

National Provider Call
October 10, 2012

**Provider Enrollment Operations
Group**
Centers for Program Integrity



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RECENT PROCESSING IMPROVEMENTS

Recent Processing Improvement

(to support providers)

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

Recent Processing Improvement

(to speed up processing)

- Frequent workgroup calls with all MACs to ensure any policy or direction is communicated consistently and discussed as needed.
- Centralized site visit contractor to ensure consistency and timely processing.
- E-Signature & Digital Documents

Upcoming Changes

- **Evaluating Processes** – We are reviewing processes such as Survey & Cert to identify areas where processing time can be reduced.
- **Standardization of Letters** – We are standardizing all letters sent by contractors to ensure clarity and consistency.
- **855 Form Updates** – We are updating all enrollment forms to reduce redundant data collection, and streamline data entry.
 - 855O July '12 (Released)
 - 855S January '13 (Tentative)
 - 855A, B, I, and R - January '14 (Tentative)

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.
- Moving forward, all DMEPOS Suppliers must be revalidated every 3 years, and all other providers/suppliers must be revalidated every 5 years.

Revalidation: MAC Customer Service

- MACs will conduct multiple outreach attempts before administrative action is taken.
- MACs will deactivate instead of revoke if you don't respond.
- MACs 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: A Structured Process

...to reduce the burden on the providers

- CMS identifies who to revalidate in each phase of the revalidation project and provides a list to the MAC
- MACs mail specific revalidation requests to providers
- Providers act quickly upon receiving the revalidation request to ensure no issues

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 Request
- Fast Track View

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
- Continue to address provider associations through MAC Sponsored Outreach Events, AMA Workgroups, Open Door Forums, etc.

Revalidation:

Top 10 Questions from Providers & Suppliers

- 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 notice 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 & Suppliers

6. **What if I have multiple Medicare IDs, will I get letter for each one?** – If you received a notice during Phase I you received a letter for each, however from Phase 2 forward you will receive a letter based on your enrollment (and all associated Medicare IDs).
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 or 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, and other helpful tips.

ORDERING AND REFERRING

Updated Regulation: Ordering & Referring

Ordering & Referring: 6010 requires all Providers who Order or Refer services for certain procedures, services, or medical equipment, must be enrolled or registered with Medicare, or claims by ordering and certifying provider or supplier will be denied.

- CMS will give a minimum of **60 days advanced notice** to the provider community before the edits are turned on.
- CMS is closely monitoring the number of providers not yet enrolled or registered with Medicare, and the number of informational messages.
- Interns & Residents will be required to fully enroll or complete 855O (via Paper or through PECOS Web).
- DME & HHA Providers are being contacted when there have been Organizational NPIs (Type II NPIs) on the claim.

Updated Regulation: Ordering & Referring

Requirements: Interns and Residents

- The final rule states that State-licensed residents may enroll to order and/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.

PECOS ENHANCEMENTS

Updated 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 provider needs 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

- 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.

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	T0330: 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: T0330 XXXXXX

View all current enrollment information on a single screen and 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: 0201201 xxxxxxxx
PacID: 1456519040020120614000026
Web Tracking ID: T091020 xxxxxxxx

Reason for Application
Enrolled Supplier is Revalidating their Enrollment Information

Topics

Organization Information

JAMAICA HEALTH 60 xxxxxxxx

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 >>](#)

Primary & Secondary Practice Location

Reassignment to: Friday Organization

Effective Date of Information: 08/24/2012 Medicare Identification Number(s):
Tax Identification Number (TIN): 12-XXXXXXX **ADD**
National Provider Identifier: 1811XXXXXXX

DELETE

Practice Location Address:

Primary Practice Location Address:
7210 Ambassador Rd
Baltimore, MD 21244

Secondary Practice Location Address:
7500 SECURITY BLVD
BALTIMORE, MD 21244 -1849

DELETE

Providers can now specify a “Primary and Secondary Practice Location” when reassigning benefits that will then be published to Physician Compare

Geo-Location by County

Geographic Location (Mobile/Portable Services)

(*) Red asterisk indicates a required field.

Geographic Location By County

Note: Use the Add More button to specify more than one County.

* State	* County	* Effective Date of Information mm/dd/yyyy
MD	BALTIMORE	09/01/2012
MD	CARROLL	09/01/2012
MD	HARFORD	09/01/2012
MD	<input type="text" value="CECIL"/>	<input type="text" value="09/01/2012"/>

Providers now have the option to select “County” in the “Geographic Location” topic when identifying the Geographic Location where services are rendered for CMS 855A and CMS 855B enrollment applications

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

Current Uploaded Documents

No Required and/or Supporting Documentation has been uploaded.

