

Medicare Provider Enrollment 2013

Center for Program Integrity
Centers for Medicare & Medicaid Services



Provider Enrollment Focus for 2013

Improve the way providers view and interact with CMS while maintaining the integrity and security of provider information.

Core Areas :

- Customer Service
- Online Enrollment (PECOS)
- Data Accuracy & Integrity (Revalidation)
- Strengthen Fraud Prevention

CUSTOMER SERVICE

Take a proactive role in helping Providers get answer to questions and work more efficiently

What Providers Were Saying

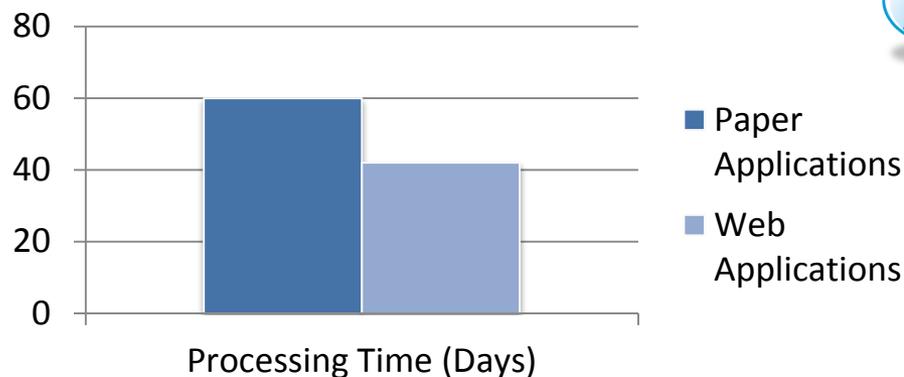


“...oh yea, we all call any MAC at least 3 times if we have a question. Then take the average answer... and you need to make sure you change up the time of day you call to make sure you get a new shift.” *(Lack of consistent information to the provider community when they contact a MAC does not create a feeling of confidence or trust.)*



“We have \$1M in billing at stake related to a single provider we have been working to enroll for months.” *(Providers lose millions of dollars a year due to processing delays.)*

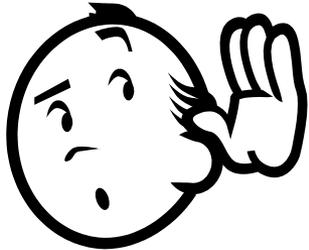
Avg. Processing Time



“Processing provider enrollment applications is second only in complexity to auditing Medicare Hospital Cost Reports” ...

-- *Senior Executive, Medicare Administrative Contractor (MAC)*

Our Change in Culture



We heard you!



...And we are here to help.

Provider & Medicare Contractor Focus Groups

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

 = Changes directly from groups like this in the last 12 months.

Culture of Customer Service

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

Proactive Education & Outreach

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



Recent Processing Improvements

(to support providers)

- Submit enrollment applications and updates 60 days in advance instead of 30 days.
- Ability to fax certain information to the MACs.
- Require MACs to develop for missing information rather than return the application due to being incomplete.

Recent Processing Improvements

(to speed up processing)

- Frequent workgroup calls with all MACs to ensure any policy or direction is communicated consistently and discussed as needed.
- E-Signature & Digital Documents
(These applications have 30% less development, and 25% faster processing time.)

PECOS ENHANCEMENTS

Increase the use of systems and reduce processing time by improving the tools and information available to Providers by enhancing PECOS.

What You Had to Say About PECOS!



“The changes you are making [to PECOS] are really great, but if I still need to send in a paper at the end of the process why should I go on line rather than submit paper.” *(30% of applications require some form of additional development for missing information.)*



“I like PECOS, but if it takes me 15 minutes to find the record I am looking for to even begin to make a change it is faster for me to just use paper.” *(Only 15% of providers are using internet based PECOS to enroll or submit changes to their Medicare enrollment.)*



“...the problem is that Providers are not the ones who update and manage their records, it is their office manager or the credentialing staff at the group they work for that does all the real work.” *(Program, processes, and system complexity makes it longer to do anything, and most programs or systems do not account for the reality of how the industry functions.)*

Our Solution: Provider Driven Changes



Increase Usability:

Evaluate the user experience from start to finish, simplify online registration processes, reduce data entry time, and provide tools for large groups and organizations.



All Digital Process:

Remove paper from the enrollment process, leverage new and existing best practice technology, and allow increased connectivity for large providers.



Transparency:

Increased access to information and communication about the status of enrollments.

