



NATIONAL PROVIDER ENROLLMENT CONFERENCE

59 Million Patients, **2 Million** Providers, **ONE** Mission



Medicare & Medicaid Provider Enrollment

Presented by

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Session Overview



- Putting Patients First
- How Enrollment Works
- Medicare Policy Updates
- Revalidation
- Medicaid Enrollment
- Our Enrollment Systems
- Protecting the Program
- Enforcement Actions





Putting Patients First



Poll Question 1



Poll Question 2

By the Numbers



632.9

BILLION

in **Medicare** (expenditures)



552.3

BILLION

in **Medicaid** (expenditures)



2 MILLION
Providers



59 MILLION
Patients

Why We're Here



LISTENING TO YOU



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

FINDING A BALANCE



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

ALWAYS IMPROVING

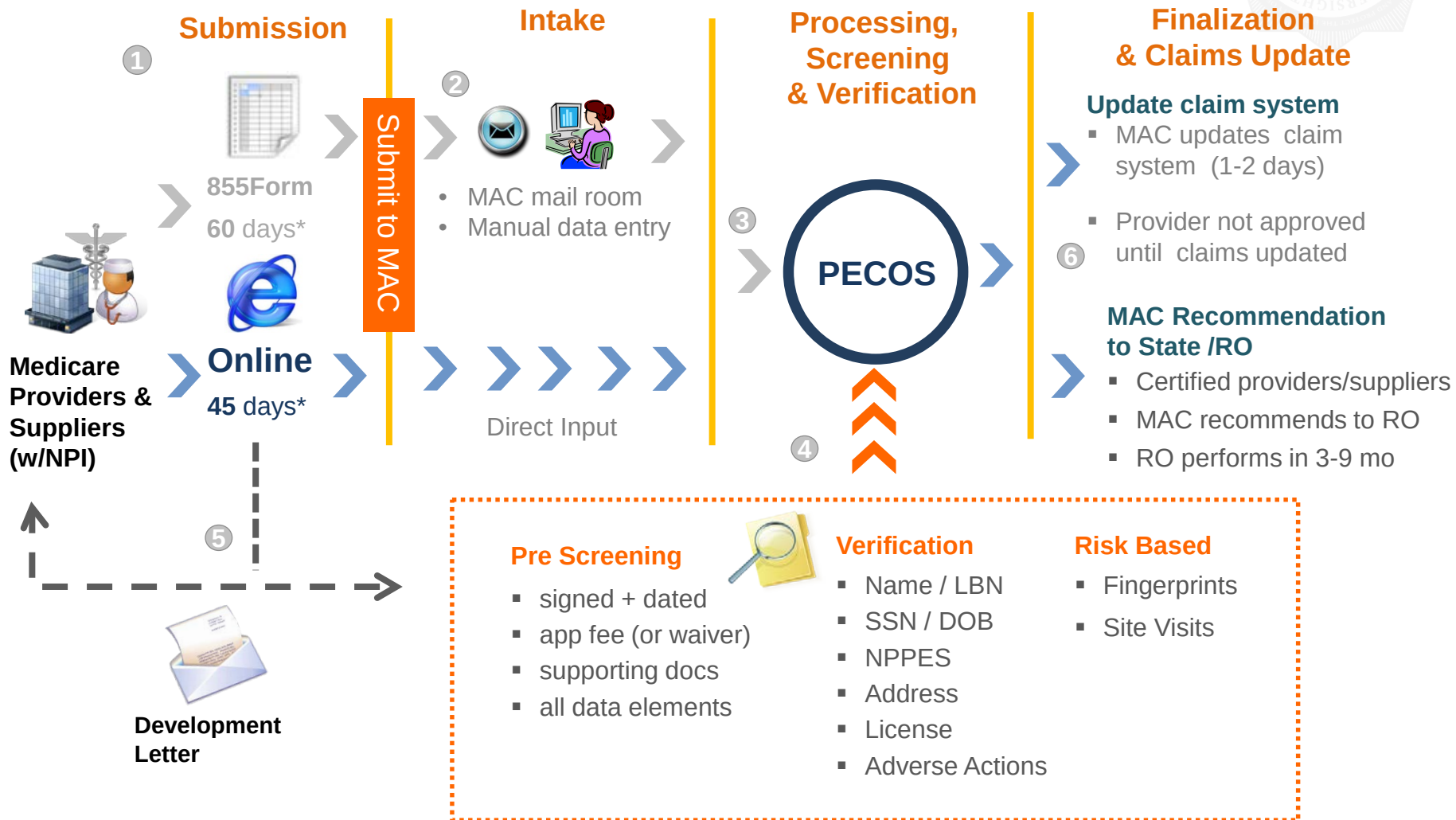


We will keep
refining our
systems, policies,
transparency,
and our vision



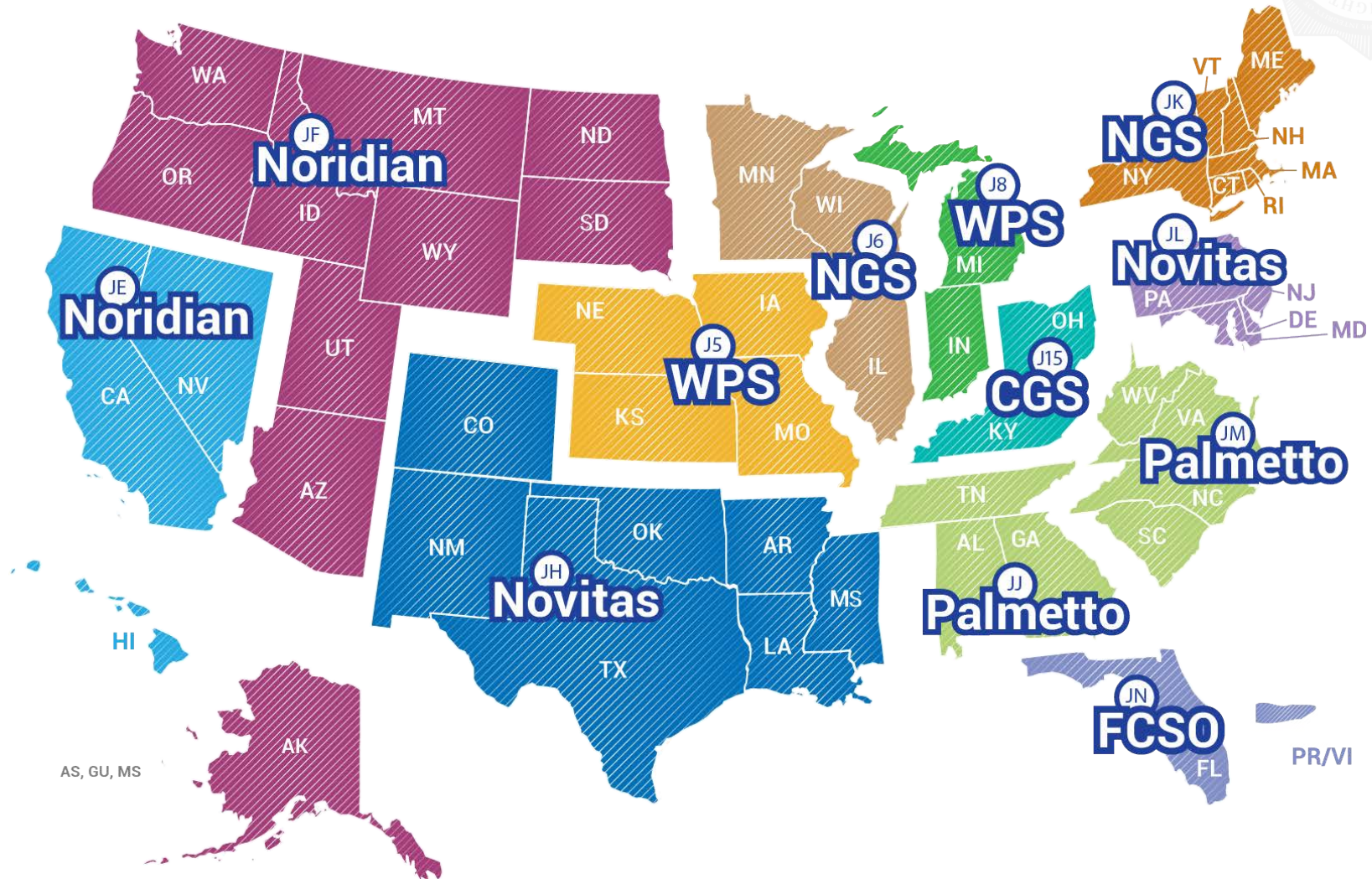
How Enrollment Works

How Enrollment Works



* If the app is complete, and no site visit

MAC Jurisdictions





Policy Updates

Recent Policy Changes



- Providers who are reassigned to a deactivated/revoked organization will have 90 days to submit a new practice location or reassignment before being deactivated (*April 2018*) ★
- Require fillable CMS-855 paper applications (*September 2018*) ★
 - All paper applications shall be typed using the fillable CMS-855 form option
 - MACs will return all hand-written applications

Recent Policy Changes



- 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

Recent Policy Changes



- Approval letters will list all changed/updated information for change of information submissions
- MACs shall only request the dated signature of at least one authorized/delegated official for applications requiring development
- MACs may accept a CP-575, federal tax department ticket, or any other pre-printed document from the IRS to validate TIN and/or LBN

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 & revalidations
(cannot sign initial application)



Authorized Official

Assign surrogacy and controls access to PECOS and NPPES records

- CEO, CFO, partner, chairman, owner, or equivalent appointed by the org. AO requirements are same as 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

