### 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.
  - 8550 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. (<a href="https://pecos.cms.hhs.gov">https://pecos.cms.hhs.gov</a>)

- 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, OpenDicenter 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 <u>minimum</u> 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 8550 (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**

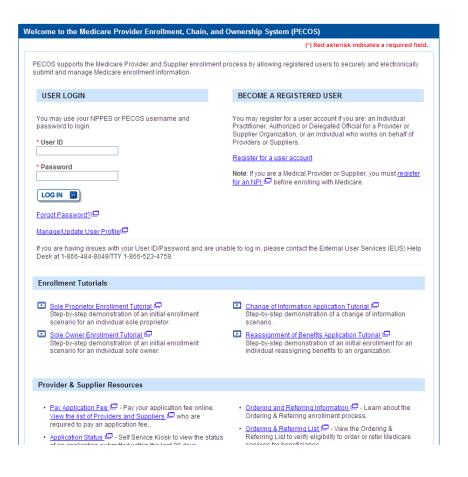
- The final rule states that State-licensed residents may enroll to order and/or refer and may be listed on claims.
- Claims for covered items and services from un-licensed interns and residents may still specify the name and NPI of the teaching physician.
- If States provide provisional licenses or 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**



- 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



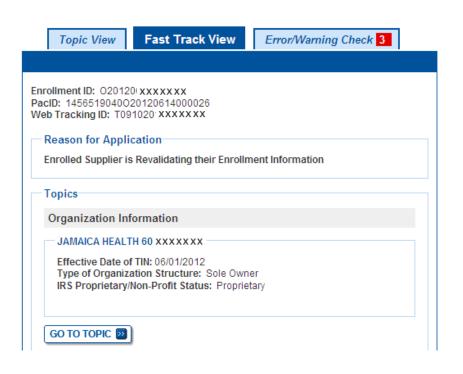


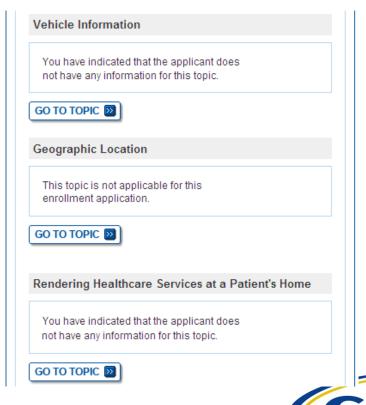
- Allow large groups or chains to quickly find particular enrollments.
  - Search & Filter (Enrollment Type, NPI, Enrollment Status, Medicare ID, State, and Specialty)
  - Increased information about each enrollment up front.
  - Ability to see the status of changes that have been submitted.
  - Ability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



# View all current enrollment information on a single screen and quickly update.

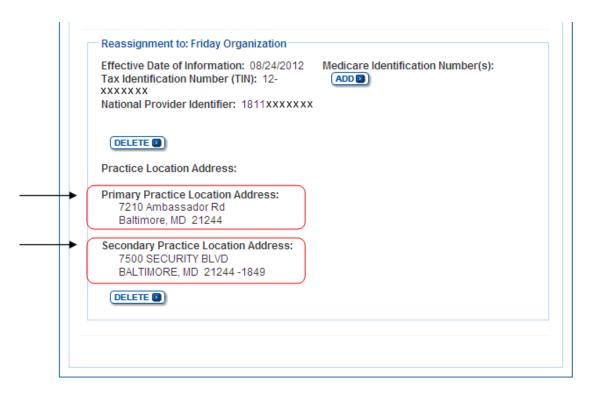
• The ability to switch between a Topic View (walkthrough driven mode), and Fast Track View (advanced data entry mode).





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### **Primary & Secondary Practice Location**



