

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

Tuesday, January 13, 2009
3:30PM – 5:00PM Eastern Time (ET)
Conference Call Only

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Open Door Forum (ODF) to discuss the implementation of the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for physicians and non-physician practitioners.

Today, physicians and non-physician practitioners in 44 States and Washington, D.C. can use Internet-based PECOS to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on the status of a Medicare enrollment application via the Internet.

CMS expects to expand the availability of Internet-based PECOS for physicians and non-physician practitioners located in California, Texas, Virginia, Oklahoma, New Mexico, Colorado, and Puerto Rico by end of January 2009. In addition, CMS will make Internet-based PECOS available next year to organizational providers and suppliers (except durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers).

During this Special ODF, CMS staff will discuss:

- Advantages of Internet-based PECOS,
- Use of National Plan and Provider Enumeration System User ID and password,
- Process associated with submitting an enrollment application via Internet-based PECOS, and
- Certification Statement and supporting documentation.

Afterwards, there will be an opportunity for the public to ask questions.

Additional Information

For information about Internet-based PECOS, including important information that physicians and non-physician practitioners should know before submitting a Medicare enrollment application via Internet-based PECOS, go to www.cms.hhs.gov/MedicareProviderSupEnroll.

We look forward to your participation.

Special Open Door Forum Participation Instructions:

Dial: 1-800-837-1935 Conference ID 73178380

Note: TTY Communications Relay Services are available for the Hearing Impaired.

For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html>

A Relay Communications Assistant will help.

An audio recording of this Special Forum will be posted to the Special Open Door Forum website at http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning January 23, 2009.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at <http://www.cms.hhs.gov/opendoorforums/>

Thank you for your interest in CMS Open Door Forums.

Audio File for this Transcript: <http://media.cms.hhs.gov/audio/spcfrmodfpecos.mp3>

Centers for Medicare & Medicaid Services

Special Open Door Forum: Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

Moderator: Natalie Highsmith
Conference Leader: Jim Bossenmeyer

January 13, 2009
3:30 pm ET

Operator: Good afternoon. My name is (Laurie). And I will be your conference facilitator today.

At this time I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum on Internet-based Provider Enrollment Chain and Ownership System.

All lines have been placed on mute to prevent any background noise.

After the speakers' remarks there will be a question and answer session. If you would like to ask a question during this time simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question press the pound key.

At this time I'd like to turn the conference over to Natalie Highsmith. Please go ahead.

Natalie Highsmith: Thank you (Laurie) and good day to everyone and happy New Year. And thank you for joining us for this Special Open Door Forum.

Today this Special Open Door Forum is to discuss implementation of the Internet-based Provider Enrollment Chain and Ownership System also known as PECOS for physicians and non-physician practitioners.

Today physicians and non-physician practitioners in 44 states and Washington, D.C. can use Internet-based PECOS. CMS expects to expand the availability of Internet-based PECOS for physicians and non-physician practitioners located in California, Texas, Oklahoma, Virginia, New Mexico, Colorado and Puerto Rico by the end of this month.

During this call CMS staff will discuss advantages of Internet-based PECOS, use of national plan and provider enumeration system, user ID and password, process associated with submitting an enrollment application via Internet-based PECOS and certification statement and supporting documentation.

For information about the Internet-based PECOS you can go to www.cms.hhs.gov/medicareprovidersupenrolled.

An audio recording, agenda and transcript of this Special Open Door will be posted on the Special Open Door Forum web page and will be available beginning January 23rd.

I will now turn the call over to Jim Bossenmeyer who is in our office of Financial Management.

Jim

Jim Bossenmeyer: Thank you Natalie. Before we discuss the Internet-based PECOS I just want to touch base on some recent regulatory changes.

On November 19, 2008 Centers for Medicare and Medicaid Services published a final rule with comment that included revisions for payment policies under the physician fee schedule. This regulation had impact on physicians from a provider enrollment perspective in a number of ways.

First, physicians and non-physician practitioners are required to change - report a change in ownership, final adverse action or change in practice location - within 30 days of the reportable event.

A final adverse action includes things like a license suspension or revocation, a felony conviction, a Medicare imposed revocation, an exclusion or debarment from substation in a federal or State health care program or a suspension or revocation by an accreditation organization.

Physicians are also required to maintain ordering and referring documentation for seven years.

It also changes the effective date for revocation. If Medicare revokes billing privileges due to the federal exclusion or debarment, felony conviction or license suspension, or the practice is not operational as determined by CMS or its contractor, Medicare will revoke those billing privileges on the date that we determine that any of those events had occurred.

Finally this regulation establishes an effective date of billing for physicians and certain non-physician practitioners and physician and non-physician and practitioner organizations as the later of the date of filing or the date that the enrolled physician or non-physician practitioner first started furnishing services at a new practice location.

There's also a limitation on the retrospective billing for services and that limitation is 30 days, and 90 days if there's a federal declared emergency.

CMS has revised a reporting responsibility for physicians, non-physicians, and group practices, and those reporting responsibilities have been updated on the CMS web site which, as Natalie had mentioned earlier, is www.cms.hhs.gov/medicareprovidersupenroll.

The organizations are required to report changes in ownership within 30 days. This includes the death of an authorized official or a delegated official.

I'm going to turn the call over now to Pat Peyton who's going to provide information about Internet-based PECOS.

Pat Peyton: Good afternoon everyone. I'm Pat Peyton. I work for Jim in the Division of Provider and Supplier Enrollment here at CMS.

Thanks to everybody for calling in to today's Special Open Door Forum. We're happy to have this opportunity to tell you all about Medicare's Internet-based PECO System.

I'll try not to repeat anything that Jim said or that was said in earlier remarks.

Internet-based PECOS speeds up and streamlines the Medicare provider/supplier enrollment process.

We do want to express our deep appreciation and thanks to the American Medical Association, the Medical Group Management Association and the Healthcare Billing and Management Association for the assistance that they and some of their members provided to us by coming to our office a couple of

weeks or months ago and testing certain aspects of Internet-based PECOS. Their comments and feedback were most valuable to us.

So Internet-based PECOS is up and running, we made it available to physicians and non-physician practitioners in certain States on December 4, 2008. Now physicians and non-physician practitioners in most States can use Internet-based PECOS.

And we have done our best to make the system friendly and easy to use. For example, physicians and non-physician practitioners will use their active National Plan and Provider Enumeration System (NPPES) (where you got your NPI) user IDs and passwords to access PECOS. This eliminates the need for them to have to create and remember new user IDs and passwords for PECOS.

We cannot stress enough the importance of protecting these user IDs and passwords in order to ensure the integrity of enrollment data.

Internet-based PECOS is scenario driven. The scenario driven process is very different from filling out a paper CMS-855 enrollment form.

With Internet-based PECOS the provider or supplier logs on and then answers a series of questions. The answers determine the specific enrollment scenario that needs to be executed.

Once PECOS makes that determination, it automatically knows what information it will need to capture from the provider or supplier in order to perform that particular enrollment transaction. Providers and suppliers don't have to spend time trying to figure this out for themselves. The provider or supplier never even sees questions that don't apply to the specific enrollment scenario they're trying to do.

