

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Medicare Provider & Supplier Enrollment

February 17, 2010
2:00PM – 3:30PM ET
Conference Call Only

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Open Door Forum (ODF) to discuss Medicare provider enrollment issues. During this call, CMS staff will discuss:

- Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for physicians, non-physician practitioners and provider and supplier organizations
- Provider and supplier reporting responsibilities
- Medicare ordering and referring Issues
- Revalidation efforts

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

We look forward to your participation.

Open Door Forum Instructions:

Capacity is limited so dial in early. You may begin dialing into this forum as early as 1:45 PM ET.

Dial: 1-800-837-1935

Reference Conference ID 52537484

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 ODF website at http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading on or around Monday March 1, 2010 and available for 30 days.

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.

Audio links for this transcript:

http://media.cms.hhs.gov/audio/MediProvSupEnroll021710_Pt1.mp3 and
http://media.cms.hhs.gov/audio/MediProvSupEnroll021710_Pt2.mp3 .

**Centers for Medicare & Medicaid Services
Special Open Door Forum:
Medicare Provider and Supplier Enrollment
Moderator: Natalie Highsmith
February 17, 2010
2:00 p.m. ET**

Operator: Good afternoon. My name is Al, and I'll be your conference facilitator today. At this time I'd like to welcome everyone to the Centers for Medicare & Medicaid Services Special Open Door Forum on Medicare Provider and Supplier Enrollment Conference Call.

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 like to ask a question during this time, simply press star, then the number 1 on your telephone keypad. If you'd like to withdraw your question, press the pound key. Thank you.

Miss Highsmith, you may begin your conference.

Natalie Highsmith: Thank you, Al, and Happy New Year to everyone, and thank you for joining us for our Special Open Door Forum on the Medicare Provider and Supplier Enrollment. Today CMS staff will review the Internet-based PECOS, which is the Provider Enrollment Chain and Ownership System which is for use for physicians and non-physician practitioners and provider and supplier organizations, and review the provider and supplier reporting responsibilities, Medicare ordering and referring issues, and revalidation efforts. And of course, at the end of the call there will be a chance for you guys to ask questions.

I would turn the call over to the director of the provider and supplier enrollment team, which is Mr. Jim Bossenmeyer.

Jim Bossenmeyer: Thank you, Natalie. Good afternoon and good morning. This Special Provider and Supplier Open Door Forum is open to all Medicare providers and suppliers, and we'll be touching on issues that affect physicians, non-physician practitioners and other providers and suppliers.

First, I guess a couple of announcements, the CMS Website we'll give this now and at the end of the conference. CMS Website is available at – for provider and supplier enrollment is available at www.cms.hhs.gov/medicareprovidersupenroll. When you go to that Website, you'll see a number of useful content units of the first download within on that main page the list of contacts for Medicare contractors. So if you have a question, you have the phone number and mailing address for the contractor, by state and by your provider/supplier type. In addition, we've recently updated the Website to show information regarding the ordering and referring file, advanced imaging for diagnostic services and information regarding Internet-based PECOS.

Recently, CMS has made a number of changes to our manuals. These were incorporated through our change request process. If you'd like to see the current version of the manual, go to the manual section of the main page of CMS, www.cms.hhs.gov, and select "manuals." It's on the right-hand side on the top ten links, and then go to Publication 100-8, and there'll be chapter 10 of the Program Integrity Manual.

Regarding advanced imaging, Section 135-A of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), amended Section 1834(e) of the Social Security Act and requires the Secretary to designate organizations to accredit suppliers, including but not limited to physicians, non-physician practitioners and independent diagnostic testing facilities that furnish the technical component of advanced diagnostic imaging services.

MIPPA specifically defines advanced diagnostic imaging procedures as diagnostic magnetic resonance imaging (MRI), computer tomography (CT), nuclear medicine imaging, such as positron emission tomography, but will also authorize the Secretary to specify other diagnostic imaging services in consultation with the physician, specialty organizations and other

stakeholders. MIPPA expressly excludes from the accreditation requirement X-ray, ultrasound and other such procedures.

In order to furnish the technical component of advanced diagnostic imaging services for Medicare beneficiaries, suppliers must be accredited by January 1st 2012. Recently, CMS approved three national accreditation organizations: the American College of Radiology, the Intersocietal Accreditation Commission and the Joint Commission to provide accreditation services for suppliers of the technical component of advanced diagnostic imaging procedures. The accreditation will apply only to suppliers of images themselves and not to the physician's interpretation of this image.

All accreditation organizations must follow these standards that address the safety of equipment as well as the safety for patients and staff. To obtain additional information about the accreditation process, you can contact one of the three accreditation organizations. That information is on our Website under – it's on the top to the left dealing with advanced diagnostic imaging services.