Updated PECOS Homepage

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

(*) Red asterisk indicates a required field.

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

USER LOGIN

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

LOG IN

[Forgot Password?](#)

[Manage/Update User Profile](#)

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

Note: If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759.

Enrollment Tutorials

- [Sole Proprietor Enrollment Tutorial](#)
Step-by-step demonstration of an initial enrollment scenario for an individual sole proprietor.
- [Sole Owner Enrollment Tutorial](#)
Step-by-step demonstration of an initial enrollment scenario for an individual sole owner.
- [Change of Information Application Tutorial](#)
Step-by-step demonstration of a change of information scenario.
- [Reassignment of Benefits Application Tutorial](#)
Step-by-step demonstration of an initial enrollment for an individual reassigning benefits to an organization.

Provider & Supplier Resources

- [Pay Application Fee](#) - Pay your application fee online. [View the list of Providers and Suppliers](#) who are required to pay an application fee.
- [Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.
- [Ordering and Referring Information](#) - Learn about the Ordering & Referring enrollment process.
- [Ordering & Referring List](#) - View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.

- Improved homepage layout with quicker access to what providers need most.
 - ✓ Access to account information.
 - ✓ Video walkthroughs of how to enroll or update your information using PECOS.
 - ✓ Direct links to resources such as revalidation mailing and ordering & referring lists.



Filter, Search, and Reformat

Filter Enrollments

Enrollment Type: NPI:

Enrollment Status: Medicare ID:

State:

Existing Enrollments

Contractor: NATIONAL SUPPLIER CLEARINGHOUSE
Enrollment Type: 855S
Type/Specialty: Pharmacy
Medicare ID: XXXXXX
State: MARYLAND
Status: APPROVED

Practice Location: 7210 AMBASSADOR RD, BALTIMORE, MD 212442709

Type of Update	Status	Tracking ID	Action
Revalidation	EDIT	T033020 XXXXXX	<input type="button" value="VIEW"/> <input type="button" value="MORE OPTIONS"/>

New Enrollments

Contractor: NATIONAL SUPPLIER CLEARINGHOUSE

Enrollment Type: 855S

Type/Specialty: Oxygen & Equipment
State: DELAWARE
Status: SUBMIT
Practice Location: 64 CLINTON ST, DELAWARE CITY, DE 19708
Tracking ID: T0330201 XXXXXX

- Allow large groups or chains to quickly find particular enrollments.
- ✓ Search & Filter (Enrollment Type, NPI, Enrollment Status, Medicare ID, State, and Specialty)
- ✓ Increased information about each enrollment up front.
- ✓ Ability to see the status of changes that have been submitted.
- ✓ Ability to see if a request for revalidation has been sent by the MAC.



View All Current Enrollment Information on a Single Screen & Quickly Update

- The ability to switch between a Topic View (walkthrough driven mode), and Fast Track View (advanced data entry mode).

Topic View | **Fast Track View** | **Error/Warning Check 3**

Enrollment ID: Q00120614000026
xxxxxxx
PaCID: 1456519040020120614000026
Web Tracking ID: T001020120000008
xxxxxxx

Reason for Application
Enrolled Supplier is Revalidating their Enrollment Information

Topics

Organization Information

JAMAICA HEALTH 60-6012012
xxxxxxx

Effective Date of TIN: 06/01/2012
Type of Organization Structure: Sole Owner
IRS Proprietary/Non-Profit Status: Proprietary

[GO TO TOPIC >>](#)

Vehicle Information

You have indicated that the applicant does not have any information for this topic.

[GO TO TOPIC >>](#)

Geographic Location

This topic is not applicable for this enrollment application.

[GO TO TOPIC >>](#)

Rendering Healthcare Services at a Patient's Home

You have indicated that the applicant does not have any information for this topic.

[GO TO TOPIC >>](#)

Upload Digital Documents

Required and/or Supporting Documentation Summary Page

Topic Summary

This topic requests information regarding Required and/or Supporting documentation that is applicable to the provider's application. You may digitally upload any Required and/or Supporting documentation and submit them electronically as part of the application.

Note: Required and/or Supporting documentation digitally uploaded do not need to be mailed.

Required and Supporting Documents

Before you get started, please review the Required and/or Supporting Documentation that are applicable to your submission.

[View Required and/or Supporting Documentation](#)

Upload Documentation

* Do you wish to upload Required and/or Supporting documentation to your submission?

