

# Medicare & Medicaid Provider Enrollment

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## Decision Health

April 2017

## Centers for Medicare & Medicaid Services

Center for Program Integrity

Provider Enrollment & Oversight Group

## Presented by

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Charles Schalm, Deputy Director

# First thoughts

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## Listening to you

We hear you, and we've learned a lot from you.

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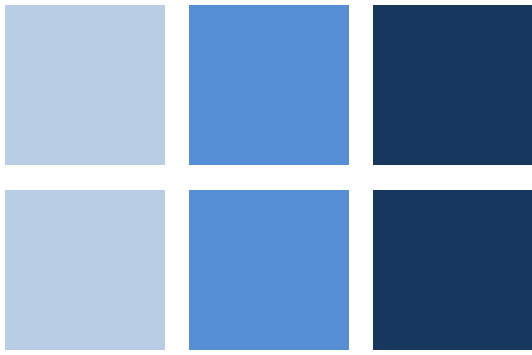
## Finding a balance

We believe enrollment should be **easy** for most providers, and **hard** for bad actors.

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## Always improving

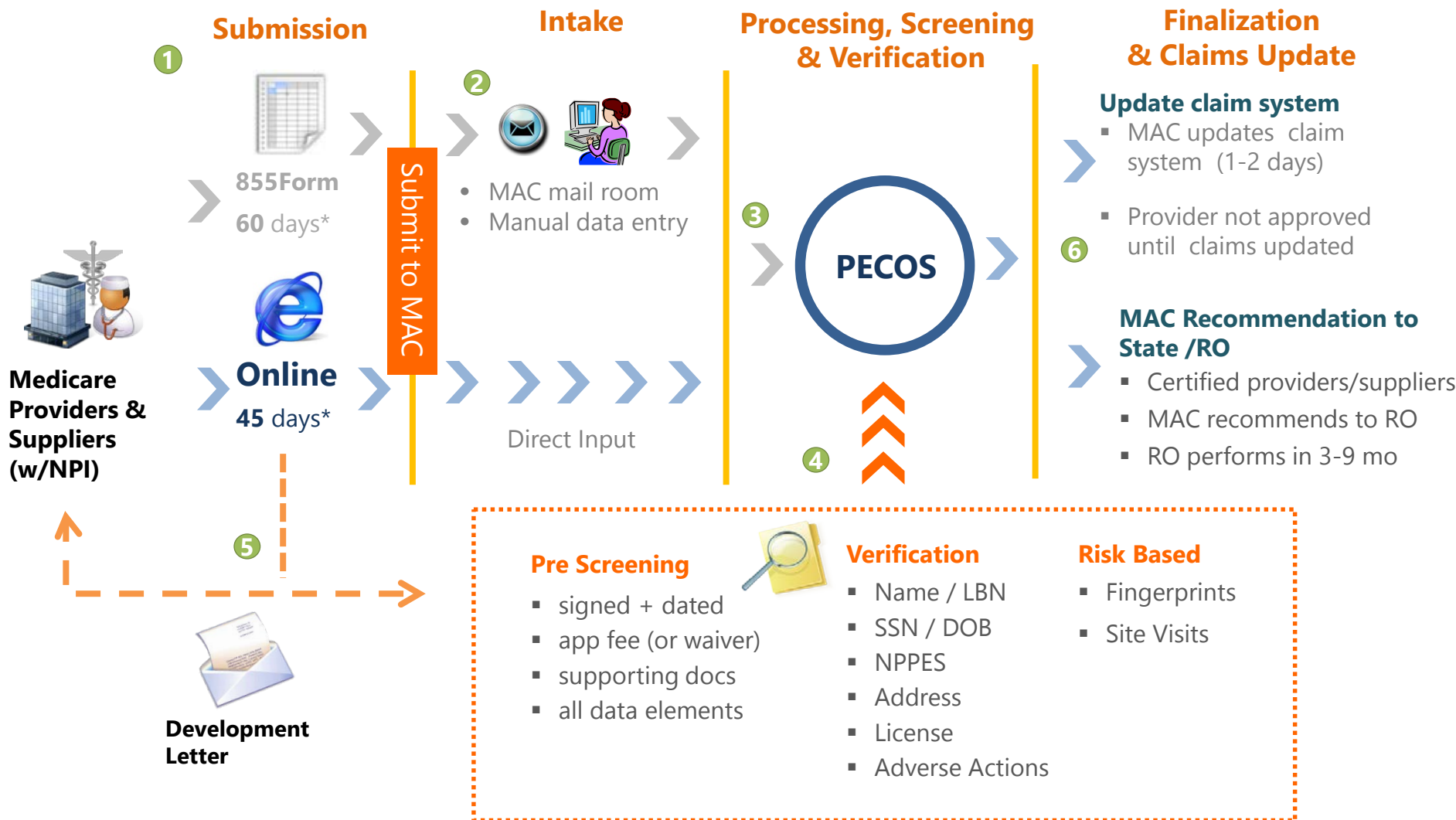
We will keep refining our systems, policies, transparency, and our vision.



# How enrolling works

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# How enrolling works



\* If the app is complete, and no site visit

# What causes delays?



need at least  
1 round of corrections

- **missing documents**  
IRS documents, CMS 588 EFT, voided check, bank letter, education documentation, par agreement, cert term page, org charts
- **missing fields missing signature/date**
- **wrong signature** (paper)
- **incorrect information**
- **missing application fee**

## How the MAC develops for missing information

### Contacts the...

1. Contact person (sec 13)
2. Individual provider (sec 2)
3. Auth or Del Official (sec 15/16)

### By...

- email
- fax
- phone
- letter

**30**

days to  
respond

### No response?

- delays
- rejections
- later effective date

# Medicare effective dates | Part B

Effective date is the later of:

- Application Receipt Date
- Date of first services at a new location (up to 30 days prior to application receipt)

**Provider seeking effective date  
JUNE 1**

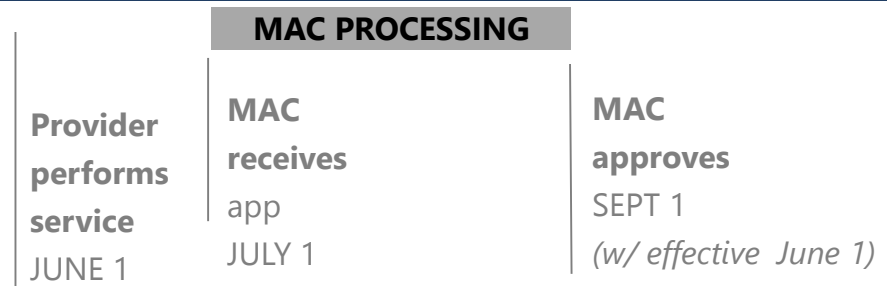
## Option A: Early Submission

Physicians / Groups  
can apply **60 days** prior \*\*



## Option B: Late Submission

Physicians / Groups  
effective date up to **30 days**  
**prior to submission date** \*\*\*



\*\* Must be in compliance at requested effective date (operational, licensed)

# Medicare effective dates | Part A

Effective date is based on:

- Completion of survey
- Regional Office determines all requirements are met

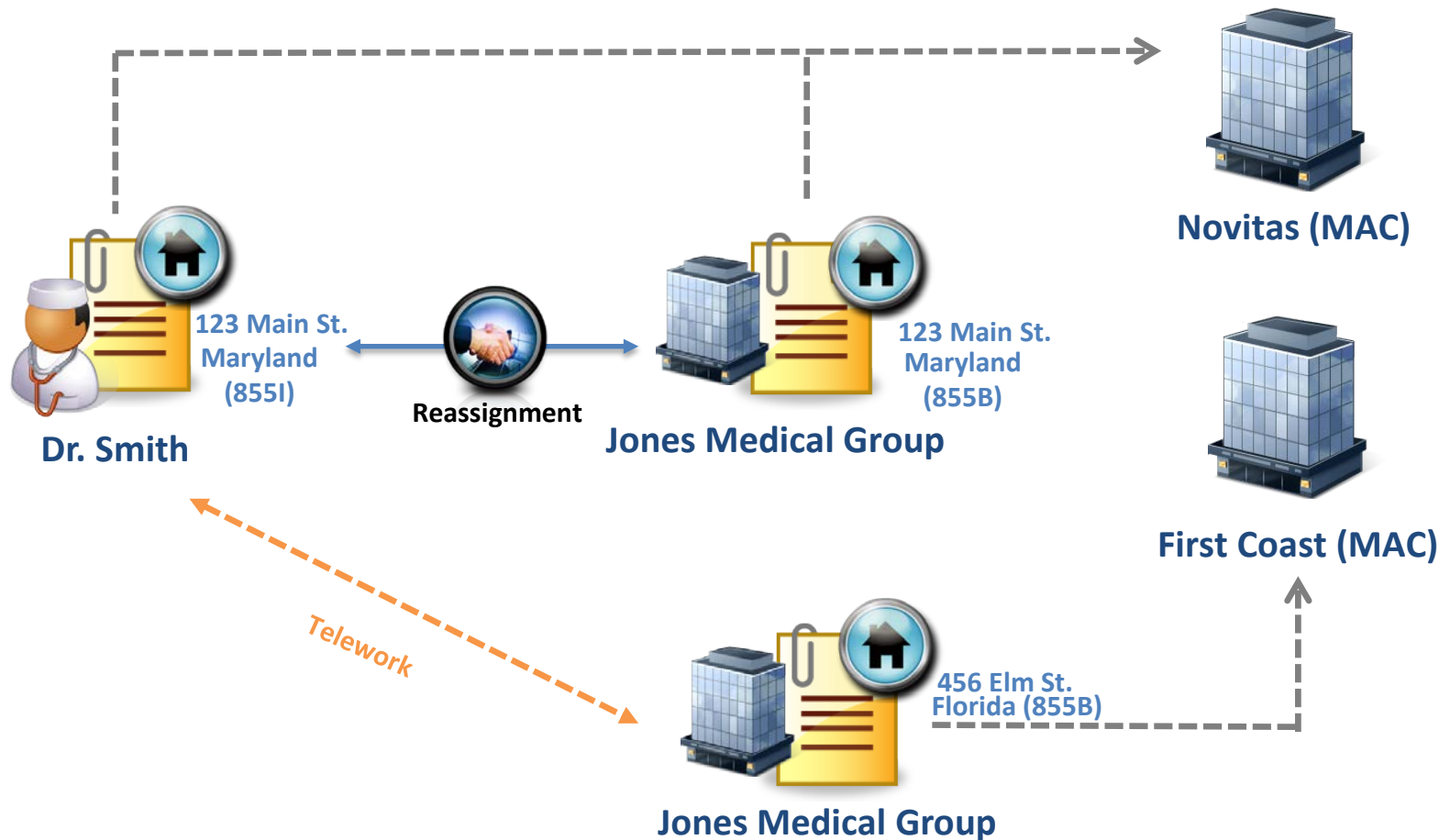
**Provider seeking effective date**  
**OCT 1 2016**