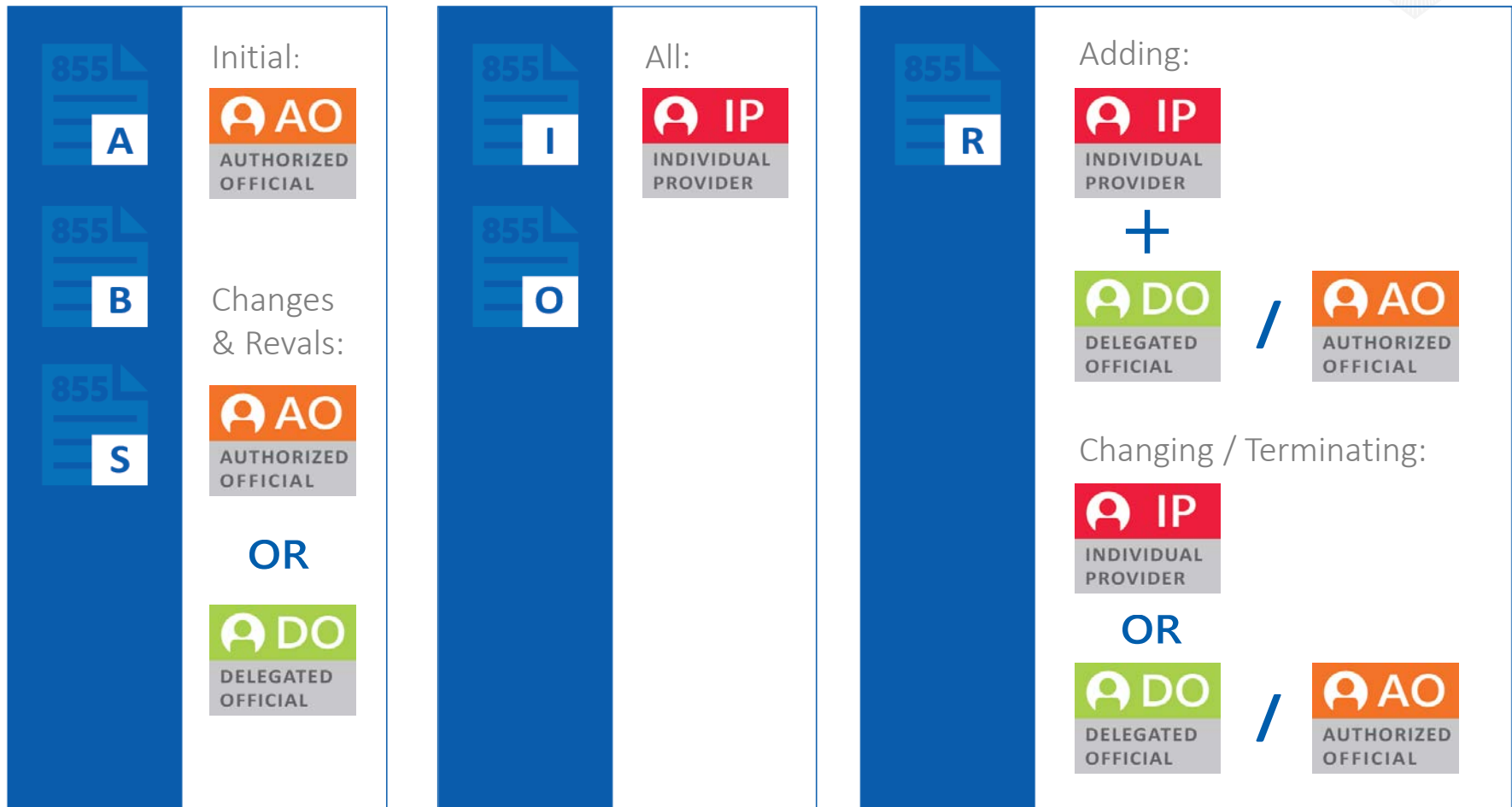


Delegated Official

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

- Delegated by the AO of org provider or 3rd party org
- Less restrictive DO requirements than PECOS
- May add the employer to his profile, manage staff and connections for the employer
- Multiple DOs permitted

Who Can Sign the Enrollment Application?



Release of Enrollment Information



	Individual Provider	AO / DO	Contact Person	Outside Person / Entity
PTANs	X	X	X	
Effective Dates	X	X	X	
Group Affiliations	X	X	X	
Practice Locations	X	X	X	
Revalidation Status Information	X	X	X	X
Approval Letters	X	X	X	

Provider Enrollment Moratoria



2013

Initial Implementation

July 2013

- HHA and HHA sub-units
Miami & Chicago
- Ambulance and ambulance suppliers
Houston

2014

Expanded

January 2014

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

2015

No Changes

January 2015

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

2016

Lifted

July 2016

- Emergency ambulance services

Expanded

July 2016

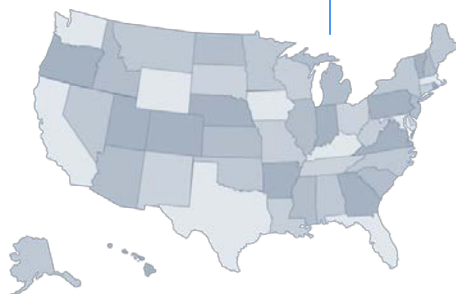
- State wide
- HHA and HHA sub-units
Florida, Illinois, Michigan, & Texas
- Non-emergency ambulances and ambulance suppliers
New Jersey, Pennsylvania, & Texas

2017

Lifted

September 2017

- Non-emergency ambulance services in Texas



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

Part C & D Preclusion List



CMS-4182F

starts JAN 2019



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

Preclusion List

- Applies to individuals/entities
- Currently revoked and under an active re-enrollment bar, or
- Could have revoked if enrolled in Medicare; and
- Conduct that led to the revocation is considered detrimental to the Medicare program

Part C & D Preclusion List



Medicare Advantage (Part C)



- 120,000 unenrolled MA providers
- Opted out providers cannot receive Medicare payment for services furnished to Medicare beneficiaries under FFS or a MA plan



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



Prescriber (Part D)



- 340,000 unenrolled prescribers



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



Poll Question 3



Question & Answer Session



Revalidation



Poll Question 4

Revalidation Basics



5-year cycles

3-year for DME suppliers

When is your revalidation due?

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

90%

We e-mail the PECOS contact

- 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

60

DAYS TO
RESPOND

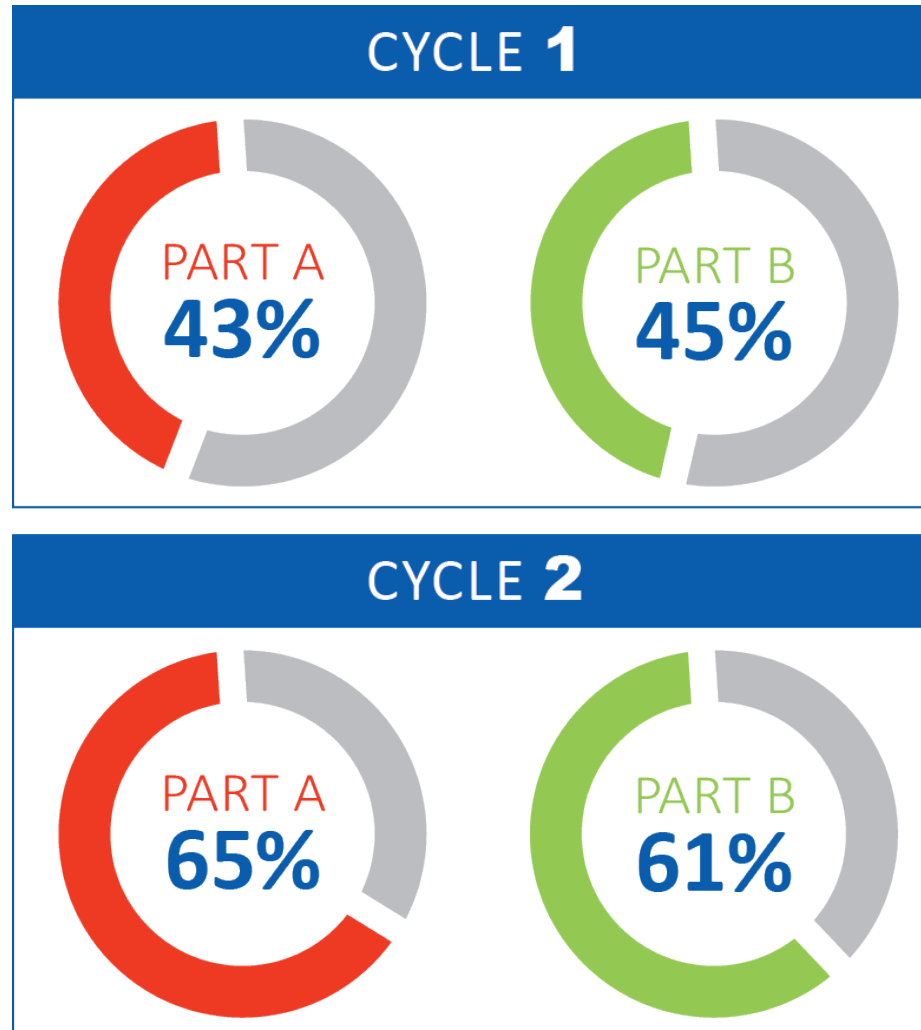
No Response?

- deactivate (not revoke)

Late Revalidation?

- break in billing
- new effective date

Revalidation Web Submissions



Revalidation Details



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
- Approval letters will include gap in billing language (*January 2018*) ★