We still need an original signature so providers and suppliers must print, sign and mail the certification statement to their enrollment contractors. They can print this directly from Internet-based PECOS.

They must also mail to the enrollment contractors any other supporting documentation that's needed to process the enrollment transaction, such as the CMS-588 which is the electronic funds transfer authorization agreement and a CMS-460 which is the participation agreement for suppliers and, you know, other times there's other information as well.

The enrollment contractors will not be able to do anything at all with a web submitted enrollment transaction without receiving the signed certification statement from the provider or supplier.

We have help available from every screen in Internet-based PECOS. All the user needs to do is click on the Help icon.

The End User Services Help Desk is only a phone call or an email away and this EUS Help Desk is staffed to answer questions about the mechanics of PECOS, how it works and how to work within it. This is for the physicians and non-physician practitioners.

For example how do you get into the system and how do you navigate among the sections and topics.

Users should call the Help Desk to report any type of system problem such as the inability to access PECOS even if you have a good user ID and password, getting timed out too quickly, getting locked out, slow or seemingly inappropriate system performance, and error messages that you might get that are not system prompts that are intentionally generated by PECOS.

Internet-based PECOS is being implemented in two major phases. The first phase, which is the one we're in right now, enables physicians and other practitioners to enroll in Medicare, to view their Medicare enrollment information, to change or update their Medicare enrollment information, or to withdraw from Medicare -- all via the Internet.

The second phase, which we expect to have operational a couple of months from now, will give the same Internet capability to institutional providers, certified providers and suppliers, and other organization providers and suppliers.

There's one exception to all of this and those are the Durable Medical Equipment, Prosthetics, Orthotics and Supplies suppliers: the DMEPOS suppliers. Their enrollment records are not in PECOS. So their ability to submit enrollment transactions over the Internet will not be available until we move their enrollment records into PECOS and expand PECOS' operations to accommodate some of the unique enrollment requirements that these suppliers have.

And we don't expect to have all those actions completed until early 2010.

We estimate that Internet-based PECOS transactions will be processed twice as fast as those submitted on paper 855 enrollment form and there are a few reasons why. Some have to do with the following features that Internet-based PECOS has.

It ensures that all required questions are answered and information is entered before the enrollment transaction can be electronically submitted.

It verifies Social Security Numbers with the Social Security Administration before the enrollment transaction can be electronically submitted.

It validates addresses with U.S. Postal Service data before the enrollment transaction can be electronically submitted.

It prompts the physician or non-physician practitioner to print and sign a certification statement before the enrollment transaction would be electronically submitted.

It displays the entire list of paper documentation that must be mailed to the enrollment contractor in order for the transaction to be processed by the contractor.

And it displays the name and mailing address of a physician or non-physician practitioner's enrollment contractor so they don't have to look it up.

Physicians and non-physician practitioners can use Internet-based PECOS to check the status of their web submitted enrollment transaction; and if the enrollment contractors have questions about what was submitted over the Internet or if they need more information, they can send emails to the physicians and non-physician practitioners.

If a physician or non-physician practitioner is working in Internet-based PECOS and has to stop for a while (maybe they have to eat lunch or go to a meeting), they can save what they have entered and then logout and then later, when they want to come back and finish, they can log back on and pick up where they left off.

Internet-based PECOS has a timing-out feature. If the physician or non-physician practitioner is working in PECOS and stops working for whatever reason and does nothing, nothing at all (they don't logout and they don't hit any keys for 15 minutes), PECOS will automatically terminate the session. Unless a physician or non-physician practitioner saves some or all of his work, he or she will have to log back on and start all over.

This is a security and a resource conservation feature. It ensures that after 15 minutes of total inactivity some other person can't come along and look at the information that's been entered, change what's been entered or add something else.

And it also conserves our resources by shutting down an inactive session after a reasonable period of time so that resources are freed up so others can use the system.

So it might be a good idea before physicians and non-physician practitioners sit down to use PECOS that they have at hand all the information they'll need so they won't have to, you know, go away for a while and risk any timeout.

Besides making enrollment transactions easier for physicians and non-physician practitioners, Internet-based PECOS improves the operations of the enrollment contractors. Enrollment transactions submitted via the Internet are accessible to the Medicare enrollment contractors by their workstations, from which they access PECOS.

Unlike the paper enrollment forms, these enrollment transactions do not have to be sent in the mail, opened in a mailroom, entered into a control system, delivered to an enrollment specialist who then must look at them for completeness and then key the data into PECOS. Enrollment contractors can

easily associate a web-based enrollment transaction with a signed certification statement and the other paper documentation that they receive in the mail.

And we place more stringent overall processing timelines on the contractors for handling web submitted transactions than those submitted on the paper enrollment form.

Phase One of Internet-based PECOS became operational on December 4, 2008 and it's being used. And I have just a couple of statistics for you for the period December 4th through January 8th.

There were 124 different physicians and non-physician practitioners who have logged onto PECOS. There have been 295 transactions submitted over the Internet by, you know, some of those people. And some of those have already moved to an approved status.

PECOS has the Help Desk and the Help Desk has handled 60 telephone inquiries in this period of time. A lot of those calls were enrollment policy questions which were then referred to the enrollment contractors.

And the NPI enumerator, that's who helped you get your NPI, has also assisted in the PECOS effort by helping physicians and non-physician practitioners set up NPPES accounts (user IDs and passwords) if they didn't already have them.

As of today, the Enumerator's Call Center has handled 111 phone calls primarily from physicians and non-physician practitioners who needed help with their user IDs and passwords so that they could get into PECOS.

We encourage all physicians and non-physician practitioners who are enrolled in Medicare to use Internet-based PECOS to at least view their enrollment

records. This is their information and they should take the time to look at it and make sure it's correct.

If they notice information in their records that is other than what they reported or any information that looks suspicious, they should contact their Medicare enrollment contractor to find out how and when the record was changed. It could be that someone with no authority to do so submitted a change to the record, possibly for fraudulent purposes.

If their information is out of date they need to update it. In case they've forgotten, we have a document on the Medicare provider/supplier enrollment web page that tells physicians and non-physician practitioners the enrollment information that they're required to keep current; and using Internet-based PECOS is the quickest and easiest way to do this.

And before I go any further, everybody needs to keep this in mind. If a physician or non-physician practitioner does not have an enrollment record already in PECOS before logging onto PECOS, there will be no enrollment information to view, change, update or terminate.

Some physicians and non-physician practitioners enrolled in Medicare a long time ago--prior to 2003--and have not submitted any update or changes to their enrollment record since 2003. Most likely these individuals do not have enrollment records in PECOS.

So what they're going to have to do is revalidate their Medicare enrollment which in essence means they'll have to go through the initial enrollment process by, you know, filling out a full application in order to get those enrollment records into PECOS.

And of course they can use Internet-based PECOS to do this or they can fill out the paper form; and again they'll need to submit the 588 (the electronic funds transfer agreement), and the 460 (the PAR agreement) and any other paper documentation.

And let me remind you again that at this time it's only physicians and non-physician practitioners who can access PECOS. The enumerator has had quite a few calls from organization providers asking when they're going to be able to do so.

But we will announce the availability to the organization providers and suppliers at a later date closer to the appropriate time.