- Yes
 No

Please select any required or supporting document to upload as an attachment:

* Required and/or Supporting documentation uploaded do not need to be mailed in
* Each file being uploaded should contain only one require/supporting document. Multiple documents within one single file uploaded is not valid

Document Type	Document Name
Select Document Type	C:\Documents and Settings\klyianag\Desktop\082410 Cente
	<input type="button" value="Browse"/>
	<input type="button" value="Upload"/>

Current Uploaded Documents

No Required and/or Supporting Documentation has been uploaded.

[PREVIOUS TOPIC](#)

[NEXT TOPIC](#)

- Ability to upload electronic versions of supporting documents during completion of an enrollment application.
- ✓ View a dynamic “required documents list” based on enrollment application type.
- ✓ Reduce paper.
- ✓ Reduce application processing time.

Add & Store Multiple Contacts

Contact Person Information

Robert Smith

Relationship/Affiliation to Provider/Supplier: Provider/Supplier
Address: 7210 Ambassador Rd
Baltimore, MD 21244 -2709
Telephone: (888) 888-8888
E-mail Address: robert.smith@community XXXXXX

[EDIT](#) [DELETE](#)

Jamie Roberts

Relationship/Affiliation to Provider/Supplier: Authorized Official
Address: 600 RED BROOK BLVD
OWINGS MILLS, MD 21117 -5192
Telephone: (555) 555-5555
E-mail Address: jamie.roberts@surrogat XXXXXX

[EDIT](#) [DELETE](#)

[« PREVIOUS TOPIC](#) [GO TO ERROR CHECK »](#) [RETURN TO TOPICS »](#)

- ✓ Providers are now able to enter and store multiple contact persons in the Contact Person Information section.

E-Signature

E-Signature Submission

(*) Red asterisk indicates a required field.

E-Signature Instructions

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

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

Certification Statement Terms and Conditions

Certification Statement for Individual Practitioners

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

Do you accept the Terms and Conditions?

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

Authorization Statement Terms and Conditions

AUTHORIZATION STATEMENT (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1. Title XVIII of the Social Security Act prohibits payment for services provided by an individual practitioner to be paid to another individual or supplier unless the individual practitioner who provided the services specifically authorizes another individual or supplier (employer,

Do you accept the Terms and Conditions?

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

- Ability to electronically sign any application submission (*including ones that require multiple signatures*)

✓ Reduces paper.

✓ Reduces application processing time.

Quick HTML View

Printable HTML Record of the information currently on record with CMS (and any pending submissions)

Existing Enrollments

Contractor: NOVITAS SOLUTIONS, INC.
 Enrollment Type: 855I
 Type/Specialty: DERMATOLOGY
 Medicare ID: 23 XXXXXX
[View Medicare ID Report](#)
 State: MARYLAND
 Status: APPROVED [View Enrollment Record](#)

Current ADI Accreditation?: No

Type of Update	Status	Tracking ID
Change of Information	EDIT View Enrollment Record	T091720120000

CURRENT MEDICARE ENROLLMENT RECORD

Enrollment Record Summary

Enrollment ID: I201 XXXXXX
 PAC ID: XXXXXX
 Enrollment Status: Approved
 Enrollment Status Date: 06/22/2012

This is your current Medicare Enrollment in PECOS. **This is not a Medicare Application, please do not upload this record to your electronic submission or mail this record to your Fee For Service Contractor.**

Report Date: 09/17/2012 [View Printer Friendly Version](#)

PERSONAL INFORMATION: Anne Jones

Date Of Birth	SSN	Gender	IRS Proprietary/Non-Profit Status	Accepting New Patients?
XXXXXX	XXX-XX-XXXX	Female	Non-Profit	Yes

Type of Other Name	Other Name	Medicare ID	Medicare ID Type	Medicare ID Effective Date
Former or Maiden Name	A.J.	XXXXXX	PIN	04/22/2012

Country of Birth	State of Birth	Medicare School or Other Professional School	Year of Graduation
United States	Wyoming	Virginia Commonwealth University	1988

PHYSICIAN SPECIALTY

Physician Type	Primary Physician Specialty	Secondary Physician Specialty
Physician	Internal Medicine	

PHYSICAL LOCATION and "SPECIAL PAYMENTS" Information

Physical Location Name	Effective Date	Location Type	Physical Address	Medicare ID	NPI
Jones Medical	04/22/2012	Practice Location	Kenneweg Court	XXXXXX	XXXXXX

Payments Address: 222 Arthur Rd
Clarks XXXXXX
 CLIA/FDA Certification Number(s):



Transparency for Groups Accepting Reassignments

In an effort to provide more information readily & increase transparency, we have a Reassignment Report available for groups. The report allows for groups to see the status of all providers that have reassigned benefits, and download a report if needed.