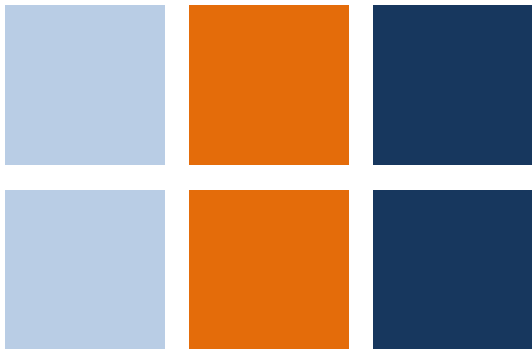
*\*\* Must be in compliance at requested effective date (operational, licensed)*

# Enrollment Arrangements (Telehealth)

## MM8545 | Inter-jurisdictional







# Policy Updates

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# Authorized and Delegated Officials – PECOS & I&A



## Authorized Official



Enroll, make changes and ensure compliance with enrollment requirements

- CEO, CFO, partner, chairman, owner, or equivalent appointed by the org
- may sign all applications (*must sign initial application*)
- approves DOs

## Delegated Official

Appointed by the AO with authority to report changes to enrollment information

- ownership, control, or W-2 managing employee
- multiple DOs permitted
- may sign changes, updates and revalidations (*cannot sign initial application*)

## Identity & Access Management System

## Authorized Official



Assign surrogacy and controls access to PECOS and NPPES records

- less restrictive AO requirements than PECOS
- automatically approved if listed as AO in PECOS
- if not, CP575 must be provided to approve access
- manage staff and connections for the employer
- approve DOs for the employer

## Delegated Official

Authority to assign surrogacy and controls access to PECOS and NPPES records

- delegated by the AO of org provider or 3rd party org
- may add the employer to his profile, manage staff and connections for the employer
- multiple DOs permitted

# Who can sign the enrollment application?

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## 855 A B S

**Initial:** Only the organization's Authorized Official (AO)

**Changes and revals:** Either the AO or Delegated official (DO)

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## 855 I O

**All app types:** Only the individual provider

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## 855 R

**Adding:** Both the individual provider *and* the org's AO/DO.

**Changing/terminating :** Individual provider *or* the org's AO/DO.

# Certification statement requirements

Certification Statements:	Paper	Web
MAC develops for <u>invalid</u> cert statement with other missing items	X	X
MAC develops for <u>missing</u> cert statement with other missing items (if web signature is missing, MAC will not proceed)	X	
MAC processing won't start until signed cert statement is received (within 20 days of submission, otherwise rejected)		X
paper signatures accepted through email, fax, (if original on file) or mail	X	X
paper cert statements downloaded from cms.gov must include the web tracking ID		X

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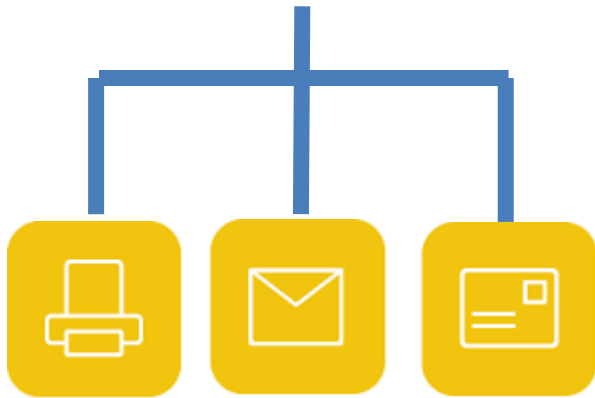
## Invalid signatures...

1. Unsigned
2. Undated
3. Copied/stamped signatures
4. Wrong person signed

## No response?

- rejections
- delays
- later effective date

# Contact person



- any contact listed on an enrollment record may request a copy of approval and revalidation letters
- MAC will send by...
  - email
  - fax
  - mail

*(excludes certification letters or Tie In notices issued by Regional Office)*

## How to end date a contact person?

### Requests may be submitted by...

1. Current Contact person (sec 13)
2. Individual provider (sec 2)
3. Auth or Del Official (sec 15/16)

### By...

- email
- fax
- letter

*Addition of contact persons must still be reported on appropriate CMS-855*

# Updates to Program Integrity Manual

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- ☐ **MACs should not call to speak directly to providers reporting a change in specialty**
- ☐ **MACs should not request a diploma or degree unless education requirements cannot be verified online**
- ☐ **MACs should not request a SSN card or driver's license for identification.**
- ☐ **MACs should not request a phone, utility, power bill or lease to validate LBN or DBA**
  - Lease only required to validate exclusive use of facility for PT/OT or ambulance suppliers leasing aircraft

# Updates to Program Integrity Manual

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## ❑ **Reassignment effective dates**

- based on later of the date of filing *or* the date the reassignor first began furnishing services at the new location
- consistent with initial applications
- applies to CMS-855R accompanied by an initial CMS-855I *and* stand-alone CMS-855R

## ❑ **CMS-855R processing guide**

- addendum to PIM chapter 15 on CMS.gov
- used by MACs and providers
- includes application completion and processing instructions

## ❑ **CMS-855O processing guide** (*Coming Soon*)

- addendum to PIM chapter 15 on CMS.gov
- used by MACs and providers
- includes application completion and processing instructions

# CMS-855R Processing Guide

## For Providers | For MACs

### Downloads

[Chapter 1 - Overview of Medical Review \(MR\) and Benefit Integrity \(BI\) Programs \[PDF, 113KB\]](#) 

[Chapter 2 - Data Analysis \[PDF, 75KB\]](#) 

[Chapter 3 - Verifying Potential Errors and Taking Corrective Actions \[PDF, 664KB\]](#) 

[Chapter 4 - Program Integrity \[PDF, 679KB\]](#) 

[Chapter 5 - Items and Services Having Special DME Review Considerations \[PDF, 178KB\]](#) 

[Chapter 6 - Medicare Contract](#)

[Chapter 7 - MR Reports \[PDF\]](#)

[Chapter 8 - Administrative Act](#)

[Chapter 9 - Reserved for Future Use](#)

[Chapter 15 - Medicare Enrollment \[PDF, 1MB\]](#) 

[Chapter 15.5-Processing Guide-855R \[PDF, 190KB\]](#) 

[Chapter 10 - Reserved for Future Use \[PDF, 113KB\]](#) 

[Chapter 11 - Fiscal Administration \[PDF, 97KB\]](#) 

[Chapter 12 - The Comprehensive Error Rate Testing Program \[PDF, 125KB\]](#) 

[Chapter 13 - Local Coverage Determinations \[PDF, 219KB\]](#) 

[Chapter 14 - Reserved for Future Use \[PDF, 26KB\]](#) 

[Chapter 15 - Medicare Enrollment \[PDF, 1MB\]](#) 

[Chapter 15.5 Processing Guide-855R \[PDF, 190KB\]](#) 

[Exhibits \[PDF, 2MB\]](#) 



# CMS-855R Processing Guide

## For Providers | For MACs

*“Verification must occur of licenses and or certifications. The only licenses that must be submitted with the application are those required by Medicare or the state to function as the supplier type in question. Licenses and permits that are not of a medical nature are not required,*

*...  
If the MAC is aware that a particular state does not require license/certification and the “Not Applicable” boxes are not checked in Section 2C, no further development is needed. “*

*“Communications regarding the processing of the CMS-855R shall be sent to the contact person listed. If multiple contact persons are listed, the MAC shall contact the first contact person listed on the application. If they are not available, the MAC shall contact the other person(s) listed, unless the individual practitioner indicates otherwise via any means.”*

# CMS-855O Processing Guide

## For Providers | For MACs

*“A physician/eligible professional need not submit a copy of his/her degree unless specifically requested to do so by the MAC. To the maximum extent possible, the MAC shall use means other than the physician’s submission of documentation- such as a State or school Web site - to validate the person’s educational status.”*

*“If the physician/eligible professional is submitting an initial enrollment application a PTAN need not be listed, as one has not been assigned; the physician/eligible professional can enter the word “pending” in this field or leave the field blank.*

*If the 855O enrollment is being terminated, the PTAN should be listed...  
The MAC may use the shared systems, PECOS, or its provider files as a resource for determining the PTAN before developing for this information.”*

# Updates to CMS-855 Enrollment Applications

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## ❑ **CMS-855O**

- must use revised version beginning Jan 2018
- title changed for use by prescribers
- added Interventional Cardiology and 5 other specialties; Oral Surgeons (Dentist Only) split into Oral Surgeon and Dentist
- providers are able to add an additional contact person (optional)

## ❑ **CMS-855S**

- must use revised version beginning Jan 2017
- split “external infusion pumps and/or supplies” and “insulin infusion pumps and/or supplies” into two separate products
- deleted “Hemodialysis Equipment and/or Supplies” and “Home Dialysis Equipment and/or Supplies”
- replaced “Invasive Mechanical Ventilation Devices” with “Ventilators: All Types – Not CPAP or RAD”

# Updates to CMS-855 Enrollment Applications

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## ❑ CMS-588 (EFT)

- must use revised version beginning Jan 2018
- indicate if EFT is for an ind or org (Reason for Submission/Account Holder Information)
- financial institution's contact person (optional)
- additional digits added to account number to make consistent with industry standard

## ❑ CMS-855 POH

- POHs are not required to submit a completed CMS-855POH or Attachment 1 (CMS-855A) as of Mar 2015
- future instruction will be provided on the CMS physician self-referral website at [https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/physician\\_owned\\_hospitals.html](https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/physician_owned_hospitals.html)

# When to Select Change/Add/Delete



- replace existing information with new information (ex. *practice location, ownership* )
- update existing information (ex. *change in suite #, telephone #*)
- app fee is not required

- add additional enrollment information to existing information (*practice locations*)
- app fee is required

- remove existing enrollment information
- app fee is not required
- deleting a practice location in PECOS removes the special payment address and requires re-entry

## Applicable CMS-855 sections (change/add/delete options)

1. Location information (855A/855B/855I/855S)
2. Ownership/Managing Control (855A/855B/855I/855S)
3. Billing Agency (855A/855B/855I/855S)
4. AO/DO (855A/855B/855S)
5. Attachments 1&2 (855B)

For information on which actions trigger the application fee requirement by provider/supplier type refer to the *Application Fee Matrix* on CMS.gov.