I want to say a couple words about security. Last fall we put two messages out on our Provider ListServ (the Medicare Provider ListServ) that stressed the importance of physicians and non-physician practitioners maintaining their own records in NPPES which is where they applied for their NPIs and where their NPI records are located. We said that by doing that they're helping to keep their information safe and they can easily and quickly access their records.

Well, those two messages become even more important now that physicians and non-physician practitioners are using those NPPES user IDs and passwords for PECOS.

Before accessing Internet-based PECOS for the first time, physicians and non-physician practitioners should change their password and they should do so at least once a year thereafter, whether or not they plan to access NPPES or PECOS at that time.

Don't write the user IDs and passwords on pieces of paper that might be left lying around on a desk or taped to a computer monitor where anybody strolling by could see them. Physicians and non-physician practitioners should not be sharing their user IDs and passwords with coworkers, employers, or any third parties.

It's their responsibility, if they're going to use Internet-based PECOS, to protect their enrollment data by keeping the user IDs and passwords to themselves.

It will also help guard against personal identity theft and other fraudulent activities that could occur if those user IDs and passwords ended up in the hands of people with less than honest intentions.

There are just a few limitations with Internet-based PECOS. Some actions still require physicians and non-physician practitioners to use the paper enrollment form.

You have to use paper if you want to (1) change a legal name--your legal name--or Social Security Number; (2). If you need to change the type of existing enrolled business structure. For example, a sole owner of an enrolled corporation cannot change that business structure to that of a sole proprietorship or vice versa; and (3) reassigning benefits to another supplier if that other supplier does not already have an enrollment record in PECOS.

So it's just those three things.

We have a great deal of information about Internet-based PECOS for physicians and non-physician practitioners available on the Medicare provider/supplier enrollment page. Information for organization providers and suppliers will be available when we're closer to the implementation of Phase Two.

The information available now for physicians and non-physician practitioners includes the 1-page overview of Internet-based PECOS, a document about the security and protection of Medicare enrollment records, contact information for issues that might come up when using PECOS, a “Getting Started with Internet-based PECOS” document, and two sets of frequently asked questions: one relates to user IDs and passwords and the other is about different aspects of Internet-based PECOS.

We rely on feedback that the Help Desk compiles from the calls it receives from physicians and non-physician practitioners who are using Internet-based PECOS and we also receive feedback from the enrollment contractors concerning any problems they might experience or that they might hear about.

If we think it would be helpful to physicians and non-physician practitioners, we will put additional information about Internet-based PECOS on the Medicare provider/supplier enrollment web page and, if necessary, we’ll make changes or enhancements to the system itself.

And let me just give you some contact information I think Jim gave you the enrollment web page.

Where can you find Internet-based PECOS? Well, you can find it at <https://pecos.cms.hhs.gov>.

And the PECOS Help Desk can be reached at 1-866-484-8049; or, if somebody wants, he/she could send them an email at eussupport/cgi.com.

Now remember that this Help Desk is there only to answer questions about the way the system operates. They cannot respond to any enrollment policy questions.

And the NPI Enumerator can be reached at 1-800-465-3203 or by email at customerservice@npienumerator.com.

The NPI Enumerator stands by to help any of the physicians and non-physician practitioners who have forgotten their user IDs or passwords or who are having trouble setting up accounts in NPPES, which they're going to have to have in order to use Internet-based PECOS.

This concludes the remarks that I had. So I think now maybe it's time for questions and answers.

Jim Bossenmeyer: Yeah, I think before we go to questions and answers, Natalie, I just want to kind of emphasize some of the things that Pat had discussed in her presentation.

If a physician or non-physician practitioner that is enrolled in the Medicare program has not submitted an enrollment application since November 2003, he or she will be required to complete an entire (an additional) application.

For any application that comes through Internet-based PECOS, physicians and non-physician practitioners will need to sign the certification statement and submit it and any supporting documentation that they have - following sending that and that information will go to their Medicare contractor. And that mailing address will be provided to you when you make a change, your initial enrollment's group Internet-based PECOS.

Physicians and non-physician practitioners should protect their user IDs and passwords.

As Pat had mentioned, there are a number of resources that can be found on the provider enrollment web page under the tab titled “Internet-based PECOS.” They do include such things as getting started guide, frequently asked questions, and information regarding protecting your privacy.

Finally, we encourage all physicians and non-physician practitioners to review their enrollment records to make sure that it is correct and that it is accurate. In some cases, changes that need to be submitted will affect payment, especially information regarding payment location.

So at this point, Natalie, I think we will open it up to questions.

Natalie Highsmith: Okay, (Laurie) if you can just remind everyone on how to get into the queue to ask their question.

And everyone please remember when it is your turn to restate your name, what state you are calling from, what provider or organization you are representing.

And even though we do have a little less than an hour left for this call we do have several hundred of you on the phone line so please if you have more than two questions we ask that you ask your first two questions. Once those two questions are answered we will move onto the next person that has a question but you may get back into the queue to ask your follow-up question.

(Laurie).

Operator: Thank you. I would like to remind our participants if you have a question today you may signal us by pressing star 1 on your telephone keypad. Once again for questions please press star 1 on your telephone keypad.

We'll take today's first question from (Derise Woods).

(Derise Woods): Yes. My name is (Derise Woods). And I'm calling from Tennessee at Team Health.

And my first question is in reference to the online form. As Pat stated there are a series of scenarios that you must complete.

And at one of the prompts it states to please be sure that an enrollment app. for the group has been or will be submitted.

And I know with the recent provider enrollment changes based on the physician fee schedule there is some confusion as to whether or not under the new rules carriers will accept additional applications for providers while a group app. is in process.

And we have contacted all of the carriers that we bill and there are 42 of those, and most of them say that they will now accept those additional applications as long as pending is listed on the paper form in the group number field and that the tracking number assigned to the group application is listed either on the application or on a cover letter.

There are, however, several carriers still who say that they will reject those applications for providers wishing to be linked to the group while the group's app is in process.

And my question is if we submit an application using the PECOS online system will that application be rejected?

And if you know the answer to that question in terms of the paper form that would be greatly appreciated as well.

Jim Bossenmeyer: This is Jim Bossenmeyer, the Medicare contractor, if the physician or non-physician practitioner submits a claim through Internet-based PECOS, that will be transferred to the contractor and put into the work queue.

And the contractor will process that application. They will need to process the group application first and then they will process the individuals that are reassigning their benefits to that group practice.

(Derise Woods): And they will not reject that if the group is in process?

Jim Bossenmeyer: They should not.

(Derise Woods): Is that also true of the paper application?

Jim Bossenmeyer: That would be true for the paper application also...

((Crosstalk))

(Derise Woods): Okay, great. And my second question is with regards to the timeframes for processing, I know that PECOS is stated to decrease the timeframe at least cut it in half.

However with the guidelines that CMS has set for paper enrollment processing, we know that in some cases the carriers are well outside of those timeframes.

Do we have any indication as to whether or not we can expect the same to be true with the PECOS system?

Jim Bossenmeyer: Some of the enrollment difficulties that occurred in 2008 are getting behind us now. And contractors, almost all contractors, are processing pending workloads in accordance with CMS standards, I think.

So we expect that Medicare contractors will be processing those applications within - the paper applications within the - 80% within 60 days and for Internet-based PECOS the standard is 90% within 45 days.

