



MLN Connects™

National Provider Call - Transcript

**Centers for Medicare & Medicaid Services
Streamlined Access to PECOS, EHR, and NPPES
MLN Connects National Provider Call
Moderator: Diane Maupai
November 15, 2013
2:00 p.m. ET**

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Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Diane Maupai. Thank you. You may begin.

Announcements and Introduction

Diane Maupai: Thank you and hello, everyone. This is Diane Maupai from the Provider Communications Group at CMS here in Baltimore, and I'm pleased to be your moderator today. Welcome to this MLN Connects National Provider Call about Streamlined Access to PECOS, EHR, and NPES. MLN Connects Calls are part of the Medicare Learning Network.

Today, CMS experts will discuss changes that simplify the way providers and suppliers access three systems: the Provider Enrollment, Chain and Ownership System, or PECOS; the registration and attestation system for the Electronic Health Record Incentive Program; and the National Plan and Provider Enumeration System, or NPES, where you get your NPI.

A question-and-answer session will follow the presentation.

Before we get started, I have a couple of announcements. You should have received a link to the slide presentation for today's call in a previous registration email. If you have not already done so, please download the presentation from the following URL: www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the page, select "National Provider Calls and Events," then select the November 15th call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. An announcement will also be placed in the MLN Connects Provider eNews when these are available.

On slide 4, you will find a list of our speakers for today. All are from the Provider Enrollment Operations Group in the Center for Program Integrity in CMS. Zabeen Chong, the Director of the group, will provide some opening remarks.

Richard Gilbert, the Director of the Division of Enrollment Systems in the group, will then walk us through the slides and update us about access changes for PECOS, EHR, and NPES.

Alicia Banks, the Health Insurance Specialist in the division, will be available to help answer questions you may have at the conclusion of the presentation.

At this time, I'd like to turn the call over to Zabeen.

Presentation

Zabeen Chong: Thank you, Diane, and welcome, everyone, to today's session on the new Identity and Access Management System, I&A for short, that CMS launched in October of this year.

As Diane mentioned, we have made a number of updates to the system and have streamlined the access available to updating and managing your information in NPPEs, PECOS, and HITECH, and then securely authorizing others to access your information on your behalf.

We will be going over those enhancements and we'll have a Q&A session after the presentation. I'm going to hand it over to Richard Gilbert to start the presentation off.

Overview of I&A

Richard Gilbert: Thank you, Zabeen, and thank you again for joining. The I&A system is what controls access to PECOS, NPPEs, EHR HITECH for providers or those working on their behalf.

As we've said earlier, the goal for these changes was to really improve the way that providers and their surrogates work with CMS, and make it easier, faster, and more transparent.

In the first 4 weeks since launch, we've already seen a dramatic increase in the number of web-based PECOS applications. Today, we're going to step through some of the challenges we saw with the current system and what we heard from the community about the way it really works, some of the fundamentals about using the new system, a few details about some of the recent changes, and finally some of the common questions we've heard from providers. I did want to just state that there is no impact to claims, and you're not required to use surrogates. This is a totally new, optional feature.

So, moving on to slide 7. We had a lot of challenges when we started this project. The first thing we heard from providers loud and clear was, "Providers don't do the work" They say, "It's their credentialing specialist, it's their behind-the-scenes support staff." Individual providers could not assign someone to work on their behalf, so they were sharing personal information, which created security problems for us. The process for gaining access to PECOS took weeks, was not clear, and required mailing documents to External User Services. And then even when you got into the system, if you forgot your username or password, you still needed to call a help desk.

Internally, we looked at ways to ensure security and improve process. Ultimately, it came down to the fact that we had to find a way to meet the needs of the community, solve these problems, maintain security, and not remove the functionality that already existed for systems like EHR.

So with that in mind, we came up with some core scenarios. Looking at slide 8, you'll see three of the main scenarios we work with. Scenario 1 is an individual provider working with a group. This is a very common scenario; we know that most providers reassign their benefits to a group, and then that group really helps them manage their enrollment information.

In this scenario, an individual provider creates a connection with a group, and that group has an authorized official or staff members that then would be able to access that information.

Scenario number 2 is an enrolled organization with third-party credentialing specialists. So, let's say DME or home health or IDTF wants to use a credentialing specialist. They would have their account, and then their authorized official would establish a connection with, in this example, billing medical. Then the authorized official or a staff member of that organization would be able to access their enrollments.

Scenario 3 is where it gets a little bit more complicated. In a scenario where you have a group, perhaps 10 different doctors have reassigned to that group, and they had a credentialing specialist on hand, but that credentialing specialist left, and they've now decided to work with a third-party organization to manage their information. Because those individual providers have already established a surrogate connection with that group, in order for that third-party billing medical to gain access to all the individual providers, they cannot create just a connection; they would need to move one of their employees as a member of the health group.

The simplest example is actually not shown on this page. If you're an enrolled organization with your own credentialing staff, say a large chain, and you need to manage your information, all you need to do is have your authorized or delegated official register in the system and add "manage data." There's no additional connections or work required.

Review of Enhancements

Moving on to slide 9. Because the previous process was so confusing, and I'm sure that after this call you're still going to have questions, we wanted to make sure that there was appropriate education to see—education available on the site.

So step 1 in this process was—for us was to bring PECOS—bring I&A out from behind PECOS and NPES. It's always been there, but it was just never clear where the providers were in the process. We wanted to create a more intuitive and usable interface.

So as you're working through this new system, you should be able to quickly find FAQs and videos on the front page, and throughout that help you understand how to set up your account. You should also understand where you are in the process and be able to quickly take the actions that you need to.

Finally, we wanted to make sure usernames and passwords could be reset online. Even if you don't remember your username, your password, or your email, you can still use the online system.

Moving on to slide 10. The next step in our process was to start taking advantage of information we already had on file and make sure that everyone had access to the system. For starters, we created a streamlined new user registration process. That process now takes about 5 minutes.

We also allow authorized and delegated officials of enrolled organizations to be automatically approved without submitting documents to EUS for verification. What that means is that if you're an authorized or delegated official and you're already listed on an enrollment in PECOS, when you go into this system and add that organization as your employer, you'll automatically be approved. That takes a 6-week process down to about 30 seconds.

Finally, we wanted to allow a third-party organization—billing companies, credentialing specialists, office staff—to register and create their own accounts. If you're an authorized official for a newly enrolling organization or a third party setting up your organization so you can work on behalf of providers, you'll still need to send paperwork to EUS. However, after you create your account, it will not require any further interaction with EUS for your staff.

