**

Revalidation will be
every 3 or 5 years
depending on
provider type.

The Affordable Care Act requires CMS to verify all information on file for existing Medicare Providers, and ensure they meet all standards associated with the new screening criteria.

So we looked for ways to reduce the burden on providers.

- Instructed the MACs to deactivate instead of revoke if you don't respond.
- MACs can accept Fax/Email submission of supporting documents, or use documents already on file if they are still current, rather than requesting new copies.
- MACs are instructed to conduct multiple outreach attempts before administrative action is taken.
- Revalidation notices are sent to the correspondence and special payment address on file in PECOS.
- Authorized MACs to grant extensions.

Revalidation

Were you sent a revalidation notice?

Visit the [Revalidation homepage](#) on CMS.gov to find out.

Additional guidance can be found in [SE1126 - Further Details on the Revalidation of Provider Enrollment Information](#)

- CMS identifies who needs to revalidate in each phase and provides a list to the MAC. Only respond after receiving a notice to prevent uncontrolled waves of applications, resulting in backlogs.
- Large groups (200+ members) accepting reassigned benefits from providers identified on the CMS list will receive a letter informing them that providers linked to their group have been selected to revalidate.
 - A spreadsheet detailing the applicable provider's Name, National Provider Identifier (NPI) and Specialty will also be provided.
 - Letter and spreadsheet will be mailed to the group's correspondence address.
 - Informational only. Groups should not take any action to revalidate their providers until asked by their MAC to do so.
- CMS published a list on CMS.gov of providers/suppliers selected to revalidate and should expect a notice within 60 days.

Revalidation: Phases

PHASE I (9/1/11 – 1/31/12)	PHASE II (2/1/12 – 9/30/13)	PHASE III (11/1/13 – 3/25/15)
<p>Examples:</p> <ul style="list-style-type: none"> • HHAs • IDTFs • Select DMEPOS suppliers • Providers only in legacy systems (~91,000) 	<p>Examples:</p> <ul style="list-style-type: none"> • Licensure issues (over 35,000) • PO box for practice location • Providers not on EFT • Invalid data issues (such as missing NPI) 	<ul style="list-style-type: none"> • All remaining providers/suppliers
142,007 Notices Sent	438,966 Notices Sent	142,520 Notices Sent as of March 2014

* Approximately 10% of the remaining notices will be mailed every month to meet the 2015 deadline.

Ordering & Referring

Regulation has been in effect since 2010, informational messages since 2011, and the rule went final in 2012.

Monitored the number of informational messages and conducted targeted outreach to DME and HHA organizations

CMS-8550 is the Medicare enrollment form to register to solely order and refer.

CMS-6010 requires all Providers who Order or Refer services for certain procedures, services, or medical equipment, to be enrolled in an approved or opt out status with Medicare, or claims will be denied.

What claims are impacted by the denial edits:

- Claims from clinical laboratories for ordered tests;
- Claims from imaging centers for ordered imaging procedures;
- Claims from suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for ordered DMEPOS; and
- Claims from Part A Home Health Agencies (HHAs).

Claims began denying effective January 6th, 2014

Fingerprint Based Background Checks

Fingerprint-based background checks will be implemented in phases beginning 2014

Impacts newly enrolling DMEPOS, HHA and providers/suppliers elevated to a High

Criminal activity found could result in denial of enrollment application or revocation of existing Medicare billing privileges