And it's important to just to step back a moment. Medicare contractors have been using the PECOS system since November, 2003. And it's our national repository for enrollment information.

With the implementation of Internet-based PECOS for individuals, we're now giving access to that system to individuals to either enroll or update the enrollment information. If you submit a paper application or if a paper application is submitted on behalf of the physician or non-physician practitioner, the Medicare contractor will still use the PECOS system but more for an administrative perspective than the interface that is provided to the public.

(Derise Woods): Thank you.

Operator: Our next question today comes from (Audra Marshall).

(Sue Roberts): Hi. This...

Operator: Ms. Marshall?

(Sue Roberts): Yes. This is (Sue Roberts). I'm in with Ms. (Marshall) on the call.

I have a question. I would like clarification of the 30 day rules on PECOS versus paper. I'm calling from Beverly Radiology Medical Group in California so obviously we cannot utilize the PECOS Internet system yet.

I have several new physicians that have started. I'll be applying on paper with their 855Rs.

And I'm concerned about the 30 day rule about attaching them to the new site whether or not they'll be approved and how strict that timeframe is with the paper application.

Jim Bossenmeyer: Certainly Medicare encourages or CMS encourages all physicians to enroll in Medicare prior to starting to see Medicare patients.

With respect to your question there's actually two pieces that we finalize in the physician fee schedule. The first is an effective date of billing. The effective date of billing establishes the filing of the effective date of billing for physicians and non-physicians in group practices is the later of the date of filing or the later of the date that the person started their practice at that practice location.

So if an individual submits an application on June 1st and they're starting on June 30th, then of course their effective date of billing will be June 30th.

And a reverse scenario, physician starts on June 1- the application comes in on June 5th but they actually start practicing on June 1st. The effective date of filing will be June 5th. Assuming that the physician meets all state licensure requirements and other program requirements, we will allow retrospective billing for that newly enrolled physician.

And you need to remember that this only applies to physicians that are enrolling in the program, not to people that are existing and already billing the program. There will be a limitation for 30 days of retrospective billing.

(Sue Roberts): Okay. So if I have a physician that is already enrolled and it's a radiology practice, and they start interpreting images at one of our other sites on June 20th, I become aware of that on June 30th and put a 6-20 start date. I would be able to - my 6-20 start date would still be honored for a billing date.

Jim Bossenmeyer: The effective date of billing is going to be one of two things, either the date of filing or the date that the person started practicing at that location.

(Sue Roberts): Okay.

Jim Bossenmeyer: Okay. Now the effective date for provisions found in the Calendar Year 2009 physician fee schedule is January 1, 2009 unless otherwise specified and that's consistent with other provisions within the physician fee schedule.

Since CMS did not establish a delayed effective date for any changes to provider enrollment provisions, the effective date of the enrollment provisions is also January 1, 2009. CMS is in the process of developing implementing instructions for its Medicare contractors regarding these new provisions.

With regards to the enrollment provisions set forth in 42 - C.F.R. 42.451 (which is the request of payments by physicians and non-physician practitioners and physician and non-physician organizations) and essentially the retrospective billing requirement that you were referencing, CMS intends to phase-in our enforcement of this provision and we'll begin to actively monitor provider compliance with this provision beginning April 1st of this year.

(Sue Roberts): That was very helpful. Thank you.

Jim Bossenmeyer: And finally I would certainly encourage that if your physicians are working at multiple practice locations that they establish a reassignment of benefits for each practice location where they are working.

(Sue Roberts): That is our current plan.

Jim Bossenmeyer: Thank you.

(Sue Roberts): Thank you.

Operator: Our next question comes from (Leslie Witkin).

(Leslie Witkin): Hi. This is (Leslie Witkin) calling from Physicians First in Orlando, Florida.

I just had two questions. First with the PECOS enrollment, is there a screen where the provider is being asked to provide a contact person such as the case right now with the paper enrollment?

And/or do you expect the contact information to be a specific name and email of the provider?

And will individuals be able to go into PECOS in order to just do a revalidation if they haven't updated their information for the last five years?

Jim Bossenmeyer: Well first, a revalidation is something that CMS requests, not something that the person would do. Certainly if a person would like to update their information and ensure that it is correct, but they have not done so in the last five years, that would be an initial application.

(Leslie Witkin): They would check it off as a new enrollment then?

Jim Bossenmeyer: That would be an initial application.

(Leslie Witkin): Okay, initial application, okay.

Jim Bossenmeyer: There is a contact (field) in Internet-based PECOS but Medicare contractors, after that application is processed will not contact that contact person. They will contact the physician or the authorized official or send something to their correspondence address.

(Leslie Witkin): But there's still with the initial PECOS enrollment the ability to list a contact person if the contractor does have questions or follow-up.

Jim Bossenmeyer: Yes, but the application must be submitted by the physician or the non-physician practitioner.

(Leslie Witkin): Okay, thank you.

Operator: Our next question comes from (Marni Abramowitz).

(Marni Abramowitz): Hi. This is (Marni Abramowitz). I'm calling from Health (Drive) in Massachusetts.

I had two questions. One about the effective date, I understand with the paper application that it can be retrospective to when the patient or Medicare patient was first seen.

But is this also true for the PECOS?

Jim Bossenmeyer: No. The policy that is promulgated in the final regulation states that the effective date of billing will be the date of filing (the filing of the Medicare application and, for a paper application, that would be the date that it is signed by the physician or non-physician practitioner, authorized official for an organization, or when the date of filing for an Internet-based PECOS application, the date when the contractor receives both the electronic submission and the signed certification statement).

So as we - as Pat - mentioned earlier, it is essential that you submit that certification statement because that will ultimately set up your effective date of billing if the date of filing is used for that.

So that's the date of filing. The other would be the effective date of billing, which is either the date of filing or the date that a person started practicing at a practice location or the business opens up, whichever is later. That is the first determinant.

After that, if the provider is appropriately licensed and meeting all program requirements, the billing can go back up to 30 days for routine activities, up to 90 days if there's a federal disaster.

(Marni Abramowitz): So is there a place or a screen in the PECOS where the provider can request...?

Jim Bossenmeyer: They will no longer be able to request the date.

(Marni Abramowitz): They won't?

Jim Bossenmeyer: No.

(Marni Abramowitz): So it would be whatever date the certification statement is received.

Jim Bossenmeyer: It is the date of filing or the date that the practice location started - the person started.

(Marni Abramowitz): Okay. And then my other question was since a provider cannot reassign benefits to a group that is not in PECOS, can they do the 855I application via the Internet but then send in a paper 855R?

Jim Bossenmeyer: We would encourage that the group practice submit the application first. Once that's in, submit the 855I and R using either the Internet-based PECOS or a paper application. If the decision is made that they are going to submit everything by paper, they can put the 855B for the organization and the 855I and R (the 855 R is for the reassignment to the group) all in the same package.

(Marni Abramowitz): Okay, thank you.

Operator: Our next question comes from (Olga Khabinskay).

(Olga Khabinskay): Hi guys. Actually my question was already answered regarding the 30 day rule.

Operator: All right. I would like to remind our participants if your question is asked and answered you may remove yourself from the roster by pressing the pound key.