Refer to SE1617 for reporting requirements

# Provider Enrollment **Moratoria**

**2013**

**2014**

**2016**

**2017**

## Initial implementation

July 2013

- HHA and HHA sub-units (*Miami, Chicago*)
- Ambulance and ambulance suppliers (*Houston*)

## Expanded and extended

Jan 2014

- HHA and HHA sub-units (*Miami, Ft. Lauderdale, Detroit, Dallas, Chicago*)
- Ambulance and ambulance suppliers (*Houston, Philadelphia, surrounding New Jersey*)

## Lifted

Jul 2016

- Emergency ambulance services

## Expanded and extended

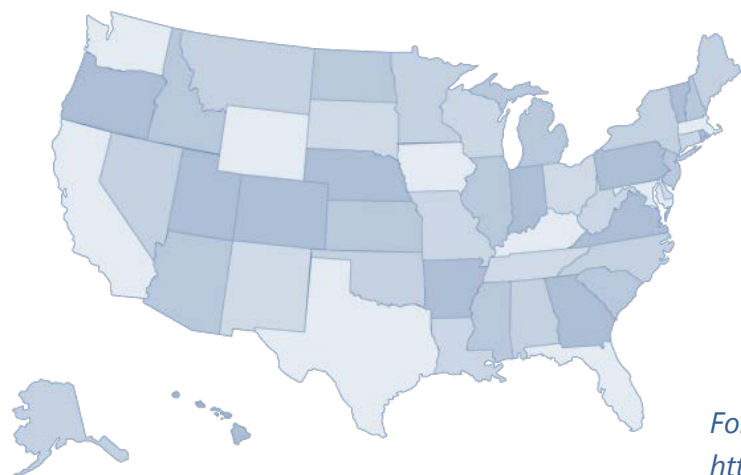
Jul 2016

- State wide
- HHA and HHA sub-units (*Florida, Illinois, Michigan, Texas*)
- Non-emergency ambulances and ambulance suppliers (*New Jersey, Pennsylvania, Texas*)

## Extended

Jan 2017

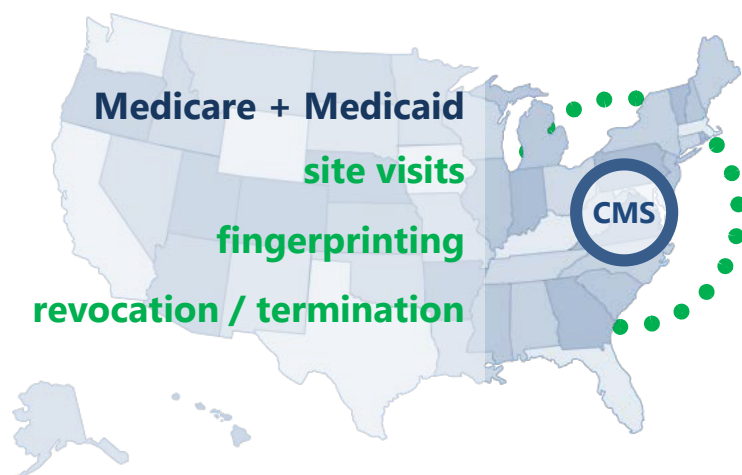
- State wide
- HHA and HHA sub-units (*Florida, Illinois, Michigan, Texas*)
- Non-emergency ambulances and ambulance suppliers (*New Jersey, Pennsylvania, Texas*)



For more information refer to the Federal Register notice at <https://www.federalregister.gov>

# Medicaid Provider Enrollment

CMS **Center for Program Integrity** manages **Medicare** and **Medicaid** enrollment.



## Advantages

### Less burden for states and providers

In some cases, states can screen Medicaid providers using our Medicare enrollment data (site visits, revalidation, application fees, fingerprinting).

### More consistency among states

Clearer sub-regulatory guidance

Each state has a CMS point-of-contact

### Medicaid Provider Enrollment Compendium (MPEC)

Similar to the Medicare Program Integrity Manual

# Medicaid Provider Enrollment Compendium

- for State Medicaid Agencies (SMA) and providers
- guidance on federal Medicaid enrollment standards (42 CFR 455 Subparts B, E)
- states may be stricter than Federal regs
- find at <https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-142017.pdf>

## sample guidance

### Revalidation (Section 1.5.2, 1.5.3)

- required every 5 years (includes ordering and referring physicians)
- discretion to require revalidation on a more frequent basis
- conduct full screening appropriate to provider's risk level
- may rely on Medicare or another state's screening

### Approval letters (Section 1.7)

- SMAs should not request MAC "welcome letter" as a condition of provider enrollment

### Ownership Discrepancies (Section 1.5.3)

- SMAs recommended to report ownership discrepancies for dually enrolled providers

### Retroactive Dates of Service (Section 1.6B)

- SMA makes determination to grant a retroactive billing date based on compliance



# Medicare/Medicaid Managed Care

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**CMS-2390**

starts JUL 2018



Medicaid Managed Care network providers that furnish, order, refer or prescribe must:

**enroll in Medicaid**

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**CMS-1654**

starts JAN 2019

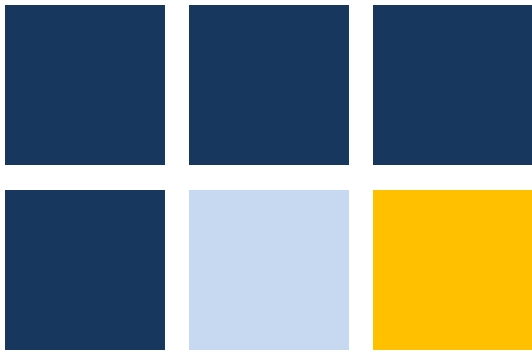


Providers in a Medicare Advantage organization network must:

**enroll in Medicare**

## **Reduces fraud**

1. Ensures compliance with enrollment requirements across all programs
2. Ensures services are provided by qualified providers
3. Ensures consistency across CMS programs



# Revalidation

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# Revalidation basics

## 5-year cycles

3-year for DME suppliers

### When is your revalidation due?

[go.cms.gov/MedicareRevalidation](https://go.cms.gov/MedicareRevalidation)

- Lists all affected, 6 months out
- MACs will send notices 2-3 months prior
- Always due on **last day of the month**
- List includes all reassignments

### Response Rate

79%

60

days to respond

### We email the PECOS contact for development

- If multiple contacts exist email most recent on file
- No phone calls
- If no email address, we mail to: correspondence and special payment addresses and/or practice location address

### Large Group Coordination

- We mail an “FYI” to **large groups** every 6 months, with a spreadsheet of every relevant provider (name, NPI, and specialty)
- MACs can now ask one contact to verify multiple practice locations

### No response?

- deactivate (not revoke)

### Late revalidation?

- break in billing
- new effective date

# Revalidation details

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## Unsolicited revalidations

- if your record's due date is "TBD", do not send an application
- CMS will accept applications submitted within 6 months before due date, any application submitted beyond this timeframe will be returned
- if you want to *update or change* your enrollment record, send the relevant 855 form

## Deactivations

- if you don't provide a complete revalidation your Medicare billing privileges will be deactivated
- respond to all development requests by your MAC within 30 days
- if we deactivate you, you need to resend a complete enrollment application for reactivation
- if CMS reactivates you, you keep your old PTAN, and you are reactivated to the receipt date of the new application

# Revalidation details

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## Changes received prior to revalidation

- change of information applications received prior to the revalidation notice being mailed are processed as normal
- MAC will still mail revalidation notice
- changes reported within 6 months of revalidation due date are not required to be reported on the revalidation application
  - MAC will process the change and proceed with processing the revalidation
  - MAC will not override the previous changes

# Revalidation timeline



# Missing reassignments – no break in billing

## Scenario #1

- Revalidation application sent with missing reassignments.
- Response received **before** due date

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Application Received	<b>04/01/2017</b>
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Development Letter Sent	<b>05/15/2017</b>
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Development Due	<b>06/15/2017</b>
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Development Received	<b>06/10/2017</b>
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Revalidation Due	<b>05/31/2017</b>
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Revalidation Complete	<b>06/30/2017</b>
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- Revalidation notice includes reassignments for Groups A, B & C
- Revalidation application is received but only addresses reassignment for Group A.
- MAC develops to Contact Person for missing reassignments for Groups B & C
- Provider responds with information for Groups B & C prior to the revalidation due date or the development due date (Section 1, 2, 4 & 15 of the 855I or a full 855I)
- **No break in billing**

# Missing reassignments – break in billing

## Scenario #2

- Revalidation sent with missing reassignments.
- Response received **after** due date

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Application Receipt	<b>05/01/2017</b>
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Development Letter Sent	<b>05/15/2017</b>
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Development Due	<b>06/15/2017</b>
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Revalidation Due	<b>05/31/2017</b>
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Reassignment End	<b>06/15/2017</b>
------------------	-------------------

Reactivation Receipt	<b>07/01/2017</b>
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Reactivation Effective	<b>07/01/2017</b>
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- Revalidation notice includes reassignments for Groups A, B & C
- Revalidation application is received but only addresses reassignment for Group A
- MAC develops for missing reassignments for Groups B & C
- No response received from provider
- Group A's reassignment is revalidated. Groups B & C's reassignments are deactivated effective with the latter of the revalidation due date or the development due date
- Provider submits a reactivation application after the due date (full 855R required)
- Effective date for Groups B & C is based on receipt date of reactivation application
- **Break in billing**



# Revalidation lookup tool

## Medicare Revalidation List

Medicare providers must revalidate their enrollment record information every three or five years. CMS sets every provider's revalidation due-date at the end of a month, and posts the upcoming six months online. A due date of "TBD" means that CMS has not set the date yet.