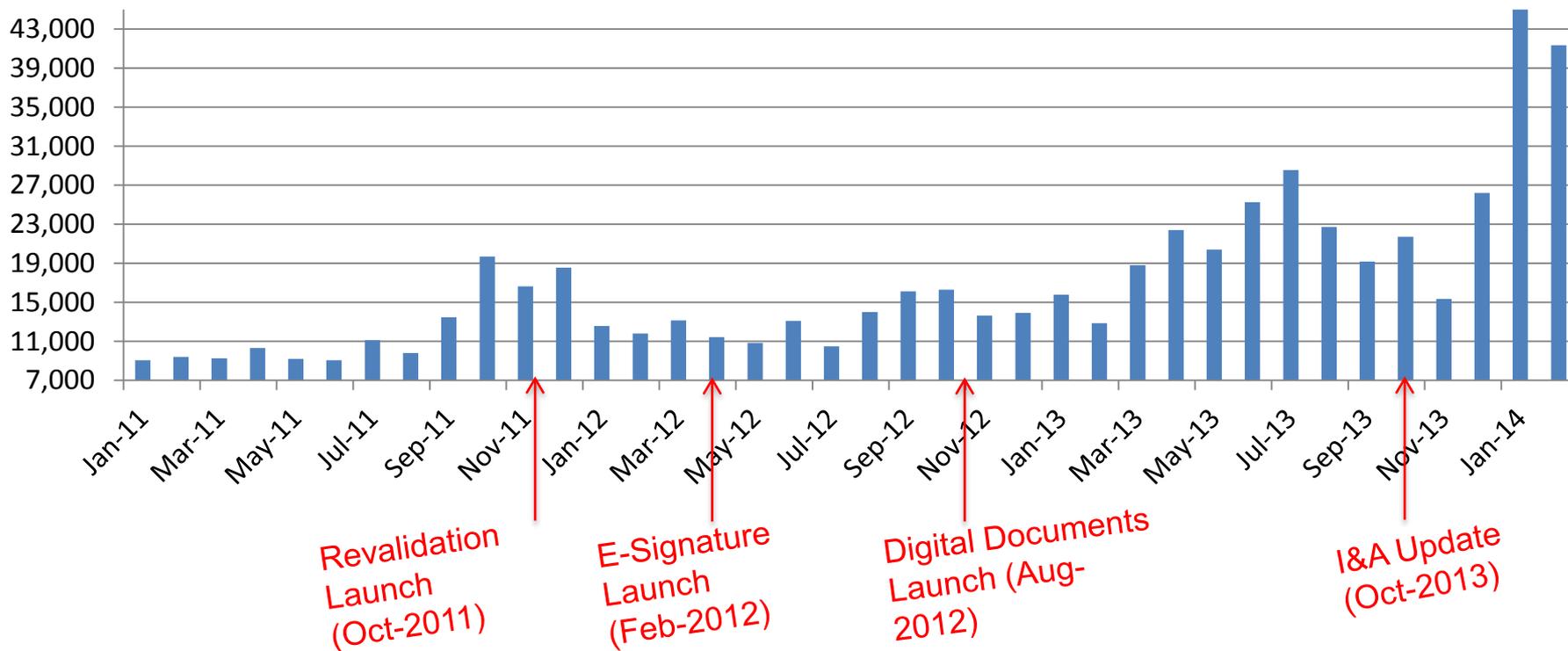
- Used to detect bad actors attempting to enroll in Medicare and to remove those currently enrolled
- Completed on all individuals with a 5 %or greater ownership interest in a provider/supplier in the high risk category
- MACs will notify applicable providers/suppliers via letter mailed to the correspondence and special payment address on file in PECOS
- Providers/suppliers given 30 days to be fingerprinted
- [SE1417](#) – Implementation of Fingerprint-Based Background Checks

PROVIDER ENROLLMENT CHAIN, AND OWNERSHIP SYSTEM (PECOS)

PECOS Stats: Web Usage

Web Applications Received

* As of April 2014



PECOS Stats

PECOS: Digital Documents (Launched in August 2012)

** As of April 2014*

Average Documents / Week	3,284	Total Users	84,117
Average Unique Users / Week	955	Total Documents	289,010

PECOS: E-Signatures (Launched in February 2012)

** As of April 2014*

Average E-Signatures Received/Week	3,807	Total Signatures	434,041
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Transparency for Groups Accepting Reassignments

Completed	Topics
✓	Organization Information + more information about Organization Information
✓	Supplier Type + more information about Supplier Type
✓	PAR Status Information + more information about PAR Status Information
✓	Physical Location and information about Physic
✓	Vehicle Information
— N/A	Geographic Location
✓	Rendering Healthcare information about Rende
✓	Reassignment + mor
✓	Physician Assistant Em Assistant Employment
✓	Correspondence Address Address
✓	License and Certificati License and Certificator