At this time we'll take our next question from (Catina Yates). Ms. (Yates) your line is open, please go ahead.

(Catina Yates): Yes. My question is regarding submitting the application via PECOS. Do we have to wait 30 days prior to the physician joining the group to submit the application?

But often times if we send the application say in April and the physician is starting in July they will return the application to us saying that we have submitted it prior to the 30 days.

Jim Bossenmeyer: There's that - the Medicare contractor will reject your application if you submit it electronically if you submit the application more than 30 days in advance.

(Catina Yates): Okay. So we cannot submit it more than 30, okay.

Jim Bossenmeyer: No. We encourage you to submit it as soon as possible but not before 30 days.

(Catina Yates): Got it. Okay. That's my question. Thank you.

Operator: Our next question today comes from (Carolyn Klaphake).

(Carolyn Klaphake): Hi, my question is regarding how you are going to - I'm calling from Colorado by the way. How you are going to hook up your Internet-based applications that are submitted via Internet versus and then once you have to send in your paperwork for the authorized agent and/or provider signing that page, how are you going to interconnect those and I mean submitting that information via paper, you're going to have to wait for that to come in the mail anyway prior to processing the application.

Jim Bossenmeyer: Okay. With respect to individuals (and certainly we'll have additional information for organizations when we roll this out for organizations in a few months), when there's a reference number on the certification statement, we will link that reference number to the electronic submission.

And so when the certification statement is mailed in, along with the appropriate supporting documentation, the reference number on the

certification statement will be used to link that information up to information that is received electronically. There are then additional verification activities Medicare contractors will do to ensure that we have the correct information.

(Carolyn Klaphake): Okay, thank you.

Operator: Our next question comes from (Amy Wilkinson).

(Amy Wilkinson): Hello. My question is we're in a health system that has hundreds of providers and we have a department that does all the provider enrollment for all of the people in the health system.

We have - we applied for their user names and passwords for NPI and we take care of all their Medicare enrollment.

I can't imagine when you say that a provider should not share user name and password with anybody, not an employer or a third party. These providers do not go and take care of their own NPI database or their Medicare enrollment. I think that when you have providers working in different states and in different groups I think you're saying - you're expecting too much of these providers to go on and manage these things for themselves.

I think in reality everybody on this phone is probably managing these things for the doctors.

Can you tell me why it was done that you used the same user name and password of the NPI without any security to go into Medicare? We have many different groups are going to be in there doing different things.

Jim Bossenmeyer: For individuals, well just to back up one step. Physicians or non-physician practitioners have the option of continuing to submit applications via paper; or

if the physician or non-physician practitioner chooses to submit the application via the Internet, then that user ID and password and the NPI, the NPI actually belongs to the individual's physician.

They may be in your employ today. They may change employment at some point in the future. And so they should - they can - update and change their user ID or password in NPPES at some point. And certainly they're responsible for maintaining their information in NPPES.

So it's a from a security standpoint that it's - and we believe it was - appropriate the way we've designed the system. We also believe that it simplifies the number of passwords that a physician may need to have in order to make changes in two different databases that are similar in some respects, one the NPI and then two, the Medicare enrollment process.

(Amy Wilkinson): Well it is making it very difficult just...

Jim Bossenmeyer: Internet-based PECOS is an option and physicians can make the decision whether he or she decides to avail themselves of that system. Certainly being able to check their enrollment information to make sure that it is accurate is very important.

No different than if you or I would go in and do a TRW or an Equifax and check our credit. You know you want to make sure that those things are correct, that there are - if there were any reassignments that were done previously that were not terminated that are no longer active. It's a way for a physician to make sure that they are protecting themselves and making sure that their enrollment information is correct with Medicare to ensure appropriate payment.

(Amy Wilkinson): Yeah, that is - that'll work for the physicians that are independent and in a small group practice.

But for large organizations these physicians they can certainly if they want to but that would have been out the door for major billing problems for organizations.

Jim Bossenmeyer: Certainly organizations can continue to submit paper application for physicians and non-physicians that are in their employ.

(Amy Wilkinson): Okay.

Operator: Our next question comes from (Cynthia Collier).

(Cynthia Collier): Yes, hi. My coworker, (Neil Barry), is here at the conference and he has a question.

(Neil Barry): The questions I have are related to the reassignment of benefits.

First of all is there going to be available at any point the full series of screenshots that the practitioner goes through to enter data so that we are aware of what kind of information is being paid by the Internet access and especially as it relates to reassignment of benefits?

Jim Bossenmeyer: Well the reassignment of benefits is the form 855R. It is very short, about seven pages. It's very limited information.

As Pat mentioned earlier, the Internet-based PECOS system is a scenario driven system. It will capture the information that is already collected on the 855I or in the 855R so that any information that's being collected through the

web site is already approved by the Office of Management and Budget for paper collection.

It is displayed in different ways and it's a large grouping so that physician enrolling in Medicare will only see those questions that apply to his or her enrollment circumstance.

Currently the 855I is a static form and is a multi-use form, meaning that it's used by both physicians and non-physician practitioners. It is used to enroll or make a change in enrollment, and that can sometimes cause some confusion. We believe that the Internet-based PECOS process will facilitate the enrollment process for individuals.

For our own testing we believe that you can submit - a physician can complete - an enrollment application in 30 to 40 minutes and submit that electronically and then go ahead and submit - mail in - the certification statement.

So it's a simple process. And there's no plan to place the screenshots on the web site.

(Neil Barry): And then following up with that if the doctor chose to go ahead and reassign while they're online and doing the 855R portion of the online application, what information needs to be supplied to the practitioner in order for them to successfully reassign to an existing group?

Jim Bossenmeyer: The same information that is collected on 855R is what would be needed to be submitted as part of the reassignment of benefits utilizing Internet-based PECOS.

(Neil Barry): Okay, and so you just follow the existing paper application as the guideline for that data.

Jim Bossenmeyer: Yeah and there's a "Getting Started" guide that we placed on our web site. It's one of the resources that Pat had mentioned earlier.

So if you go to www.cms.hhs.gov/medicareprovidersupenroll, we actually state in that "Getting Started" guide that some physicians and non-physician practitioners may find it useful to look at the enrollment application and that "Getting Started" guide lays out much of the information that they would need in order to complete the application in the most expeditious manner.

(Neil Barry): Okay, thank you.

(Cynthia Collier): I'd like to ask a question in conjunction with that. On the 855R they would have to file the certification statement.

Do they all - is part of that certification statement assigned by the authorized or delegated official?

Woman: Hold on.

(Santee Olson): This is (Santee Olson). Yes the authorized or delegated official needs to sign the certification statement for an 855R. It's the same as we do today for the paper application.

(Cynthia Collier): So if as in our case we have a thousand practitioners and our delegated official is one of our executives. That individual practitioner would have to get the statement and get it to that executive to sign. Is that right?

(Santee Olson): That's correct.

Jim Bossenmeyer: But that would be the same thing that would be happening in the paper application process.

(Cynthia Collier): Well it wouldn't because we have an entire staff of about 15 people who manage all that...

(Sandee Olson): Yes.

(Cynthia Collier): ...for the practitioners now.

Jim Bossenmeyer: But the signature would still need to be done by the delegated official.