**CMS offers several ways for you to view and group the revalidation dates of every provider:**

- This data was last refreshed on **March 1st, 2017**
- Revalidation due dates included on this list range between **March 31, 2016 and September 30th, 2017**
- The next data refresh is tentatively scheduled for **May 1st, 2017**
- Affiliations now include Reassignments as well as PA Employment Relationships
- Data now includes DME Due Dates between **November 1st 2016 and September 30, 2017**
- DME Suppliers are identified on the downloadable file in a new column called **"Enrollment Type"** and are identified as **"1"**

### Search all records

*Quickly view specific providers or suppliers online.*

Individual Last Name OR Organization Name

Individual First Name

NPI 

State

☒ all records

☐ only records with due dates

☐ records due within a date range

**Search**

### Online tables

Browse, search, and filter the entire list online, then save to a file. (Some advanced features of each spreadsheet are intended for data specialists)

#### 1. Group practice members only

**A-D | E-L | M-R | S-Z**

Search list of all group records and their reassigned members.

#### 2. Entire list of providers and suppliers

Search list of all provider and supplier enrollment records.

#### 3. Reassignments and PA Employment relationships

**For data specialists:** Export this table and "join" it with Table 2 to create advanced group queries. Refer to the [data dictionary \(PDF\)](#) for more options.

**How to use the online tables:**

- Sort on a column by clicking its grey header
- Search with the [Find in this Dataset] search bar
- Filter the data by clicking the blue [Filter] button
- Download the file by clicking the light blue [Export] button

# Revalidation lookup tool

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[data.cms.gov/revalidation](https://data.cms.gov/revalidation)

## 3 sets of data files

### for online filtering and download

as Microsoft Excel, comma-delimited text files, xml...

1. **Group practice members only** (recommended)

For finding reassignments to your group

All group records and their reassigned members

Split into four files, alphabetically

2. **Entire list of providers and suppliers**

A search list of all enrollment records, used for finding any provider/supplier.

3. **Reassignments and PA Employment relationships**

Technical staff can “join” this with data file #2 to create advanced group queries

# Revalidation lookup tool

## Looking for reassigned providers?

### Use “Group practice members only”

- sort, download and save by large groups
- includes all individuals that reassign to the group
- shows the individual's total number of reassignments

### Sort and filter by:

- Group Enrollment ID, State, and LBN
- Individual Enrollment ID
- Individual NPI
- Individual State
- Individual First and Last Name
- Individual Specialty Code
- Individual Revalidation Due Date
- Total Reassignments

Data.CMS.gov											
Home   Sign In to Data.CMS.gov											
Unsaved View Save As... Revert											
Based on Clinic Group Practice Reassignment A-D (No description provided)											
Manage More Views Filter Visualize Export Discuss Embed											
Find in this Dataset											
	Group PAC ID	Group Enrollment ID	Group Stat	Group Legal_Business Name	Individual Enrollment	Individual NPI	Individual First Name	Individual Last Name	Individual State	Individual Specialty Descrip	Total Rea:Individual Due
1	7416911870	O20041116000104	IN	A & A BUSINESS ENTERPRISES, INC	I20070323000542	1841388808	KIMBERLY	BOWEN	IN	Audiologist	1 TBD
2	1759440898	O20081105000006	NJ	A & A CHIROPRACTIC, LLC	I20080819000132	1134399894	SHARON	BARNUM	NJ	Chiropractic	1 TBD
3	1153442256	O20101222000785	PA	A & A EYE ASSOCIATES, PC	I20091118000149	1407852296	AMANDA	ROCKOWER	PA	Optometry	1 07/31/2016
4	1153442256	O20101222000785	PA	A & A EYE ASSOCIATES, PC	I20101222000889	1538154588	DANIEL	ANDERSON	PA	Optometry	1 TBD
5	3274425004	O20040326000876	MS	A & A HEALTH SYSTEMS, INC	I20040326000500	1063479723	SHERYLL	VINCENT	MS	Pediatric Medicine	1 TBD
6	4082882519	O20110727000379	WA	A & A HEARING GROUP, PS	I20100106000584	1518982925	AMY	WOLF	WA	Audiologist	1 TBD
7	4082882519	O20110727000379	WA	A & A HEARING GROUP, PS	I20110727000462	1396780995	ASHLEY	AL IZZI	WA	Audiologist	1 08/31/2016
8	4082882519	O20110727000379	WA	A & A HEARING GROUP, PS	I20110826000288	1770829180	LORAIN	MERCER	WA	Audiologist	2 TBD
9	4082882519	O20110727000379	WA	A & A HEARING GROUP, PS	I20131127001588	1902054331	SHAELEEN	FAGRE	WA	Audiologist	1 TBD
10	0648317885	O20091026000039	NY	A & A OPTICAL INC	I20040716000513	1548265226	VERONIQUE	GERMAINE	NY	Optometry	2 TBD
11	0648317885	O20091026000039	NY	A & A OPTICAL INC	I20110504000497	1902110455	ANDREA	ANTONELLI	NY	Optometry	2 TBD

# Revalidation lookup tool

## Ind search

Search all records

Quickly view specific providers or suppliers online.

Individual Last Name OR Organization Name

SMITH

Individual First Name

ARMINE

NPI:  State:

☐ all records  
☐ only records with due dates  
☐ records due within a date range

Search

SMITH, ARMINE

Revalidation Due Date: 03/31/2017

State: MD      Specialty: Urology

NPI: 1871704809

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SMITH, ARMINE

Revalidation Due Date: TBD

State: DC      Specialty: Urology

NPI: 1871704809

## record

### ARMINE SMITH

Revalidation Due Date: 03/31/2017      Last Updated: September 1st, 2016

State: MD      Specialty: Urology

NPI(s): 1871704809

Affiliated Organizations or Providers:

1

JOHNS HOPKINS COMMUNITY PHYSICIANS	1770518003	MD	Clinic/Group Practice	Due Date: TBD
JOHNS HOPKINS COMMUNITY PHYSICIANS	1255359972	MD	Clinic/Group Practice	Due Date: TBD

## Recent enhancements

- **results displayed alphabetically and by Due Date**  
by organization name / last name, then by nearest due date (with TBD last)
- **records include details and links to all affiliated records** (e.g. Individual records show details on affiliated organizations or providers, plus a link to the group's record)

# Revalidation lookup tool

## Search by: Organization Name or NPI

- search results show # of reassignments & physician assistants

- records will include details and links to all affiliated records (e.g. group records show details on affiliated individuals, plus a link to the individual record)

organization

Search all records

Quickly view specific providers or suppliers online.

Individual Last Name OR Organization Name  
johns hopkins community physicians

Individual First Name

NPI  State

☒ all records  
☐ only records with due dates  
☐ records due within a date range

Search

Matching Providers or Suppliers

Search results as of September 1st, 2016.  
\* Includes Reassignments and PA Employment relationships

You searched for providers that match the following criteria:  
Last name / organization's name is johns hopkins community physicians

< Refine Criteria

JOHNS HOPKINS COMMUNITY PHYSICIANS

Revalidation Due Date: TBD

State: MD  
NPI: 1770518003

Specialty: Clinic/Group Practice  
Total Providers\*: 57

JOHNS HOPKINS COMMUNITY PHYSICIANS

Revalidation Due Date: TBD

State: MD  
NPI: 1255359972

Specialty: Clinic/Group Practice  
Total Providers\*: 300

affiliations

Revalidation Due Date Lookup Tool > Provider

JOHNS HOPKINS COMMUNITY PHYSICIANS

Revalidation Due Date: TBD

State: MD  
NPI(s): 1770518003

Specialty: Clinic/Group Practice  
Total Providers\*: 57  
\* Includes Reassignments and PA Employment relationships

Last Updated: September 1st, 2016

Affiliated Organizations or Providers:

AMY RIAL	1740525136	MD	Nurse Practitioner	Due Date: TBD
STACY ALEX ROBINSON	1619153392	MD	Physician Assistant	Due Date: TBD
JENNIFER SAXTON	1631121953	MD	Physician Assistant	Due Date: TBD
TARA SCHECK	1609821388	MD	Family Practice	Due Date: TBD
VUK SEKICKI	1114210424	MD	Internal Medicine	Due Date: TBD
SARITA SHARMA	1902808835	MD	Family Practice	Due Date: TBD
LARRY SHRANATAN	1245343342	MD	Family Practice	Due Date: TBD
ANJALI SINGH	1376728170	MD	Internal Medicine	Due Date: TBD
ARMINE SMITH	1671704809	MD	Urology	Due Date: 03/31/2017
JANINE SMITH	1477785053	MD	Nurse Practitioner	Due Date: TBD

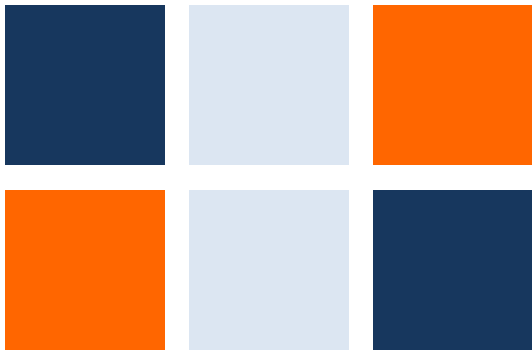
CMS | Decision Health | April 2017

37

# Revalidation

---

- Changes we've made:
  - Advanced notice of your revalidation due date
  - Search and download all reassignments
  - Reassignment information on revalidation notices
- How you can help:
  - Talk to your provider
  - Use the revalidation look up tool
  - Respond timely
  - Set up your connections in I&A now
  - Use PECOS to submit your revalidation