- 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@communityl xxxxxxxx

[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@surrogateh xxxxxxxx

[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 Information section.

E-Signature

- Ability to electronically sign any application submission (*including ones that require multiple signatures*)
 - Reduces paper.
 - Reduces application processing time.

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.

Transparency for Groups Accepting Reassignments

Allow Part B groups to View and Download reports to see a list of all providers that have reassigned benefits to them.

[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	XXXXXXXX	APPROVED	ARIZONA	N/A	N/A
PAUL, DEAN	XXXXXXXX	APPROVED	OREGON	N/A	N/A
KIRK, JAMES	XXXXXXXX	APPROVED	LOUISIANA	N/A	N/A
TALBOT, MAXIME	XXXXXXXX	APPROVED	ARIZONA	N/A	N/A
MNX, MNZ	XXXXXXXX	APPROVED	IDAHO	N/A	N/A
GUY, NEWER	XXXXXXXX	APPROVED	UTAH	N/A	N/A
KITTY, SPIDEY	XXXXXXXX	APPROVED	WISCONSIN	N/A	N/A
THREE, SUPERVISING	XXXXXXXX	APPROVED	MONTANA	N/A	N/A
HARRIS, WILLIAM	XXXXXXXX	APPROVED	IDAHO	N/A	N/A

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

Display all Medicare IDs

Providers will now be able to see a report of all Medicare IDs associated with a particular enrollment record.

[Topic View](#)
[Fast Track View](#)
[Error/Warning Check 3](#)

Enrollment ID: I20120XXXXXX
 PacID: 1456519040020120808000019
 Web Tracking ID: T090620XXXXXX

Reason for Application

Enrolled Provider is Updating their Enrollment by .

Medicare ID Report

Select the hyperlink to view the Medicare ID Report.
[View Medicare ID Report](#)

Topics

The data required for this enrollment application is submit this enrollment application, you must comp

Medicare ID Report

The following report displays Medicare ID(s) for the listed provider/organization. The report shows Medicare ID(s) associated with Reassignment of Benefits, Practice Locations, and non-associated Medicare ID(s):

Name: MONICA GELLER **NPI:** XXXXXX

Medicare ID(s) associated with a Practice Location:

Medicare ID	Practice Location Name	Practice Location Address
XXXXXX	PRACTICE LOCATION	8918 NEENAH AVE MORTON GROVE XXXXXX

Medicare ID(s) associated with a Reassignment of Benefits:

Medicare ID	Name/LBN of Provider Receiving Reassignment	NPI of Provider Receiving Reassignment
XXXXXX	MARK JOHNSON	XXXXXX
XXXXXX	MARK JOHNSON	XXXXXX
XXXXXX	VILLAGE OF NILES	XXXXXX
XXXXXX	VILLAGE OF NILES	XXXXXX
XXXXXX	VILLAGE OF NILES	XXXXXX

Quick HTML View

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

Existing Enrollments								
<p>Contractor: NOVITAS SOLUTIONS, INC. Enrollment Type: 855I Type/Specialty: DERMATOLOGY Medicare ID: XXXXXX View Medicare ID Report State: MARYLAND Status: APPROVED View Enrollment Record</p> <p>Current ADI Accreditation?: No</p> <table border="1"> <thead> <tr> <th>Type of Update</th> <th>Status</th> <th>Tracking ID</th> </tr> </thead> <tbody> <tr> <td>Change of Information</td> <td>EDIT View Enrollment Record</td> <td>T091720120000</td> </tr> </tbody> </table>			Type of Update	Status	Tracking ID	Change of Information	EDIT View Enrollment Record	T091720120000
Type of Update	Status	Tracking ID						
Change of Information	EDIT View Enrollment Record	T091720120000						

CURRENT MEDICARE ENROLLMENT RECORD					
<p>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.</p> <p>Report Date: 09/17/2012 View Printer Friendly Version</p>					
Enrollment Record Summary					
<p>Enrollment ID: XXXXXX PAC ID: XXXXXX Enrollment Status: Approved Enrollment Status Date: 06/22/2012</p>					
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	CLIA/FDA Certification Number(s)				
222 Arthur Rd Clarkson	XXXXXX				

Additional Changes

- Ability to select previously used address information when completing an application.
- 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.
- Reducing the number of screens and steps for frequent changes and Revalidation.
- View DME License Information, and ADI accreditation.
- Ability to convert an 8550 registration to an 8551 enrollment record.

Questions and Discussion

Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!