Moving on to slide 11. After making sure everyone could access the system and we were utilizing all the information we had available, we needed to tackle the real issue: connecting providers with surrogates in a secure way. To do this, we needed to make sure that we continued the ability for providers to allow groups to attest on behalf of their providers in EHR. But we also needed to add a new ability for individual and organizational providers to establish connections allowing others to work on their behalf.

We also added email notifications to users when new connections were created and made sure that there was an easy way for those providers to approve those connections. One of the big concerns we heard is that even after a connection was created, providers couldn't really find out how to approve this.

So now, after they log in, they'll see the screen here on the home page. The approval buttons are listed right there. Also, before going any further, I did want to make one important note: Approving a connection or a surrogate to work on behalf of the provider does not give that surrogate the authority to sign an enrollment application. So what that means in practical terms is that if you are a surrogate working on behalf of a provider and you go in through PECOS and complete the enrollment information, when you get to the end, rather than signing the application, you'll be required to provide the provider's information, and they'll receive an email that says they need to go in, review the changes, and then complete the submission process.

Finally, after we'd gotten the connections taken care of we needed to make sure that large organizations that have large numbers of credentialing staff had a way to manage those individuals without impacting all of the individual providers that they may have already created connections to.

Connections are at an organizational level, meaning that when a provider authorizes an organization to work on its behalf, you don't need to also have them authorize all of the individual staff members. Those relationships are all now managed by authorized or delegated officials within that organization. So, if you have a change in staffing, the individual providers don't need to take any action.

Accessing I&A

So, with those enhancements in mind, I did want to just touch on a couple highlights that we've heard from other providers, and concerns.

So, on slide 13, we've outlined just a few things about the conversion process. Any authorized official, end user, individual provider who had access to PECOS, NPPES, or EHR already has an account. If you have already accessed PECOS, then you already have an account practicing I&A. If you accessed NPPES yesterday, you can still access NPPES today with the same information.

Existing usernames and passwords previously used to access PECOS, EHR, and NPPES have been converted. They can still be used. Users have access to the same information they did prior to the conversion or upgrade. What that means is that if you had access to 10 enrollments in PECOS prior to the update, you still have access to those same 10 enrollments. If you had access to 50 different providers in EHR, you would have access to those same 50 providers after the update.

I also wanted to remind people that it's easy to get to this additional system, and there are links on slide 14. You can see that you can access this information directly from the home page of PECOS, NPPES, or EHR. You can also use those same web pages to get to the "forgot username" functionality.

On slide 15, you'll see a couple important definitions. All of these definitions are outlined in the FAQ and in the Quick Reference Guide, but I did want to take a minute to touch on just a couple of these.

An organizational provider: In the context of I&A, an organizational provider is a company with an NPI or who is enrolled or planning to enroll.

A third-party organization is a company without an NPI. The only reason that they have an account in the system is to work on behalf of providers.

Next, surrogates: A surrogate is an employee of an individual provider, an employee of an organizational provider, or an employee of a third-party organization, all of which – who have been authorized to access a provider's record. A surrogate could also be an

organizational provider that has a business or relationship with an individual provider to access and modify their information. Or it can be a third-party organization.

Top 10 Frequently Asked Questions

So, before we get into our Q&A session, I did just want to touch on a couple frequently asked questions, starting on slide 16.

With the I&A updates, am I required to create a new account? No. Your existing username and password for NPPEs and PECOS and EHR is still intact.

Who can be a surrogate for a provider? An authorized or delegated official for an organization can make a request for their organization to work on behalf of a provider. Once approved, anyone in that organization can work on behalf of that provider and would be considered a surrogate.

Do I need to be the authorized or delegated official on my enrollment to act as such in I&A? No. However, we really do recommend it. The authorized and delegated official in the I&A system should be individuals who are able to legally bind the company, responsible for the staff within the system, and most importantly, if they are the same as the ones listed in PECOS, can be approved automatically.

Slide 17, number 4. Why can't I see all the individual providers in my group practice? Authorized and delegated officials are able to see all the individual providers who have approved the group to act as their surrogate. Staff need to be given access to these records by authorized or delegated officials. If you are not seeing the individual providers in a group, then you should ensure that you have connections to the provider, that your staff have access to the practice – the particular providers, and you've been approved to access PECOS for that provider.

Why can't I create connections to providers? Only authorized and delegated officials for an organization are able to create and manage connections. If you've been authorized to perform these functions, you need to perform a role change on My Profile page under the Employer Information section at the bottom of the page and have your authorized official approve you to be a delegated official. Once those connections are created, any member of that organization—authorized official, delegated official, or, more likely, staff—are able to go in and work on behalf of that provider.

Number 6. How do I change my role in I&A if I'm listed as a staff end user for my organization? And should I be an authorized official or delegated official? If you need to perform a role change, you can go under the My Profiles page under the Employer section.

Moving to slide 18. Do I still need to submit IRS documentation to the External User Services help desk when establishing a user account? In most cases, no. If you're the authorized or delegated official on an existing enrollment in PECOS, you should be approved automatically. If you're a newly enrolling organization or a third-party

organization, then you will need to submit your information to EUS, and the on-screen instructions will give you details on how to do that.

If you're a staff member for an organization, then you'll need to receive an invite from an authorized official or delegated official to join your organization, and they would then approve that request. There's no need for those staff members to submit documentation.

Number 8, how do I register my third-party organization? An appointed official with an authority to legally bind the organization must register in I&A and then add the organization as his employer, and then follow directions to send in the appropriate paperwork to EUS.

How often will I need to reestablish connection? Once approved, a connection will not expire. Either party may log in and remove the connection at any time if this business relationship to manage enrollment information no longer exists.

How do I access NPPES on behalf of a provider? Today, NPPES does not allow connections; however, we're working to add this functionality in the future.

A couple of last things I wanted to touch on before we move into our Q&A session. There were a number of day 1 issues and concerns raised by providers.

So, there was a concern about receiving emails. The I&A system is generating and successfully sending email. If you have not received an email, please check your spam folder. And be assured we are looking for ways to make sure that this is a little bit of a smoother process.

We also heard that there was an issue with a delay in receiving NPIs. Prior to October 31st, some users may have experienced delays in receiving NPIs. This backlog has been reduced, and users should see type 1 enumeration returning to normal processing time.

Some providers were also reporting not having access to the same information. Prior to 10/23, users may have experienced issues with accessing information they were able to see prior to the update. This has been corrected and you should no longer have any issue seeing information you were able to see previously. If you are unable to see information you thought you should have access to, please verify your role under My Profile and contact your authorized or delegated official to ensure you have appropriate access to all your providers.

Finally, missing secret questions. If your account does not have at least three secret questions associated with it, then you will be required to call EUS the first time you reset your password. And we are also looking for ways to reduce this burden.