## Our systems

---

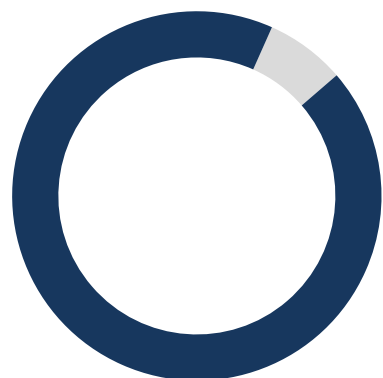
## NPPES (NPI) today

# 5 million NPIs

**Every month...**

23,000 new NPIs

68,000 updates



**94%**  
created online

**76%**  
individuals

**24%**  
organizations

## Challenges

- low usability / readability
- targeted to providers, not admins
- old technology, narrow design
- strict customer service policies
- all lead to... **outdated records**

## In Summer 2017...

- new design with easier screens
- surrogacy (like PECOS)
- more data fields
- improved customer service



# NPPES Redesign | coming very soon

## Login Page

The screenshot displays the NPPES (National Plan & Provider Enumeration System) login page. At the top, the NPPES logo is on the left, and search and help links are on the right. The main content area is divided into two columns. The left column, titled 'Registered Users Sign In', includes a 'Log in to view/update your National Provider Identifier (NPI) record.' message, input fields for 'User ID' and 'Password', a blue 'SIGN IN' button, and a red 'FORGOT USER ID or PASSWORD' button. The right column, titled 'Create a New Account', explains that users need an Identity & Access Management System (I&A) User ID and Password. It provides instructions for individual providers, organization providers, and users working on behalf of a provider. It also states that if a user doesn't have an I&A account, they need to update an existing one or create a new one. Below this, it mentions that once an I&A account is successfully created, the existing Type 1 NPI will be associated with it, and users should return to NPPES to log in. The bottom section, titled 'ANNOUNCEMENTS', features three items: a 'Search NPI Records' form, a video thumbnail for 'How to Create User ID and Password', and a video thumbnail for 'Medicare & You: Understanding Your Medicare Choices'.

**Registered Users Sign In**  
Log in to view/update your National Provider Identifier (NPI) record.

User ID  
Password

**SIGN IN**

**FORGOT USER ID or PASSWORD**

**Create a New Account**  
You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPI.

**Individual Providers, Organization Providers, Users working on behalf of a provider**  
If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.  
After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES.

**ANNOUNCEMENTS**

**Search NPI Records**

Try the new NPI Registry at:  
<https://npiregistry.cms.hhs.gov>

**Medicare & You: Understanding Your Medicare Choices**  
Published on April 30, 2015  
Learn about the different ways you can get Medicare Coverage.

✓ **Single Sign on** for both Type 1 & 2 users

✓ **Modernized & Easy to use** - Streamlined data entry

✓ **Context sensitive Help and Smart Filters**

✓ **Print or download a PDF version of the NPI application upon submission**

**YouTube video introducing the new NPPES:**

<https://youtu.be/BOJCAj1P2u8>

**“Getting Ready for the new NPPES” FAQ:**

<https://nppes.cms.hhs.gov/NPPES/powerpoint/GettingReadyForTheNewNPPES.pptx>

# NPPES Redesign | Main Page

**NPPES**  
National Plan & Provider Examination System

SEARCH NPI REGISTRY

HELP  
Tina Turner

MAIN PAGE

**National Provider System Main Page**

**Apply for a National Provider Identifier (NPI)**  
Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.

**Apply for an NPI for myself** **Apply for an NPI for another individual** **Apply for an NPI for an Organization**

**Manage Provider Information**  
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view, modify, or create a new NPI for. If the provider currently has more than one NPI associated with it, you need to select to expand the provider and view all NPIs associated with the provider.

Type	NPI	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Chiropractor/Independent...	In Progress	[Edit] [Delete]
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Internal Medicine/Neurology	In Progress	[Edit] [Delete]
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Chiropractor/Neurology	Pending	[Edit] [Delete]
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Chiropractor/Neurology	Pending	[Edit] [Delete]
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Chiropractor/Neurology	In Progress	[Edit] [Delete]
Individual	XXXX-XX-XXXX	Smith, Jack	715 W. Main Ave., Sterling VA 20154		Chiropractor/Neurology	In Progress	[Edit] [Delete]

**Status Definitions**

- Active:** NPI Application is enumerated and NPI is currently active.
- Active with a Pending Change:** NPI is currently active, but a change has been requested and currently pending processing.
- Pending (with or without errors):** NPI application Change received and currently pending processing.
- In Progress/Change Request in Progress:** NPI Application is partially saved.
- Rejected:** NPI application Denied.
- Deactivated:** NPI application to deactivate NPI has been approved. NPI is currently inactive.

**Manage My Electronic File Organizations**  
Select the Manage Electronic File Transfer if you need to Manage all EFT related Functionality.

**Claim Type 2 NPI(s)**  
Claim the Type 2 NPIs associated with your organization.

**Manage your account and provider access in the Identity & Access (I&A) Management System**  
Select the Manage Account and Provider Access if you need to do any of the following:  
Need to update your user profile?  
Need to manage access to your providers' NPI(s)?  
Need to request access to a provider's NPI(s)?


**Manage Account and Provider Access**

✓ **Ability for surrogates to work on behalf of providers to create/update NPI records**

✓ **One Userid and Password to access NPI records**

✓ **Ability to request initial NPI notification to be sent to the contact person on file**

# NPPES Redesign | Address Page



National Plan & Provider Enumeration System

SEARCH NPI REGISTRY

HELP

Tina Turner

MAIN PAGE

PROVIDER

Brian Wilson

Provider Profile

> Address

Other Identifiers

Taxonomy

Contact Information

Error Check

Submission

1 PROVIDER PROFILE

2 ADDRESS

3 OTHER IDENTIFIERS


4 TAXONOMY

5 CONTACT INFORMATION

6 ERROR CHECK

7 SUBMISSION

83% Complete



### Address

This information will be used to contact the provider if we have questions about the NPI application.

#### Business Mailing Address

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

ADD A BUSINESS MAILING ADDRESS

---

#### Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

< PREVIOUS

NEXT >

SAVE & RETURN TO MAIN PAGE

- ✓ **Multiple Practice Locations**
- ✓ **Address Standardization**
- ✓ **Partial Application Save**

# NPPES Redesign | Taxonomy Page



## Taxonomy

Provider's Taxonomy and License Information:

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page at <http://www.wpc-edi.com/codes/taxonomy>.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the search box. All taxonomies containing the data you enter will display allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated. Complete your taxonomy code entry by entering the License and State information.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

\* Practice Type

☐ Not a Group ☐ Multiple-Specialty ☐ Single Specialty ☐ Multiple Single Specialty

\* Classification Name/Specialization

License Number

State Issued

Choose taxonomy ▼

CLEAR

SAVE

Filter...



Primary Tax...	Taxonomy Code ▼	Taxonomy Type ▼	Group Type ▼	License Number ▼	State ▼	Actions
<input checked="" type="checkbox"/>	111NI0013X	Chiropractor		112233444	MD	

✓ Streamlined taxonomy entry

✓ Ability to easily change primary taxonomy

✓ Links to taxonomy definition websites

## 2 million enrollments

---

Every month...

18,000 new enrollments



**45%**

created online

### Encouraging Online Applications

- My associates Page
- Better navigation
- Part D Easy Enrollment

### Communication + Efficiency

- review and update NPI records during PECOS updates
- include additional information on emails (NPI/Medicare ID)
- enhancements to Supporting Docs
- sort data in alphabetical order

# PECOS Changes | recent updates

## Removal of EIN Effective Date

The EIN Effective Date field has been removed from the Organization Information topic for all submission types (initial enrollment, change of information, revalidation, and reactivation).

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Change of Information](#) > [Organization Information](#) > EDIT

**Organization Information**  
(\*) Red asterisk indicates a required field.

**Provider Identity for Institutional Providers, Clinics, Group Practices, and DMEPOS Suppliers**

**Legal Business Name:** GCS HEALTHCARE INC EDIT LBN

**Tax Identification Number (TIN):**

**Year End Cost Report Date**  
  
MM/DD/YYYY

**Other Name**

**Type of Other Name**  
Select Type Of Other Name

**Other(Specify)**

**Are you an Indian Health Service (IHS) facility?**  
☐ Yes  
☒ No

NEXT PAGE

CANCEL

### Help

[+ Year End Cost Report Date](#)

[+ Other Name \(Organization\)](#)

### Additional Resources

[How to Guides](#)

[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

# PECOS Changes | recent updates





## My Associates Page



### Ability to filter on the following elements:

- Enrollment, Provider Type
- Associate Legal Business Name
- Associate Last Name , First Name
- TIN , NPI (Exact match)
- State/Territory

#### Existing Associates

Please provide one or more of the following options to filter your associates. Selecting the reset button will clear the options selected and load the full list of associates.

<b>Enrollment Type</b> <div>All Types  </div>	<b>Provider/Supplier Type</b> <div>All Provider/Supplier Types </div>
<b>Associate Legal Business Name</b> <input type="text"/>	<b>TIN</b> <input type="text"/>
<b>Associate Last Name</b> <input type="text"/>	<b>NPI</b> <input type="text"/>
<b>Associate First Name</b> <input type="text"/>	<b>State</b> <div>All States </div>



There are no Associates currently present for the details provided.