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



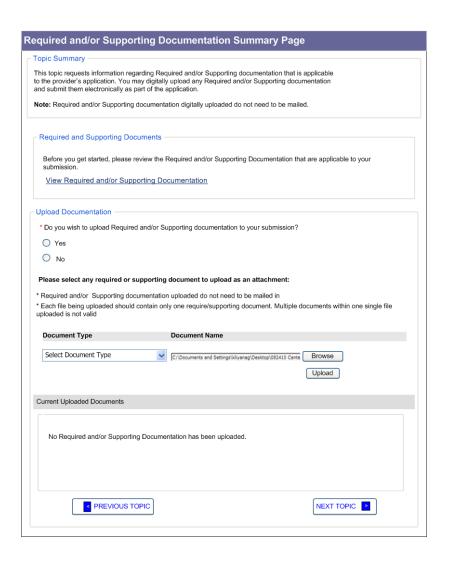
### **Geo-Location by County**



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



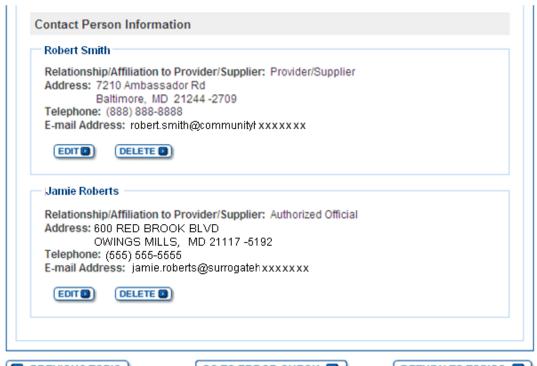
### **Upload Digital Documents**



- 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



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

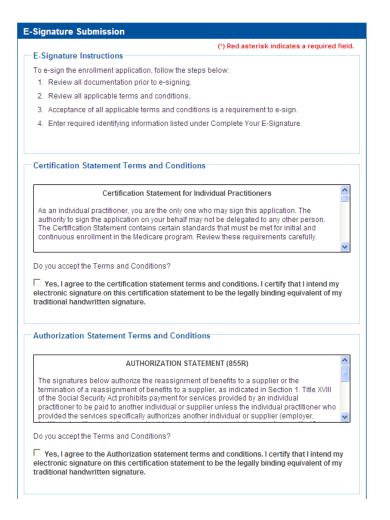




RETURN TO TOPICS



### E-Signature



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



# 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.

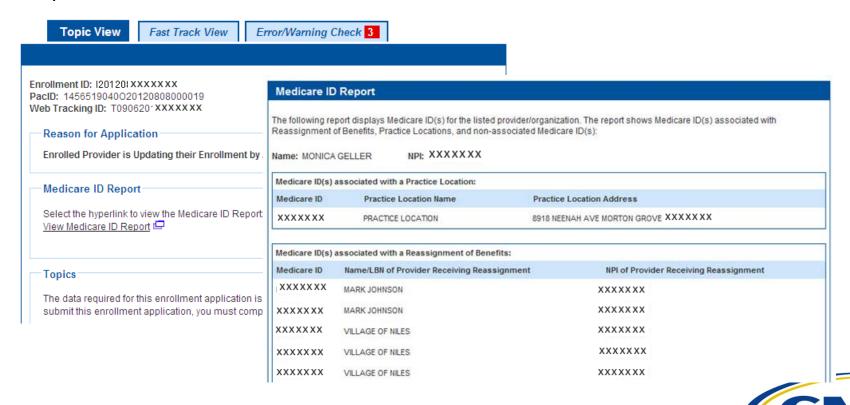
Home > My Enrollments > Reassignment Report

Provider Name	NPI	Current Enrollment Status	Enrollment State	Revalidation Notice Sent Date	Revalidation Status
BRACKENRICKER, BRENT	xxxxxxx	APPROVED	ARIZONA	N/A	N/A
PAUL, DEAN	xxxxxx	APPROVED	OREGON	N/A	N/A
KIRK, JAMES	xxxxxxx	APPROVED	LOUISIANA	N/A	N/A
TALBOT, MAXIME	xxxxxxx	APPROVED	ARIZONA	N/A	N/A
MNX, MNZ	xxxxxxx	APPROVED	IDAHO	N/A	N/A
GUY, NEWER	xxxxxxx	APPROVED	UTAH	N/A	N/A
KITTY, SPIDEY	xxxxxxx	APPROVED	WISCONSIN	N/A	N/A
THREE, SUPERVISING	xxxxxx	APPROVED	MONTANA	N/A	N/A
HARRIS, WILLIAM	xxxxxxx	APPROVED	IDAHO	N/A	N/A



### Display all Medicare IDs

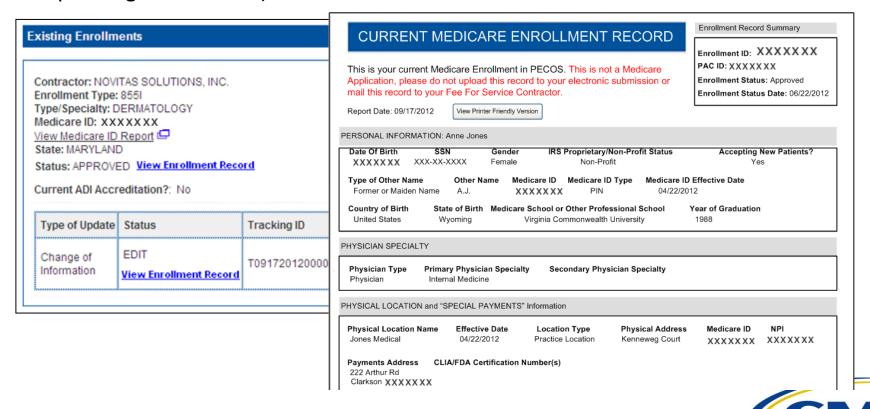
Providers will now be able to see a report of all Medicare IDs associated with a particular enrollment record.



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### **Quick HTML View**

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



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### 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 <a href="http://npc.blhtech.com/">http://npc.blhtech.com/</a> 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!