Reassignment of Benefits

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [+ \(more information about Reassignment of Benefits\)](#)

[ADD INFORMATION](#)

Reassignment Information

Accepting Reassignment from: **ARI WIESEN**

Effective Date of Information: 08/07/2011	Medicare Identification Number(s): ADD
Social Security Number (SSN): XXX-XX-XXXX	
Date of Birth: 06/28/XXXX	
National Provider Identifier: XXXXXXXX	

[DELETE](#)

Practice Location Address:
[ADD](#)

- Ability for organizations to initiate a new reassignment/terminate an existing reassignment with another Medicare enrolled provider as part of their enrollment transaction

- ✓ Separate tracking Ids generated for reassignment changes vs. other changes.

Transparency for Groups Accepting Reassignments

Display a count of active/pending reassignments with the ability to View/Manage Reassignments

Existing Enrollments

Contractor: NOVITAS SOLUTIONS, INC.
 Enrollment Type: 855B
 Type/Specialty: CLINIC / GROUP PRACTICE
 Medicare ID: XXXX, XXXX...more [View Medicare ID Report](#)
 State: MARYLAND
 Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: Yes Revalidation Status: COMPLETE
 Practice Location:: UNIVERSITY OF MARYLAND MEDICAL

Active Reassignments: 345
 Pending Reassignments Applications: 0
[View/Manage Reassignments](#)

View/Manage Reassignments						
Pending Reassignments Applications						
You currently have do not have any Pending Reassignments.						
Active Reassignments Report						
Note: Please click on the "Download Report" button to download this report in CSV format.						
Active Reassignments Report Details						
Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Enrollment State	Revalidation Notice Sent Date	Revalidation Status
Receiving Benefits from	ABAYOMI AGBEBI A	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ABDOLREZA HARIRIAN	XXXXXX	APPROVED	MARYLAND	08/30/2013	Complete
Receiving Benefits from	ABEL JOY G	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ABIGAIL ORENSTEIN	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ADA OFFURUM I	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ADDISU TEMESGEN M	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ADRIAN MAJID M	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	AFSHIN PARSА	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ALAN CROSS S	XXXXXX	APPROVED	MARYLAND	N/A	N/A
Receiving Benefits from	ALAN SHULDINER	XXXXXX	APPROVED	MARYLAND	N/A	N/A

E-Signature

E-Signature Submission (*) Red asterisk indicates a required field.

E-Signature Instructions

To e-sign the enrollment application, follow the steps below:

1. Review all documentation prior to e-signing.
2. Review all applicable terms and conditions.
3. Acceptance of all applicable terms and conditions is a requirement to e-sign.
4. Enter required identifying information listed under Complete Your E-Signature.

Certification Statement Terms and Conditions

Certification Statement for Individual Practitioners

As an individual practitioner, you are the only one who may sign this application. The authority to sign the application on your behalf may not be delegated to any other person. The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

Authorization Statement Terms and Conditions

AUTHORIZATION STATEMENT

The signatures below authorize the reassignment of benefits to a supplier or termination of a reassignment of benefits to a supplier of the Social Security Act prohibits payment for services practitioner to be paid to another individual or supplier provided the services specifically authorizes another individual or supplier to provide the services.

Do you accept the Terms and Conditions?

Yes, I agree to the Authorization statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

Manage Medicare and Account Information

MY ENROLLMENTS 33 **ACCOUNT MANAGEMENT** 33

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Manage Signatures

Applications Requiring Signatures

Applicant Name: UNIVERSITY OF MARYLAND PHYSICIANS, P.A.
TIN (EIN): !XXXXXXXX
Web Tracking ID: T0409XXXXXXXX
Form Type: 855B
Application Submitted: 04/09/2014

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

VIEW AND SIGN 23

VIEW ALL SIGNATURES 23

- Electronically sign any application submission (*including ones that require multiple signatures*)
 - ✓ Reduces paper.
 - ✓ Reduces application processing time.
- Log into PECOS and view all applications requiring your signature.
 - ✓ Expedites signature process.
 - ✓ Eliminates waiting for e-signature email with PIN if you have an existing account.