# PECOS Changes | recent updates

## Reassignment Enhancements:

- Change/Terminate a Reassignment - Only the AO or Individual needs to sign

Home > My Associates > My Enrollments > Change of Information > Submission Process

### Manage Signatures

Name: GG HEALTH INC  
Web Tracking ID: T032020160007202  
TIN: XX-XXXXXXX

Please select a signature method for each signer:

<b>Name:</b> GRAEME MCDOWELL <b>SSN:</b> XXX-XX-XXXX * Signature Method: <input checked="" type="radio"/> Electronic or <input type="radio"/> Paper <b>Email Address</b> <input type="text"/> <b>Confirm Email Address</b> <input type="text"/>	<b>Role:</b> AUTHORIZED OFFICIAL <b>Document:</b> AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES <b>Status:</b> Pending
<b>Name:</b> GRAEME MCDOWELL <b>SSN:</b> XXX-XX-XXXX * Signature Method: <input checked="" type="radio"/> Electronic or <input type="radio"/> Paper <b>Email Address</b> <input type="text"/> <b>Confirm Email Address</b> <input type="text"/>	<b>Role:</b> AUTHORIZED OFFICIAL <b>Document:</b> AUTHORIZATION STATEMENT FOR ORGANIZATIONS <b>Status:</b> Pending

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

## PI Unlock Application Feature:

PI users will have the ability to unlock applications that have been submitted if the following conditions are met:

- All Signatures have not been received by the MAC
- All Signature options are E-Signatures

### New Enrollments

**Contractor:** NATIONAL SUPPLIER CLEARINGHOUSE  
**State:** HAWAII  
**Type/Specialty:** AMBULANCE SERVICE SUPPLIER  
**Enrollment Type:** 855S

**Status:** PENDING E-SIGNATURES [View Pending E-Signatures Application](#)

**Practice Location:** 43538 heritage gap terrace, Bloomington, HI 21043  
**Tracking ID:** T070620150000013

[VIEW](#) [MANAGE SIGNATURES](#) [UNLOCK APPLICATION](#)

Records 1 - 4 of 4

[PREVIOUS PAGE](#)



# Easy Enroll | Now available



**Data.CMS.gov** [Hello, PECOS UAT](#) | [Sign Out](#)

Part D Prescribers Eligible for Easy Enrollment > Provider Search

## Matching Part D Prescribers Eligible for Easy Enrollment

You searched for providers that match the following criteria:  
First name is **John**  
Last name is **Williams**

[< Refine Criteria](#)

**John Williamson**  
NPI: 1013982131  
[Enroll Now](#)

**John Williams**  
NPI: 1023031242  
[Enroll Now](#)



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## PIN Request Page

### Prescriber Information

(\*) Indicates required fields.

Full Name: **JAKE SMITH** (Name Incorrect?)  
NPI: **5555563569**  
Do you have any Adverse Legal Actions to report?

### Request a Secure PIN

Enter a valid email address where the Part D Registration URL and PIN can be sent.

\* E-mail Address

\* Confirm E-mail Address

### Robot Prevention Check (What's this?)

Answer the question below.  
\* Enter the word eraser into the box below.

[Need a different question?](#)

[Request PIN](#)

Web Policies & Important Links | Department of Health & Human Services | CMS.gov  
CENTERS FOR MEDICARE & MEDICAID SERVICES, 7500 SECURITY BOULEVARD, BALTIMORE, MD 21244

## What is Easy Enrollment?

Simplified, easy to use application, designed to enable users to submit an 855O enrollment in fraction of the time

Mobile accessibility and easy authentication

## Data.CMS.Gov


<https://data.cms.gov/855OEasyEnroll>

Search and Click 'Enroll Me Now'

## PECOS PIN Request Page

Enter Email Address and request Secure PIN

# Easy Enroll | Now available



## Log-In Page

### Welcome to Easy Enrollment

For eligible Ordering, Certifying, and Prescribing Physicians and other eligible Professionals

*It's fast, free, easy, and can be completed online!*

#### Sign In

(\*) indicates required fields

First Name  (first name)

Last Name

NPI  (is this not your NPI?)

Email

\*Date of Birth

MM/DD/YYYY

\*Social Security Number

XXXX-XX-XXXX

Enter PIN sent to the email shown above.

\*PIN

Reprint Another PIN?

Robot Prevention Check (what's this?)

Answer the question below

\*What color is the brown dress?

Need a different question?

SUBMIT

#### CMS Guidance

Federal regulation requires all physicians and other eligible professionals who prescribe Part D drugs to be validly enrolled in the Medicare program.

Therefore, if you write prescriptions for covered Part D drugs and you are not enrolled in Medicare, you need to enroll by submitting a Medicare enrollment application to your Medicare Administrative Contractor (MAC). Once your application is processed and approved, you will be eligible to prescribe Part D drugs.

The enforcement date of the Part D enrollment requirement is January 1, 2019. However, in the lead up to this date, CMS will begin phasing in enforcement of the regulation.

#### What if I don't enroll?

Part D plans will deny a pharmacy claim at point of sale for drugs prescribed by physicians or other eligible professionals who are not enrolled in Medicare.

#### Resources

Specialties that you can Prescribe [\[icon\]](#)

MAC Look up [\[icon\]](#)

Information for Pharmacists [\[icon\]](#)

Information for Dentists [\[icon\]](#)

Learn about Opting Out [\[icon\]](#)

FAQs [\[icon\]](#)

#### Press Release

January, 2014 Press Release: Proposed Rule [\[icon\]](#)

May, 2014 Press Release: Final Rule Issuance [\[icon\]](#)

#### Guidelines

Medicare Part D Prescriber Update Memo (June 1, 2015) [\[icon\]](#)

PDF, 136KB [\[icon\]](#)

Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs [\[icon\]](#)

#### Quick Links

[Who Should I Call?](#)

[Check Application Status](#)

[Part D FAQs](#)

#### CMS & HHS Websites

[Medicare.gov](#)

[MyMedicare.gov](#)

[StopMedicareFraud.gov](#)

[Medicaid.gov](#)

[InsureKidsNow.gov](#)

[HealthCare.gov](#)

[HHS.gov/Open](#)

#### Tools

[Acronyms](#)

[Contacts](#)

[FAQs](#)

[Glossary](#)

[Archive](#)

#### Helpful Links

[Web Policies & Important Links](#)

[Privacy Policy](#)

[Plain Language](#)

[Freedom of Information Act](#)

[No Fear Act](#)


[Nondiscrimination/Accessibility](#)

[HHS.gov](#)

[Inspector General](#)

[USA.gov](#)

[Help with file formats & plug-ins](#)



U.S. Department of Health & Human Services

Accessibility: The Department of HHS is committed to providing electronic and information technologies that are accessible to individuals with disabilities by meeting or exceeding the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. 794d). If you wish to report an issue related to the accessibility of any content on this website or with respect to any documents, forms, statements, or publications, visit [Nondiscrimination/Accessibility](#).

## Easy Enrollment Log-In

- ✓ Enter Valid SSN and DOB for the Prescriber
- ✓ Successfully pass SSA and NPPES validation
- ✓ Enter system issued secure PIN for the email address
- ✓ Successfully complete Robot Prevention Check question

# Easy Enroll | Now available

The screenshot shows the 'ALA Attestation' page on the CMS website. The header includes the CMS logo and navigation links: 'Who Should I Call?', 'Check Application Status', 'Part D FAQs', and 'SIGN OUT'. A progress bar indicates the current step is 'Attestation', with previous steps being 'Enrollment' and 'Certification / Signatures', and the next step being 'Confirmation'. The main heading is 'Adverse Legal Action Attestation'. A warning message states: 'Warning: Only authorized and eligible users should submit enrollments to Medicare & Medicaid. If you have any adverse legal actions to report you cannot use the Easy Enrollment process and must enroll using Internet-based PECOS. For help using PECOS, the How-to Guide is here to help or visit our How-to Enroll page to learn more. View the Final Adverse Legal Actions (PDF, 182KB) document for more information.' Below this is an 'EXIT APPLICATION' button. The 'Attestation:' section contains a checked checkbox and the text 'I attest that I have no adverse legal actions to report.' followed by a green 'CONTINUE' button.

ALA Attestation

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Who Should I Call? Check Application Status Part D FAQs SIGN OUT

» Attestation Enrollment Certification / Signatures Confirmation

## Adverse Legal Action Attestation

**Warning:** Only authorized and eligible users should submit enrollments to Medicare & Medicaid.

If you have any adverse legal actions to report you cannot use the Easy Enrollment process and must enroll using [Internet-based PECOS](#). For help using PECOS, the [How-to Guide](#) is here to help or visit our [How-to Enroll](#) page to learn more.

View the [Final Adverse Legal Actions \(PDF, 182KB\)](#) document for more information.

EXIT APPLICATION

Attestation:

☒ I attest that I have no adverse legal actions to report.

CONTINUE

## Adverse Legal Action Attestation

Only prescribers who do not have any Adverse Legal Actions to report may complete an Easy Enrollment

Those prescribers who do have Adverse Legal Actions are encouraged to use Internet based PECOS to submit an electronic 855O application

# Easy Enroll | Now available

Home

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Who Should I Call? Check Application Status Part D FAQs SIGN OUT

Attestation » **Enrollment** Certification / Signatures Confirmation

### Enrollment Summary

Review all enrollment sections and make edits where necessary. Some information has been pre-filled. You can Save Sections as you complete them. Use **Submit Application** to advance to the Certification / Signatures page.

(\*) Indicates required fields

#### Identifying Information

First Name (Name Incorrect?) JOHN Middle Name Last Name SMITH Gender ☒ Male ☐ Female

Date of Birth XX/XX/1962 Social Security Number (SSN) XXX-XX-XXXX National Provider Identifier (NPI) 123344422

Medicare ID (If Issued) Medicare ID Type SELECT Medicare ID Effective Date MM/DD/YYYY

\* Medicare Specialty SELECT Other (Please Specify)

Save Section

## Enrollment Summary

- ✓ Pre-filled single page design
- ✓ Improved usability experience limits clicks and allows users to submit an application in fraction of the time it takes currently
- ✓ Enter License information to route application to the appropriate contractor

### License Information

Select one License for your application and enter any missing information. Use **Add License** to add any License records that are not applicable.

Add License

\* License Record Information

Select	State Issued	License Number	Effective Date	Expiration Date	Delete
<input type="radio"/>	Virginia	VA - 111222333	MM/DD/YYYY	MM/DD/YYYY	✕
<input type="radio"/>	Texas	TX - 123451234	MM/DD/YYYY	MM/DD/YYYY	✕
<input type="radio"/>	Massachusetts	MA - 331122334	MM/DD/YYYY	MM/DD/YYYY	✕
<input checked="" type="radio"/>	California	CA - 555555555	06/01/2014	06/01/2018	✕

Save Section

# Easy Enroll | Now available

Home

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Who Should I Call? Check Application Status Part D FAQs SIGN OUT

Attestation Enrollment » Certification / Signatures Confirmation

### Certification Statement/Signatures

Are you the designated individual for which this application was completed?: YES NO

#### E-Signature Instructions

(\*) Indicates required fields

You have indicated that you are not the physician or other professional for which this application was completed.

Please enter an email address below where the designated individual of this application can be informed to E-Sign this enrollment.

