

**Centers for Medicare & Medicaid Services**  
**National Provider Call on Medicare Provider Enrollment: Updates on Revalidation,**  
**Billing for Ordered/Referred Services, and PECOS Enhancements**  
**Moderator: Diane Maupai**  
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Operator: At this time, I would like to welcome everyone to today's 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 would now turn the call over to Diane Maupai. Thank you, ma'am. You may begin.

## **Announcements and Introduction**

Diane Maupai: Thank you, Holley. And good afternoon, everyone, and thanks for joining us today. This is Diane Maupai from the Provider Communications Group here at CMS in Baltimore, and I'll be serving as your moderator today.

I'd like to welcome you to this National Provider Call on Medicare Provider Enrollment. Today's National Provider Call is part of the Medicare Learning Network, your source for official CMS information for Medicare fee-for-service providers. During this call, CMS experts will be providing updates on revalidation, billing for ordered and referred services, and PECOS enhancements.

Before we get started, I have a few announcements. The link to the presentation was e-mailed to all registrants around noon today. If you didn't get that e-mail and you don't have the deck, please check your spam or junk mail folders for an e-mail from CMS National Provider Calls.

The presentation can also be downloaded from the CMS Fee-for-Service National Provider Calls Web page at [www.cms.gov/npc](http://www.cms.gov/npc). Again, that URL is [www.cms.gov/npc](http://www.cms.gov/npc). At the left side of the Web page, select National Provider Calls and Events and then select the October 10th call from the list.

This call is being recorded and transcribed. An audio recording and written transcript will be posted soon to the National Provider Calls and Events page at the URL I just gave you. A direct link to the page where these materials will be posted is also included in the e-mail that went out to registrants earlier today.

I'd like to thank those of you who submitted questions during registration. Your questions were shared with today's speakers to assist them in preparing for today's call.

At this time I'd like to introduce our speakers. From the CMS Center for Program Integrity, Provider Enrollment Operations Group, we have the Director, Zabeen Chong; Deputy Director, Mark Majestic; Technical Adviser, Richard Gilbert; and Health Insurance Specialist, Alicia Banks.

To give you a sense of our agenda today, Zabeen is going to start us off with some recent processing improvements and upcoming changes. Mark will then move on to revalidation. And I think Zabeen – no, Alicia will be covering ordered and referred services, and then Zabeen will be back to talk about PECOS enhancements. And at that point, we're going to open the lines for your questions.

And with that, I'll turn it over to Zabeen.

## **Presentation**

### **Recent Processing Improvements and Coming Changes**

Zabeen Chong: OK, thank you so much. Hi, this is Zabeen Chong, Director of the Provider Enrollment Operations Group. I'm going to start off with talking about some recent processing improvements. Over the last year and a half, we've made a number of improvements to the provider enrollment process as well as the online enrollment process. And many of these improvements have been a direct result of input we've received from the provider community. And it's through these types of national calls and provider focus groups where we've gotten this type of feedback.

So I'm going to start off by highlighting a few of the improvements that we've made to speed up application processing time and reduce the burden on the provider community. One of the changes that we made earlier this year was a direct result of your input. Providers now have the ability to submit enrollment applications and updates 60 days in advance instead of the 30 days that it was previously.

I do want to note that there has been some confusion as to what a provider should do if their location won't be ready for a site visit or won't be able to be validated until that 60-day effective date. And we have clarified our guidance with the Medicare contractors. We are sending out guidance indicating that if a location cannot be verified because it has not been established due to a future effective date, the MACs have been instructed to process the application as far as they can, and then hold the application until the effective date approaches, and then validate the location.

So just to be clear, we cannot issue an effective date or a Medicare billing number until we have been able to validate everything on the application including the practice location.

We have also made it available to providers to now fax and e-mail certain types of information to the Medicare contractors in support of the revalidation efforts. Examples include supporting documents such as the CP575, licensing information, and utility bills. In the future, we are looking to provide this flexibility for all types of submissions including initial applications.

And then finally, we now require MACs to develop for missing information rather than return the application due to being incomplete. Again, this reduces the burden on the provider. You're not having to resubmit the entire application again and again just for one piece of information that may have been missed.

And then we've made some improvements to speed up the processing of the applications, and we do this through a variety of means. One, we hold frequent work group calls with the MACs on almost a weekly basis to ensure that the policy and direction that we have communicated to them is clear, that it's understood, and that they're implementing it consistently.

We've also implemented a centralized site visit contractor to ensure consistency and timely processing of all site visits.

And then finally, we're making some changes to the PECOS system which I'll delve into more later on in the presentation. But things like e-signature and

digital document features that we launched earlier this year have already been proven to be successful. Applications that are submitted using these features have 30 percent less development and 25 percent faster processing time. So clearly there is a big advantage to using the online PECOS system and leveraging these features.

I do want to make mention that if you are having any type of technical issues with the PECOS system; you should be contacting the EUS Help Desk. If you are having issues with policy-related types of items, or are not sure how to fill out the 855, that's when you should be contacting the Medicare contractor.

And then we've got some upcoming changes that I'd like to highlight. We are reviewing some of our processes such as the Survey and Certification process. We understand that for Part A providers, it's a fairly lengthy process, and there's lots of room for improvement. So we're looking at that process and looking at where time can be reduced.

We're also standardizing the letters and the communication that the MACs are sending out to the provider community. We want to make sure that any letter you get—whether it's a revalidation notice, a denial notice, whatever it may be—that the language is clear and consistent, that you understand what the letter is about, and you understand what next steps you need to take to fix whatever the issue may be.

And then we're also in the process of revising 855 – all of the 855 forms. We're not doing any new data collection, we're just reducing the amount of duplicate tabs, reducing redundant data collection, and just streamlining the form overall. So just a quick schedule of the release of these forms: The 855O, which is for ordering and referring providers, was revised and released in July of this year. The old 855O will continue to be accepted until November 30th, after which you do need to use the new form. And that new form is available on [cms.gov](http://cms.gov) right now.

The 855S will be revised and released in January of 2013. And then the A, B, I, and R are tentatively scheduled to be released in early 2014.

And with that, I'm going to hand it over to Mark Majestic to go over the revalidation efforts.

## **Revalidation**

Mark Majestic: All right. Good afternoon, everyone. A little over a year ago, we started this revalidation project, and we outlined many of the steps that have to be taken as part of this, and provider enrollment calls, and we've since talked to, you know, several hundred – or over a hundred different groups to try to outline the process that each MAC will use and provide an overview of this revalidation project.

How is – what is revalidation and how does it affect me? The revalidation project was mandated by Provision 60 – or Section 6401 of the Affordable Care Act. That – what it does is require all providers and suppliers, all million and a half that are enrolled in PECOS or enrolled in Medicare, to revalidate prior to March 25, 2015. That will mean that, while the revalidation doesn't have to be completed by that date, that all letters requiring revalidation will be sent to the providers and suppliers by that March 25, 2015 date.

So if you haven't received a revalidation request yet, sometime within the next, you know, 24 or so months you can expect to receive that revalidation request in the mail.

What the ACA – the provisions of 6401 required is that you have to revalidate, you know, all of the information that's – housed in the provider enrollment system, and you should only do so upon request of the MACs. If – By submitting spontaneous or unprompted revalidation documents to the MACs, it will create a – or could create a potential backlog and would just cause some processing issues. So we ask again that you only revalidate when being instructed by the MACs to do so.

**The –** Moving forward with this revalidation project: Revalidation is here to stay. The DME suppliers will revalidate every 3 years, and all other providers and suppliers will revalidate every 5 years.

