



News Flash – It is not too late to start participating in the 2010 Physician Quality Reporting Initiative (PQRI) and potentially qualify to receive incentive payments. A new six month reporting period begins on July 1, 2010. The 2010 Physician Quality Reporting Initiative (PQRI) has two reporting periods: 12-months (January 1-December 31, 2010) and 6-months (July 1-December 31, 2010). For 2010, eligible professionals (EPs) who satisfactorily report PQRI measures for the 6-month reporting period will become eligible to receive a PQRI incentive equal to 2.0% of their total Medicare Part B allowed charges for services performed during the reporting period. To access all available educational resources on PQRI please visit, <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters® Number: MM6842

Related Change Request (CR) #: 6842

Related CR Release Date: May 28, 2010

Effective Date: June 28, 2010

Related CR Transmittal #: R7120TN

Implementation Date: June 28, 2010

Note: This article was updated on November 23, 2012, to reflect current Web addresses. All other information remains unchanged.

One-Time Mailing of Solicitation Letter to Physicians and Non-Physician Practitioners Who Are Currently Enrolled In Medicare But Who Do Not Have Enrollment Records In The Provider Enrollment, Chain and Ownership System (PECOS)

Provider Types Affected

Physicians and non-physician practitioners who are currently enrolled in Medicare but who do not have an established enrollment record in PECOS are affected by this issue.

Provider Action Needed

Physicians (doctors of medicine or osteopathy, dental medicine, dental surgery, podiatric medicine, optometry, and chiropractic medicine), physician assistants, certified clinical nurse specialists, nurse practitioners, clinical psychologists, certified nurse midwives, or clinical social workers should establish and update a record in the Medicare PECOS if they do not already have a record in that system. This article, based on CR 6842, advises you that your Medicare contractor will be

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

mailing the letter shown in the attachment to CR 6842 if you do not have a record in PECOS. The letter will request that you take the steps to establish such a record and will explain how to do so. It is important that you maintain your enrollment information to ensure you are eligible for future Medicare initiatives and incentives.

Background

The letter will explain that Medicare records indicate you do not have an enrollment record in PECOS because you enrolled in Medicare prior to implementation of PECOS and you have not submitted any updates or changes to your Medicare enrollment information in the past 6 (or more) years.

You should know that if you *do not* have an enrollment record in PECOS:

- Your information may not be current and updating your record in PECOS ensures payment accuracy for the services you provide to Medicare patients.
- It is possible that you may not be able to receive incentive payments from Medicare for meaningful use of certified electronic health records. These incentive payments are authorized by the American Recovery and Reinvestment Act of 2009. More information on this initiative, also known as HITECH, is available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/Recovery/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.
- Many physicians and non-physician practitioners order items or services for Medicare beneficiaries. You need an approved enrollment record in PECOS to continue to refer or order items or services for your Medicare patients.

If you do not have a current and active Medicare enrollment record, it is imperative that you take the necessary action to establish your enrollment record as soon as possible.

You can do this in one of two ways, whichever you prefer:

- *Use Internet-based PECOS to complete and send your enrollment application to the Medicare carrier or A/B MAC via the Internet.* Before you begin, be sure you have a National Provider Identifier (NPI) and have created a User ID and password in the National Plan and Provider Enumeration System (NPPES). You will need the NPPES User ID and password in order to access Internet-based PECOS. If you need help creating an NPPES User ID and password, or if you are not sure you ever created them or cannot remember what they

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

are, you may contact the NPI Enumerator for assistance at 1-800-465-3203. Visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> to read the documents that are available about Internet-based PECOS on the CMS Provider/Supplier Enrollment webpage. Having that information at hand before you access the system, could avoid the need to contact the CMS End User Services (EUS) Help Desk for assistance after you begin.

- *Fill out the appropriate paper Medicare provider enrollment application(s) (CMS-855I and, if appropriate, the CMS-855R as well) and mail the application(s), along with any required additional supplemental documentation, to the Medicare carrier or A/B MAC. These forms are downloadable from the CMS Provider/Supplier Enrollment web page (shown above) or the CMS forms page <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/index.html> on the CMS website.*

Additional Information

The official instruction, CR 6842, issued to your Medicare carrier and or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7120TN.pdf> on the CMS website.

CMS's Proposed Rule for incentive payments from Medicare for the meaningful use of certified electronic health records may be viewed at <http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf> on the Internet. Additional information about the Electronic Health Records initiative is available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/Recovery/index.html> on the CMS website.

The Medicare Learning Network Catalog has three fact sheets explaining provider enrollment responsibilities enrolled in the Medicare program. Go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MLNCatalog.pdf> on the CMS website to view these fact sheets which are briefly described as follows:

- *Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program (Suggested for physicians)*
After enrolling in the Medicare Program, all physicians are responsible for maintaining and reporting changes in their Medicare enrollment

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

information to their designated Medicare contractor. This fact sheet outlines such reportable events for physicians.

- *Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program* (Suggested for non-physician practitioners)
After enrolling in the Medicare Program, all non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for individual non-physician practitioners.
- *Fee-For-Service Provider Enrollment Reporting Responsibilities for Physician Group Practices Enrolled in the Medicare Program* (Suggested for physician group practices)
After enrolling in the Medicare Program, all physician group practices are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for physician group practices.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.