(Cynthia Collier): Right, but I guess I'm going back to what the previous woman had to point out is that asking individual practitioners in an enormous group practice to do this themselves...

Jim Bossenmeyer: There can be internal processes set up within a large organization that would facilitate that.

(Cynthia Collier): Do you have an example of some that are doing that so that we can talk to how they're doing their workflow?

Jim Bossenmeyer: No ma'am.

(Cynthia Collier): Thank you.

Operator: Our next question comes from (Irene Benza).

(Irene Benza): Yes. Hi. This is (Irene) from Connecticut at Charlotte Hungerford Hospital.

I may not be wording this correctly. The first question I have should be very simple. I just wanted to confirm the address of the carrier for Connecticut as far as mailing the applications.

I believe it is in Syracuse, New York.

Jim Bossenmeyer: Yeah, the National Government Services is our contractor for Connecticut.

(Irene Benza): Okay.

Jim Bossenmeyer: And their mailing address could be found in the first download on the web site that we provided previously. I don't have that mailing address with me.

(Irene Benza): Oh.

Jim Bossenmeyer: So if you go www.cms.hhs.gov/medicareprovidersupenroll, go to the first download on that page and that will give you a list of all of the different contractors that CMS employs by state and it has the phone number for the provider enrollment shop as well as the mailing address.

(Irene Benza): Okay yeah, okay, very good. I think I got that.

Jim Bossenmeyer: And that web site address is I think on - it's in each application. I think it's usually on Page 2 or Page 3 of the application so if you didn't get the correct web site address just look at the application and you can then type that into the web site browser.

(Irene Benza): Okay. Thank you. And back to limitations to the PECOS process with reassignment, when we get it like I'm going to be getting in a couple weeks a new provider coming from California here to Connecticut and I don't know at this point if they're an existing Medicare provider.

You said something about the reassignment. If...

Jim Bossenmeyer: In your particular case, that individual--while he or she may be participating today in California—he or she should - when leaving that practice in California--withdraw from the Medicare program in California.

They should then - they will then be required because they're going to a different contractor jurisdiction - need to submit an initial application and do a reassignment of benefits. That would be the 855I and the R and the paper application process that you're choosing to avail yourself of or the electronic process will process the application.

But...

(Irene Benza): So in a sense what you're looking at is this is like a brand new person to you.

Jim Bossenmeyer: Essentially, yes.

(Irene Benza): Okay, all right. So the I even if they have a Medicare, if they have Medicare benefits already, I should still do the I.

Jim Bossenmeyer: You do the I as an initial enrollment.

(Irene Benza): Okay.

Jim Bossenmeyer: And then the R. But you also want to make sure that that physician withdraws from the Medicare program in California as a voluntary withdrawal that way the practice location in California would no longer be able to bill using his billing number.

(Irene Benza): So that when you say withdraw that's a little bit different because on the paper application it just asks - it just has us do a reassignment.

Jim Bossenmeyer: Well when - it's a voluntary termination in California so they would just do - they would do a voluntary withdrawal or voluntary termination for California.

(Irene Benza): And they do that on a specific form or they call or?

Jim Bossenmeyer: That would be on the 855I.

(Irene Benza): Oh yeah, okay. All right, very good.

Jim Bossenmeyer: And then they're submitting so he can either do that when he joins your practice and that application can be processed by the contractor and then they would process the application to establish his new billing privileges with you and they reassign them.

(Irene Benza): Okay, so that's all in the 855I. There's not a special form.

Jim Bossenmeyer: No.

(Irene Benza): Okay, very good.

Jim Bossenmeyer: That's one of the difficulties with the 855I as a static form is that it's a multi-use form and it can be confusing, especially for those people that are doing something different for the first time.

(Irene Benza): Okay, all right. Thank you very much.

Jim Bossenmeyer: Welcome.

Operator: Our next question comes from (Laura Johnson).

(Laura Johnson): Hello. Hi. This is (Laura Johnson) from Colorado.

Jim Bossenmeyer: Hello.

(Laura Johnson): Hi. My question actually is and I hate to beat a dead horse on this with the multi practitioner groups that we have because we have not a thousand, but 50 providers.

And I did all of their NPI enrollments and I did all of their - and I do all the new Medicare applications for our doctors and reassignments and stuff like that.

So if I was to go in there and I'm not saying to do this illegally because I don't want it to be that way, but if I go in there and sign them up for Medicare on PECOS and put my name as their email address, I mean isn't the information going to come to me or because they're never going to do it by themselves. I mean so I guess I'm going to continue to do paper if the answer is no.

But there's no way that they're ever going to get in there and do that. I don't know if anybody else uses CAQH.

But I think there a thousand people who have - you know, the thousand practitioner organization will attest to the fact that, you know, when you have one person that's doing or like several people that are doing this, it's much easier to get in touch with the authorizing person than it is for the doctor to try and find them or not find them but, you know, get it to them and get it done.

So is there ever going to be a chance where PECOS will be the only option and there will be no paper?

Jim Bossenmeyer: That is not under consideration at the moment. Physicians, non-physician practitioners can continue to submit a paper application or use Internet-based PECOS to process an initial application or any changes.

(Laura Johnson): Okay. So if I was to go in there as one of the doctors to assign them in PECOS a new doctor that came to our group it would still go directly to the doctor and not to me. There would be no way for it to come back to me. Because they still have to sign. I understand what you're saying. They still have to sign the certification page. And I do send them the application and they sign it and interoffice it back and that's all well and good.

But I know if they were to get an email, you know, to go in there and update that that would be way past 30 days by the time it probably got finished so that would be my concern as I'm sure it is for everybody else that asked the same question.

Jim Bossenmeyer: We would do a couple things. We placed that information about privacy and that we certainly encourage individual practitioners to protect their user ID and password. There are also penalties that will print out with the certification statement on Internet-based PECOS which are the same as those found in Section 14 of the 855I that deal with penalties for falsification of information.

(Laura Johnson): Right. Okay, and I don't, you know, it's no false information. They do sign it and look over the application.

But I just was worried that if it went only to PECOS that it would become an issue.

But if you can still say that we can still do paper, that's probably going to be our best option then.

Jim Bossenmeyer: Okay.

(Laura Johnson): And our second question is...

Woman: The effective date.

(Laura Johnson): The effective date of - if we were to do it in - if we could do - if we get a doctor that will do it in PECOS and they do the 855R which am I correct to assume that 855R is still going to be paper, it's not on PECOS?

Jim Bossenmeyer: You can do a reassignment of benefits today either by utilizing Internet-based PECOS or the paper process.

(Laura Johnson): Oh okay, well like the minute they hit send on the button, is that the date that they receive the Internet-based application as opposed to the certification and the documentation that they need in the mail?

Jim Bossenmeyer: The date of - for the effective date of filing for an Internet-based application - is the date that the Medicare contractor receives both the electronic submission...

(Laura Johnson): Okay.

Jim Bossenmeyer: ...as well as the signed certification statement.

(Laura Johnson): Okay and is that - if you do Internet-based PECOS is that how you're going to be able to tell? I mean like now if you do a paper application they send you a letter saying this is the date we received the application and here's your tracking number.

Jim Bossenmeyer: What the Medicare - today if the Medicare contractor receives an application and it was not signed.