Resources

On slide 20, you'll see the home page link for I&A. However, remember you can get to it from PECOS, NPES, or EHR. And for any other questions related to account access or

setting up your account correctly, you can contact External User Services at the information provided.

At this point, I'll hand it back to you, Diane.

Keypad Polling

Diane Maupai: Thank you, Richard. At this time, we're going to pause for a few minutes to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note, there will be a few moments of silence while we tabulate the results. Victoria, we're ready to start polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Thank you for your participation. This concludes the polling session. We will now move into the Q&A session for this call.

Question-and-Answer Session

To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key.

Remember to pick—remember to pick up your handset before asking your question to assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard into the conference. Please hold while we compile the Q&A roster.

Diane Maupai: This is Diane. I'd like to make one comment about questions today. We really can't discuss and answer your individual specific cases, how you configure your system; we can answer general questions about how—the approach anyone would use to access I&A. But if you have a really specific question about your situation, it would be better to send an email to National Provider Calls—that's plural, so calls with an "s"—at cms.hhs.gov. Again, that is National Provider Calls, with an "s," at cms.hhs.gov. And with that, we'll open the queue.

Operator: Your first question comes from Dee Rogers.

Dee Rogers: I'm thinking that you're probably going to tell me this is too specific, but my question is, have you had any issues related to providers trying to register in the EHR system, and they are an I&A user, and they get in and they're getting a message saying that there isn't an associated CCN for the TIN? This has been an ongoing issue for our facility, and from EUS I'm hearing that it's not—I'm not the only facility with that problem.

Richard Gilbert: Are you—I'm sorry, I need to ask a question. Are you saying that—can you repeat the error that they're receiving?

Dee Rogers: When I go in to register my facility for EHR, there is no CCN associated with our TIN.

Richard Gilbert: That would not be an issue associated with I&A or access. That would be an issue with HER, and you should call their specific help desk. They should be able to help you.

Dee Rogers: All right. Thank you.

Operator: Your next question is from Linda Ridlehuber.

Linda Ridlehuber: Hello. What I've found in the past with the email back to the provider to approve the surrogate request is that they often don't recognize that this is something they even need to open. They think that it's something billing will take care of for them. And I'm wondering, is it possible for the subject line to say who they're being—you know, who the request is on behalf of, like "This request is on behalf of clinic XYZ," or "Administrator Z," so that they would at least have a name recognition going when they see that in their queue? Thank you.

Richard Gilbert: Thank you for the feedback. That is certainly a valuable recommendation and we'll look at adding that into a future release.

Operator: Your next question is from Pamela Dodd.

Pamela Dodd: Hi, good afternoon. I'm an organization as it relates to the definition in the PowerPoint today. And are there any plans for an organization to verify the enrollment of a physician prior to providing items or services for their patients other than what you have now, which is just a PDF file?

Richard Gilbert: Are you asking are there plans to have a way for you to access a list of Medicare-enrolled physicians to verify that somebody is enrolled?

Pamela Dodd: Correct. Like a look-up process.

Richard Gilbert: That would be something that's outside the scope of I&A. If you needed...

Pamela Dodd: OK.

Richard Gilbert: ... to find an individual provider to connect to and work on their behalf, you can search by their NPI within the connection. And then if they are—if they have an NPI, they will be listed there. Whether they're enrolled or not is not indicated.

Pamela Dodd: OK. Is there a specific maybe email address that maybe I could send my question to?

Diane Maupai: Yes. National Provider Calls at CMS – sorry, so it's nationalprovidercalls@cms.hhs.gov.

Pamela Dodd: Thank you.

Diane Maupai: Sure.

Operator: Your next question is from Violet Baker.

Violet Baker: Hello. I have two questions. The first one is the passwords. Do the physicians have to change the passwords every 60 days? And the second question is: I am their contact person in their email address; do we have to change that to the provider's email address instead? Thank you.

Richard Gilbert: To answer your first question, passwords will expire after 60 days. They do—and you will need to reset them the next time the provider accesses the account. So, if they don't go in for 90 days, they can just reset their password when they attempt to log in the next time.

Regarding the email, if you are currently the contact person listed, we do recommend that the individual provider's email address be used for their account.

Operator: Your next question is from Miriam O'Neal.

Miriam O'Neal: Yes. I'm an organization and never went to PECOS prior to this I&A. But my question is, we've had somebody that went in PECOS that is not part of the central office. We have two divisions; we have an inpatient facility and we have an outpatient. Those that made PECOS are the outpatient because we all fall under the same tax ID number. They have a totally different authorized official than we do inpatient. How do we fix that? Because it won't let us get to ours because someone else is already there.

Richard Gilbert: So, in the new system, you can have multiple authorized officials. So, in order to have both of your organizations go in and work in the system, then all you need to do is have your second authorized official go in and create an account and add your appropriate organization.

Miriam O'Neal: So you're saying both authorized would make their own I&A, and they would pick which locations are theirs?

Richard Gilbert: Each authorized official would go in and create their own I&A account. Because they're both under the same tax ID number, they would have access to the appropriate information.

Miriam O'Neal: OK. And my second question is when we go to set up – my delegate set up her I&A, and we're trying to add some locations within the inpatient. It keeps wanting to go to the authorized. Is that going to happen every time, that it's going to ask the authorized to say she's over this facility?

Richard Gilbert: It would – if the delegated official is working under all of the same tax ID numbers, then it would only ask it once.

Miriam O'Neal: Well ...

Richard Gilbert: If they're separate tax numbers, then they would have to be approved for each tax ID number.

Miriam O'Neal: Well, we're all under one tax ID and we have one location, and it's asking for every other location to go back to the authorized, and I don't understand that.

Diane Maupai: Again, if you could send that to our mailbox, the nationalprovidercalls@cms.hhs.gov. We'll look into it.

Miriam O'Neal: OK. Thank you.

Diane Maupai: Thank you.

Operator: Your next question is from Hannah Snow.

Hannah Snow: Hi. My question is, when you register as a surrogate, why does it require personal information such as social security number, date of birth, credit card information? And why can't the organizations register underneath the tax ID?

Richard Gilbert: So, an organization—individuals that access the system are required to be identified uniquely. So they are required to provide their unique information, then their information is associated with an organization.

Hannah Snow: We work for a billing agency so we're not really sure why that information should be released because we don't technically work for the group.

Richard Gilbert: The information that is used to create your account is not released to the group. Information used to create your account is used to create the user account for accessing the system. Your account is then attached to your, I guess, billing agency and the billing agency would be the one connecting to the provider to work on their behalf.

Hannah Snow: Right. Is it linked to the provider at all, though, because we have multiple clients?

Richard Gilbert: You would link to each one of the clients.