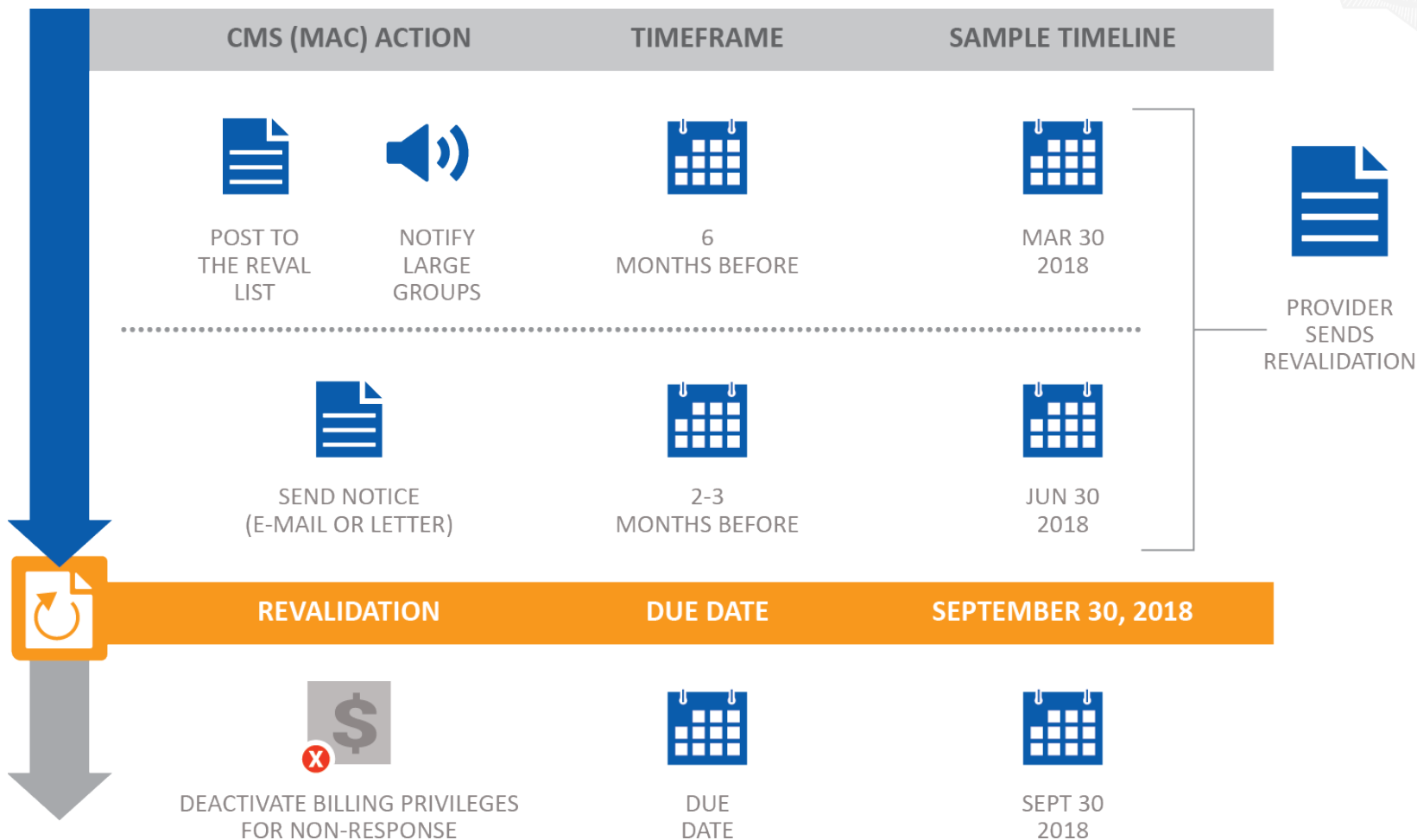
Revalidation Details



Changes received prior to revalidation

- Changes received within 6 months of revalidation due date may be processed as a revalidation, or
- Provider can choose to continue with the change in lieu of revalidation
 - MAC will process the change and proceed with revalidation process
 - Changes reported within 6 months of revalidation due date are not required to be reported on the revalidation application
 - MAC will not override the previous changes

Revalidation Timeline





Poll Question 5

Missing Reassignments - No Break in Billing



SCENARIO #1

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

Application Received **09/01/2018**

Development Letter Sent **10/15/2018**

Development Due **11/15/2018**

Development Received **11/10/2018**

Revalidation Due **10/31/2018**

Revalidation Complete **11/30/2018**

- 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

Application Receipt	10/01/2018
Development Letter Sent	10/15/2018
Development Due	11/15/2018
Revalidation Due	10/31/2018
Reassignment End	11/15/2018
Revalidation Receipt	12/01/2018
Reactivation Effective	12/01/2018

- 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**



Poll Question 6

Revalidation Look-up Tool



Data.CMS.gov

Get Started Developers

Q

Sign In

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.

Find a Provider

Provider Name or National Provider Identifier (NPI):

Organization Name

First Name

Last Name

NPI

Location

Any State

☒ All records

☐ Only records with due dates

☐ Records with due dates in the specified range

FIND PROVIDER

Access Data

Download Full Datasets (ZIP)

About the tool

- All Due Dates will not be removed and will continue to be displayed on the website even after a Provider has revalidated successfully.
- This data was last refreshed on December 22nd, 2017
- Revalidation due dates included on this list range between March 31st, 2016 and July 31st, 2018
- The next data refresh is tentatively scheduled for March 1st, 2018
- Affiliations now include Reassignments as well as PA Employment Relationships
- Data now includes DME Due Dates between November 1st, 2016 and July 31st, 2018
- DME Suppliers are identified on the downloadable file in a new column called "Enrollment Type" and are identified as "1"

Revalidation Look-up Tool



data.cms.gov/revalidation

3 Sets of Data Files

for online filtering and download as Microsoft Excel, comma-delimited text files, xml...

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

[Search list of all reassignments and 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:

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

Revalidation Look-up 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

Get Started Developers Search Sign In

Manage More Views Filter Visualize Export Discuss Embed About

Group PAC ID	Group Enrollment ID	Group Legal_Business Name	Group Due Date	Individual Enrollment ID	Individual NPI	Individual Due Date	Individual First Name	Individual Last Name
1	11893464203	A & A Audiology, Pc	TBD	1200808090001172	1306861356	TBD	Tonia	Fleming
2	11789440588	A & A Chiropractic, Llc	TBD	1200808090001132	1134399694	TBD	Sharon	Barnum
3	11531422256	A & A Eye Associates, Pc	06/30/2017	1201012220000809	1538154588	09/30/2017	Carol	Anderson
4	11534422256	A & A Eye Associates, Pc	06/30/2017	120081130000148	1407852296	07/31/2016	Amara	Temnykh
5	12744245004	A & A Health Systems, Inc.	TBD	1200403290000500	1063479723	TBD	Sheryl	sent
6	4002802519	A & A Hearing Group, Pc	TBD	1201102720000402	1396780995	09/30/2017	Ashley	
7	4002802519	A & A Hearing Group, Pc	TBD	1201102720000402	1518082026	TBD	Amy	
8	0648317685	A & A Optical Inc	TBD	12001060000864	1518082026	TBD	Veri	
9	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
10	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
11	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
12	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
13	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
14	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
15	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
16	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
17	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
18	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
19	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
20	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
21	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
22	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
23	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
24	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
25	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	
26	0648317685	A & A Optical Inc	TBD	12001060000864	1548285226	TBD	Wendy	

Revalidation Look-up Tool



Find a Provider

Provider Name or National Provider Identifier (NPI):

Organization Name

ARMINE

SMITH

NPI

Location

Any State

☒ All records

☐ Only records with due dates

☐ Records with due dates in the specified range

FIND PROVIDER

INDIVIDUAL SEARCH

Search by: Individual Last Name, First Name or NPI

search results show matching providers and # of reassignments

< BACK TO REVALIDATION SEARCH

MATCHING PROVIDERS

WITH FIRST NAME OF "ARMINE", LAST NAME OF "SMITH"

START OVER

Displaying records 1 – 2 of 2.

Armine Smith

Due Date: TBD

State: DC

Total Providers: 2

SPECIALTY

Urology

NPI: 1871704809

Armine Smith

Due Date: 03/31/2017

State: MD

Total Providers: 3

SPECIALTY

Urology

NPI: 1871704809

RECORD RESULTS

< BACK TO PROVIDER SEARCH RESULTS

ARMINE SMITH

REVALIDATION DUE DATE:
03/31/2017

LAST UPDATED DATE: JULY 1ST,
2017

STATE: MD

START OVER

Specialty

Urology

NPIs: 1871704809

Organizations this individual belongs to:

Displaying records 1 – 3 of 3.

Johns Hopkins Community Physicians

Due Date: TBD

State: MD

Total Providers: 84

SPECIALTY

Clinic/Group Practice

NPI: 1770518003

Johns Hopkins Community Physicians

Due Date: TBD

State: MD

Total Providers: 387

SPECIALTY

Clinic/Group Practice

NPI: 1255359972, 1578598865...

Johns Hopkins University

Due Date: TBD

State: MD

Total Providers: 3110

SPECIALTY

Clinic/Group Practice

NPI: 1033190442, 1588638878...

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)

CMS | National Provider Enrollment Conference | April 2018

04/19/2018 | 37

Revalidation Look-up Tool



Find a Provider

ORGANIZATION SEARCH

Provider Name or National Provider Identifier (NPI):
Johns Hopkins Community Physicians: First Name Last Name
NPI:
Location:
☒ All records
☐ Only records with due dates
☐ Records with due dates in the specified range
FIND PROVIDER

JOHNS HOPKINS COMMUNITY PHYSICIANS
REVALIDATION DUE DATE: TBD
LAST UPDATED DATE: JULY 1ST, 2017
STATE: MD
START OVER

Individuals in this organization
Displaying records 61 – 70 of 70

Armine Smith
Due Date: 03/31/2017
State: MD
Total Providers: 3
SPECIALTY: Urology
NPI: 1871704899

Anjali Singh
Due Date: TBD
State: MD
Total Providers: 2
SPECIALTY: Internal Medicine
NPI: 1376728170

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)

MATCHING PROVIDERS

WITH ORGANIZATION NAME OF "JOHNS HOPKINS COMMUNITY PHYSICIANS"
START OVER

Displaying records 1 – 5 of 5.

Johns Hopkins Community Physicians
Due Date: TBD
State: DC
Total Providers: 335
SPECIALTY: Clinic/Group Practice
NPI: 1255359972

Johns Hopkins Community Physicians
Due Date: TBD
State: MD
Total Providers: 387
SPECIALTY: Clinic/Group Practice
NPI: 1255359972

Johns Hopkins Community Physicians
Due Date: TBD
State: MD
Total Providers: 387
SPECIALTY: Clinic/Group Practice
NPI: 1578598868

Search by: Organization Name or NPI

search results show # of reassignments & physician assistants

Because of Your Feedback

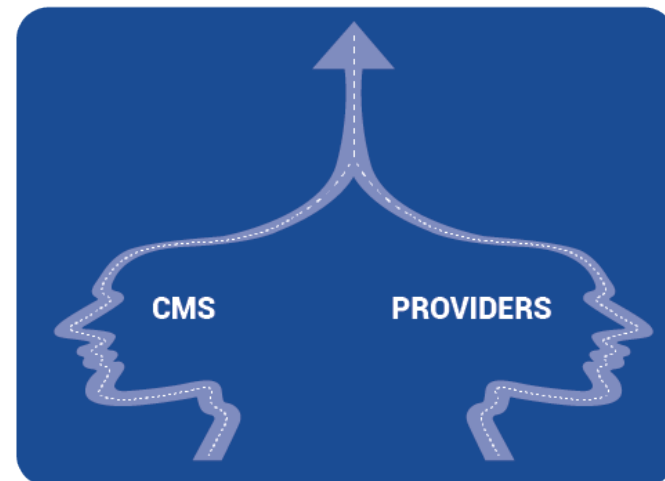


Changes we've made

- 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 access to PECOS now
- Use PECOS to submit your revalidation