Take Advantage of Quick Information Resources

Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

Enrollment Tutorials

- Initial Enrollment:** Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider - WVN \(ZIP: 52MB\)](#) or [Organization/Supplier - WVN \(ZIP: 63MB\)](#)
- Change of Information:** Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
[Individual Provider - WVN \(ZIP: 49MB\)](#) or [Organization/Supplier - WVN \(ZIP: 48MB\)](#)
- Revalidation:** Step-by-step demonstration on how to submit your revalidation application using PECOS.
[Individual Provider - WVN \(ZIP: 28MB\)](#) or [Organization/Supplier - WVN \(ZIP: 33MB\)](#)
- Voluntary Withdraw:** Example of how to deactivate an existing enrollment record.
[Individual Provider - WVN \(ZIP: 11MB\)](#)
- Reactivation:** Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
[Organization/Supplier - WVN \(ZIP: 33MB\)](#)
- Adding a Practice Location (DMEPOS Only):** Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
[DME Supplier - WVN \(ZIP: 64MB\)](#)

Provider & Supplier Resources

- Pay Application Fee:** Pay your application fee online. [View the list of Providers and Suppliers \(PDF: 84KB\)](#) who are required to pay an application fee.
- Ordering and Referring Information (PDF: 1.54MB):** Learn about the Ordering & Referring enrollment process.
- Ordering & Referring List:** View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.
- Who Should I Call? (PDF: 166KB):** CMS Provider Enrollment Assistance Guide
- Enrollment Checklists:** Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network (MLN):** Helpful articles and tutorials about changes in Medicare enrollment.

- Does the Fee Apply to Me?
- Required Documents List
- Enrollment Checklists
- O&R List (Check your status)
- Revalidation Notice Sent List

Direct from the PECOS Homepage

- User Registration (Step-by-Step)
- E-Signature and Digital Document Guide

CMS.gov

Who Do I Call?

External User Services (EUS) Help Desk at:

1-866-484-8049

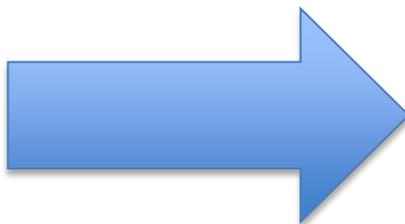
OR the EUS website at: [EUS Helpdesk](#)

Additional guidance can be found in the ["Who Should I Call" CMS Provider Enrollment Assistance Guide](#)

Question:	MAC	EUS
Question about accessing PECOS (ie. Login, Forgot Username/ Password)		X
Security Consent Form Processing or System Error.		X
Questions about application status, submission reason, specialty type.	X	
Questions about an Application Fee payment or refund.	X	
Questions about your I&A account		X

External User Services (EUS): Call Volume

- EUS helpdesk continues to experience high call volumes resulting in long wait times
- High call volumes due to new surrogacy requests and high usage of PECOS and EHR users
- Requests to reset User IDs/Passwords due to locked accounts highest call driver



- Hired additional staff
- Added 2nd Tier support
- Allow users the ability to automatically unlock accounts
- Will expand use of email and chat features to reduce calls

Future Initiatives



The Future... what exactly does that mean?

Data Sharing

Benefits:

- Searching within the dataset is easy
- Create your own view by hiding the specific columns from the dataset
- Perform advanced filtering and sorting of the data on the screen.
- Setup the API to download the data from Data.cms.gov

Data.cms.gov

Provides downloadable enrollment data allowing for greater flexibility. Data can be retrieved in different formats such as CSV, PDF, XLS, XLSX, etc.

Data Available:

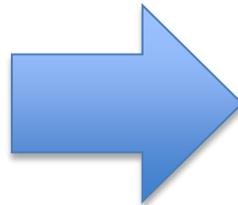
- Ordering & Referring
- Provider Revalidation
- NPPES NPI Deactivation (coming soon – mid 2014)
- Active Physician Data (coming soon – mid 2014)
- PECOS Full File (coming soon – mid 2014)

NPPES Modernization

Improve NPI data quality, consistency, and usability for CMS, HHS, and the public by modernizing and transforming NPPES

NPPES Modernization: Problem vs. Solution

- Information in NPPES is out of date (practice address, phone numbers).
- Little to no incentive to maintain their records.
- Data is not easily accessible, not always consistent with other CMS systems.
- Web technology is outdated, complicated, expensive, and difficult to change.