Hannah Snow: And the individual providers?

Richard Gilbert: The individual—it depends on how you're configured. I'm not sure which – I guess if you would look at the examples that we provided, which of those three most closely resembles your scenario?

Hannah Snow: We would be probably the third one.

Richard Gilbert: In that case, you would need to take some number of your staff and your credentialing company and move them as employees of each of those groups in order to gain access to all of the individual providers underneath that group.

Hannah Snow: So just choose one person to be listed underneath? Just one surrogate?

Richard Gilbert: I can't speak to how you would—how many connections you would want to create, but one or more.

Hannah Snow: OK.

Operator: Your next question is from Joan Larsen.

Joan Larsen: Good afternoon. I'm wondering if there are specific instructions on how to go through this process of how the authorized official creates an I&A account and invites staff to be able to enter data into the org's record, and also if there's instructions for the individual provider to approve a group as their surrogate.

Richard Gilbert: There are instructions for both of those tasks on the home page. You can access the home page by going to the link provided in the presentation or by going to the PECOS home page and clicking on "Manage My Profile." There's both videos and reference guides to walk you through both of those cases.

Joan Larsen: Wonderful. Thank you so much.

Operator: Your next question is from Miriam Flores.

Arthur Rucker: Yes. My name is Arthur Rucker. I'm calling – I'm speaking on behalf of Miriam Flores. So we have a staff user that is seeking to attest on behalf of individual providers within a group practice. Related to the FAQ number 4, individual – our staff cannot see individual providers within the group practice. How would the D.O. give access to the staff members to see those provider records?

Richard Gilbert: You would go into your Staff Management tab and review each of the staff. I believe you can expand each staff member and view the functions that they have access to, and you should be able to make any changes you needed there.

Arthur Rucker: OK. Thank you.

Operator: Your next question is from Roseann Napoleon.

Roseann Napoleon: Hello. Thank you. I have a question regarding the password for the providers. I'm just wondering if a surrogate could update the provider's password every 60 days.

Richard Gilbert: It's expected that it's the individual provider who is accessing their account, so the surrogate should not be using the username or password for the individual provider.

Roseann Napoleon: Thank you.

Operator: Your next question is from Susan Moss.

Susan Moss: Hi. I just have a question as to what my designation would be. I work for a group of providers that all bill under one tax ID number because the practice is owned by one physician; the others are independent. And right now I'm the only one who has access to that system on their behalf. Do I designate myself as a surrogate or am I the designated official? I'm confused as to what the difference in terms is.

Richard Gilbert: I'll try to speak in general terms because I don't want to speak to your exact case.

Susan Moss: Yes, thank you.

Richard Gilbert: If it is a group practice all under one tax ID number and there's a number of individual providers who have arranged to have that group work on their behalf, then I would expect an office manager or credentialing specialist to be listed as the delegated official and authorized by the head of that organization. In which case, that delegated official would create connections with the individual providers and would then work on their behalf.

Susan Moss: OK, great. Thank you.

Operator: Your next question is from Marliss Duncan.

Marliss Duncan: Hello. Thank you for entertaining our calls and questions. We have a question regarding the passwords for the providers. When does that expiration of the 60 days – when does that begin?

Richard Gilbert: It would be 60 days from the – October 7th would be when the clock started.

Marliss Duncan: So that would be even our—their current passwords that they have currently for NPPEs, that it'll be 60 days from October 7th that they will begin to expire?

Richard Gilbert: That is correct.

Marliss Duncan: Thank you.

Richard Gilbert: And it would be 60 days from when they reset it.

Marliss Duncan: Great. Thank you very much.

Operator: Your next question comes from the line of Kyla Routson.

Kyla Routson: Yes. I understood you to say that only a delegated official can request to be—make a connection or be the proxy for the EHR program. And I believe what I heard you say is that from there, any staff end user would be able to actually go in and do the registration and attestation once in the EHR system. And the person before might have asked this but I just want to be clear. So, if the delegated official makes the request, when the staff end user is logging in to his or her account in EHR, how will that provider appear there? Is that something that the delegated official has to somehow denote or give permission to, or how does that piece work?

Richard Gilbert: The delegated official would be able to log in to the I&A system, click on their Staff tab, and then they would be able to see each staff member. When they expanded the staff member they would be able to see each of the individual providers that that staff member had access to and the functions that they could perform for that individual provider. So they would see a list of providers. And then I believe it's a column setup of, you know, access to PECOS, access to EHR.

Kyla Routson: OK. All right. Thank you. And then, you know, I don't know if – the EHR site has a manual that walks through this whole process. I don't know if it's possible to get that updated with this new process. That would be very, very helpful.

Richard Gilbert: We have been working with them to update their documentation. In the interim, you can use any of the documentation that is listed on the I&A home page.

Kyla Routson: OK. Thank you.

Operator: Your next question is from Anya Lagentoya.

Anya Lagentoya: Yes. I am trying to become a delegated official. So we have requested the role change and printed off the document. It says within the document, the—let me see—the authorized official needed to sign it, so she has done that. But it says, “When you have completed and confirmed all information below, you submit all pages and a copy of the CP-575 for the organization.” We are unable to find our CP-575. We have our letter stating that we are tax exempt because we are an FQHC, but we’re not able to lay our hands on the CP-575. Do you have any idea as to how we get another copy of that?

Richard Gilbert: I can’t direct you on how to get another copy of the CP-575 from the IRS. However, there are other IRS documents that can be used as a substitute. If you go into the FAQs available on the home page, there is a list of acceptable substitutes. You can also contact EUS and they should be able to tell you.

Anya Lagentoya: OK, thank you.

Operator: Your next question is from Christina Martinez.

Christina Martinez: I am a delegate for one of the physicians. And his NPI is not matching up. They put his individual instead of the group. Is there a way we can fix that with NPPES?

Richard Gilbert: If you have a concern about the individual provider and the NPI that’s actually associated with them, you can contact the enumerator directly through the NPPES site and they will work to get that corrected.

Christina Martinez: OK. Actually I don’t think it’s with NPPES because I pulled them up – there it’s correct. It’s with CMS.

Richard Gilbert: OK. In that case, you can either contact EUS or the enumerator, and they’ll route it through to the correct people here to get that resolved.

Christina Martinez: OK.

Operator: Your next question is from Sue Schurman.

Mary Anderson: Hello. This is Mary Anderson speaking on behalf of Sue Schurman. I was wondering if FQHCs, which is a Federally Qualified Health Center, are they able to get applications through now for providers to be enrolled through PECOS?

Alicia Banks: Yes. FQHCs are permitted to enroll via PECOS.

Mary Anderson: OK. I know before, maybe a year ago, they were having problems being able to enroll through PECOS. They're not having that problem now?