[Home](#) > [My Enrollments](#) > Reassignment Report

Reassignment Report						
Note: Please click on the "Download Report" button to download this report in CSV format.						
Provider Name	NPI	Current Enrollment Status	Enrollment State	Revalidation Notice Sent Date	Revalidation Status	
BRACKENRICKER, BRENT	1003819012	APPROVED	ARIZONA	N/A	N/A	
PAUL, DEAN	8242389463	APPROVED	OREGON	N/A	N/A	
KIRK, JAMES	1265435135	APPROVED	LOUISIANA	N/A	N/A	
TALBOT, MAXIME	3029480293	APPROVED	ARIZONA	N/A	N/A	
MNX, MNZ	1000000001	APPROVED	IDAHO	N/A	N/A	
GUY, NEWER	1861462681	APPROVED	UTAH	N/A	N/A	
KITTY, SPIDEY	1427051523	APPROVED	WISCONSIN	N/A	N/A	
THREE, SUPERVISING	1003819103	APPROVED	MONTANA	N/A	N/A	
HARRIS, WILLIAM	0809801010	APPROVED	IDAHO	N/A	N/A	

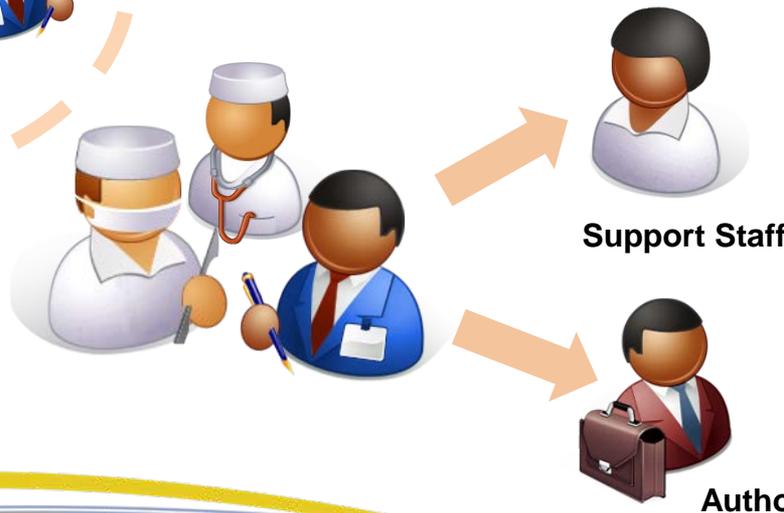
[PREVIOUS PAGE](#) [PRINT](#) [DOWNLOAD REPORT](#)



Simplified Access for Individual Providers, Organizations & Support Staff



- **Reset forgotten passwords and usernames online, without calling CMS.**
- Streamlined process for Organizations to register an Authorized Official.
- Ability for Organizations and Providers to quickly approve Staff or others to work on their behalf.



Additional Changes



Ability to select previously used address information when completing an application.



Reducing the number of screens and steps for frequent changes and Revalidation.



Ability to quickly update and resubmit any application returned for corrections.



Ability to electronically submit EFT updates via PECOS as part of any application submission.

DATA ACCURACY & INTEGRITY (REVALIDATION)

Revalidation: What is it?

What is the Revalidation Project ... and how will it affect me?

- The revalidation project is an effort by CMS, mandated by Section 6401(a) of the Affordable Care Act, to verify all information on file for existing Medicare Providers, and to ensure they meet all standards associated with the new screening criteria.
- Approximately 1.5 Million Providers & Suppliers must be revalidated by **March 25, 2015**.
- Sometime in the next 24 months you will receive a request to revalidate the information on your Medicare enrollment(s).

Revalidation: Overview

- All providers/suppliers enrolled with Medicare prior to March 25, 2011 must revalidate their enrollment information.
- Providers/suppliers must submit the revalidation application only after being asked by their MAC to do so.
- All providers/suppliers must be revalidated every 5 years.
 - DMEPOS Suppliers must be revalidated every 3 years

Revalidation: MAC Customer Service

- The MAC will conduct multiple outreach attempts before administrative action is taken.
- The MAC will deactivate instead of revoke if you don't respond.
- The MAC will accept Fax/Email submission of supporting documents.
- Documents already on file do not need to be resubmitted.
- Extensions may be granted by the MAC.