\* E-mail Address

\* Confirm E-mail Address

COMPLETE SUBMISSION

Attestation Enrollment » Certification / Signatures Confirmation

### Certification Statement/Signatures

Are you the designated individual for which this application was completed?: YES NO

#### E-Signature Instructions

(\*) Indicates required fields

You have indicated that you are the physician or other professional for which this application was completed.

Follow the steps below to complete your E-Signature.

1. View and read the Terms and Conditions for the applicable documents that you wish to E-Sign.
2. Check the box if you agree with the terms and conditions.
3. Select the Submit button to complete your E-Signature.

#### Terms and Conditions

**PENALTIES FOR FALSIFYING INFORMATION**

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document.

**INDIVIDUAL PRACTITIONER CERTIFICATION STATEMENT (3/3/00)**

As an individual practitioner, you are the only person who can 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 statements that must be true for initial and continuous enrollment in the Medicare program safely to order and receive services for Medicare beneficiaries. Review these requirements carefully. By signing the Certification Statement, you agree to adhere to all of the requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met. You MUST sign and date the certification statement below in order to be enrolled in the Medicare program. In doing so, you are agreeing to meeting and maintaining the Medicare requirements stated below.

\*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.

COMPLETE SUBMISSION

## E-Signature Page

Provider can E-Sign directly on the application

Surrogate users can submit an E-Signature Request by entering the email address of the appropriate Provider

# Easy Enroll | Now available

Attestation

Enrollment

Certification / Signatures

Confirmation

## Submission Confirmation

Congratulations! You have successfully completed your application submission using the PECOS Easy Enrollment. Please view the details of your Enrollment Summary below.

View my enrollment status directly - [Application Status Kiosk](#)

View my enrollment report - [My Application Summary Report](#)

### Submission Confirmation Details and Tracking

Confirmation Details

**Name:** JOHN SMITH **NPI:** 1223334444

**Web Tracking ID:** T110120160000000

**Submission Date:** Wed Nov 01 12:27:32 EDT 2016

**Submission ID:** john.smith@example.com

Enrollment Signature

**Email Address of E-Signatory:** john.smith@example.com **Signature Status:** E-SIGNATURE COMPLETED

**Role:** ORDERING, CERTIFYING, OR PRESCRIBING PHYSICIAN OR OTHER ELIGIBLE PROFESSIONAL

Medicare Administrative Contractor(s)

**Medicare Contractor:** Lone Star Health, LLC.

LONE STAR HEALTH, LLC.  
LONE STAR PART D PROVIDER ENROLLMENT  
P.O. BOX 1234  
AUSTIN, TX, 78752-1212

### Supporting Documentation and Additional Information

Please mail in all applicable required supporting documentation as requested by your Medicare service contractor.

**You have 15 days after the submission date of your enrollment submission to comply with sending all documentation. Any errors may cause a delay in processing the application and may require further action if these documents are not mailed.**

Please note the Easy Enrollment can no longer be used to create additional enrollments for the listed individual. If the application is returned for corrections or you wish to submit a change of information, you may do so by accessing [Internet-based PECOS](#). Our [How-to Guide](#) is here to assist.

EXIT APPLICATION

## Submission Confirmation Page

- ✓ Provides tracking information on the submitted application
- ✓ Provides access to the Medicare Enrollment Report and the Application Status Kiosk to check the status of your submitted application
- ✓ Provides information on the Contractor who will process the application

# Physician Compare

## medicare.gov/physiciancompare

- Public directory of healthcare providers in Medicare.
- Based mostly on PECOS; updated twice a month

The screenshot shows the Medicare.gov Physician Compare homepage. At the top, it says "Medicare.gov | Physician Compare" and "The Official U.S. Government Site for Medicare". Below this are navigation tabs: "Physician Compare Home", "About Physician Compare", "About the data", "Resources", and "Help". A "Physician Compare Home" link and a "+ Share" button are also present. The main content area features a large image of a diverse group of healthcare professionals. Below the image are three buttons: "Find physicians and other health care professionals", "Find group practices", and "Search another way". A search section follows with a note: "A field with an asterisk (\*) is required." There are two search fields: "Location" with a placeholder "ZIP code/City, State/Address/Landmark" and "What are you searching for?" with a placeholder "Doctor last name or specialty or medical condition". A green "Search" button and a link for "Additional search options" are at the bottom of the search section.

### Physician Compare results

Key Accepts Medicare assignment May accept Medicare assignment

There are 422 health care professionals related to "Internal medicine" within 1 mile of LOS ANGELES, CA 90048.

Viewing 1 - 20 of 422 results

General Information Distance

**STEVEN A MILES**  
Primary specialty: Medical oncology  
Additional specialties: Hematology/Oncology, Internal medicine  
8700 BEVERLY BLVD AC  
WEST HOLLYWOOD, CA 90048  
(310) 423-7554  
0.00 mile

[Add to My Favorites](#) | [Map and directions](#)

**FARSHID FARAROORY**  
Primary specialty: Internal medicine  
8405 BEVERLY BLVD  
LOS ANGELES, CA 90048  
(323) 330-1707  
0.36 mile

[Add to My Favorites](#) | [Map and directions](#)

[Go to map view](#)

[Modify your results](#)

[Update results](#)

Location

LOS ANGELES, CA 90048

Within 1 mile

Name

Search for a health care professional by name.

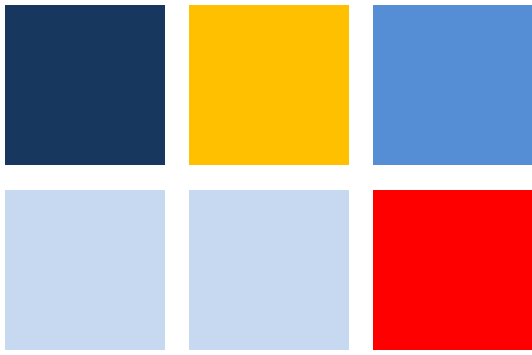
Last name

and/or

Specialty

**Learn more:** Search "physician compare" at [cms.gov](https://cms.gov)

**Get support:** [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com)



## Protecting the program

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# Stronger screening

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## **Increase site visits**

**Authority:** 42 CFR 424.517

- for high Medicare reimbursements
- in high risk geographic areas

## **Find vacant or invalid addresses**

- better automatic address verification in PECOS
- includes US Postal Service feature that confirms the address is real
- may trigger a site visit

## **Deactivate for non-billing**

- EXEMPTIONS: order/refer/prescribe; certain specialties  
e.g., pediatricians, dentists and mass immunizers (roster billers)

# Fingerprinting

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**[CMSfingerprinting.com](https://www.cmsfingerprinting.com)**