Alicia Banks: Yes. They should be resolved and they should be able to enroll.

Mary Anderson: OK. So, is there any way just for us to test to see whether or not we can get a provider through, like just a dummy provider?

Richard Gilbert: We wouldn't suggest doing a dummy provider. However, if you are able to log in to PECOS and create an application ...

Mary Anderson: Yes.

Richard Gilbert: ... you should be able to submit it.

Mary Anderson: OK. All righty. Thank you.

Operator: Your next question is from Derise Woods.

Derise Woods: Yes. My question is regarding large group practices that enroll, you know, in excess of 5,000 providers. And the way that I've understood what has been said is that if a group of individual providers, let's say 150 of them, have a connection to an organizational provider and reassign their benefits back to that one tax ID, the authorized official for the organizational provider, the group, will be able to establish a connection. But do I also understand that each individual provider would need to establish a connection with that authorized official to be the surrogate?

Richard Gilbert: The example that you described is correct. The authorized official would initiate a connection request to each one of those individual providers. And each one of those individual providers would then confirm the request by logging in and clicking "Accept." Once it's confirmed, then the staff, delegated official, authorized official in that organization would be able to work on behalf of those providers.

Derise Woods: And is it as simple as just confirming a request, or is there, you know, a lot of information that will be required of those individual providers?

Richard Gilbert: It is – I think it's possible to do it in three clicks. You click on the email—link in the email that they receive, which takes you to the home page. You would log in. Once you log in, you're at the front page, and the very first thing that the providers would see is the "Approve" or "Deny" button. And once they hit the "Approve" button...

Derise Woods: OK.

Richard Gilbert: ... it's complete.

Derise Woods: Got it. Great. Thank you.

Operator: Your next question is from Bertha Ku.

Bertha Ku: Hi. So, as a novice to all of this—and I'm trying to help our nurse practitioner or all our advance-practice nurses apply for PECOS. So, if I understand correctly, so I&A umbrellas PECOS and NPI–NPPES and, you know, this wasn't available before but it is now because we've been instructing all our advance-practice nurses to go through the PECOS website. Is that correct? Directly and not I&A, or is it one and the same?

Richard Gilbert: All of your providers should be going to PECOS to enroll. The I&A process is sort of a secondary avenue if they would like to manage a connection to another group that's working on their behalf, or if they need to manage their username or password.

Bertha Ku: OK. So I know that on the PECOS video—so we've been having a lot of difficulties in the sense that there's a physician video on how—it's like a step-by-step on how to enroll in PECOS, but not really for non-physician practitioners. Would there—it would be helpful if there was a video like that because it goes into separate venues if you're a physician versus non-physician.

Richard Gilbert: So we are evaluating—adding more videos to the PECOS site to help walk through other provider types, but we'll definitely take that under advisement.

Bertha Ku: Is there like—and then one of our nurse practitioners who is hospital employed – so we have hospital-employed practitioner— sorry, nurse practitioners and college employed. So the college-employed practitioners, they have it a little bit easier in the sense that they have billing managers who can enter their PECOS information or enroll in for them, where our hospital employed don't have it as well. So they've been having – the hospital nurse practitioners have been having a lot of difficulty enrolling themselves in PECOS.

So, I just want to be clear myself that if we're a hospital organization and we have a nurse practitioner enrolled in PECOS, they're applying as a—just an individual provider that's referring – you know, I'm not sure really about the whole surrogate thing. Can you give me just, like, a little briefness about that?

Richard Gilbert: Any individual provider who is enrolled in the Medicare system is responsible for their information. There is only way that another individual can update or create enrollment information in PECOS would be going through this surrogate process regardless of their type.

Bertha Ku: I see. So it must be—because we had some—a nurse practitioner call one of the PECOS consultants I guess on the hotline, and that consultant said to this hospital nurse practitioner, “You shouldn't be doing the form yourself. Someone else should be doing it for you, this enrollment yourself.” So, it was interesting to see. And then we also

have questions floating around that if you have an NPI number, you're automatically enrolled in PECOS, is that correct?

Richard Gilbert: No. Those—I'm sorry, it sounds like you have been getting some misinformation. You should be getting an NPI. Once you have an NPI, then the provider who is looking to enroll in Medicare would need to go to PECOS and...

Bertha Ku: And enroll, right? OK. I mean, I didn't think that that was true but I just – I figured I'll just confirm it with you. So who—there was an email sent. But is there a direct contact person that we could contact after this call and, you know, if we need assistance?

Diane Maupai: Excuse me, this is Diane. I gave out an email address you can use before.

Bertha Ku: Right, right. nationalprovidercalls@cms.hhs.gov, correct?

Diane Maupai: You got it. Okay, yes.

Bertha Ku: So that's the email. I'm just wondering how fast the turnaround time for emailing is.

Diane Maupai: I guess we have to take a look at the question. I know some of the emails have already come in and I've routed them, so. But if you have another question I'm going to ask you to press star 1 and get back in the queue so some other people have a chance to ask questions, too. Thank you.

Operator: Your next question comes from the line of Jessie Johnson.

Jessie Johnson: Hi, this is Jessie at University Medical Group. And we're looking at scenario number 3. We've been trying to get our connection solidified and we're still struggling with it. So, as a hypothetical, my staff and I are W-2 employees of a third party, and our authorized official that has assigned delegated official to myself and one other staff member here is the authorized official for the university. And my question is, does – do we need an authorized official for University Medical Group as our employer (Neil's and my employer), and then have that person assign us as D.O.s in order to start the process of getting all of the providers who are associated with the university to assign us as surrogates?

Richard Gilbert: In looking at scenario or the example number 3 in the presentation, if you have a number of individual providers who are reassigning to a group and they would also like to have that group working on their behalf, and then you work for a third-party billing organization, then any staff that need to have access to that group or any individual providers underneath that group who have reassigned or designated that group to manage their enrollments would need to be added as employees of that particular group.

Jessie Johnson: Oh. Do you understand what's...

Male: I have a followup question to that. Does that mean that the individual staff are – they're employees of both, and that's the only way you can draw the connection between the organizational provider and the third-party organization?

Richard Gilbert: The only way to get a – to draw the line between the individual provider through the group practice to the third-party organization staff member is what I described, yes.

Jessie Johnson: So even though we're not really W-2 employees of the group, we need to set it up to look like we are W-2 employees of that group?

Richard Gilbert: In that scenario, that is where the authorized official of that group would be granting those individuals access to that enrollment information, whether they're W-2 employees, 10-99 employees, or some other affiliation as a business relationship between that group and the authorized official.