Question & Answer Session



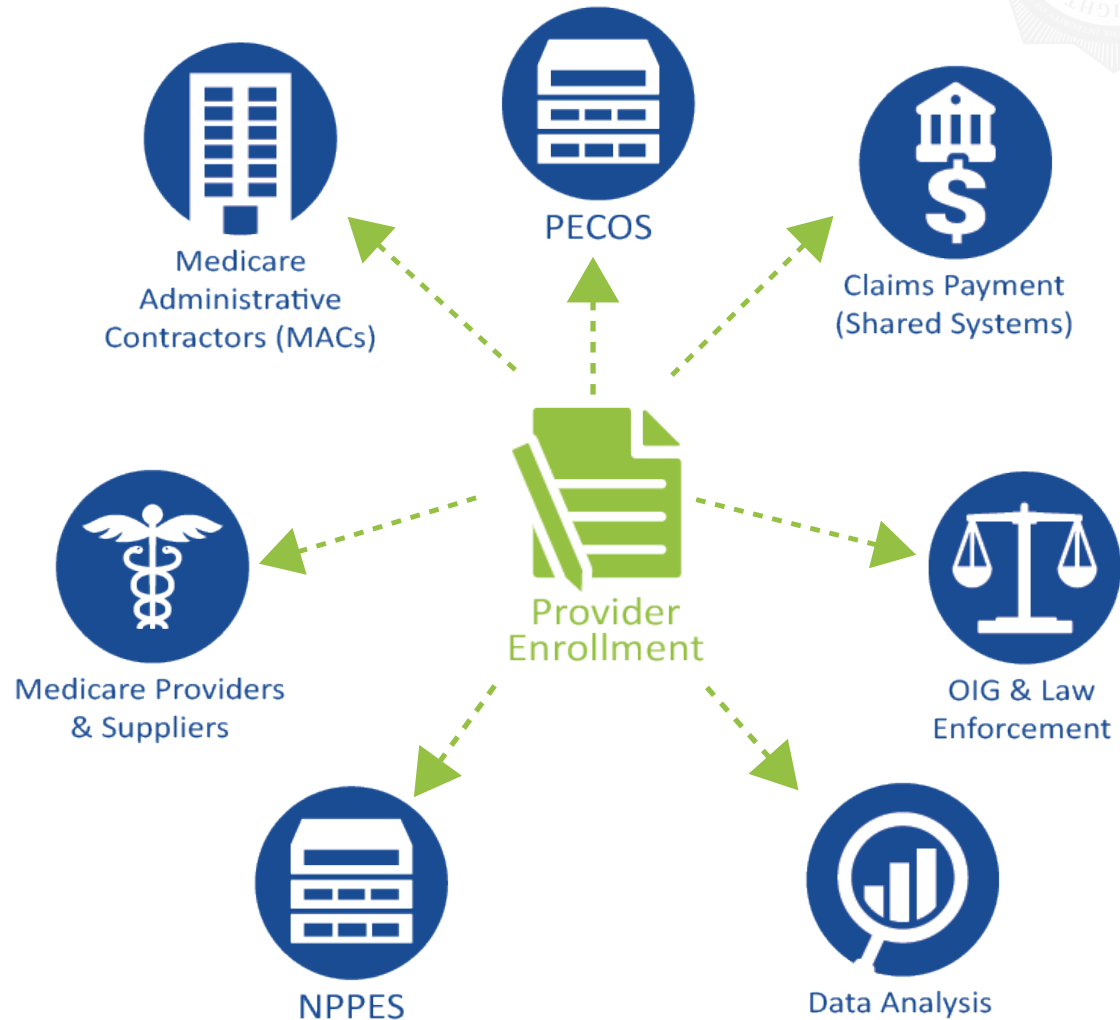
Provider Enrollment Systems

Provider Enrollment Systems



Provider Enrollment is the gateway to the Medicare Program. NPPES and PECOS serve as the systems of record for NPI and Provider Enrollment Information.

Provider Enrollment also supports claims payment, fraud prevention programs, and law enforcement through the sharing of data.



NPPES (NPI) Today



Every
Month...

26,000

New NPIs

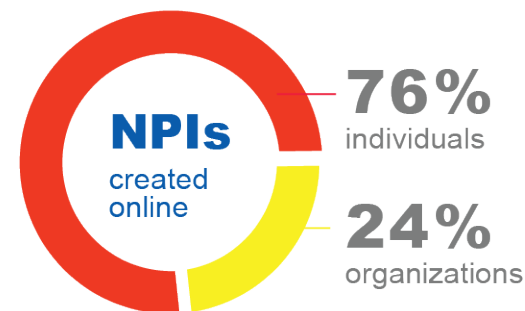
58,000

Updates

94%

created
online

5.2
MILLION
NPIs



Challenges

- Low usability / readability
- Targeted to providers, not admins
- Old technology, narrow design
- Strict customer service policies
- All lead to... **outdated records**

Since May 2017...

- New design with easier screens
- Surrogacy (like PECOS)
- More data fields
- Improved customer service

Maintain NPI Records

- National reach
- Used by Federal/State government and private plans to validate information



Poll Question 7

NPPES | Data Collection Updates



The screenshot displays the NPPES (National Plan & Provider Enrollment) web application. On the left is a dark sidebar with navigation links: MAIN PAGE, PROVIDER, Provider Profile, Address, Other Identifiers, Taxonomy, Contact Information, Error Check, and Submissions. The main content area shows a modal window titled 'Please do one of the following:' with three numbered instructions: 1. Accept the standardized address, 2. Reject the standardized address and keep your input as is, and 3. Modify your input in the boxes below and submit for revalidation. The modal is divided into two columns. The left column, 'Your input address:', contains fields for 'Organization Name(Optional)' (filled with 'WILLIAM & MONTGOMERY'), 'Address Line 1: (Street Number and Name)' (filled with '233 S Wacker Dr'), 'Address Line 2: (e.g. Apartment/Suite Number)', 'City:' (filled with 'Chicago'), 'State:' (a dropdown menu showing 'IL - ILLINOIS'), 'Zip Code:' (filled with '60606'), and 'Zip Ext:'. Below these is a dropdown menu for 'Tell us why you don't want to use the standardized address(shown to your right)' with 'Select' chosen. At the bottom are 'USE INPUT ADDRESS' and 'REVALIDATE ADDRESS' buttons. The right column, 'Your standardized address:', shows the standardized address: 'WILLIAMS & MONTGOMERY', '233 S Wacker Dr STE 6100', 'Chicago, IL 60606-3094', and an 'ACCEPT STANDARDIZED ADDRESS' button.

- ✓ Organization Name can be included for address standardization
- ✓ Exclude Medicare other identifiers from User Interface & Data Dissemination files
- ✓ Updates to provider Endpoint information data fields
- ✓ NPI Registry updated with additional practice locations

NPPES | User Privilege Updates



NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

krdev0901 last | Sign Out

Manage Provider Information

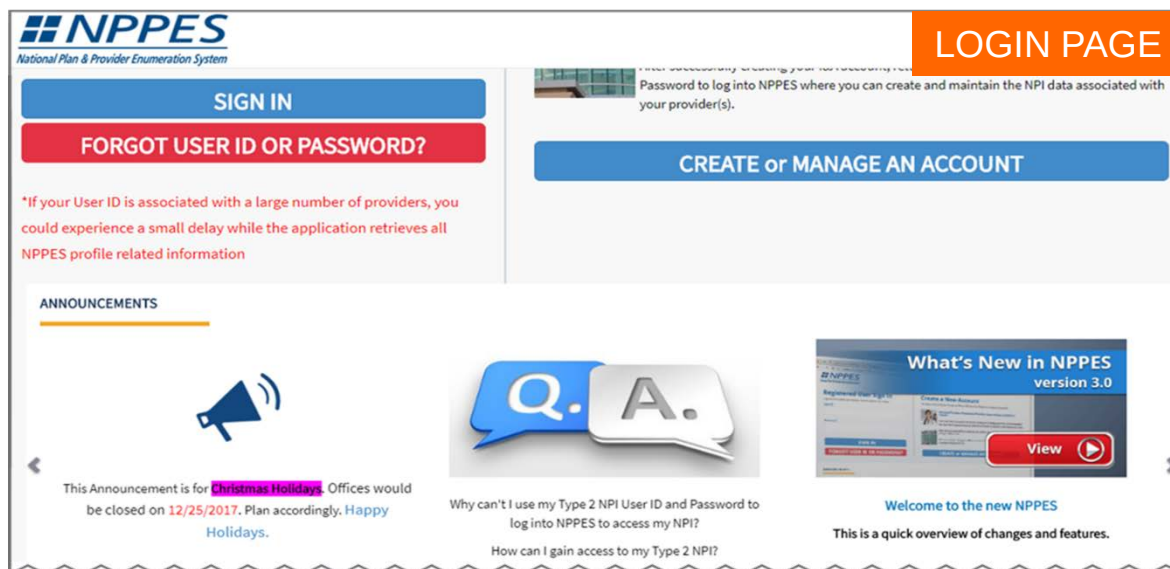
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

Filter...

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XX-XXX4234	org kjkl	Multiple Locations	Multiple NPIs	Multiple Taxonomies	Multiple Statuses	
	XXX-XX-1051	bob, kr dev demo 3	north potomac, MD	1841571387	Psychologist/Adult Development & Aging	Active	
	XXX-XX-1041	pal, kr demo 2	North Potomac, MD	1932480472	Psychologist/Adult Development & Aging	Active	
	XXX-XX-1241	test, krdevnotifications	germantown, MD	1710268263	Poetry Therapist	Active	
	XXX-XX-9017	last, krpro090128	Rockville, MD	1174804603	Counselor/Paraprofessional	Active	
	XXX-XX-9011	last, krdev0901	north potomac, MD	1750662292	Psychologist/Adult Development & Aging	Active	
	XXX-XX-1041	ram, krdev01	north potomac, MD	1023399565	Psychologist	Change Request In Progress	
	XX-XXX481	HR OBS REV DEMO 1	Rockville, MD	110646837	Home Care	Active	

- ✓ Authorized Official and Delegated Official can deactivate NPIs
- ✓ Create Organizational NPIs when all other NPIs are deactivated
- ✓ I&A Users can cancel role requests and disassociate from organizations

NPPES | Communication Updates



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>

- ✓ Enhanced NPPES ‘ANNOUNCEMENTS’ Section
- ✓ E-mail confirmation check during NPI application
- ✓ Warning alerts throughout application
- ✓ System generated email notifications for application status updates

NPPES | Future Updates

The screenshot displays the NPPES National Plan & Provider Enumeration System interface. The main section is titled "EFI File Management" and features a table with columns for "NPPES EFI Organization ID", "Organization(LBN)", "Last Generated Date", "File Type", "Status", and "Action". A large green "X" icon with the text "CSV" is overlaid on the table. Below the table, there is a "Download: Sample XML File or Sample CSV File" link. The "Additional Resources" section at the bottom provides links to various documents, including "EFI Summary", "EFI Organization Certification Statement", "EFI Technical Companion Guide", "EFI User's Guide", and "XML Schema".

- ✓ Optimization of the Electronic File Interchange which allows for upload of large files (up to 200 MB)
- ✓ Update NPI Registry to show other names and Endpoint information
- ✓ Additional Supplemental Data Dissemination files

What is PECOS?