As – one of the focal points of the revalidation project was to enhance the customer service features of processing these revalidation documents. And part of the steps that were taken during this project were that the MACs will conduct multiple outreach attempts before any administrative action is taken. That said, the revalidation letter once it's mailed – and that will be mailed to the physical address and the correspondence address – the – prior to the MAC taking any action, they've been instructed to make at least two telephonic attempts to that telephone number that's on file just to ensure that – you know, one last chance to provide notification that the provider/supplier is aware that a letter did go out, or a request to revalidate did go out, and they have the responsibility to submit those documents within 60 days.

Instead of revoking a supplier that failed to respond, as part of this project we made a conscious decision to proceed with deactivation instead of revocation. This of course will ease the burden on the provider/supplier community, and just by – through deactivation. It will not be an adverse action against them. And there is a mechanism in place that once you – you know, should you not receive the letter, and you are subsequently deactivated for failure to respond within that 60-day period, that it is relatively easy to have the number reinstated by simply submitting those revalidation documents to the MACs as requested.

Another feature of – to enhance customer service was allowing the MAC to accept fax and e-mail submission of supporting documents. Where previously they may have required you in certain cases to send in hard copy documents, we expanded that for this revalidation to allow the submission of more documents via e-mail or the fax.

Another feature is that previously when revalidating, a provider was required to submit all documents that were required even though the MAC may already have those on file. We have instructed the MACs that if they have something that's already on file such as a license, and the license is still valid, to not require the supplier/provider to resubmit that license.

We also extended the premise that extensions could be granted for those that are unable, through whatever – for whatever reason, to respond within that 60-

day time period. It's a simple process to request an extension. There are a number of reasons why somebody would request one, and they are too numerous to mention. But each of those extension requests is, you know, reviewed by the MAC and subsequently, you know, they'll be addressed. And there have been – you know, many thousands of providers/suppliers have successfully requested an extension that has been granted by the MAC.

One thing I want to caution about is to not – while you have 60 days to respond to the revalidation request – you know, as I said, wait for the letter to come from the MACs, but don't wait to update any information until you get that letter. You are required to submit certain changes within 30 days and others within 60 days, and you don't want to wait just to get your revalidation letter to make those changes because, ultimately, they may affect where the letter goes, where that revalidation request goes. So I just want to reemphasize that, you know, do not wait to – for your revalidation request to be received in the mail before notifying the MAC of those changes.

For the – another thing that we've done for the revalidation project to reduce the burden on the providers is to lay out a systematic process on which providers and suppliers are selected for revalidation. Instead of having the MACs just selectively, or arbitrarily select those to be revalidated, CMS is selecting those providers and suppliers based on a number of criteria for revalidation. We then, at CMS, will instruct the MACs every 90 days – to provide them a list for those providers and suppliers that will be mailed revalidation letters within the next 90 days.

The – when the MACs mail those letters, you know, they – it's 60 days after the mailing of that letter that the supplier has the obligation, you know, to respond.

Once the – once again, I want to just throw a little caveat that you don't want to wait to submit things, you know, or to submit the revalidation request. You know, try to submit that as soon as you can upon receipt, or work with your MAC very quickly to get an extension granted if so desired.

The easiest way is, you know – we’ll get into some PECOS enhancements that Zabeen already talked about, and we’ll talk about a little bit later – but the simplest way to revalidate is to revalidate online. The revalidation process – you know, there’s a number of things that – enhancements that were made. And part of your PECOS record that you’ll see on there, links that will allow you to know what the revalidation is, when you got sent the letter. It will have samples of revalidation letters that are on the Web site, the status of your revalidation request, and allow you a fast-track view which, if you have multiple enrollments, will allow you to see all of those – all of the PTANs affiliated with that – with those enrollments to ensure that they get revalidated.

What do you need to complete to – when you get this revalidation request? If you submit your revalidation documents in paper form and mail them to the MAC, you must complete the entire 855 form, just to ensure that what is there – so there’s no changes – so the contractor doesn’t have to guess what is correct and not correct, or whether you purposely omitted something that would be on file.

If you opt to revalidate via PECOS, that information is already populated in PECOS, so you would only have to make necessary changes to that information that is already there. And in a very few, you know, just a few clicks of the button once you’re inside PECOS—literally, four or five clicks of the button—you could have completed your entire revalidation process.

Another key aspect to the revalidation was doing outreach such as this, but – and some of the things we’ve learned early on is – questions that we’re asked: “How do I know if I got a letter mailed to me if I didn’t get a letter in the mail? I haven’t received it physically yet.” We do post on a monthly basis on cms.gov those providers and suppliers that were mailed a revalidation request by the contractors.

This is not an immediate process. Twice a month, the MACs notify us – notify CMS – whom they have sent letters to. We reconcile that, compile all of those names together, and then we post that information on cms.gov. So you will not immediately know. If a letter went out last week, you will not see it

immediately on the cms.gov Web site, but it should be out there within roughly 30 days after the letter was mailed. That notice should appear on there.

If you do not see your name for whatever reason, a supplier or NPI out there on the cms.gov Web site, but have a paper revalidation letter in your hand, then follow the instructions on the letter and revalidate.

We've also posted a number of reference tools, FAQs, [MedLearn](#) articles, that are available online, that will help the providers and suppliers navigate their way through this revalidation process.

On a quarterly basis, we talk to – or *at least* on a quarterly basis, we talk to focus groups. One was just recently as—what?—two weeks ago, that we get feedback on how the revalidation process is going, and so we can modify any processes or procedures that are in place to better serve or ease the burden on the provider community as this goes forward.

We will continue to address provider associations, you know, through MAC-sponsored events or any other work groups and to try to get the word out on revalidation and to try to answer any questions that people may have.

We compiled a list of the top ten revalidation questions that seem to be coming out from providers and suppliers regarding revalidation. One is: “If I have different enrollments in different States, will I receive all the requests at the same time?” And the answer is no. Each MAC is responsible for sending their own mailings. Based upon how you are enrolled in a certain jurisdictions, what type of provider/supplier your specialty is, and other criteria that the list is selected from, may have – each individual enrollment may be in another mailing cycle. They may be in the same. They may not be in the same.

“How will I know when to expect my letter?” Well, this letter stands out because it is in a yellow envelope. It's not going to be in your typical white CMS or contractor envelope, but should be in a yellow envelope that you'll get in the mail. Once again, it will be sent to the correspondence address and

the physical address. And then it will be – that information, as I said, will be posted on cms.gov when the letter went out.

“What do I need to do to receive an extension, and what are the reasons they are approved?” You know, call your MAC. As I said, there are a number of reasons that one can have, due to things such as change of ownership, or you’re moving location, or you just got the letter and the owner is out of the country. I mean, there are a wide variety of different things that you would not be able to complete it within that time frame. My advice is: do not wait until the 59th day to request an extension. If you know you’re going to need one, contact the MAC very early on in this process to more efficiently handle those extension requests.

“Does an application fee apply to me?” If you are a provider or supplier that meets the requirements listed in CMS 6028, then yes, an enrollment fee is required upon revalidation. For a list of all of those provider/supplier types that do require enrollment fees, you can visit the PECOS home page for that list.

“What happens if I do not respond to a revalidation request?” You have 60 days to respond, and failure to respond will result in the deactivation of your billing numbers.

“What if I have multiple Medicare IDs? Will I get a letter for each one?” The first phase of revalidation, which started in September of last year and ran through December 31st of last year, was for those providers and suppliers that did not have an active enrollment record in PECOS. For those groups of providers and suppliers, revalidation requests were mailed based upon billing number.