Revalidation: via Internet Based PECOS

Internet-Based PECOS – The quickest way to revalidate.

(<https://pecos.cms.hhs.gov>)

- Revalidation Dates
- Accessing Sample Revalidation Letters
- Status of your Revalidation Application
- Fast Track View

Revalidation: Phase 3

- July 2013 through March 2015
- Start the revalidation process for all remaining providers/suppliers required by ACA prior to March 25, 2015
- Continued customer oriented focus
 - Phone call notification for no-response
 - Deactivation rather than revocation
 - On-line submission – PECOS Revalidation Fast Track

Revalidation: Outreach

- Post revalidation mailing list monthly on CMS.gov
- Reference tools (FAQs, MLN articles) available online for providers and MACs
- Continue quarterly focus groups with providers/suppliers
- Continue to address provider associations through MAC Sponsored Outreach Events, AMA Workgroups, Open Door Forums, etc.

Revalidation: Top 10 Questions from Providers

- 1. If I have different Enrollments in different states, will I receive all the requests at the same time?** – No, each MAC is responsible for sending their own mailings.
- 2. How will I know when to expect my letter?** – You will receive a letter in a yellow envelope, it will be posted on CMS.gov, and it will be listed on your enrollment in PECOS.
- 3. What do I need to do to receive an extension, and what reasons are approved?** – Call your MAC. There are a wide number of reasons and CMS has instructed them to accept all reasonable requests.
- 4. Does the Application Fee apply to me?** – If you are a provider or supplier that meets the requirement listed in CMS 6028, then yes. (see PECOS Homepage for a simple list)
- 5. What happens if I don't reply to a request to Revalidate?** – You have 60 days to respond, after which time you will be deactivated.

Revalidation: Top 10 Questions from Providers

6. **What if I have multiple Medicare IDs, will I get letter for each one?** – If you received a notice during Phase I you may have received a letter for each Medicare ID; however, from Phase II forward you will receive a letter for each enrollment.
7. **What if I receive a notice for a Medicare ID I don't recognize?** – Complete your revalidation based on information you know to be correct, and alert your MAC to deactivate any numbers that are no longer valid, or you do not recognize.
8. **Will all of the Members in my group get the letter at the same time?** – No. Groups and Individuals that reassign benefits will be sent separate independent notices. Regardless of a providers reassignment status, they are responsible for revalidating their own record.
9. **What address will my Revalidation Notice be sent to?** Your revalidation notice will be sent to your Correspondence Address on record and Physical Location.
10. **Where can I go for more information about Revalidation?** You can visit the PECOS homepage, or CMS.gov for the list of notices sent, sample revalidation letter, FAQs, and other helpful tips.

Revalidation Resources

- Sample A/B Revalidation Letter
<https://www.cms.gov/MedicareProviderSupEnroll/Downloads/SampleRevalidationLetter.pdf>
- SE1126: Further Details on the Revalidation of Provider Enrollment Information [SE1126](#)
- MM7350: Implementation of Provider Enrollment Provisions in CMS-6028-FC [MM7350](#)
- SE1130: Implementation of Pay.gov Application Fee Collection Process through PECOS [SE1130](#)

NATIONAL FRAUD PREVENTION PROGRAM

New Programs, updated regulation, and increased awareness to the community to help prevent, detect, and take immediate action against fraud, waste, and abuse.

National Fraud Prevention Program: New Programs and Initiatives



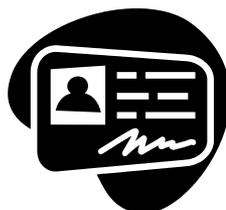
Automated Provider Screening

Uses thousands of independent databases to validate information, in an effort to improve and standardize the enrollment data verification by MACs.



Fingerprinting and Background Checks

Adding requirements for fingerprinting and background checks for High Risk Providers and their owners.



Increased Identify Verification (Identity Proofing)

Add Identity Proofing processes to ensure the person who is logging into an enrollment system is who they say they are.



CPI Command Center

Cross agency health care investigation teams taking immediate action on Medicare and Medicaid fraud

Updated Regulation: Ordering & Referring

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

- CMS is closely monitoring the number of providers not yet enrolled or registered with Medicare, and the number of informational messages.
- Part B, DME & HHA Providers are being contacted when there have been Organizational NPIs (Type II NPIs) on the claim.