The Provider Enrollment Chain and Ownership System (PECOS) is a national database of Medicare provider, physician, and supplier enrollment information. PECOS is used to collect and maintain the data submitted on the CMS-855 enrollment form.



PECOS Provider Interface (PECOS PI) - <https://pecos.cms.hhs.gov> can be used to:

- ✓ Submit an initial Medicare enrollment application
- ✓ View or submit changes to your existing Medicare enrollment information
- ✓ Submit a Change of Ownership (CHOW) of the Medicare-enrolled provider
- ✓ Add or change reassignment of benefits
- ✓ Reactivate an existing enrollment record
- ✓ Withdraw from the Medicare Program



Poll Question 8

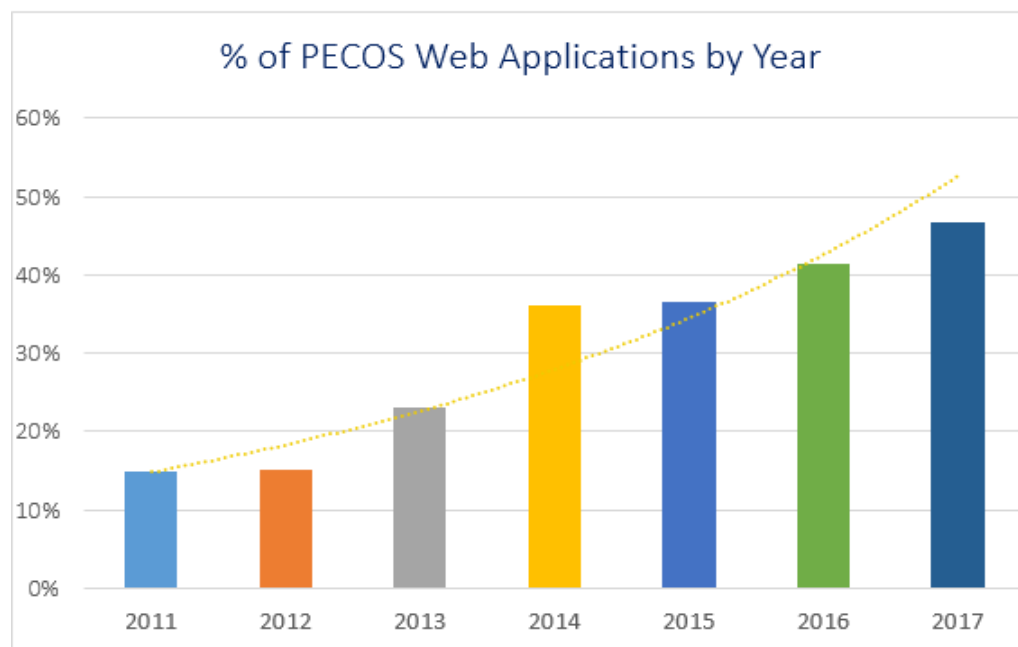
PECOS Today



**Over 2 Million
Enrollments**

Every month...
18,000 new enrollments

Encouraging Online Applications



- ✓ Completely paperless process
- ✓ Faster than paper-based enrollment
- ✓ Tailored application process
- ✓ Easy to check and update your information for accuracy



Final Adverse Actions

Final Adverse Action Information

* **Categories** ⓘ

SELECT CATEGORIES

FELONY CONVICTION WITHIN 10 YEARS
MISDEMEANOR CONVICTION
CURRENT OR PAST STATE SANCTIONS
CURRENT OR PAST FEDERAL SANCTIONS
CURRENT OR PAST SUSPENSION/REVOCATION OF MEDICAL LICENSE
CURRENT OR PAST SUSPENSION/REVOCATION OF ACCREDITATION
CURRENT OR PAST EXCLUSION

* **Final Adverse Action** ⓘ

* **Date of Final Adverse Action** ⓘ

MM/DD/YYYY

* **Taken By** ⓘ

SAVE **SAVE AND ADD ANOTHER**

CANCEL

- ✓ Categories for final adverse actions
- ✓ No longer required to report Medicare Payment Suspensions or Medicare Revocations
- ✓ Displays all reported final adverse actions
- ✓ Final adverse actions reported prior to April 1, 2018 that CMS could not categorize, will be placed under the “other” category

PECOS Upcoming Changes | July 2018



To: [email address]
Subject: PECOS E-Signature Request
Sent: [MM/DD/YYYY] [HH:MM AM/PM]

A Medicare application for [APPLICANT NAME] for [ENROLLMENT SCENARIO] has been submitted by [PECOS PI SUBMITTER NAME], [SUBMITTER PHONE], [SUBMITTER EMAIL]. You, [SIGNATORYNAME], have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
Provider/Supplier Name:
Provider/Supplier Specialty Type:
State:
Form Type:
NPI:
Web Tracking ID:
Signatory Name:
Signatory Role:

Instructions:
You may provide an electronic signature using your PECOS user ID at (<https://pecos.cms.hhs.gov>) OR through the PECOS E-Signature website (<http://tfx-pecos-temp1.9083/pecos/eSignLogin.do>), using your identifying information, e-mail address, and unique PIN – [0123456789012]. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note that the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process please call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-866-523-4759

- ✓ Emails will identify the individual that needs to e-sign the application when multiple signatories exist
- ✓ Emails will identify signers who have requested a PIN

✓ PECOS will display two fields: Signatory Name and **Signatory Role** in the following e-mails:

- Pending E-Signature E-mail
- E-signature Reminder E-mail
- PIN Regeneration E-Mail

Digital Submission



Physician Compare



[medicare.gov/physiciancompare](https://www.medicare.gov/physiciancompare)

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

The screenshot displays the Medicare.gov Physician Compare interface. The main header includes the Medicare.gov logo and navigation tabs: Physician Compare Home, About Physician Compare, About the data, Resources, and Help. Below the header, there are three buttons: Find physicians and other health care professionals, Find group practices, and Search another way. A search bar is present with a note: 'A field with an asterisk (*) is required.' The search bar has two sections: 'Location' with a text input field for 'ZIP code/City, State/Address/Landmark' and 'What are you searching for?' with a text input field for 'Doctor last name or specialty or medical condition'. A green 'Search' button is to the right of the search bar. Below the search bar, there are two search results for 'Internal medicine' in Los Angeles, CA 90048. The first result is for 'STEVEN A MILES' with a distance of 0.00 mile. The second result is for 'FARSHID FARAROORY' with a distance of 0.36 mile. To the right of the search results, there is a 'Physician Compare results' section with a key indicating 'Accepts Medicare assignment' and 'May accept Medicare assignment'. It states 'There are 422 health care professionals related to "Internal medicine" within 1 mile of LOS ANGELES, CA 90048.' Below this, there is a 'Go to map view' button and a 'Modify your results' section with an 'Update results' button. The 'Modify your results' section includes a 'Location' input field with 'LOS ANGELES, CA 90048' and a 'Within 1 mile' checkbox.

Learn more: Search “physician compare” at [cms.gov](https://www.cms.gov)

Get support: PhysicianCompare@Westat.com

PECOS Redesign



PECOS 2.0

- ✓ Simplified interface focused on automated functions
- ✓ Increase speed of application processing
- ✓ Track the status of an application from submission through approval
- ✓ Update multiple records at one time
- ✓ Live support to help users
- ✓ Support increased alignment between Medicare and Medicaid
- ✓ Reduce redundant data collection

You May Be Wondering



Q: When will the PECOS 2.0 improvements begin rolling out?

A: We're expecting updates to the PECOS system will be introduced in late 2019.

Q: Will this impact claims submission or payment?

A: No. These improvements will not impact billing or claims information.

Q: Will I need to do anything when these changes begin?

A: No. There is no need for Providers or their support staff to take any action.

Q: Will I still have access to all my providers and their information?

A: Yes, absolutely. The improvements and updates will not impact the data that is already in the system. You will still have access to all of the same providers and application submission functions you do today, including your revalidation information.

You May Be Wondering



Q: What enhancements to PECOS can we expect?

A: Changes will include a new look and feel, new tools for managing provider information and applications, faster processing, submitting fewer duplicate applications, and greater access to information (eg. Approval letters, and requests for information).

Q: Will I or my staff need to undergo training to learn the updates?

A: We will be working with the community via focus groups to insure the changes will be simple easy-to-use processes that should not require extensive re-training. We will also have information available to help answer questions.

Q: Does this mean I can't submit paper applications?

A: We hope to encourage as many users as possible to transition to the online system when they see the simplicity and speed. However, we will continue to allow submission of completed paper applications as we improve the system.



Question & Answer Session

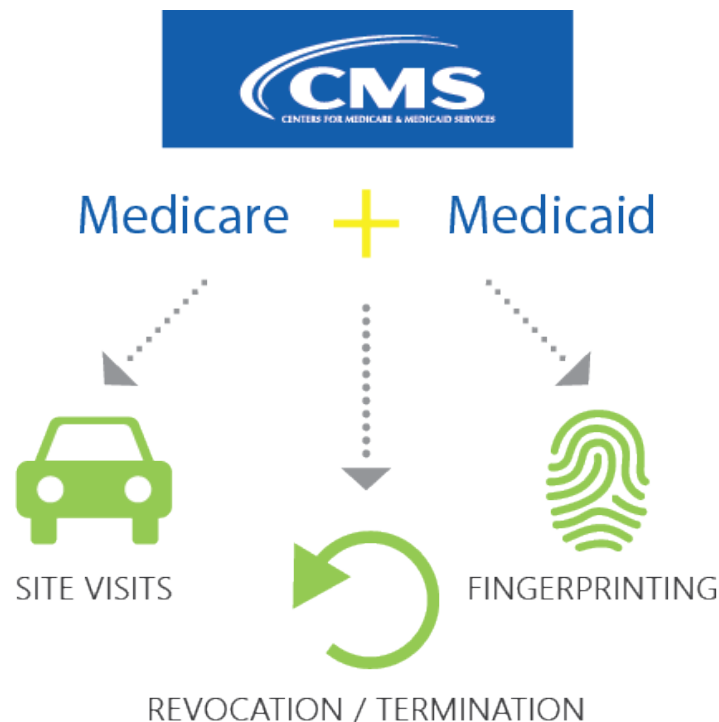


Medicaid Enrollment

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

Improper Payment Rate



Fee-for-service (FFS)

- Measures improper payments in Medicaid and CHIP and produces error rates for each program



20%

Other medical review or data processing errors

80%

Noncompliance with Medicaid FFS Provider Enrollment & Screening Requirements

CMS' Role in Medicaid Provider Enrollment



Can

- Provide sub-regulatory guidance
- Support states in their statutory compliance efforts
- Provide Medicare data and screening activities to leverage for Medicaid enrollment
- Share best practices and make recommendations