Jessie Johnson: And that already has happened, but when we—when I find a provider and send—initiate the invitation, the email goes we don't know where, the doctor's not getting it, and it doesn't show up on my pending list. So should I just send all this to the National Provider Calls email?

Richard Gilbert: If I could ask you to send that and then we'll make sure that it gets routed here internally and we can follow up appropriately.

Jessie Johnson: OK, that would be excellent. Thank you.

Operator: Your next question is from Patti Chubbuck.

Patti Chubbuck: Hi. I would like to ask, our providers have told us that they have not been informed of the need to make these changes and update their user ID and passwords every 60 days. We'd like to know what kind of communication has gone out stating that the clock is already ticking.

Richard Gilbert: A notification of the updates to the system has been going out for a number of weeks through different listserv messages, and the providers would be notified upon accessing – attempting to access the system the next time.

Patti Chubbuck: If the provider does not access the system, what will be the ramification at the end of the 60 days for every provider that hasn't gone in?

Richard Gilbert: Their password would expire, and at the next time when they attempted to log in, they'd be required to reset their password.

Patti Chubbuck: Our providers are saying that they have no idea that this is happening. And when – the credentialing departments are also telling us. That's why we're trying to help educate and we'd like to know how strong we need to do. Do we need to contact every provider in our State?

Richard Gilbert: The expectation is that the expiration should be unobtrusive in that when they go to log in to the account the next time, it would be a very simple workflow where they would be asked to reset their password because their previous password has expired. It would not impact any connections that they have previously.

So, even though the password would have expired...

Patti Chubbuck: Will this impact their – I'm sorry. Does this impact their ability to receive their payments?

Richard Gilbert: No, it does not.

Patti Chubbuck: So, if a provider doesn't log in because they have other people that handle that, their user ID and password will expire, excuse me, but they will still receive their Medicare and Medicaid payments?

Richard Gilbert: Right. Having their – in the event that a provider does not log in to the system and their account expires, then there is no change to their enrollment status or any status of any other system that is dependent on I&A.

Patti Chubbuck: Thank you very much.

Operator: Your next question is from Julia Todd.

Julia Todd: Hi, I'm calling – I work for a DMEPOS supplier and we are, you know, using some different websites now to go in and verify the enrollment status of the prescribers. Is this going to allow us to verify enrollment in these systems at once, or will we still have to go to separate websites for that, for the NPI and the PECOS?

Richard Gilbert: You would be able to manage your account information and your connections through this single site. However, for managing your NPI, you would still need to go to NPPES, and for managing your Medicare enrollments, you would still go to NPPES. You would still go to PECOS, excuse me.

Julia Todd: OK. So, if we get a prescription from a provider and we are trying to verify that they are enrolled, it would not be one single website to verify their status, correct?

Richard Gilbert: The I&A system and the PECOS system do not perform that verification function today.

Julia Todd: OK. All right. Perfect. That's what I wanted to check on. Thank you.

Operator: Your next question comes from the line of Karen Miller.

Karen, your line is open.

Tanya: Hello? Hello, this is Tanya.

Operator: Yes, your line is open. You may ask your question.

Tanya: Yes. My question is, we have new providers coming onboard and always before I had set up their NPI files for them. We had a new one recently. They seem to have trouble understanding exactly how to complete it on taxonomy codes, different things like that. Is it all right that the provider gives the username and password and passes that information on to me so I can complete this application correctly?

Richard Gilbert: The individual providers should never share their usernames or passwords with anybody. So, I would have to say no.

Tanya: OK. Because I'd always been the one that had gotten them for the newer providers. So I really am trying to figure out a way to do this to where they understand what they're doing. Because if the taxonomy code is not put in there correctly, then that will cause billing delays.

Diane Maupai: OK, so I guess we're going to move on to the next question. And miss, if you have another question, star 1 and you can get back in the queue.

Operator: Your next question is from Kathleen Watson.

Kathleen Watson: Hi. Is there any indication or any plans for the future to add the IACS system to this I&A, the individual authorized access to CMS services where the providers get – home health providers get their PSNRs?

Richard Gilbert: We are aware of the desire by the provider community to consolidate all of these access points. However, right now we can't speak to any current plan.

Kathleen Watson: OK. I would be one to vote for that. Thank you.

Operator: Your next question is from Maxine Blue.

Maxine Blue: Yes. Thank you very much. I have a question on referring a provider. I order diabetic supplies, and I've been told that due to the fact that I don't have a current Medicare enrollment in PECOS, that the backup physician has to sign the order because I don't have a current Medicare enrollment.

Alicia Banks: Hi. This is Alicia. And yes, the provider that's ordering or referring the services has to be a Medicare-enrolled provider.

Maxine Blue: I do have, you know, an ID in PECOS and am enrolled. I was under the impression for—and I did, when PECOS started, submit an application for Medicare enrollment. The carrier told me that I could not submit an application until I got an email stating that I needed to update my Medicare application.

Alicia Banks: Is that a question you can send to the National Provider Calls so we can look into it further?

Maxine Blue: Pardon?

Alicia Banks: Is that a question you can send to the National Provider Calls mailbox so we can look into it further?

Maxine Blue: Yes, ma'am. Thank you.

Operator: Your next question is from Katina White.

Katina Anderson-White: Yes, ma'am. I do believe that listening to all of the other questions, my question has been answered.

Diane Maupai: Great.

Operator: Your next question is from Ann Stone.

Ann Stone: Hi. I have a somewhat remedial question. Can you please define the difference between authorized official and delegated official?

Richard Gilbert: The authorized official is an individual who is able to legally bind the organization and is responsible for the actions of that organization or the staff within it.

The delegated official would be somebody appointed by the authorized official to take on and manage this – any of those responsibilities.

Ann Stone: OK. Thank you very much.

Operator: Your next question is from Dale Brochis.

Dale Brochis: Hi. Can you hear me?

Richard Gilbert: Yes, we can hear you.

Dale Brochis: Hear me? Hello?

Richard Gilbert: Yes, we can hear you.

Dale Brochis: Hello? OK. Thank you. I work for a hospital that is participating in the BPCI Program on gain sharing with the enrolled physicians. And one of the conditions for vetting by CMS is that the physicians have to log in to PECOS at least quarterly. How do I as the project coordinator have—would need to have the ability to actually see who may be not logging in? Because, for this last payment session, three physicians will not be eligible for any reimbursement because they failed to log in quarterly. I'm not part of their organization. I'm not a health group, I'm not a billing medical, but I do have a vested interest in their success in the program. Is there any way that I can know how engaged in PECOS they are and if I have to tell them to log in?

Richard Gilbert: I'm not aware of the guidelines there, and I would ask that you send that question to the National Provider Calls mailbox, and we'll make sure that we route it to the appropriate program to get that question answered.