Going forward, after phase one, starting in January – or February of this year, you will receive one letter with all of your Medicare IDs associated with it to revalidate. If you are reassigning your benefits to multiple groups, you know, the revalidation letter will be mailed to the address that is on your 855I application, and it will list all of the PTANs that are affiliated with your

enrollment record. It is your responsibility to revalidate all of those individual PTANs.

“What if I receive a notice for a Medicare ID that I don’t recognize?” You know, only complete the revalidation based upon the information that you know to be true. If you do see one PTAN that for whatever reason is on your enrollment record, that you know nothing about, you should contact your MAC immediately so that number can be deactivated.

“Will all of the members in my group get the same letter or get the letter at the same time?” No. Groups and individuals that reassign benefits will be sent separate independent notices. Regardless of a provider’s reassignment status, they are responsible for revalidating their own enrollment records.

“What address will my revalidation notice be sent?” As I’ve said before, your revalidation notice will be sent to your correspondence address on record or your physical location.

“Where can I get more information about revalidation?” You can visit the PECOS home page or cms.gov for a list of notices that were sent, sample revalidation letters, and many other helpful tips regarding revalidation.

So with that, I will refer it over to – turn it over to Alicia Banks, who will talk about ordering and referring.

### **Ordered and Referred Services**

Alicia Banks: Hello, everyone. I want to first start by saying that this call is not to announce that the ordering and referring edits have been turned on. It is only to provide additional information on ordering and referring.

6010 requires all providers who order or refer services for certain procedures, services, or medical equipment to be enrolled or registered with Medicare, or claims by the ordering and certifying providers or suppliers will be denied. CMS will give a minimum – a minimum of 60 days advance notice to the provider community before the edits are turned on. We are closely monitoring the number of providers not yet enrolled or registered with Medicare, and the number of informational messages.

Currently if you're not enrolled or registered, Part B providers and suppliers will receive an N264 message, which indicates missing/incomplete/invalid ordering physician provider names, or N265, which indicate missing/incomplete/invalid ordering physician primary identifier.

DME suppliers will receive N544, which indicates although this was paid, you have billed with a referring/ordering provider that does not match our system record. Unless corrected, this will not be paid in the future. And then Part A HHA providers will receive N272, which indicates missing/incomplete/invalid other payer attending provider identifier.

In monitoring DME and HHA claims, we discovered some were listing a Type II Organization NPI on the claims instead of the practitioner's Type I individual NPI. Those DME and HHA providers are being contacted and notified that the incorrect NPI has been submitted on the claims.

Interns and residents will be required to fully enroll or complete an 855O via paper or through Internet-based PECOS. The final rule states that State-licensed residents may enroll to order and refer and may be listed on claims. And claims for covered items and services from un-licensed interns and residents may still specify the name and NPI of the teaching physician. However, if States provide provisional licenses or otherwise permit residents to practice or to order and refer services, interns, and residents are allowed to enroll to order and refer consistent with State law.

And one additional note on VA providers that order and refer: We can provide some targeted education as requested, but the ordering and referring process will be the same across the board.

And now I'll turn it back over to Zabeen.

### **Pecos Enhancements**

Zabeen Chong: Thank you. OK, so I'm going to talk about PECOS enhancements. And if you're not familiar with PECOS, PECOS was established in 2003, and it's basically the central repository for all Medicare provider enrollment data. For those of you who have not used Internet-based PECOS, this system basically

allows you to submit your enrollment application online. It's also where you can go to view and print enrollment information, and this would be for applications that you've submitted either by paper or Web. You can also track the status of your submitted applications and revalidate through Internet-based PECOS.

I do want to emphasize that all provider and supplier types can use Internet-based PECOS. There are no limitations on that.

So with that, I'm going to start off by showing you some of the enhancements that we've made over the last year or year and a half. And you'll notice on the slide deck that some of these have a yellow star next to them. That basically means that these were enhancements made directly as a result of provider feedback.

So I'll start with the updated PECOS home page. In October – in July, we released an improved PECOS home page. It has easier navigation, easier flow of information. In October, we're going to be adding links to video walkthroughs of how you can enroll or update your enrollment information through Internet-based PECOS. That should be released in the next couple of weeks.

We also have off of this home page direct links to things like the ordering and referring list, the revalidation mailing list, the “Who Should I Call” guide based on what issue you may be having, and also information about the application fee.

In April, we launched a revised “My Enrollments Page.” And basically this page now allows you to view more information about your enrollment upfront and also filter and search through your enrollments. And this is especially good for those that have many enrollments like large groups or chains.

The search and filter feature allows you to search and filter by enrollment type, NPI, enrollment status, Medicare ID, state, and specialty. And then you'll be able to see information about each enrollment, such as whether or not you got a revalidation notice, it will indicate the date. If a revalidation has

been received and completed, you'll also see the date for that. And you'll also see information like your accreditation status for ADI.

And as Mark has mentioned, we now have a fast-track feature in Internet-based PECOS, and this is probably the easiest way for you to revalidate. Once you get to the fast-track view in PECOS, it allows you to see all of your enrollment information on one page instead of having to go through each topic to see the data in your enrollment record. And once you're on this screen, if everything looks good, you would be able to submit your revalidation right from here. If there are any edits you need to make, you can go directly from here to that topic to make your edits and then submit your revalidation quickly.

The primary and secondary location indicator was added in August. And it basically allows providers that reassign benefits to multiple locations to select a primary and secondary practice location. Now this feature is completely optional, but it does help with our Physician Compare tool where we populate this information for Medicare beneficiaries. Many times, beneficiaries want to know where are these providers actually practicing. And with larger organizations, it's hard to know where they can actually find those providers. So by indicating your primary and your secondary, it will assist the beneficiary population.

Geo-location by county: Providers now have the option to select "County" in the geographic locations topic when you're identifying the location where services are rendered. And this is mostly for Part A and B applications. Prior to this feature, you only had the option to select a state, city, or zip code. And for those providers that have many, many different zip codes and counties that they practice in, being able to choose a county really reduces the amount of manual entry that you need to do on the paper application or in Internet-based PECOS. And then it reduces manual entry and data entry errors on the MAC side.

The digital document feature was launched in August of this year. And this truly makes the online process completely digital. We no longer need to wait for your supporting documentation. You're now able to, through Internet-

based PECOS, scan and then upload all of your supporting documentation. So this can be anything from licensing information, your CP575, and all of that information will now travel with your electronic 855 that you're submitting through Internet-based PECOS.

I do want to note that you are not allowed to upload any 855 through the digital document functionality, nor can you upload the 588, the EFT form.

If you do additional information on the Digital Document Repository, there is an MLN article, SE1230, if you want to search for that on cms.gov. And we also have a Digital Document Repository How To Guide available on cms.gov.

We also now allow providers to store multiple points of contacts for their 855 submissions. Prior to this, you could have one contact person listed with your 855, and we heard from the provider community that it would be helpful to have more than one person. Again, it's optional to have multiple people, but it is something that's available to you.

E-signature functionality was implemented in February of this year. And it really helps with one of the biggest drawbacks that we had with the online submission process, which was people forgot to submit their signed certification statement and mail it in to the Medicare contractor, or it got lost in the mail and the Medicare contractor never received it.

So you no longer need to send in a "wet" signature to the MAC. You are able to now sign this – e-sign this online. The same rules still apply to the signature functionality: It's only the individual provider or the A.O. or D.O. of the organization that can e-sign the application.