**Applies to:**

- new HHAs
- new DME suppliers
- high risk providers /suppliers

**5%(+) ownership/partners  
in a high risk provider/supplier**

- Phased rollout
- MACs will send a letter
- 30 days to get fingerprinted

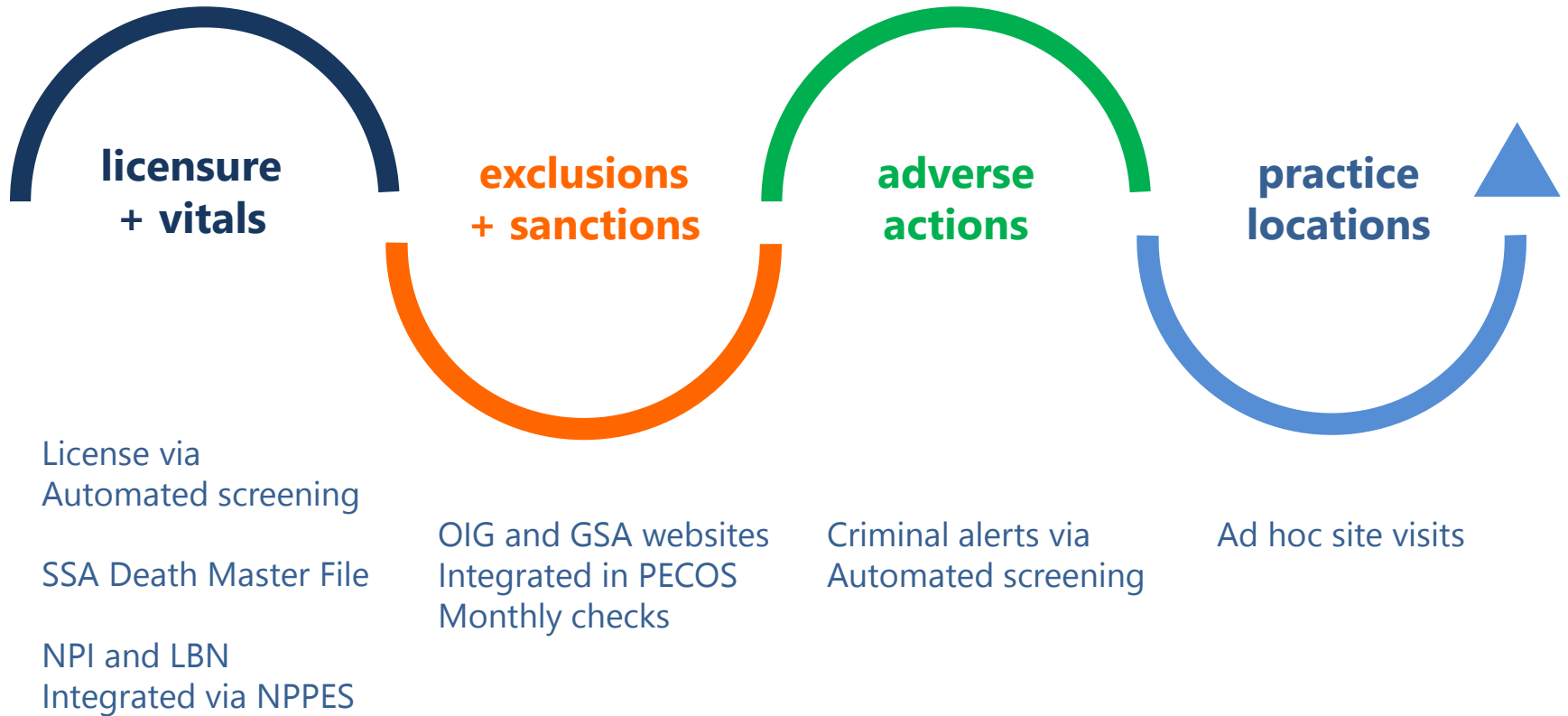
**If the provider/supplier:**

- has a criminal record
- refuses fingerprinting

**then CMS could **deny** the application,  
or **revoke** their billing privileges**

# Continuous monitoring

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# Data sharing

## Across CMS programs

- HITECH
- Accountable Care Orgs
- DME Competitive Bids
- States



### Public data files from PECOS

- all files contain Names and NPIs
- available at **data.cms.gov**

### Part D Prescriber File

- all Individuals
- eff. periods for prescribing
- opt-out
- updated weekly

### Revalidation File

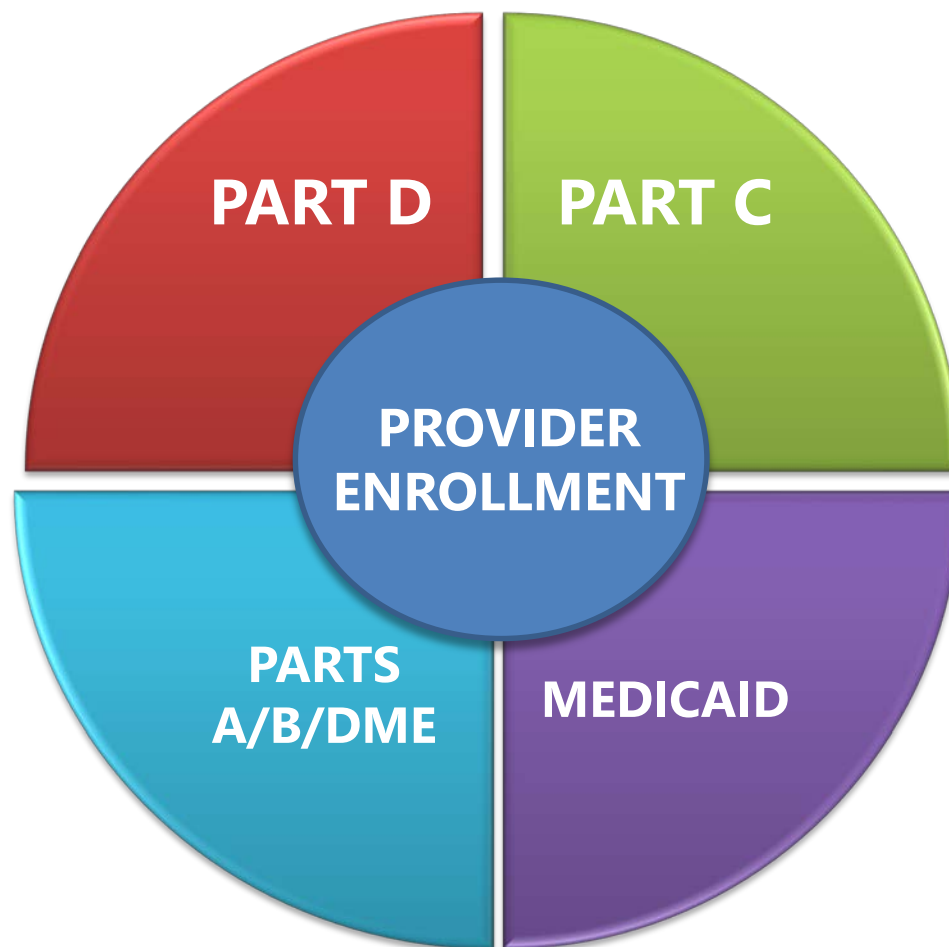
- currently approved, and due for revalidation
- individuals and orgs
- revalidation due date
- Reassignments
- updated every 60 days

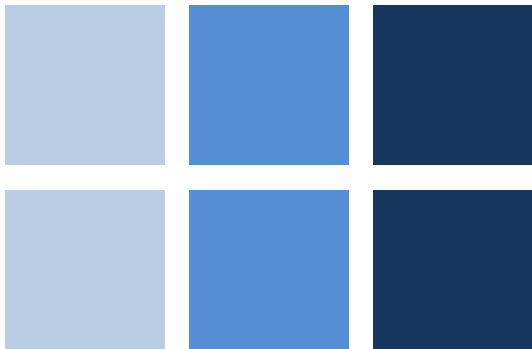
### Public Provider Enrollment File

- currently approved individuals and orgs
- reassignments
- practice location data (limited)
- primary and secondary specialty
- updated quarterly

# Connections between all programs

Failure to maintain accurate enrollment data could impact your participation in other Medicare & Medicaid programs





# Enforcement Actions

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# Adverse legal actions

## Required during:

- initial enrollment
- revalidation (*even if previously reported*)
- within 30 days of the action

## Applies to.....

- ind providers
- inds and orgs 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*)

- 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 Medicare payment suspension (current)
- x Medicare revocation **(ever)**

# Reasons to **deny**

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## **CMS can deny Medicare applications for:**

- x **felony conviction**
- x DEA suspended or revoked
- x Medicare payment suspension (active)
- x excluded from federal program
- x insufficient capital (HHA)
- x **false or misleading information**
- x fee not paid (including if hardship exception denied)
- x **noncompliance: program requirements**
- x **on-site review, showing noncompliance**
- x temporary moratorium
- x **\$1,500 overpayment** (current) ..... **Unless:**
  - **approved repayment plan**
  - **offset or appeal**
  - **bankruptcy**

**A/B JAN 2016 | DME APR 2016**



# Reasons to **revoke**

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

- x felony conviction
- x DEA suspended or revoked
- x Medicaid billing privileges terminated
- x excluded from federal program
- x pattern or practice of prescribing
- x non-operational (onsite visit)
- x insufficient capital (HHA)
- x abuse of billing privileges
- x misuse of billing number
- x **false or misleading information**
- x fee not paid (including if hardship exception denied)
- x noncompliance: document requirements
- x **noncompliance: program requirements**
- x **failure to report to MAC...**

**...in 30 days:** ownership change, practice location change, adverse legal action

**...in 90 days:** all other information

- Must report to the MAC.
- Notifying a state, Regional Office, or another agency is not enough.

**1–3 year**  
**Re-enrollment bar**

# How to appeal

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## 1 Corrective Action (CAP)

**For all denial reasons, but only noncompliance revocation reason**

Simply correct the issue:

- send CAP within 30 days
- MAC/CMS has 60 days to process

## 2 Reconsideration

- Provider must appeal within 60 days
- MAC/CMS has 90 days to process

Providers can send a Reconsideration and a CAP together, but if we accept the CAP, we void the Reconsideration.

## 3 Administrative Law Judge

## 4 HHS Departmental Appeals Board

## 5 Federal District Court

- **If denial/revocation overturned...**  
Hearing officer sends letter to provider; directs MAC to reinstate them.
- **If denial/revocation upheld...**  
Hearing officer sends letter to provider; provider can accept or appeal further.

## Adverse Event

**Provider's** medical license was suspended by the State licensing authority and the provider failed to report this adverse action to CMS within the required timeframe.

(Reporting Periods by Regulation  
citation: 42 CFR §424.516)

## CMS Action

CMS Subsequently **revoked** this providers Medicare billing privileges for:

### Noncompliance

as the provider did not hold a valid medical license

**(CAP and Reconsideration Appeal Rights Apply)**

### Failure to Report

as the provider did not report the medical license suspension to the MAC

**(Reconsideration Appeal Rights Apply)**

# False or Misleading Information

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## Adverse Event

**Provider** submitted an 855 application, listing John Doe as its managing employee and reported no prior adverse actions.

**John Doe** was convicted of a healthcare fraud felony offense eight years prior to the submission of the application.

**CMS** detects the felony conviction after the enrollment was approved through ongoing provider screening.

## CMS Action

CMS Subsequently **revoked** this providers Medicare billing privileges for:

### False or Misleading Information

as the provider omitted the managing employee's felony conviction on its revalidation application.

**(Reconsideration Appeal Rights Apply)**

### Felony Conviction

as the managing employee has a felony conviction within the last 10 years

**(Reconsideration Appeal Rights Apply)**

**CMS** notifies the **State Medicaid Agencies** (SMA) to terminate the provider after the Medicare appeal is complete.

# Non-Operational (Onsite Visit)

## Adverse Event

**Provider** initially enrolled with 123 *Healthcare Lane, Anytown, DC 98765* reported as their practice location

**Provider** relocated their practice location to *456 New Site Drive, Anytown, DC 98765*

**Provider** failed to report their change of practice location within the required timeframe

(Reporting Periods by Regulation citation: 42 CFR §424.516)

## CMS Action

CMS Subsequently **revoked** this providers Medicare billing privileges for:

### Non-Operational

as the provider was no longer operational at the address listed on its 855 application  
**(Reconsideration Appeal Rights Apply)**

### Failure to Report

as the provider did not report the change in practice location to the MAC  
**(Reconsideration Appeal Rights Apply)**

**CMS** notifies the **State Medicaid Agencies** (SMA) to terminate the provider after the Medicare appeal is complete.

# 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.

# Resources

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## **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

## **FFSPProviderRelations@cms.hhs.gov**

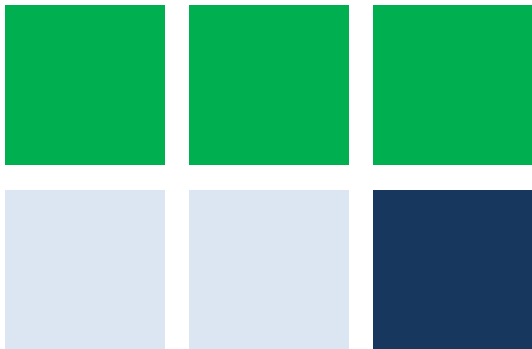
"ListServ" sign-up: Notice of program and policy details, press releases, events, educational material

## **cms.gov/EHRIncentivePrograms**

Electronic Health Record website

## **cms.gov MLN Matters® Articles**

articles on the latest changes to the Medicare Program



# Thank you

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If you need more accessibility options for the material, contact  
**[providerenrollment@cms.hhs.gov](mailto:providerenrollment@cms.hhs.gov)**

**Centers for Medicare & Medicaid Services**