Dale Brochis: OK. Thank you.

Operator: Your next question is from William O'Gary.

William, your line is open.

Your next question is from Karl Janetzko.

Linda Rogers: Yes, hi. This is Linda Rogers on behalf of Karl Janetzko. My question is, for new and reassigning physicians that come in, I understand that the authorized official has to request the information from the practitioner, and the practitioner then has to give permission for the authorized official to link to us. However, on our current physicians, the contact is – the contact person is the one that has the email address and not the physician. How would they get notified?

Richard Gilbert: In a scenario where their individual provider's email address was not unique, during the conversion, their email address would have been omitted. So, in that scenario, when an individual provider—when a request is sent to an individual provider, they would not receive the email.

My recommendation would be, if you feel like this could have happened to a large number of providers that you're working with— would be to make the request and then you can send them an independent email to log in to the system. They do not need to click on a special link within the e mail. Just logging in to the system, they will see the links to approve the request.

Linda Rogers: OK. So, if the contact person has their email, do—does the system have the physician's email anywhere in there other than the contact person?

Richard Gilbert: If the only email on file that was ever entered was a contact person, then the individual physician's email would not be on file.

Linda Rogers: OK, that's what I thought. Thank you.

Operator: Your next question is from Cathy Shepherd.

Ms. Shepherd, your line is open.

Your next question is from Mary Turner.

Mary Turner: Hi. I have a question in regards to when you're setting up your account and adding your employer, what happens if the—your status as a delegated or authorized official was rejected?

Richard Gilbert: Are you asking if the role request was rejected by EUS or by another member in the organization?

Mary Turner: Well, I'm not sure. Like for my—when I created my account, I know for a fact I'm a delegated official for my organization. I just updated all of our credentialing for the group. So, I know I'm an authorized official for the group—or, I'm sorry, a delegated official. But – and I tried to set up my I&A account way before, I guess, it really – probably back on day 1. And at that time, my status as a delegated official was rejected. It just said my status with this employer was rejected. And I don't know who to go to to get that corrected now.

Richard Gilbert: There's two different scenarios. What I would recommend is that you reinitiate a request. And if it is—if you believe that you are ...

Mary Turner: How do you do that, though? Do you have to...

Richard Gilbert: I'm sorry, go ahead.

Mary Turner: That's what I mean – how do you reinitiate a request on the I&A page? Because there's, like—I don't know that I could delete my employer. I could add another employer, but I'd be adding the same employer. I think it would probably reject it as a duplicate.

Richard Gilbert: If you go—I believe, if you go through and add the employer again, it would allow you to create another sort of access authorization. And if it is not approved automatically at that time, if you believe you're listed on the PECOS enrollment record, then please contact EUS and they should be able to walk you through how to get that completed.

Mary Turner: Do you have a phone number for EUS?

Richard Gilbert: It is ...

Diane Maupai: It's in slide 20.

Mary Turner: All right, perfect. Thank you.

Operator: Your next question is from Cathy Mechsner.

Cathy Mechsner: Hi. For an existing surrogate, for an existing group, if the group adds additional providers—new providers to the group, does the surrogate have to be revalidated in I&A, or is their existing user ID and password just continued?

Richard Gilbert: In a scenario where there's a group that exists and staff members of that group are already approved, then as new individual providers are added, the staff of that group does not need to be updated or changed or re-verified.

Cathy Mechsner: OK, thank you.

Operator: Your next question is from Pamela Bell.

Pamela Beaulé: You mean Pamela Beaulé?

Operator: Yes, your line is open.

Pamela Beaulé: Oh, OK. I have a question regarding how this is voluntary, because at the beginning you said that this program was voluntary, but everything that I'm seeing—you know, when providers go to log in for the first time, they're going to have to do it.

Richard Gilbert: When—providers are not required to establish a surrogate connection. They are also not strictly required to use the PECOS online system. They do have the option of submitting paper applications.

Pamela Beaulé: OK. And just one other followup call: I had called and spoke with the EUS a couple of weeks ago, and the gentleman I spoke to said that after a year, if the provider hasn't signed in after a year, their user ID and password will be archived and they will need to re-register from scratch. Is that correct?

Richard Gilbert: In the event that a provider does not log in to their account after 1 year, they will be required to update both their username and password, and also re-verify some additional information. There is no direct impact to any connections that they've been – they've made or any other information they've provided.

Pamela Beaulé: Will they be able to use the same email address they had used the first time, or is it going to require another unique one?

Richard Gilbert: They would be able to use the same email address they used previously.

Pamela Beaulé: OK. Thank you.

Operator: Your next question is from Cheryl Westrup.

Cheryl Westrup: Hello. I have a question. I'm an organization and I have several staff members under my list. But several of the physicians – well, even non-physicians, are listed here as staff and they say "Not converted." What does that mean?

Richard Gilbert: That would probably mean that the email address was not updated because there was a duplicate in the system. So, in that case, those users would need to go into the system and update their email address.

Cheryl Westrup: OK, so if I send them a connection request, they're not going to get it, right?

Richard Gilbert: The connection request will be sent and be available in the system. They just would not receive an email notifying them of that. So you could send them an independent email from your own account saying that "I sent you this request. Please log in to this link and approve the request."

Cheryl Westrup: Where they'd have to go into their PECOS or their EHR, I&A account, right?

Richard Gilbert: Right. They would click on the link and access I&A, and log in to I&A and click the "Approve" button on the home page.

Cheryl Westrup: Right, OK. All right, thank you very much.

Operator: Your next question is from Diane Milberg.

Ms. Milberg, your line is open.

Your next question is from Kelly Bruce.

Kelly Bruce: Hi. In PECOS, I'm the authorized official for our organizational provider, and for the organization in general I'm the delegated official. Now, by virtue of that role, when I log in to I&A, am I already the surrogate?

Richard Gilbert: If you are an authorized...

Kelly Bruce: For the organization?

Richard Gilbert: If you are an authorized delegated official for – on a PECOS enrollment, and you log in to I&A and select and add that organization as your employer, then you would select authorized ...

Kelly Bruce: And it does show that. I've already logged in.

Richard Gilbert: Then you can access PECOS on behalf of that organization.

Kelly Bruce: OK. So, I am already considered a surrogate? I don't have to do anything further to...

Richard Gilbert: That's correct. You're done.

Kelly Bruce: OK. Thank you.

Operator: Your next question is from Laura Schnipke.

Laura Schnipke: Hi. I guess I would be in type of situation number 3. I'm a credentialing entity who works for many different groups all under different tax IDs, and each of those groups then has multiple physicians. For me to become a surrogate and be able to access every physician's enrollment in PECOS, would the authorized official for every tax ID need to go in and set me up, or – I guess I'm not sure exactly how the process works, what the authorized official specifically needs to do so that I can gain access to all physicians' records.