I do want to note that the user will be asked to confirm their identity when they are e-signing the application. And if you are in a situation where you're reassigning benefits and you need multiple signatures for the 855R, that functionality is also supported. The individual provider would go in and sign the – e-sign their portion of it, and then they would – then an e-mail would be generated to the authorized official of the organization that they're reassigning

benefits to. That A.O. would receive two e-mails, one with the PIN and one with the Web tracking ID that they can then use to log in to PECOS and e-sign their portion of the application.

In an effort to provide more transparency and more data upfront about your enrollment record, we now have a reassignment report available for groups. The report basically allows groups to see the status of all providers that have reassigned benefits, and you're able to download this report if you need to. You'll also be able to see whether or not these providers have been sent a revalidation notice and what the status of their revalidation is.

Medicare IDs: Up until now, you weren't able to see all the Medicare IDs associated with your enrollment. So this month we launched a Medicare ID report within Internet-based PECOS. And basically you can click on an enrollment record and see all of the Medicare IDs associated with your reassignments, your practice locations, et cetera.

We also wanted to provide an easy way for providers to view and print their existing enrollment information as well as any pending submissions. And we are launching in January an HTML view of your enrollment application. We do recognize that the printable PDF view that we have today in Internet-based PECOS does have some glitches where not all of the information is populating, and we are working to address that defect. But we did want you to let – want to let you know that this HTML feature will actually do away with the PDF, and you'll be able to see all of your enrollment application info on one screen, and you'll be able to also see anything that you've submitted through this feature.

If you have submitted something to the MAC and then you do the printable PDF feature and you don't see all of your information, please don't worry. The information that you submitted to the MAC has made it to the MAC; it's just an issue with the printable PDF feature.

And then finally just some additional changes I wanted to highlight. We're constantly looking at ways to improve the navigation and usability of Internet-based PECOS. We've added things like the ability to select previously used

address information when you're completing an application, so that you don't have to manually enter in the address multiple times. We're also giving you the ability to resubmit any applications that are returned for corrections. So if you submit your application online and there is an issue with it, the MAC can then return it to you for correction. Electronically, you can make your changes and then resubmit it through Internet-based PECOS.

You also have the ability to electronically submit your EFT information as part of the PECOS application process. In the future, we will be adding additional information on ADI accreditation as well as DME licensure information. And just recently we launched a feature that allows you to convert an existing 855O application to an 855I if you are interested in billing Medicare and no longer just ordering and referring.

And we're always looking at ways to improve and reduce the number of steps and screens. We're going to be implementing features that will allow for us to auto format fields such as phone numbers and dates, so you don't have to worry about adding dashes and slashes. And then we're also looking at ways that we can revise the "My Enrollments Page" so that you can easily identify the enrollment that you're looking for.

And that – at this point, I'm going to hand it over to Richard Gilbert, who's going to talk a little bit about the authorization and access features and the new surrogacy improvements we're making.

Richard Gilbert: Good afternoon. In looking at the questions submitted by a number of you on the call, there was a lot of confusion or concern around how to get into PECOS, how to access it, who should access it. And, while it's not listed in the presentation, we just wanted to touch on some sort of key points and hopefully provide some clarification.

What I wanted to do was go through some common terminology, how providers actually access PECOS, and then who can access it. So today, all individuals and groups can use PECOS, as Zabeen said. And when we're talking about those individuals and groups, or individuals acting on a group's behalf, we're really talking about three distinct groups of people. Those are

the authorized officials, the delegated officials, or the end users or staff, or the individuals and providers themselves.

The authorized and delegated officials are people that are working on behalf of a group. An end user or a staff member is somebody, again, who is working on behalf of a group. And then the individual provider is the only person who is actually working on their record in PECOS.

Today, individual providers access PECOS very easily by registering for an NPI through the NPPES system, and then using that user name and password to log in to PECOS.

Organizations have to go through a slightly different process. They still get their NPIs through NPPES, and then they need to have a Web account for whoever is going to actually access PECOS. And then once they've logged in to PECOS, there's another step—and this is where a lot of providers seem to have trouble—is completing what's called the Security Consent Form. And that can be accessed through PECOS by clicking on “Manage My Information,” and the authorized official would then sign that and send it in to EUS.

So once individuals and organizations are accessing PECOS, there seems to be some question as to who should or can access this information. The individual providers are the only people able to access their records in the PECOS system. For an organization and authorized official, a delegated official or a staff end user may access any enrollment information for an organization.

But having access to PECOS doesn't change who's required to sign that enrollment information. As Zabeen mentioned, an individual provider is going to need to sign their enrollment application. And when an organization submits their enrollment record, an authorized or delegated official will be required to sign that enrollment, even if it's perhaps a staff member who is doing all the initial work.

So today, if you have any issues with accessing PECOS, as Zabeen said, again, you should contact EUS, and they should be able to walk you through that process. If you have questions about the status of an application or whether a particular policy applies to you, then please reach out to your MACs.

So one other thing that we wanted to talk about, and it was very evident from the questions that were submitted, is some upcoming changes to this process. And later this year or early next, we're going to be simplifying the whole process for accessing PECOS. In the future, any user will be able to register for an account. And then the authorized or delegated officials would also be able to come in to the system. However, they won't have to go through the same process they go through today. If they're already listed as an authorized or delegated official on a Medicare enrollment within PECOS, then their access will be automatically approved and they'll be able to access the system. If they're not already listed as an authorized or delegated official on an enrollment record, they would simply send information in to EUS, and then they would be granted access.

Another big change is that providers – actually *all* users will be able to automatically reset forgotten user names and passwords without having to call EUS as they do today.

And then finally, third-party individuals and organizations will be able to register for access and then request to work on behalf of individual providers and organizational providers. And that will grant those individuals or groups access to that provider's enrollment information within PECOS. It won't change who needs to sign the enrollment record, but it will allow staff and other users to handle the preparation work for the enrollment.

## **Polling**

Diane Maupai: OK, great. Well, thank you very much for those helpful presentations. At this time, we're going to pause for a minute to complete keypad polling so CMS has an accurate count of the number of participants on the line with us today.

There will be a few moments of silence while we tabulate the results, and then we will move on to a Q&A session. Holley, we're ready to start polling.

Operator: CMS greatly appreciates that many of you minimize the Government's teleconference expense by listening to these calls together in your office using only one 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 between 2 and 8. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling. And, 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 between 2 and 8. If there are nine or more of you in the room, enter 9.

Again, please continue to hold while we complete the polling.

Diane Maupai: While we're tabulating the results I thought I'd mention that our subject-matter experts are about ready to take your questions. So let me take this time to remind you that this call is being recorded and transcribed. Before you ask your question, please state your name and the name of your organization.

In an effort to get as many of your questions as possible, we ask that you limit your questions to just one. If you'd like to ask a followup question or have more than one question, you can press star 1 to get back in the queue, and we'll address those additional questions as time permits.

## **Question-and-Answer Session**

Operator: To ask a question, please press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Please 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 in the conference. So please hold while we compile the Q&A roster.

And your first question comes from the line of Tammy Rae.

Tammy Rae: Oh, hi. My name is Tammy Rae, from SunBridge Healthcare. I have a question on the slide that has “Revalidation: Top 10 Questions from Providers & Suppliers.” In regards to phase two, did you say we would receive one letter with all the provider numbers listed with all the PTANs?

Mark Majestic: This is Mark Majestic. And the answer to that is yes. In phase two you will receive a revalidation request per enrollment record. So it would list all of the PTANs for – that are affiliated with that individual enrollment record in PECOS.

Zabeen Chong: If you have – and this is – sorry, this is Zabeen Chong – if you have enrollments in multiple jurisdictions, then you would receive multiple letters.