(Laura Johnson): Right.

Jim Bossenmeyer: Or if it was signed in pencil or looked like a stamped signature or something like that, the Medicare contractor would return that application immediately to the submitter.

If the - we provide instructions to our contractors - if the contractors do not receive a signed certification statement within 15 days of the submission of the electronic application, they will reject the application back to the submitter.

(Laura Johnson): Okay. But what I was just wondering are they still going to send the same letter out if you do it all Internet-based and they get the certification?

Jim Bossenmeyer: The approval letters, they come up and the Medicare contractors will be the same.

(Laura Johnson): Oh so it'll still be on paper.

Jim Bossenmeyer: Well they will...

(Sande Olsson): They can do the track. You can also check PECOS. If they submitted it via Internet-based PECOS, you can check your status there.

(Laura Johnson): Okay.

Jim Bossenmeyer: But you will receive an approval letter from the contractor.

(Laura Johnson): Okay. And if we did - if we switched here in Colorado from Noridian into Trailblazers just this past year in 2008, if I did a group revalidation in 2006, does that - is that going to be online now or am I going to have to go revalidate the whole group?

Jim Bossenmeyer: Okay, when the organization was submitted in 2006, when organizations become available later this year that information will be there for your review.

(Laura Johnson): Okay great. That's wonderful. Thank you so much.

Jim Bossenmeyer: You're quite welcome.

Operator: Our next question comes from (Wayne Williams).

(Wayne Williams): Good afternoon. We've got a slight problem here. We've been trying to get an NP and a SNF enrolled in Part B.

And we've complied with the intermediary's request. And this goes back to August so it's before PECOS.

Jim Bossenmeyer: This is a little bit more like that we need to handle this one offline. If you provide me your name and number, we'll have somebody get in touch with you.

(Wayne Williams): Sure. You want me to send you an email?

Jim Bossenmeyer: I'd prefer that you give us your name and number, then we...

(Wayne Williams): Okay. It's (Wayne Williams). It's area code 410-828-0020.

Jim Bossenmeyer: Okay, we'll have somebody get in touch with you after this call Mr.
(Williams).

(Wayne Williams): Try tomorrow.

Jim Bossenmeyer: Okay, that'll be fine.

(Wayne Williams): Thank you.

Operator: We'll go next to (Penny Haddrich).

(Michael Daff): Hi. This is actually (Michael Daff). I'm calling from Telefax Health.

How are you guys doing today?

Jim Bossenmeyer: Hello.

(Michael Daff): Listen, I have just a question, I guess just a follow-up on some of the other larger groups. I currently handle all the Medicare enrollments for let's say 250 physicians.

My main question is basically what you're saying is unless we ask all of our new hires for their original NPI password and user name, we basically cannot take advantage of this PECOS Internet system. Is that correct?

Jim Bossenmeyer: Well actually what we would say is that the physician or non-physician practitioners should not give you their user ID and password. You should not use Internet-based PECOS. It is the practitioner that can use that system.

So if you would like to submit an application on behalf of that practitioner you would be required to use paper.

(Michael Daff): Okay Jim, one last follow-up question for you. NPPES also will enumerate Type 2 organizations for let's say a group practice.

Is there any possibility of expanding the PECOS system to allow it to take the group NPI password?

Jim Bossenmeyer: No. The individuals have their own NPI. Organizations have a different NPI.

We will expand the availability of Internet-based PECOS for organizations later this year.

But there will not be a commingling of NPIs between individuals and organizations.

(Michael Daff): Okay, thank you very much.

Operator: Our next question comes from (Linda Guerra).

(Linda Guerra): Hi. This is (Linda Guerra) from Beth Israel Deaconess Physician Organization in Boston, Mass. We have 1,600 providers here.

And I just want to echo what the other callers have said in large organizations. We do all this for our physicians; they obviously sign-off in the attestations.

But I would implore CMS to reconsider this and set up (security) offices at each organization and end users like we do for the IACS. You'll get better information and it will simplify things for everyone.

Jim Bossenmeyer: Thank you.

(Linda Guerra): And my second thing that I just wanted to point out is that in Massachusetts, in particular, most physicians did not sign up directly for their NPI. They signed up to the Board of Registration of Medicine. So they don't have logon and passwords for the NPES system.

Jim Bossenmeyer: Well, the Board of Registration of Medicine, those NPIs belong to those individuals, not to the Board.

So the Board should provide them with their user ID and password.

Woman: They can...

((Crosstalk))

(Laura Guerra): From what I've seen on all the letters that none of them that logon and passwords.

(Pat Peyton): They have to call the enumerator and the enumerator can give them assistance in setting up an account if they were enumerated by (EFI) which is what they were.

((Crosstalk))

(Laura Guerra): So again I would just implore CMS to work with large organizations because, you know, you'll get flooded 1,600 calls just from our organization.

And if, you know, you set this up with security offices at large organizations, it would be much simpler.

Leslie Jones: The provider can go online and establish - and create their own user ID and password once they have - I mean they have all their information, their NPI.

(Laura Guerra): Well they do. But again if you let the organizations manage this you're going to get cleaner information. If a physician starts going in and entering information you're going to get a lot of bad data and it's going to cause a lot of rework and correction.

Jim Bossenmeyer: I understand the concern. Currently we have established the process that it would be the responsibility of the individual practitioner or the choice is probably the better word to submit an application electronically or if they choose they can submit a paper application.

So it is the choice of the physician and the organization about how they will do it. This is a choice. That's a decision...

(Laura Guerra): And I understand that. But, you know, if we're looking for administrative simplification the best way is to do things online. But it would have to be done with security offices at large organizations and end users just like the IACS.

Jim Bossenmeyer: We may consider that approach in the future.

Thank you.

(Laura Guerra): Okay, thanks. Bye-bye.

Operator: We'll go next to (Margie Olivarez).

(Margie Olivarez): Hi. My name is (Margie). I'm calling from Texas.

And my question was with regards to the phases, I know you've implemented Phase One.

Can you say just a little bit more about Phase Two?

Jim Bossenmeyer: Well in the physician fee final rule we stated that we would - we expect to implement Internet-based PECOS for organizations and that would be any type of an organizational provider in the spring of 2009.

We believe we're still on that glide path to begin implementation and we expect to do so. We will be doing education and outreach either shortly before we announce that or shortly after we announce the availability.

For organizations I expect that we would phase-in Internet-based PECOS for organizations by grouping the state similar to what we did with for individuals.

And at this time that's about all the information I can share.

(Margie Olivarez): Okay. Secondly, Pat had shared some information with regards to contact information.

Can you please repeat the email please?

Jim Bossenmeyer: The contact information is on our web site. All of the contact information is in a contact information sheet on the web site Internet.

(Margie Olivarez): Okay, I'll get it from there. Thank you.

Jim Bossenmeyer: Okay, just so people know that that type of information is available.

(Margie Olivarez): No problem.

Operator: Our next question comes from (Denise Blackinson).

(Denise Blackinson): Yes hello. I'm calling from North Carolina.

And I have I think a pretty basic question regarding the PECOS web site. We have a physician - we have a couple physicians out there. They're in the system, PECOS. But their NPI is not showing up.