Updates on Ordering and Referring Edits

Continued education and outreach:

- The physician or non-physician practitioner who has elected to order and refer must be enrolled in Medicare in an approved or opt-out status.
- The ordering/referring National Provider Identifier (NPI) must be for an individual physician or non-physician practitioner (not an organizational NPI).
- The physician or non-physician practitioner must be of a specialty that is eligible to order and refer.
- CMS-8550 is the Medicare enrollment form to register to solely order and refer.

Updates on Ordering and Referring Edits

Interns and Residents:

- The final rule states that State-licensed residents may enroll to order or refer and may be listed on claims.
- Claims for covered items and services from un-licensed interns and residents may still specify the name and NPI of the teaching physician.
- If States provide provisional licenses or otherwise permit residents to practice or order and refer services, interns and residents are allowed to enroll to order and refer consistent with State law.

Ordering and Referring: Top 10 Questions from Providers

- 1. How should the ordering or referring provider's name be listed on the claim? –**
The ordering/referring provider's full legal name should be included on the claim. The edits will compare the first letter of the first name and the first four letters of the last name. NPPES, PECOS and the name used on the claim form should all match. Middle names (initials) and suffixes should not be listed in the ordering/referring fields.
- 2. Will claims be denied for providers who appear on the Pending Contractor Review report on CMS.gov when the edits are turned on? –** Yes, CMS will deny claims for ordering/referring providers that appear on the list in a pending status as of May 1st.
- 3. Does the ordering/referring requirement apply to referrals to physician specialists? -** No

Ordering and Referring: Top 10 Questions from Providers

- 4. How will technical vs. professional components of imaging services be affected by the edits?** – The edits will impact the technical component of imaging services furnished by IDTFs, mammography centers, portable X-ray facilities, and radiation therapy centers that are enrolled in Medicare via the CMS–855B. The professional component will not be impacted.
- 5. Are claims submitted for Part B drugs excluded from the denial edits?** – Yes
- 6. What is the appropriate action to take if the ordering and referring provider is listed on the ordering and referring file on CMS.gov but the billing provider is still receiving informational messages?** – Ensure the name of the ordering and referring provider used on the claim matches the name on the ordering and referring file found on CMS.gov. Contact your local Medicare Administrative Contractor (MAC).

Ordering and Referring: Top 10 Questions from Providers

7. **If the ordering or referring provider enrolls in Medicare after a service has been provided, will the claim be paid after the enrollment is complete?** – The edits are based on the date of service (DOS). The ordering/referring provider is required to be enrolled in Medicare prior to the DOS, otherwise, the claim will be denied.
8. **Do the ordering/referring edits apply to Hospitalist who are licensed physicians employed by a hospital?** - Doctors of medicine or osteopathy, and doctors of podiatric medicine are the only Medicare-enrolled individual physicians who may order/refer for Part A when a plan of treatment is needed and submitted from an HHA for beneficiary services. If the hospitalist is either of those specialties then they may order/refer.
9. **Are hospital-based physician services excluded from the denial edits?** – Yes
10. **What action can I take if my claim is denied by the edits?** - Providers can file an appeal or work through their local Medicare Administrative Contractor (MAC).

Ordering and Referring Educational Material

Available on CMS.gov regarding provider enrollment and ordering and referring.

- [MM6417](#) – Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)
- [MM6421](#) – Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers' Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- [MM6129](#) – Ordering/Referring Information on Ambulatory Surgical Center (ASC) Claims for Diagnostic Services
- [MM6856](#) - Expansion of the Current Scope of Editing for Attending Physician Providers for free-standing and provider-based Home Health Agency (HHA) claims processed by Medicare Regional Home Health Intermediaries (RHHIs)
- [SE1305](#) - Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)

Wrap Up!

- ✓ **We hear you**, and are improving customer service and processing guidance to help.
- ✓ **PECOS has more information** about your records on file, has improved with your input, and is now a fully electronic process – ensuring your application will be processed faster than submitting paper.
- ✓ **Revalidation is here**, you will receive a notice when it applies to you, and there will be multiple ways to check if a notice was sent to you.
- ✓ **We are taking immediate and collaborative action** to investigate and stop fraud, waste, and abuse.

Questions and Discussion

Zabeen Chong

Director, Provider Enrollment Operations Group

&

Mark Majestic

Deputy Director, Provider Enrollment Operations Group

Center for Program Integrity

Centers for Medicare & Medicaid Services

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Presentation Date: April 2013