Tammy Rae: And when does that phase two start?

Mark Majestic: Phase two is – actually we’re in the midst of phase two right now. It started in February of this year and will continue on through June of 2013. And then, one thing I did leave out in the presentation is: The followup phase between June 2013 and March of 2015 will primarily consist of those large group organizations or chains. And the reason for that is to leverage all the, you know, the improvements – that enhancements – that are being made to PECOS to help do this process.

Diane Maupai: Thank you, Mark.

Operator: Your next question comes from the line of (Gail Fonseca).

(Gail Fonseca): Hi, good afternoon. Gail Fonseca from Ridgewood Infectious Diseases, Ridgewood, New Jersey. We run a system of – using MACs, and I found it didn’t seem very functional. Looking at the PECOS, I was trying to update the

address, and we didn't seem to route – you know, the navigation didn't seem right. Is this optimized for Windows only?

Zabeen Chong: We can take that back. Not that we're aware of, but we haven't received that type of feedback up until now. And I believe it should be functional for Apple users or Mac users as well. Is there ...

(Gail Fonseca): OK.

Zabeen Chong: ... a specific issue that you ran into?

(Gail Fonseca): We tried – I don't have it in front of me, and it was a week or two when I did it. We weren't trying to update our address, and it was sort of like, "Click here to update your information." Always seemed to take me around in a circle back to where I started, and I never seemed to be able to get further in.

Zabeen Chong: OK. Yes, if you run into that issue next time, please feel free to contact EUS. If they're not able to assist you, they will escalate it to Provider Enrollment in CMS.

(Gail Fonseca): OK. And we would contact our own – our own MACs?

Zabeen Chong: No, contact the EUS Help Desk.

(Gail Fonseca): Oh, OK. OK, will do. Thank you.

Operator: Your next question comes from the line of (Debbie Nelson).

(Debbie Nelson): Hi. I'm (Debbie Nelson) with Lake Region Health System in Columbia, Missouri. We had a question on the e-signature. Is there an option that – where you can go in and choose where you want the e-mail to go to? Like, you – instead of it going to the authorized official, you wanted to choose a delegated official. Do you have that option?

Zabeen Chong: Yes, that is an option. You can choose either the A.O. or D.O. that we have on file.

(Debbie Nelson): OK, that's what I wanted to know. Thank you.

Operator: Your next question comes from the line of Linda Seyboldt.

Linda Seyboldt: This is Linda Seyboldt, and my question is, the MACs are refusing to confirm whether a provider is due for re-enrollment. And when we're finding a provider on the national CMS list, we have no other choice but to send the revalidation application in for enrollment. Is there a way that these MACs can let us know whether they're up for re-enrollment in that State?

Mark Majestic: This is Mark Majestic. As we said, you know, before is if you're – and I'm assuming you're enrolled in multiple jurisdictions.

Linda Seyboldt: Well, some of the providers are definitely enrolled in multiple jurisdictions. We deal with emergency room physicians, and they travel all across the country working in different States. And when they appear on a national CMS list for re-enrollment, we don't know if they're up for re-enrollment in the State. We're trying to link them to our group or that they're working for our group.

Mark Majestic: I understand. And we'll go in through PECOS, that mean – well, the provider would be able to see whether there are sent revalidation notices and which MACs they were sent, you know, from. But in order for you to appear or for that provider to appear on that cms.gov directory or that sheet of who was sent revalidation letters, they were obviously sent a revalidation request by what MAC – you know, if they're enrolled in multiple jurisdictions, as we said, they may get multiple letters from – you know, if you're enrolled with all the MACs, you may get, you know, letters from each one of those.

Linda Seyboldt: Right.

Mark Majestic: So the – you know, the best solution, I think, would be, you know, to wait as – as, you know, as we said – all the MACs are not going to be synchronized and send all their letters out at the same time ...

Linda Seyboldt: Right.

Mark Majestic: ... due to workload reasons and for how they were chosen to revalidate. And so ultimately the provider/supplier, you know, to prepare for this revalidation effort – and we're about 20 percent – about 20 percent of the Part A and B letters have gone out so far. And about 27 percent of the DME MAC letters have gone out so far. And to prepare for this, to ensure the revalidation letter goes to the right place, my suggestion is that the providers take this opportunity now to ensure to contact their MACs that they're enrolled in to ensure that their correspondence address is up-to-date. Those are where the letters are going to be sent. And, you know, they can choose whatever correspondence address they want that letter to go to.

And when – and in doing so, that way they can – you know, when the MAC finally gets notified by CMS to include a particular provider/supplier on the list, they can, you know, easily be assured that that letter is going to appear, that yellow envelope is going to appear at that address that was listed in PECOS.

Linda Seyboldt: OK, thank you.

Operator: Your next question comes from the line of Katherine Reed.

Katherine Reed: Hello, this is Katherine Reed. I'm with United Surgical Partners International. We operate over 200 ambulatory surgical centers and specialty hospitals across the U.S. And my question is about the centralized site visit contractor. Could you give me more information on that?

Mark Majestic: OK, this is Mark Majestic again. The national site visit contractor is a contract that was awarded in late December of 2011 to a company called MSM Security. They have a number of subcontractors that are doing work for them as well, doing the site visit, health integrity, and – was it computer ...

Female: Evidence.

Mark Majestic: ... evidence specialists in tech solutions. So when they go out there, it should be immaterial to you as the provider/supplier if MSM is doing it or one of their subcontractors is doing it.

One of the things I would like to mention to everybody is that, you know, for the most part these site visits are unannounced, and they are limited to – for the Part A, B world – or, with the exception of IDTFs, the DME suppliers are still going to be done by the National Supplier Clearinghouse. The IDTFs have a special long-version form that requires them to look at equipment and so on.

For the rest of those who are subject to a site visit by this national site visit contractor, the process is very – it's a very simple process that is designed to be least obtrusive as possible, that it is done to where they're really validating whether the facility is operational or not. Some of the site visits may be completed without you even realizing that the site visit inspector has come or gone. If they appear at a facility and, you know, they walk in and they see that the facility is – you know, there's staff at present, that there's customers waiting, that it's, you know, there's a sign on the, you know, on the wall, that shows that it is viable facility that's in operation, they may not even make contact with anybody inside that facility.

One thing you may see them to do, you know, if – they will take photographs during the conduct of the site visit. The photographs will be limited to, you know, those things that would determine whether the facility is operational or not—kind of more or less the outside of the facility or the door of the facility if it is inside of an office building–type setting.

But the – each inspector will have on them a letter of authorization signed by the contract officer representative at CMS. And they should have that in their possession as well as a photo ID card. The, you know, if – on a letter of authorization, if you have any questions or any – or just want to further verify that this individual is who they say they are, on that letter of authorization is a phone number that they will provide to you that you can call to verify the identity of that individual before you allow them into the facility if, you know, if it's, you know, if they can't do it from outside the facility, if they have to go inside somewhere, you know, you by all means can request that of them.

But I just want to, you know, reemphasize they should have that letter of authorization. And the letter of authorization is – they have been instructed to

not let anybody copy that letter of authorization. You can read it but you cannot copy it. That is done for your protection or the protection of the other providers/suppliers so somebody doesn't copy this document and perpetrate themselves to be a site visit inspector and go on to visit somebody else under false pretenses. But they should have that letter as well as a photograph ID card listing MSM or one of their subcontractors.