Richard Gilbert: You are correct. The authorized official for each one of those groups that you are working on would go through their Staff Management tab and invite you as a member of their staff. And then at that point, you would have access to all of the individual providers within that group.

Laura Schnipke: OK.

Richard Gilbert: If the group had already created (inaudible) those individuals.

Laura Schnipke: If the group had already what? I'm sorry.

Richard Gilbert: If the group had already created connections with all of those individuals, you would then have access.

Laura Schnipke: What does the group need to do to establish with each individual? I guess I'm missing that piece.

Richard Gilbert: The authorized official with each group would then send out a connection request to each one of their individual providers.

Laura Schnipke: OK. What if each individual provider did not have an email address? I think someone spoke earlier – the only email address that is in PECOS, I believe, is the contact email address; typically the physicians don't want their email address in there, so...

Richard Gilbert: If each individual provider on file does not have an email address on file or was not converted with an email address, then the recommendation would be to

contact each one of those individual providers via whatever individual email you have on file and notify them that they need to log in to the I&A system to approve this request.

Laura Schnipke: Would they need to then update their email address or would that not be necessary?

Richard Gilbert: At the time when they go through and log in to the system, they would be asked to add their email address at that time.

Laura Schnipke: OK. Thank you.

Operator: Your next question is from Lisa Weston.

Lisa Weston: Yes. Hello. Thank you. I have a question. We're from a provider, a group practice, and let's just say the scenario is that our providers have never logged in before. Can you give us a little step-by-step information on what's needed for them when they actually log in after they've received that email request to authorize people to go in for them?

Richard Gilbert: If an individual provider has never logged in to any of the systems before...

Lisa Weston: Into PECOS.

Richard Gilbert: ... into PECOS, then they could go through the "create new account" and – actually, let me step back. They should most likely go through the "forgot username and password" because if they have a request, then that means that they had an NPI, and if they had an NPI, they most likely had an account at some time, some point in time. And at that point, they would regain their username and password. If for some reason they did not actually have an account, say they created their NPI via paper, then they could create an account at that time. And when they created their account, it would automatically be associated with the request and they could approve it.

Lisa Weston: All right. And so then, what type of information would they need at that point in time when they're going to go through that process?

Richard Gilbert: It's basic personal details about name, address, social security number, dates of birth, and contact information.

Lisa Weston: All right. And do you happen to know if that kind of information is actually in that provider video that was referred to earlier that people can watch?

Richard Gilbert: Yes, it is.

Lisa Weston: Wonderful. Thank you very much.

Operator: Your next question comes from the line of Heather Blair.

Richard Gilbert: OK.

Heather Blair: Hi there. We have quite a few providers. So, we do have login information for all of their NPIs. So, if we needed to provide that to the providers, we do have that information. So essentially, if we were wanting to use this system, we would have to create new logons for the I&A system, or they would use their NPI logins?

Richard Gilbert: The I&A system, PECOS system, NPPES system, and EHR system all use the same username and password login.

Heather Blair: OK. So we could use what we already have ...

Richard Gilbert: Individual provider ...

Heather Blair: ... so they would just go in and add.

Richard Gilbert: That's correct. Individual providers ...

Heather Blair: OK.

Richard Gilbert: ... could log in to the system with the existing NPPES username and password that they have.

Heather Blair: And from there, they would log in and then we could – are we able to have multiple delegated?

Richard Gilbert: Your organization—if you're a group or a third party—would be able to have a delegated official or multiple delegated officials who could create connection requests to the individual providers. Once the individual provider responds and approves any one of those connection requests, then all of the staff—delegated officials, authorized officials, staff members—within that organization would be able to act on that provider's behalf.

Heather Blair: OK. And does it have to match up with our current delegated that we have now on file with Medicare?

Richard Gilbert: The authorized and delegated officials in I&A do not need to exactly match what is on file on your Medicare enrollment. However, it is recommended because any authorized or delegated official in I&A that is not listed on the PECOS Medicare enrollment would need to be validated through EUS.

Heather Blair: OK. Thank you.

Diane Maupai: Thank you. This is Diane. We have time for one more question.

Operator: And your final question comes from the line of Karen Rowlett.

Karen Rowlett: Hi. Yes. I hate to repeat a question before, but I want to make sure I'm crystal clear on this in regards to passwords expiring in 60 days. So basically, you said the clock started ticking October 7th. So, basically we have 3 weeks until December 7th to get ourselves designated as a delegated or a surrogate, get all our providers to accept – approve that request before their NPES and PECOS passwords expire in the midst of a mass revalidation process. Is that correct?

Richard Gilbert: The passwords will begin to expire 60 days from October 7th. In the event that a user does not access their account within that 60 days, they will need to reset their password the next time that they log in. Any changes – there won't be any changes to their account behind the scenes. So, if a connection was established before that time, the connection would continue to be established regardless of whether their password had expired or not.

In the event that a request is sent today and the provider does not access the account before their password expires, then the request would still be active when the provider went in and reset their password.

Karen Rowlett: OK, I'm sure I'm (inaudible)...

Richard Gilbert: I'm sorry. Could you repeat that?

Karen Rowlett: ...know, in 3 weeks. I'm sure everybody's as confused as I am. But this is a very confusing process.

Diane Maupai: All right. Well, this is Diane. Unfortunately, that's all the time— do you want to say anything else?

Zabeen Chong: I mean, I think to that last point, this is actually a feature that we launched in response to the provider community, because people wanted a way to securely work on behalf of the provider.

So, if this is something that you're interested in doing, you can certainly work with us, work with EUS if you have questions. But it's definitely not something that's mandatory. It would not hold up any of your revalidation processing time.

Yes, it's ideal if you get these connections set up before the provider's username and password expire. But if you don't, the provider now has a way to do it easily online without having to call anyone. So I'd just keep that in mind as you work through this.

Additional Information

Diane Maupai: Unfortunately, that's all the time we have for questions today. There's a wealth of helpful information, including the video tutorials, on the I&A home page. You

This document has been edited for spelling and punctuation errors.

can find the link to that page as well as contact information for our help desk on slide 20 of this presentation.

An audio recording and written transcript of today's call will be posted to the MLN Connects Call website, and we'll also release an announcement in the MLN Connects Provider eNews when these are available.

On slide 22 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few minutes to evaluate your call experience today.

Again, my name is Diane Maupai. I'd like to thank our presenters and also thank you for participating in today's call. Have a great day, everyone.

Operator: This concludes today's call. Presenters, please hold.

-END-