Now does that mean anything in particular?

Jim Bossenmeyer: No. What happened is there is that PECOS was developed over a series of years. We implemented PECOS back in November of 2003.

CMS started collecting - requiring the NPI be submitted as part of the Medicare enrollment application process - in May of 2006.

And it was actually started. We started putting NPIs into the system at that time. So if somebody hasn't enrolled or updated their enrollment information since May of 2006 it would have - it could very potentially have - all of the correct information. It just doesn't have the NPI.

The physician could certainly go ahead and review that information and update it and associate it with his or her legacy ID number if he/she chooses.

(Denise Blackinson): And they can do that online as well.

Jim Bossenmeyer: Yes, they can. And that would ensure - from a Medicare perspective - a matching of the NPI to a legacy number for that individual and will certainly help to ensure payment accuracy.

(Denise Blackinson): If it's not there, is there going to be an issue with PQRI reporting?

Jim Bossenmeyer: The - I - the PQRI reporting I think they were setting up some different metrics. Certainly from an enrollment perspective it's something that we would encourage that individuals look at their record and update any information that they believe needs to be updated.

But I think the question regarding the NPI would best be answered in a PQRI call tomorrow; those individuals [on that call] would be in the best position to answer that one.

(Denise Blackinson): Okay. And even if the provider updates his NPI on the PECOS web-based system he would still sign off on the form and have to send that into Medicare and so forth.

Jim Bossenmeyer: Yes ma'am.

(Denise Blackinson): Okay, thank you so much.

Operator: Our next question today comes from (Mary Daulong).

(Mary Daulong): Yes, I have one question about the support. I am from Texas. And my company is Business and Clinical Management Services.

My question is about support documentation. What I see for as submitting paper is that we have various requirements from different enrollment contractors.

And will this be something that is consistent in the PECOS Internet process, so with the expectations of exactly what support documentation is required be the same throughout the United States?

Jim Bossenmeyer: (Mary) if you can provide me your number I'd like to give you a call after this.

(Mary Daulong): Absolutely. My number is 281-866-9505.

Jim Bossenmeyer: And to respond to your question, we're seeking to standardize the enrollment process nationally and ensure consistency in the way contractors process applications.

And the information that they request of the Section 17 of the 855I lists the types of information that are generally required when submitting the application.

And so our goal to ensure consistency of processing; clearly we believe the Internet-based processing system will ensure consistency and eliminate many of the routine types of errors that occur in completing the application.

(Mary Daulong): That would be wonderful.

Jim Bossenmeyer: And that will certainly facilitate the enrollment process.

But we also want to make sure that we are ensuring consistency in the documentation submission.

And as we go forward we will be working very hard to wring out as much paper from the process as possible.

(Mary Daulong): Well certainly we do want to go electronic on everything possible. We're just seeing right now being from Texas and a number of the clients that I represent are currently not able to use the electronic version of PECOS. We are just seeing lots of inconsistencies from the enrollment contractors in this area.

And not just in this area but specifically in support documentation. You know they may ask for a diploma when a license requires a diploma. Those types of things, so applications are being rejected.

And then that requires a new signature. So we want to avoid these types of things.

So I'll be delighted to talk to you at your convenience.

Jim Bossenmeyer: Thank you.

(Mary Daulong): Thank you.

Natalie Highsmith: Okay (Laurie) we'll take our final question because we're approaching 5:00 here in the East Coast.

Operator: Thank you. Today's final question will come from (Sabrina Thomas).

(Sabrina Thomas): Oh good. Hello. I am (Sabrina Thomas) with Physicians Practice Group in Augusta, Georgia.

And our question is the revalidation. We want to know...

Woman: We have about 350 providers that will need to be revalidated because they were enrolled prior to 2003 with Medicare. We're also a very large multi-specialty group practice. And our physicians practice in an academic teaching setting.

And we were wondering once these providers go through revalidation will their provider number remain the same or will they be issued a new provider number?

Jim Bossenmeyer: Their Medicare billing number is the NPI. So they will use their NPI for billing purposes for the Medicare Program as well as any other electronic healthcare transactions that they're conducting.

(Sabrina Thomas): So will the PTAN not be any good anymore? Will we not get a PTAN number?

Jim Bossenmeyer: I suspect that the Medicare contractor will retain that existing PTAN in the system.

(Sabrina Thomas): Okay, so whatever they have now will remain the same. And we'll continue to use the NPI for billing.

Jim Bossenmeyer: Yes ma'am. Now the important thing about revalidation is we certainly encourage individuals and organizations who have not updated their enrollment information in more than five years to do so.

And there's a number of good reasons to do that--not the least of which is making sure that Medicare has correct information and so you get a correct payment for the services that you're furnishing.

If you submit the information prospectively you can do that in your timeframe. When Medicare begins a revalidation process, we will require that the information be submitted to us within 60 days.

So then you're kind of under the clock.

So we certainly have encouraged individual practitioners and organizations to submit their enrollment information and update their (employment information) since April 21st of 2006 when the final regulation regarding revalidation was issued.

So I would encourage those individual physicians and organizations that have not submitted or updated their information in more than five years to do so now.

(Sabrina Thomas): Okay. And we have another question about the additional locations. I think if I'm correct that I remember you saying that they would have to reassign their benefits for each location.

Jim Bossenmeyer: Yes ma'am.

(Sabrina Thomas): We have all of our locations listed with the group through the 855B.

So would we then have to take each of our 500 providers and reassign their benefits to each location that we have?

Jim Bossenmeyer: They reassign benefits to each location where they are practicing.

And so if they had three different locations - one second.

(Sabrina Thomas): I'm sorry, I missed that.

Woman: (Wait a few minutes).

(Sabrina Thomas): Okay.

Jim Bossenmeyer: Go ahead.

Woman: Hold on.

(Frank Whelan): Hi. This is Frank Whelan. And I work for Jim.

What they do is they reassign. It isn't so much to a practice location as it is to an organization as a whole so if you reassign to organization X and organization X has three locations, you're basically reassigning to all of those locations.

(Sabrina Thomas): Okay, good. That's exactly.

And let me ask you one last thing. On the (EFT) form (the 588) and you all were saying that when we do this online that that would be one of the required forms, documents that would need to be sent in.

Will we need to do that for each provider being that we've already got that for the group as well?

Jim Bossenmeyer: No. If the payments are being made to the organization, the organization is receiving the payment for those practitioners.

So the answer if they have doctors all reassigning to the group then the group is not making a change in their enrollment. You would not need to submit the 588.

(Sabrina Thomas): Okay, great. Thank you very much.

Jim Bossenmeyer: Okay, thank you.

Natalie Highsmith: Okay (Laurie) we have - so past a couple minutes here on the East Coast after 5:00. I will now turn the call over to Jim Bossenmeyer for any closing remarks.

Jim Bossenmeyer: Thank you very much for participating today. We appreciate the feedback that we received. Thank you.

Natalie Highsmith: Okay. (Laurie) can you tell us how many people joined us from the phone line?

Operator: We had 605 participants today.

Natalie Highsmith: 605 wonderful. Thank you.

Operator: Thank you very much ladies and gentlemen for joining today's Centers for Medicare and Medicaid Services conference call. This concludes your conference. You may now disconnect.

END