We're in the process of – or MSM is in the process of giving business cards to all of their – all of their staff members or their subcontractors that – eventually that will – they will be able to leave that business card with you that will list their phone numbers should you have any questions and – or should your compliance staff have any further questions later on down the road. It will indicate, you know, who was – you know, that the – the individual that was there.

Katherine Reed: I think my question is a little bit different, and maybe this isn't a place to address it. It varies from State to State. I've recently had a facility that relocated to a new site, and we're waiting for a "CMS site survey" through the regional CMS office.

Mark Majestic: OK, yes. That's ...

Katherine Reed: In other States, it's been just the State that will come out and survey, or a joint commission.

Mark Majestic: Yes. I mean, that – yes, that's – that is not the national site visit contractor that would do something like that. That is done through the survey and cert process. And, yes, that is done completely – completely independent of that national site visit contractor.

Katherine Reed: OK. And it varies from State to State as to who is going to do the survey.

Mark Majestic: That would – that would be correct.

Katherine Reed: OK, great. Thank you so much.

- Mark Majestic: You're welcome. I hope that was able to answer another question that somebody may have.
- Operator: Your next question comes from the line of Lana Cook.
- Lana Cook: Hi. Yes, this is Lana Cook with St. Luke's Health System, and I have been trying to get on to the PECOS, but it wants me as an end user to sign the security form, and my authorized official CEO, or CFO, has already done so. Does it require the end user to sign a security form?
- Richard Gilbert: This is Richard Gilbert. No, the end user should not need to sign the form; that should be signed by the authorized official. And when you're requesting access as an end user, the authorized official needs to approve that request in the system.
- Lana Cook: Which she has done. And I've talked to the help desk numerous times about this, and I'm – it's – they are telling me now that one – the first end user has to sign the security form. And I don't understand that. Do you know anything about that?
- Zabeen Chong: That's not sounding familiar to us. Have you opened up a ticket with the EUS Help Desk?
- Lana Cook: I've had a couple of different tickets with them. And that – and that was their last conversation with me, was that I had to sign the security form as a first end user.
- Zabeen Chong: OK. If you can provide us with the ticket, we can followup and see if – where this is held up in the process.
- Lana Cook: I can – and who do I contact, did you say?
- Diane Maupai: Yes, nationalprovidercalls (that's plural) @cms.hhs.gov.
- Lana Cook: OK, thank you.
- Operator: Your next question comes from the line of (Neil Barry).

(Neil Barry): Morning. This is (Neil Barry) at University Medical Group. We serve the doctors at Oregon Health and Science University. My question has to do with getting the current contact information for individual doctors that practice at OHSU. One of the things we've encountered is letters going to other offices besides our own and having them forwarded to us, and we don't consistently get those letters for revalidations. And we want to find out how we can check the current addresses on file for doctors, especially those who have other practices and we know they have other practices. Because this becomes a real critical follow up issue.

Mark Majestic: The individual – the revalidations are sent – and you know, as I said, to the physical address and the correspondence address listed on their individual enrollment. They're not sent to anybody that's outside. You know, if they're reassigning to another group, they're not sent – those – that individual enrollment and any of the 855Rs are not sent out to the group. They're sent out to that physical address and the correspondence address listed on that individual provider's enrollment.

So it would be that – you know, as I said earlier, the individual provider should take the time now to – if something was done in PECOS many years ago, and this is I think what the – probably one of the dilemmas is that, you know, they may have sent something and put in their record correspondence addresses or, you know, other addresses that have long since not been used. And because they're reassigning all of their benefits to someone – to some other group who's actually submitting the claims and so on, or to multiple groups, so they've kind of forgotten about their individual enrollment record.

So they have to take the, you know, the initiative to go in and make sure that that is – that address is where they want to have that revalidation notice sent. Who they get to do it for them on their behalf, whether they want to choose to do it as an individual or have one of the groups do it for them, but ultimately when it's done, someone has to do all of the open billing numbers affiliated with that physician to successfully have them all revalidated. So it's ultimately – it goes down to – if they're assigned to multiple groups, it's still the provider's responsibility to ensure that all of that information is revalidated.

And so the only way they can do that is to go in and make sure that – that address is correct so it gets to whoever they want to send it to. And they could put their home address down on there and that’s – I mean, and that way they get it personally, and then they can hand it off to whomever they want to hand it off to. But ultimately they have to make sure those addresses are correct.

Zabeen Chong: We do know that other large groups have been utilizing the cms.gov revalidation notices list to periodically check if their providers are showing up on that list, and then proactively contact the provider and find out if they actually got a revalidation notice that the group has to now take care of.

(Neil Barry): Right. We’ve done that initially, I think, with the initial list that went out of revalidation letters sent. So it sounds like something we’re going to have to consistently do.

Female: But we do have another question associated with that. You made mention that the provider can allow the organization to check on their PECOS record, but how does the provider at this point in time delegate that access? So I heard – what I heard you say was that is that functionality is not available yet but it will be? Is it going to look like the EHR MU delegation?

Zabeen Chong: It will be something similar, but you are correct. Today, you are not able to go in on behalf of the individual provider to check their enrollment record.

Female: OK. So even our authorized official and delegated official don’t have that access yet?

Zabeen Chong: No, you only have access to your organization.

Female: OK.

(Neil Barry): Thank you.

Operator: Your next question comes from the line of Cheri Greenwell.

(Patty Rabb): Hi, this is (Patty Rabb). I’m sitting in with Cheri Greenwell, and I’m calling in from (CHP) Home Medical Equipment Company. And I’ve been trying to go

into the PECOS to register all our PTANs Medicare numbers. And when I go start the system, as soon as I put our president's name in and our Federal tax ID, it keeps coming back telling me that I'm already on PECOS. Where, for instance, our company – we have three PTANs for our one company for each location. So how do I get through, so I can get all three of them registered through PECOS?

Richard Gilbert: If you're already enrolled in Medicare, then your information should be already within the PECOS system. If you're trying to access PECOS for the first time, meaning you've never used it or your authorized official has never accessed the system, then you would need to register for an account to access PECOS.

(Patty Rabb): OK. I am registered now.

Richard Gilbert: You are registered now. And are you able to see the records when you log in to PECOS?

(Patty Rabb): Only the one that I physically entered myself.

Richard Gilbert: So in that scenario, what's missing is the security consent form. I believe that's found right on the home page after you log in. You select "My Account," and then you can follow the security consent form process there. If you don't have a completed security consent form, you may see only records that you submitted personally.

(Patty Rabb): OK.

Richard Gilbert: You wouldn't have access to other records.

(Patty Rabb): OK. I'll go in and try to, you know, do the security consent form.

Richard Gilbert: OK.

(Patty Rabb): Thank you.

Operator: Your next question comes from the line of Jill Paiva.

Jill, your line is open.

Female: Hello.

Jill Paiva: Hi, this is Jill Paiva. I'm calling from Medicomp, Inc. We're an IDTF and we provide national cardiac monitoring services. I have a question: When you're on PECOS and you're viewing your enrollment, if you're looking at your application, are you supposed to be able to see everything that is currently on your, you know – current on your application? The reason why I ask is, being, you know, a cardiac monitoring center, we list certified technicians on our applications, and when I go on there, I cannot see any of the technicians that are located – that are now current on the application. I have called EUS, and they said I had to call my MAC. And I called my MAC, and they said, no, I had to call CMS. So I'm not sure if I'm supposed to see it, not suppose to see it, and if I am suppose to see it, who do I call to get it corrected?

Richard Gilbert: OK. Again, this is Richard Gilbert. If you have logged in to PECOS and you're trying to update any information on your record, when you begin the change-of-information process through PECOS, what happens is a complete record of all your information on file is loaded for you to see. If you don't see that information when you're performing the change, that means it is not currently on file as current information within our system. And you should make any changes.