Can't

- Require states alter their enrollment process
- Align the enrollment process across all states
- Require timeframes for processing applications
- Define the manner by which the states implement Federal regulations



Poll Question 9

Medicaid Provider Enrollment Compendium



MPEC Updated June 2017

- 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 regulations
- 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

Approval letters (Section 1.7)

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

Out of State Providers (Section 1.5.1C)

- SMAs may pay claims for out-of-state providers who are unenrolled

Retroactive Dates of Service (Section 1.6B)

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

Relying on Medicare Screening



- SMA determines to what extent it may reduce its own screening through reliance on Medicare's screening activities
- SMAs MAY rely upon Medicare screening, however are not required to
- For SMAs to rely on Medicare's screening:
 - Must have occurred in the last 5 years
 - Must be the same provider in Medicare
 - Must be an "approved" Medicare provider

Risk Category	Comparison	Risk Category	SMA Action
Medicaid Risk Category	=	Medicare Risk Category	None
Medicaid Risk Category	>	Medicare Risk Category	Gap Screening
Medicaid Risk Category	<	Medicare Risk Category	None

** Exception for DME and HHA risk levels*

PECOS State's Page | Provider Info



STATES MEDICARE REPORT			
This report is generated to assist Medicaid State users with vetting Medicaid Enrollment Applications			
Report Print Date: 06/30/2016			
PROVIDER INFORMATION			
Identifying Information			
Name: Richard McRoberts	Date of Birth: 11/03/1957	TIN: XXX-XX-3109 (SSN)	
Legal Business Name:	Provider/Supplier Type: Physician - ADDICTION MEDICINE	Doing Business As Name:	
NPI: 1023054806	NPI Verified in NPES? YES	IRS Information: LLC	
Medicare Risk Category	Effective Date: 06/15/2016	Expand All	
Risk Level: Low	Name:	TIN: XXX-XX-3109 (SSN)	
Correspondence Address Line 1:	State: MA	Doing Business As Name:	
Address Line 1: 123 East Way	Point of Contact P	IRS Information: LLC	
Address Line 2: Suite #2300	Contact: Dave Wilson		
Reassignment Information	Reassigning Reassignment: Davis Medical, Inc.	Reassignment Receiving Reassignment NPI: 1024567834	
Reassignment To:	Reassignment Effective Date: 04/13/2015	Reassignment End Date: 01/15/2017	
Receiving Reassignments From:	Reassigning Practitioner: Mary Williams	Reassignment Effective Date: 04/13/2015	
	Reassigning Practitioner NPI: 1037463526	Reassignment End Date: 01/15/2017	
Change of Ownership Information			
Type: Merger/Aquisition	Effective Date: 05/30/2013	Transaction Type: Seller	Buyer/Seller NPI: 1023064536
Provider Agreement Accepted?: Yes	Buyer/Seller Entity Name: AMS, Inc.	Buyer/Seller Entity TIN: XXX-XX-4637	

PECOS State's Page | Medicare Details



Medicare Provider Info:

MEDICARE PROVIDER INFORMATION Expand All Collapse All

Current Status Information

Current Status: Approved Medicare Enrolled State: MA Status Reason: Approved after 1st Contact Status Effective Date: 04/30/2003

First Approved On: 04/30/2003 Other NPIs Associated with Tax ID (Max 10):

Enrollment Timeline (Based on Medicare ID)

Current Status	Effective Date
Active	03/13/2003-07/03/2009
Inactive	07/03/2009-08/01/2011
Active	08/01/2011-Present

First Approved On: 04/30/2003

Enrollment Timeline

Practice Location Info:

PRACTICE LOCATION INFORMATION Expand All Collapse All

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

Address Line 1: 87465 West Avenue City: Worcester State: MA ZIP: 37485

Address Line 2: Room 965 Address End Date: Home Health/Nursing Home Owned? No

Site Visit Date: 02/15/2016 Site Visit Result: PASS

Current Medicare ID/NPI Combination (Max 10): Historic Medicare ID/NPI Combination (Max 10):

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

Address Line 1: 87465 West Avenue City: Worcester State: MA ZIP: 37485

Address Line 2: Room 965 Address End Date: Home Health/Nursing Home Owned? No

Site Visit Date: 02/15/2016 Site Visit Result: PASS

Current Medicare ID/NPI Combination (Max 10): Historic Medicare ID/NPI Combination (Max 10):

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

PECOS State's Page | Disclosure Info



Disclosure Info:

▼ DISCLOSURE INFORMATION Expand All Collapse All

▼ 5% or More Owners

Name: John Smith	Role Effective Date: 03/15/2015	Date of Birth: 04/01/1977	SSN (Last 4): XXXX-XX-3297
FCBC Order Date: 04/10/2015	FCBC Result: PASS		
Sanction Code:	Sanction Effective Date:	Sanction End Date:	
Date of Death:			
Screening Order Date: 05/10/2016	Screening Result: PASS	APS Profile Link:	

▼ Managing Employee

Name: John Smith	Role Effective Date: 03/15/2015	Date of Birth: 04/01/1977	SSN (Last 4): XXXX-XX-3297
FCBC Order Date: 04/10/2015	FCBC Result: PASS		
Sanction Code:	Sanction Effective Date:		
Date of Death:			
Screening Order Date:	Screening Result: PASS		

PECOS State's Page | Screening History



Screening History:

▼ MEDICARE SCREENING HISTORY (RICHARD MCROBERTS) Expand All ▼ Collapse All ►

Provider Screening Information

Date Ordered: 04/12/2016 APS Profile Link:

Revalidation Information

Revalidation Due Date: 09/20/2017 Revalidation Completed Date: **Revalidation Status: COMPLETED**

SSA Death Master File Information

Date Reported on Death Master File: Date of Death: **Revalidation Status: COMPLETED**

OIG LEIE Medicare Exclusionary Database (MED) Information

Date Reported on MED File: **MED Sanction:** Date: Sanction End Date:

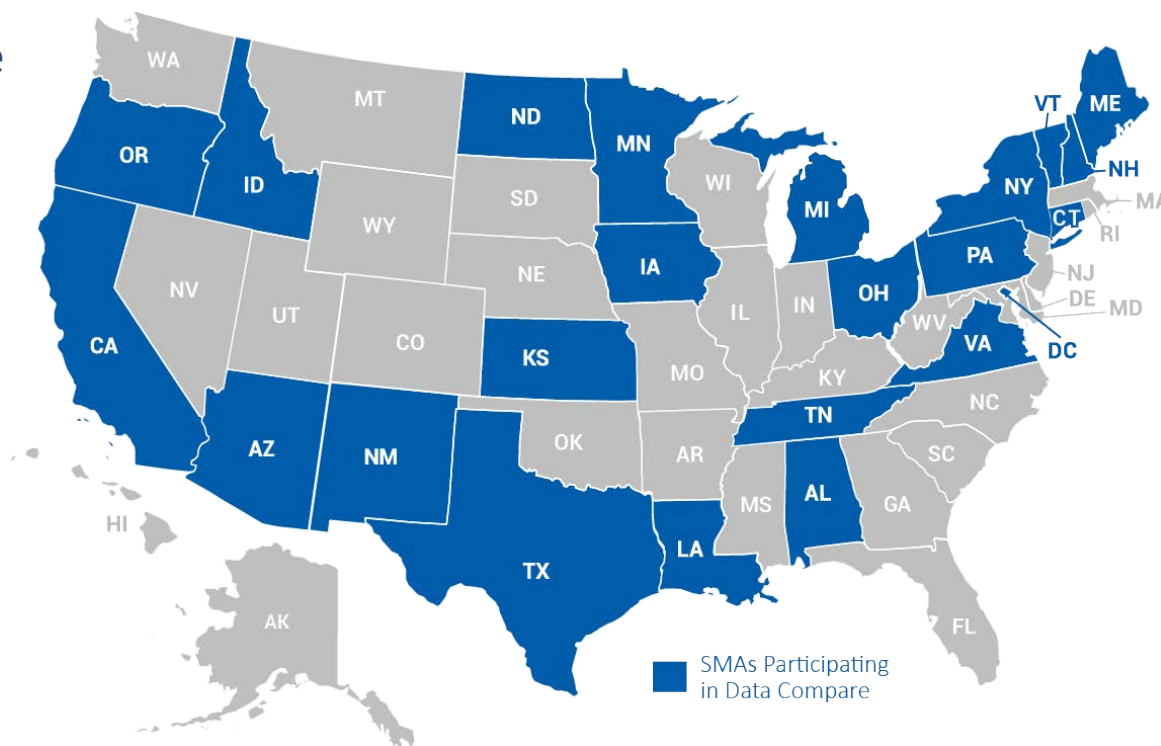
Date Reported on Waiver File: **MED Sanction:** Waiver End Date:

Data Compare Service

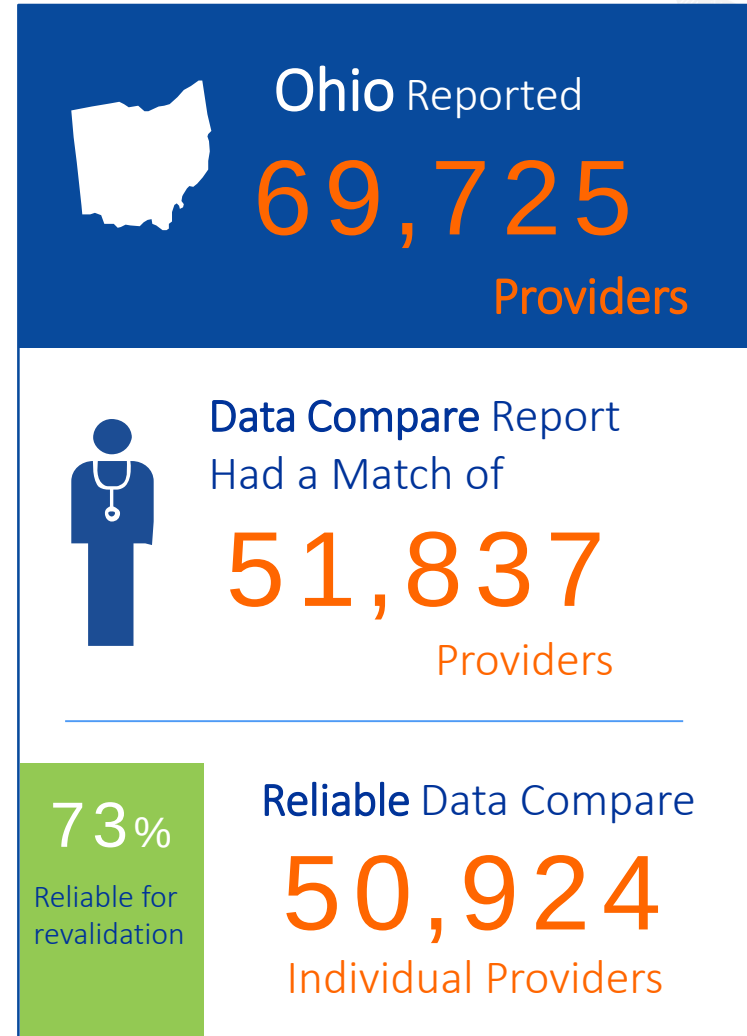
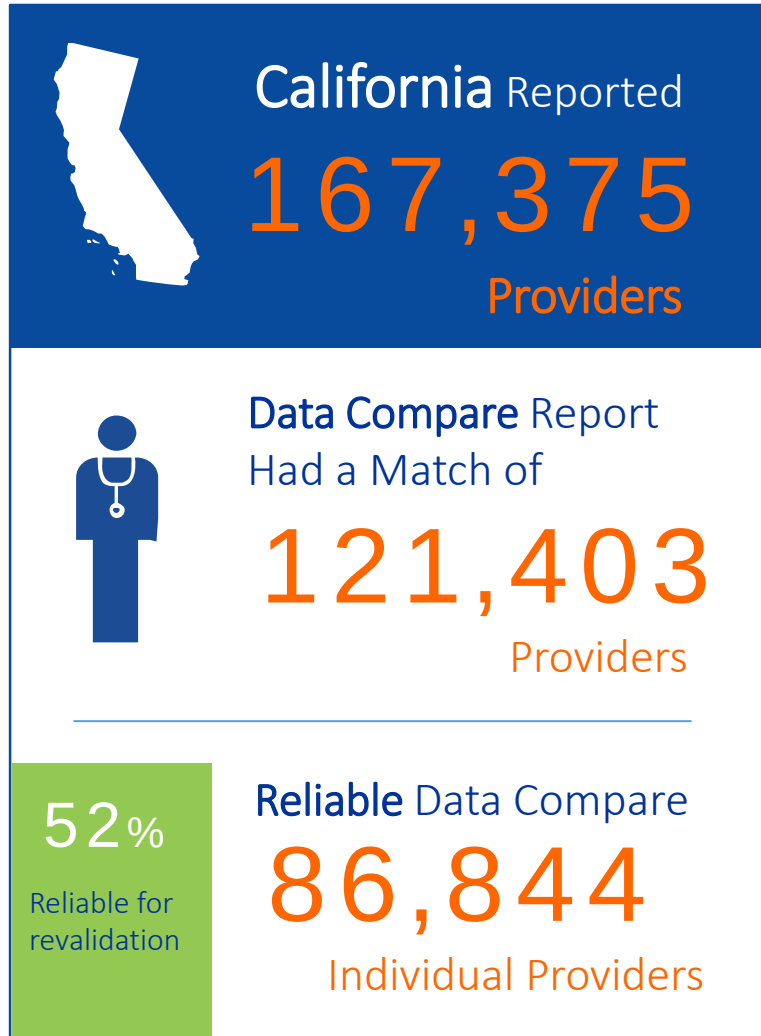


SMAAs that have participated in Data Compare

- Ability for SMAAs to rely upon Medicare screening data to comply with statutory requirements
- Identifies dually enrolled providers who have already been screened in Medicare



Data Compare Results



-
- A map of the United States with states colored in two categories: blue and gray. The blue states are WA, OR, CA, NV, TX, MN, WI, MI, NY, PA, NJ, DE, MD, VA, NC, SC, GA, and FL. The gray states are MT, ND, SD, NE, KS, OK, AR, MS, AL, LA, NM, CO, WY, UT, AZ, ID, HI, AK, VT, ME, NH, CT, RI, MA, WV, and DC.

State Best Practices



BEST PRACTICES

Use of CMS Data Compare Service enabled Oregon to leverage Medicare screening and complete revalidation for 90% of their providers.



BEST PRACTICES

Automated checks of the Death Master File built into the online application identify inaccurate data in real time and prevent application submission.



BEST PRACTICES

Virginia established a 100% online enrollment process.



BEST PRACTICES

Wisconsin established a 24 hour auto-enrollment process.

Medicaid Managed Care



CMS-2390

began JAN 2018



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

enroll in Medicaid



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



Question & Answer Session



Protecting the Program

Stronger Screening



Increase Site Visits

Authority: 42 CFR 424.517

- All geographical areas
- All provider types



Find Vacant or Invalid Addresses

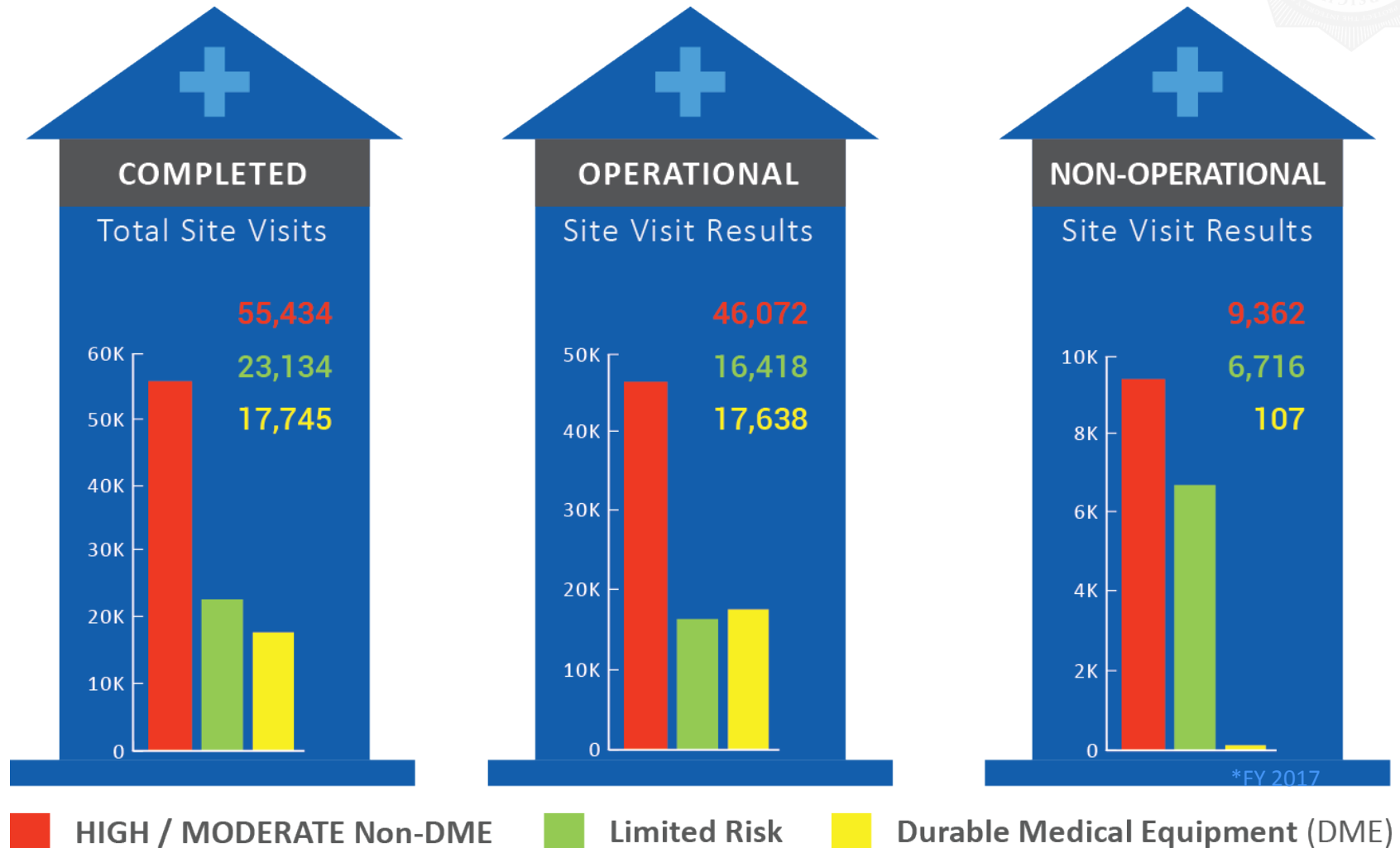
- Better automatic address verification in PECOS
- Includes US Postal Service feature that confirms the address is real (UPS store, mailboxes, unlikely to deliver mail)
- May trigger a site visit



Deactivate for Non-billing

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

Site Visit Data





Poll Question 10

Fingerprinting



[CMSfingerprinting.com](https://www.cms.gov/fingerprinting)

Applies to:

- New HHAs
- New DME suppliers
- New MDPP suppliers
- High risk providers/suppliers

Excludes:

- Managing Employees
- Officers
- Directors

If the initial fingerprints are unreadable a 2nd set of fingerprints will be requested

5%⁽⁺⁾ Ownership/Partners

in a high risk provider/supplier

- Letter will be sent giving 30 days to get fingerprinted
- Medicare phased rollout
- SMAs may rely on Medicare's fingerprint results
- SMAs may request fingerprints in advance of Medicare to comply with July 2018 deadline

If the provider/supplier:

- Has a felony conviction
- Refuses fingerprinting

Then CMS or SMA may **deny** the application, or **revoke/terminate** their billing privileges

Fingerprint Data



FINGERPRINTS REQUESTED

6,545



COMPLETED

4,650



NON-RESPONSE

1,790



*FY 2017

Continuous Monitoring



Data Sharing



Public data files from PECOS



- All files contain Names and NPIs
- Available at data.cms.gov



Public Provider Enrollment File

- Currently approved individuals and orgs
- Reassignments
- Practice location data (limited)
- Primary and secondary specialty
- Updated quarterly



Revalidation File

- Currently approved, and due for revalidation
- Individuals and orgs
- Revalidation due date
- Reassignments
- Updated every 60 days



Ordering Referring File

- Currently approved individuals
- Valid opt-out
- Eligible to order/refer
- Updated twice a week