- Collect feedback from stakeholders, providers, data consumers to find pain points.
- Develop prototype that makes information easy to maintain, and convertible to production ready system.
- Improve data quality.
- Develop web services to quickly and systematically access/maintain data.
- Leverage regulations, policies, and collaborative opportunities with other programs to “incentivize” people to maintain records.

NPPES Modernization: Progress

- Community feedback and interviews via Google group and provider focus groups
- Community support – those that care want to help build.
- Positive responses from collaborative partners.
- Prototype nearing BETA.

NPPES Modernization: Prototype

127.0.0.1:8000

NPPES REDUX SEARCH STATISTICS DOWNLOADS - JON -

JON'S ACCOUNTS

MANAGING DATA FOR OTHERS:
Although you can manage your own information, this system is designed to allow delegation of enumeration information management. There are a few way to delegate this authority to others. [Read more...](#)

[Home](#)

MANAGE AN EXISTING ENUMERATION **START A NEW ENUMERATION APPLICATION**

BULK ENUMERATION APPLICATIONS **BULK ENUMERATION UPDATES**

Name	Enumeration Type	Number	Status	Actions
Jon Doe (Doe Family Care)	NPI-1 (Individual)	Unassigned	Pending	View Edit Stop Manag

[US Department of Health and Human Services](#) | [Center for Medicare and Medicaid Services](#) 2014

127.0.0.1:8000/enumerations/edit/1

NPPES REDUX SEARCH STATISTICS DOWNLOADS - ALAN -

[Home](#) / [Jon Doe \(Doe Family Care\)](#)

BASIC INFORMATION

Section	Information	Actions
Enumeration Type / Number / Status	NPI-1 / Unassigned / Pending	Deactivate Report a Problem
Basic Information	Point of contact for Jon Doe (Doe Family Care) is Alan Viars.	Edit
Profile Enhancements	http://example.com	Edit
Mailing Address (Corespondence)	123 Pleasant Street Morgantown, WV 26505 US	Edit
Location Address (Physical)	123 Pleasant Street Morgantown, WV 26505 US	Edit
1099 Address	None	Create
Medical Record Storage Address	None	Create
Medicare Provider Validation Address	None	Create

LICENSES **ADD**

State	Type	Number	Status	Verified	Actions
West Virginia	Medical Doctor (MD)	345345345	Unknown	False	View Delete

ADDITIONAL ADDRESSES **ADD**

Purpose	Address	Actions

MANAGERS **ADD**

Name	Email	Actions
Alan Viars	a@v.com	Revoke

[US Department of Health and Human Services](#) | [Center for Medicare and Medicaid Services](#) 2014

(Draft Images / Work In Progress)

PECOS Redesign

The Vision:

- **Increased Usability** - Streamlined data entry and searching tools, real time updating of certain information by Providers, and custom reporting
- **Unified Data Sharing** - Reduction/Elimination of custom data files, and move to a limited number of multipurpose extracts or data services that would meet the timeliness and data needs for all stakeholders, including states, providers and public partners.
- **Enterprise Integration** - Integrate with, and leverage enterprise efforts to reduce operating costs and increase delivery.
- **Scalable Architecture & Infrastructure** - Update underlying infrastructure to a platform that allows for rapid improvement and scalability.

Solution:

Apply best practices in usability, data entry, and value added tools to craft a solution that meets the needs of the customers, based on what they are accustomed to.

Bank of America



amazon.com



H&R BLOCK



facebook



Wrap Up!

- ✓ **We hear you, learned a lot from you,** and are improving customer service and processing guidance to help.
- ✓ **We believe Provider Enrollment MUST be easy** for good providers, and hard for the bad.
- ✓ **We are continuing to make changes** to improve access to information and tools through PECOS.

Questions and Discussion

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Disclaimer

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