Jill Paiva: OK. But what if I'm just viewing the application, like if I wanted to view and print what was the current application?

Richard Gilbert: If you go to the view-and-print-application processes, I think, that Zabeen had said a couple of users are impacted by information not showing correctly. What I would recommend at that point is to start a change of information and view the record.

Jill Paiva: Yes.

Richard Gilbert: And if you see changes or information that's missing, proceed with those changes and submit your information. If you do see everything and it appears

correct, then just cancel that change, and nothing would be submitted to the MAC.

Jill Paiva: OK. All right, thank you.

Operator: Your next question comes from the line of Toni Hunter.

Toni Hunter): Yes, hi. For group revalidation letters, I know it said correspondence or physical location. We're a teleradiology practice, so our physical location is actually another doctor's home. Do you know which one would actually be used for groups?

Mark Majestic: At the group level – the group is when – is being used from the correspondence address in the physical location as they're listed on file of what was submitted on the 855B.

Toni Hunter: OK. But like we – for some groups, for example, we have maybe 30 physical locations, so which one are you going to choose?

Mark Majestic: I think it's the – I believe it was the first one that's in the PECOS record. But I've ...

Zabeen Chong: (Inaudible).

Mark Majestic: And ...

Zabeen Chong: (Inaudible).

Mark Majestic: Special payments address?

Toni Hunter: OK. OK. And just a heads-up to you, guys, they are not all coming in yellow envelopes. Lots of white and some pink. So just a heads-up for everybody.

Zabeen Chong: What contractor do you have?

Toni Hunter: We're national, so we're with every contractor.

Zabeen Chong: She's not getting a yellow envelope, she's getting every other color.

Tony Hunter: No, I do get a lot of yellow envelopes, but I have received probably just as many white as I have received yellow. And this week, we got a pink one.

Mark Majestic: Could you please let us know which – you know, send an – send an e-mail to that e-mail address that was specified before to let us know so we can correct that problem?

Toni Hunter: OK.

Diane Maupai: That's nationalprovidercalls (calls is plural) @cms.hhs.gov.

Toni Hunter: OK. And do you also want to know then if they're not ending up on that mailing list for CMS until after the 60 days? Because, like, I know – not the mailing list, but the big Excel document that you guys publish every month. Most of the time when I see our doctor's end up on there, it's not until after the 60 days has passed.

Zabeen Chong: You know, that's something that we're working on. I don't think we need that level of detail right now. It is something we're aware of.

Toni Hunter: OK. OK, thank you.

Operator: Your next question comes from the line of (Carla Nielsen).

(Carla Nielsen): Actually my question was answered, but I thank you very much.

Zabeen Chong: Thank you.

Operator: Your next question comes from the line of (William Vickery).

(William Vickery): Hi, my name is (William Vickery), and I'm from Indianapolis, Indiana, with St. Vincent Hospital and Health Care Center, Inc. We previously – our contractor was National Government Services, and in August switched to – with Wisconsin Provider Services. Since going with them, we're always taking on new practices and new locations. And, for example, I submitted an 855B with several locations, you know, asking them to add those to our

existing group. Then maybe a couple of weeks later, some other locations became – you know, all of the information became available to me. I submitted another 855B to have those locations added.

With NGS, they would just give each of those 855Bs a case number and process them accordingly. But what WPS is doing is, if they've got any application – or any 855Bs for that group PTAN and they get additional locations, they just add them to that original and therefore hold up the process. When we addressed it with them, they told us that what I should do is just to wait until all those are processed before I submit anything else.

And I was wanting to know if that was common, because that's not – that's not real beneficial to us. Because, like I said, we take on groups all the time. In one week, I may have 10 and then the next week I may have two locations that I need to add.

Mark Majestic: So just so I understand that, you know, the question, I guess, is, so what you're saying is that you submitted one change, and we'll say on the first of March.

(William Vickery): Yes.

Mark Majestic: And that change added several locations.

(William Vickery): Correct.

Mark Majestic: Then they started processing that.

(William Vickery): Right.

Mark Majestic: But then you finally obtained information and realize – now we're at the 15th of April.

(William Vickery): Yes.

Mark Majestic: And you read – and you read – and the updates still haven't taken place by the MAC for the one that was submitted, you know, a month and a half prior.

(William Vickery): Correct.

Mark Majestic: But when you submit that second one on the 15th of April, the MAC is telling you that they will not update the ones that were submitted in March, and they will have to wait and update all of them when they're ready to update them, based upon the documents that were submitted on the 15th of April?

(William Vickery): Correct. They're putting both of those – let's say the one for the first and then the one for the 15th – when they got the information, for example, for the 15th, they added it to the one for the first, and they're processing that all and will not release any information, and will not update anything until they've processed all the requests. So they just keep piling on whatever I keep sending to the original request.

Mark Majestic: Oh, yes. And that – and that – I guess – if you can send us that to that e-mail address, and be as specific as you can with identifying the information ...

(William Vickery): OK.

Mark Majestic: Because I guess what's problematic or troublesome about that is, if you had continuous requests, and you had to submit a request and, you know, it's a large group, and you submit changes every month, that – you would never get anything updated if ...

(William Vickery): And that is exactly our point. We would never get anything resolved. And they wanted me to actually at this point to continue to sit on anything that I do have right now for the next two or three weeks so that they can catch up, they said. And then I can continue to submit.

Mark Majestic: Yes. You know, but if you could – if you could use that e-mail address ...

(William Vickery): OK. And I'm sorry, what was that e-mail address again? I apologize.

Diane Maupai: That's all right—nationalprovidercalls (calls is plural) @cms.hhs.gov.

Mark Majestic: Yes. And please be as specific as possible.

Zabeen Chong: You should include enrollment ID. That would be ...

(William Vickery): OK.

Mark Majestic: And then, you know, contact information, so we can get back if we have any questions before we research this.

(William Vickery): OK. OK. Well, thank you very much, I appreciate it.

Operator: Your next question comes from the line of Rozlan Tabor.

Rozlan Tabor: Hi, my name is Rozlan Tabor. I'm with United Health Services. I apologize if you guys have addressed this on the call already, as I joined late. I've been successful in registering a lot of our providers on PECOS, and I've also been able to submit – submit – request changes of information and them being processed. The question that I have is, is there going to be a process whereby we can actually see the changes that we request?

Right now, I just get an e-mail saying that my submission has been sent, and you guys have it. Or when I – if I choose to submit the certification statement by paper with an original signature, I don't get any kind of summary of what I'm changing on that 855, and the authorized official has to certify that what they're changing is accurate, but there's no way to show what's being changed.

So, again, my question is, is there going to be a way where we'll be able to see what we're asking to be changed in PECOS before I have an authorized official sign off on it or before I e-sign it?

Zabeen Chong: That functionality is there today. When they go into e-sign, they can actually view the application before they sign it.

Richard Gilbert: Yes. And I think your question is, beyond viewing it, they also want to be able to see exactly what changes occurred with that submission?

Rozlan Tabor: Correct. I don't want to be able to see everything that's on that submission, I want to be able to see what I'm changing with that submission.

Richard Gilbert: With the January update that Zabeen spoke of with the HTML view, you'll be able to see a copy of the information that's on file as well as a copy of the information that is being submitted. And we are planning to try to highlight which sections are being changed, so you would be able to quickly review the record and go to those specific sections.

Rozlan Tabor: OK. That's the change that's coming down in January, is that what she said?