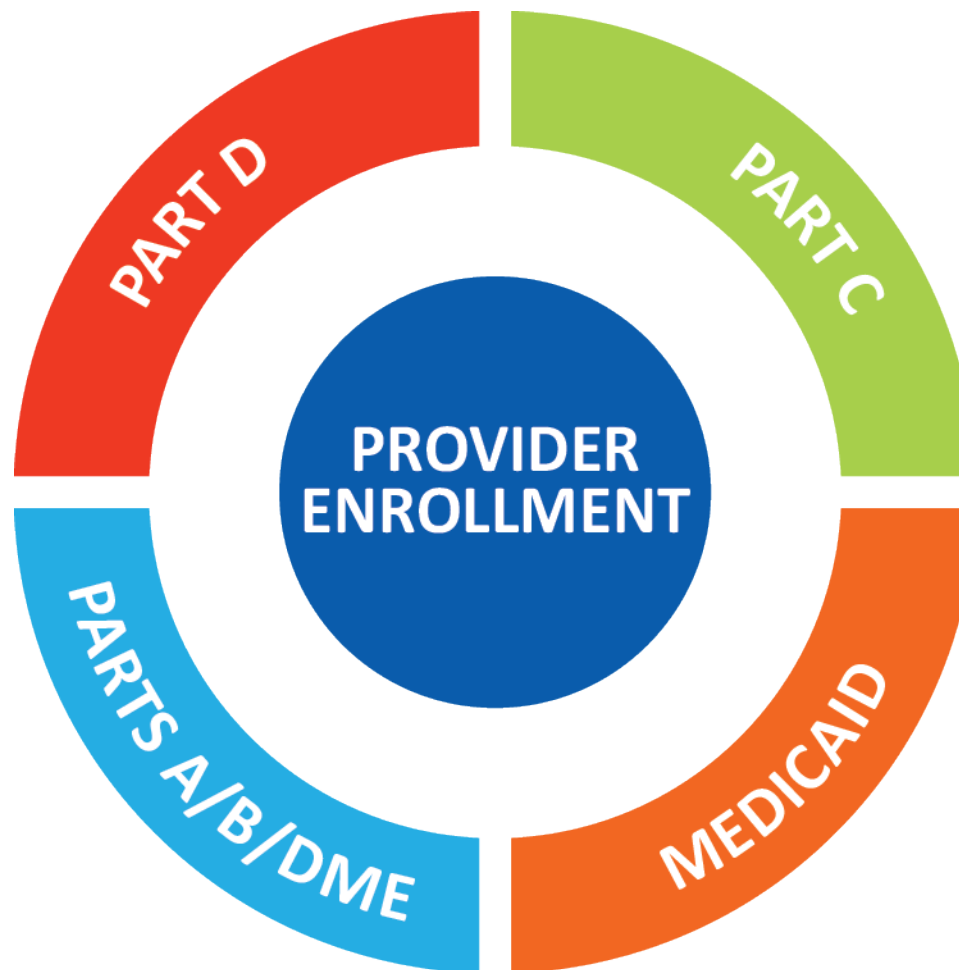
Opt Out File

- Currently opted-out of Medicare
- Updated quarterly

Connections Between All Programs



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





Poll Question 11



Question & Answer Session



Enforcement Actions

Adverse Legal Actions



Required during:

- Initial enrollment
- Within 30 days of the action

Applies to.....

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

Failure to report...

- **Deny application or revoke billing privileges**
 - Possible revocation back to the date of the action (*felony, sanction, exclusion*)

X **Felony conviction in last 10 years**

- Crimes against persons
- Financial crimes

X **Misdemeanor conviction in last 10 years**

- 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 **No longer required to report Medicare Payment Suspensions or CMS-Imposed Medicare Revocations (April 2018)** ★

Deactivations and Reactivations



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

- ✗ Non-billing for 12 months
- ✗ **Failure to respond to revalidation**
- ✗ **Failure to report a change with 90 days (practice location, managing employee)***
- ✗ Failure to report a change in ownership in 30 days

To **reactivate** Medicare billing privileges:

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



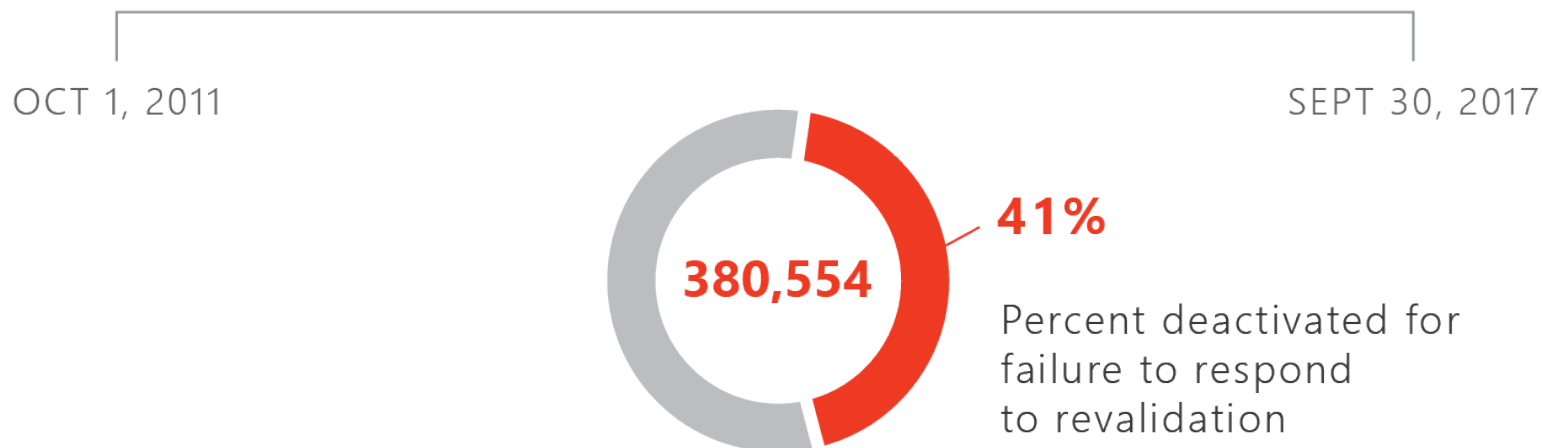
Billing privileges were paused, but can be restored upon the submission of a new enrollment application or updated information

** Reporting a change of information to the state, Regional Office, or another agency does not meet Medicare's reporting requirements and may lead to deactivation/revocation.*



DEACTIVATIONS

933,421



Reasons to Deny



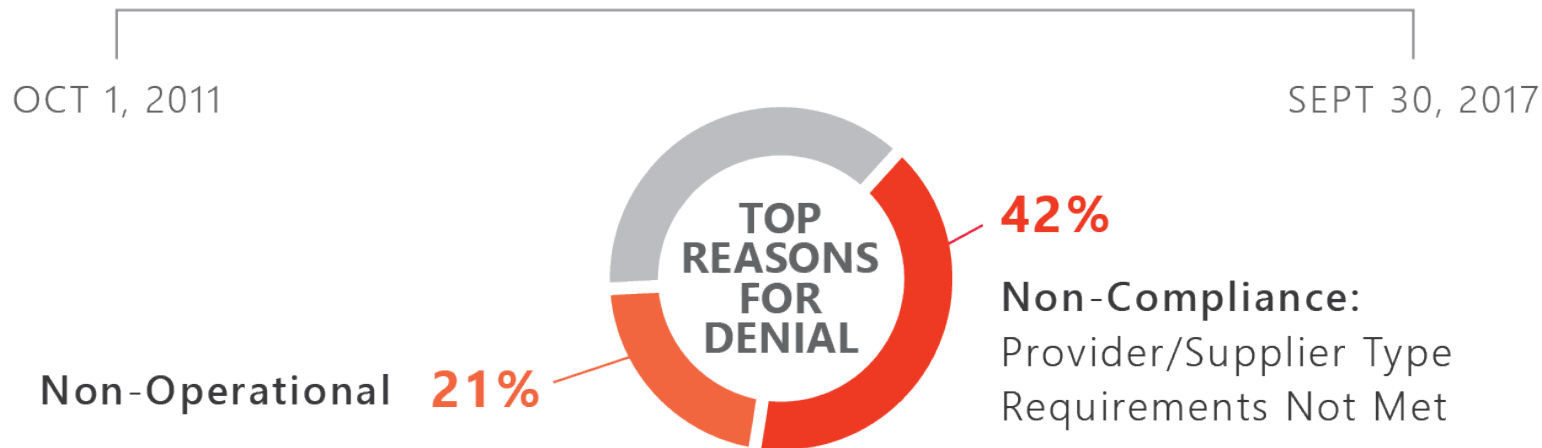
CMS can **deny** Medicare applications for:

- 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



DENIALS

12,904



Reasons to Revoke



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

- ✗ Felony conviction
- ✗ DEA suspended or revoked
- ✗ Medicaid billing privileges terminated
- ✗ Excluded from federal program
- ✗ Abusive prescribing
- ✗ Non-operational (onsite visit)
- ✗ Insufficient capital (HHA)
- ✗ Abuse of billing privileges
- ✗ Misuse of billing number
- ✗ **False or misleading information**
- ✗ Fee not paid (including if hardship exception denied)
- ✗ Noncompliance: document requirements
- ✗ **Noncompliance: program requirements**
- ✗ **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



REVOCATIONS
49,699

OCT 1, 2011

SEPT 30, 2017

How to Appeal



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.



Poll Question 12



Poll Question 13



Poll Question 14

Medicaid Terminations



MEDICARE REVOCATION IMPACT ON MEDICAID



* IF MEDICARE
REVOKES
"FOR CAUSE"...

IMPACT



THEN THE STATES
MUST TERMINATE
A PROVIDER FROM
THEIR PROGRAM

MEDICAID TERMINATION IMPACT ON MEDICAID



IF ONE STATE
TERMINATES
"FOR CAUSE"...

IMPACT



THEN ALL STATES
MUST TERMINATE
A PROVIDER FROM
THEIR PROGRAM

MEDICAID TERMINATION IMPACT ON MEDICARE



IF TERMINATED
FROM ANY
STATE
"FOR CAUSE"...

IMPACT



CMS HAS THE
DISCRETION
TO REVOKE
FROM MEDICARE

Medicaid Terminations



more than
1,900

Total **Medicaid**
TERMINATION
SUBMISSIONS

more than
600

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

more than
3,000

Total **Medicare**
REVOCATION
FILE ENTRIES



Poll Question 15



Question & Answer Session

Resources



cms.gov

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

cms.gov/Revalidation

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

PECOS.cms.hhs.gov

account creation, videos, providers resources , FAQs

888-734-6433

PECOS Help Desk

ProviderEnrollment@cms.hhs.gov

Provider Enrollment contact

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 and enrollment education products



Thank You

April 2018 | This summary material was part of an in-person presentation. It was current at the time we presented it. It does not grant rights or impose obligations. We encourage you to review statutes, regulations, and other directions for details.

If you need more accessibility options for the material, contact providerenrollment@cms.hhs.gov

Centers for Medicare & Medicaid Services