Richard Gilbert: That's correct.

Rozlan Tabor: OK. So right now, when we send in the certification statement, there's no way for the authorized official to know what they're certifying that they're changing without printing the entire enrollment record.

Richard Gilbert: Anytime the authorized official is submitting the information, they're verifying all of the information. So it's not just about the changes, it's all the information that's being submitted.

Rozlan Tabor: OK. But in January that will change. It will be highlighted, and we can see specifically what we're changing.

Richard Gilbert: That's correct.

Rozlan Tabor: OK. Thank you.

Operator: Your next question comes from the line of Leslie Witkin.

Leslie Witkin: Good afternoon, it's Leslie Witkin from Physicians First in Orlando, Florida. Just quickly as a comment that might help for that, or at least CMS in terms of the prior caller who is having trouble adding the practice locations at different times, I can just give you feedback. Our J9 contractor handles that situation with no problem, so it might be contractor specific.

My question now, though: Several months ago what was happening with PECOS—and it was consistently when I would do an enrollment where I wanted to make a change of correspondence address to the 855I, and wanted

to do a new reassignment and do a termination of an existing reassignment, and that was the example consistently—what would happen is the PECOS system would only generate the two 855R signature pages for the reassignment, but it would not generate the 855I signature page for the individual enrollment changes. And the contractor was very helpful working with us to work around that without having endless letters of development. But – and they indicated that CMS was aware of it. I wondered if that problem has been resolved.

Richard Gilbert: We have resolved all known issues around not generating appropriate signature pages that we're aware of. When was the last time that you went through this process and saw this issue?

Leslie Witkin: That was in June.

Richard Gilbert: We have had material releases and updates to the system in both July, August, and October.

Leslie Witkin: OK.

Richard Gilbert: So I would expect that any of those issues would have resolved already. If they have not, again, please send the information to that e-mail address that was specified earlier.

Leslie Witkin: OK, thank you.

Operator: Your next question comes from the line of Dina Cabral.

Dina Cabral: Hi, I'm Dina Cabral. I'm with Renown Health in Reno, Nevada. I recently had a provider that revalidated using PECOS. And there were some old reassignments that she stated that she's no longer reassigning to those groups. When I had to print out the printout for her, we had to get the authorized officials from her previous groups to sign off, stating she was no longer reassigning there. What if either the groups are out of business or out of state? Why can't the provider attest that he or she is no longer with those groups?

Zabeen Chong: Is that direction you got from the MAC that the A.O. had to sign off?

Dina Cabral: Yes.

Zabeen Chong: OK. So that's incorrect. You don't need the group to sign off on end-dating a reassignment.

Dina Cabral: Really? Well, that's good to know.

Zabeen Chong: We can do further education with the MAC.

Dina Cabral: OK. Should you – should I list – give you the name of the MAC or . . . ?

Zabeen Chong: Sure.

Dina Cabral: It was Palmetto.

Zabeen Chong: Thank you.

Dina Cabral: Thank you.

Operator: Your next question comes from the line of Agatha Addo-Quaye.

Agatha Addo-Quaye: Yes, hello, good afternoon. I'm Agatha Addo-Quaye from TruCare Medical. And my question has kind of been out there, but I just want some more clarification. I've always been the one to call and to follow up on stuff, but then I assigned that part of it to the credentialing, the revalidation, to somebody else to handle because I have some others things to work on. So after I did that, I called because they said something that got delayed, they had to – you know, they sent the whole packet back for one signature, and that kind of stuff. So they had stopped payments to us, to the provider.

So I called to find out what was going on, and they said they could not talk to me. They only – they would only talk to the person who is listed – who put in the application, who I had assigned to put in the application. But I was telling them my name has been on for over 10 years, so why could I not just ask a simple question. And they said, no, I needed to get permission from the person I had assigned to do it. Is that going to change, where you can have more than one person contacting?

Zabeen Chong: I'm not sure what types of questions you were asking. We are – we do have the ability now for you to add multiple contact people for an enrollment application, so that would be the contact person that would be used when the MAC is processing that specific 855.

Agatha Addo-Quaye: OK.

Zabeen Chong: Once the application has been processed, then they would revert back to whoever you have on file as the authorized official or the individual provider that the application was submitted for.

Agatha Addo-Quaye: So – OK, I just want to make sure I'm understanding correctly. So whoever you delegate it to, you know, to file the paper work, do all of that stuff, can do that, and then you can also call and check? Is that what you're saying? So more than one user —basically, more than one person—can follow up on stuff, or can call in to check on progress of the application?

Mark Majestic: All right, were you the – are you the individual provider or the A.O. or D.O. for the group?

Agatha Addo-Quaye: I'm the practice manager for the group for the – so the physician asked me to call to find out what was going on and why he was – there were no payments coming in because of that revalidation process. And, like you said in your presentation as well, at that time, the packet was being sent back. If one little thing was missing, the whole packet came back. So we were going through that. We had just moved as well, so we're going through – it was – it kept coming back. So in the interim, I had call to follow up, to find out what was going on, and they wouldn't talk to me or give me any information, because I had assigned somebody else to submit the packet for me.

Zabeen Chong: You're listed as the contact person, and if you were doing this on behalf of an individual, then they would either contact the individual provider or the contact person that's on file with that 855.

Agatha Addo-Quaye: OK. But sometimes it's kind of mutually exclusive – I mean, you have a provider who's taking care of patients. Then you have maybe a credentialing

office, and you have an office manager who's taking – so only – either the provider or the credentialing person can call in, but not . . . ?

Zabeen Chong: Whoever you've listed as the contact – or whoever the provider has listed as the contact person. So like I said, if you need to have the credentialing person as well as yourself listed as a contact, do that when you submit your next 855.

Agatha Addo-Quaye: They told me I could only do it for one person. That's my question. Can I – why can't – why can't it be more than one? Because we all have different roles.

Mark Majestic: Right. Yes, previously, you were only able to do one, but now through PECOS you can do more . . .

Zabeen Chong: When did that roll out?

Mark Majestic: You can list more than one contact person if enrolling to PECOS.

Agatha Addo-Quaye: OK. OK. All right, that was my question. OK, thank you.

Diane Maupai: Thanks very much.

Zabeen Chong: So the multiple contact enhancement was rolled out just this month, so that may be why the MAC was saying you could only have one on file.

## **Additional Information**

Diane Maupai: Thank you very much. This is Diane. I'm afraid that's all the time we have for questions today. I want to remind everybody that the CMS Web site, the Provider and Supplier Enrollment site, has a wealth of information—a lot of Medicare Learning Network, education products, and other things. And one thing that I wanted to point out to you specifically is, in the Downloads of the Internet-Based PECOS tab on the left, you will find a document called "Who Should I Call?" And it will tell you, when you're having an issue, should you be calling EUS Help Desk or the MAC, and it has their contact information. So I wanted to point that out to you.

On the last slide of the presentation today, you'll find information and a URL to evaluate your experience with today's call. The evaluations are anonymous and strictly confidential. So registrants for today's call will receive a reminder e-mail about the opportunity to evaluate the call from CMS National Provider Calls within two business days. If you've already evaluated the call, disregard the e-mail. And the evaluations will be available for completion for five business days from the date of today's call. Your feedback helps us serve you better.

The audio recording and written transcript will be posted to the National Provider Calls and Events Page on the CMS Web site.

And I'd like to thank Zabeen Chong, Mark Majestic, Alicia Banks, and Richard Gilbert for presenting today. And have a great day, everyone.

Operator: Thank you. This does conclude today's conference call. You may now disconnect.

END