A week ago, CMS announced that it was rescinding a policy related to consignment closets, and this is an issue related to durable medical equipment suppliers (CR 6528). We will review that policy in the upcoming months and consider whether or not we will reissue that policy.

Switching to ordering and referring- First, I'd like to thank all the physicians and non-physician practitioners for updating and submitting updates to their Medicare provider enrollment information. Based on the information that we have seen, we're going to – CMS is going to delay the implementation of CRs 6417 and 6421 until January 3rd, 2011. I'll repeat that. CMS will be delaying the implementation of CRs 6417 and 6421 until January 3rd, 2011.

Suppliers that are furnishing services where there's been an order or referral will continue to receive informational messages on their remittance advices. We'll continue to update the ordering and referring reports periodically. We expect to mail a letter to all physicians and eligible non-physician practitioners who enrolled in Medicare and have been in the program for more than six years but not updated enrollment information.

The next announcement deals with DMEPOS accreditation. On November 12, the National Supplier Clearinghouse mailed a letter to a limited number of pharmacy suppliers who have made the business decision not to become accredited or who are in the process of finalizing their accreditation. Those pharmacies will be required to either become accredited by March 1st or notify the National Supplier Clearing House that they will not be providing accredited products or services, or that they will voluntarily withdraw or terminate from the Medicare program.

We strongly encourage pharmacies that are considering the voluntary termination withdrawal option to make sure that that is the business decision that you would like to pursue. If a business voluntarily withdraws or terminates from the Medicare program, then their application will be – they will need to resubmit an application and there may become a gap in the services that you can bill for.

If you submit your – in responding to the letter from the NSC, pharmacies should use a common carrier such as Federal Express, UPS, other tracking numbers, so that you can verify that the NSC received their information by March 1st. This will eliminate the number of calls that you'll need to make to the NSC to confirm that they've received your information. You'll have your tracking number and you can confirm that with your common carrier to make sure that their information has been given to the NSC.

Moving on to reporting responsibilities: We remind physicians and non-physician practitioners and other providers and suppliers to update their enrollment information when a reportable event occurs. Reportable events include, but are not limited to, the change of address, a final adverse action which could be suspension or revocation or a felony conviction, and a change of ownership. Providers also have additional reporting responsibilities and those reporting responsibilities are on our Website, and they're listed on the first page of the Website. And so, we list those there. They also can be found in Regulation 42 CFR, 424.516.

We'd also recommend that providers and suppliers report changes in any Taxpayer Identification Number, a change in the business structure, or a

change in their legal business name, and finally, reporting changes to any type of electronic funds transfer where you're going to be receiving your electronic payments.

We also encourage physicians and non-physician practitioners to report changes of reassignments, either when you're starting a reassignment or when you're stopping a reassignment. Also, retirees who will no longer provide services to Medicare beneficiaries can voluntarily withdraw from the Medicare program and update their enrollment record, by entering a future date using either Internet-based PECOS or the paper enrollment application to let us know when that physician or non-physician practitioner will be retiring or no longer providing services within a given jurisdiction.

Moving to the next topic of revalidation. Revalidation occurs when the Medicare contractor requires a provider or supplier to update their Medicare enrollment record. DMEPOS-type suppliers know this process as re-enrollment. In calendar year 2009, CMS and its contractors initiated approximately 10,000 revalidations. Those Medicare contractors are in the midst of processing those revalidations today.

In calendar year 2010, we will continue to revalidate providers and suppliers who have not updated their enrollment records in more than six years. Providers and suppliers may voluntarily submit an initial application if they would like to update their information and they have not done so in more than six years. So if you're enrolled in the Medicare program and you want to voluntarily submit and update your enrollment information, you complete the application, the 855I or use Internet-based PECOS, as an initial application, and then submit the EFT form and any other supporting documentation and a Medicare contractor will process that application for you.

We expect that we'll begin revalidation of any hospital that has not updated their enrollment information in more than seven years and did not have a PECOS enrollment record. So for hospitals that have not updated their information with Medicare in some time, you can make the choice now to begin to revalidate that information or the Medicare contractor – or you can

voluntarily submit the information or the Medicare contractor will be notifying you of a revalidation later this year.

I want to take a moment to talk a little bit about some of our program integrity efforts. In addition to revalidation, our Medicare contractors are conducting more onsite reviews, and what this means is that the provider or supplier must be operational at the practice location provided to the Medicare contractor. If a provider or supplier is not operational at the location provided to the Medicare contractor, this can lead to a revocation of Medicare billing privileges.

Our contractors are also reviewing state licensure information and verifying that information on a regular basis. We're also reviewing accreditation information for those providers that are required to have accreditation, and that providers and suppliers must meet federal State requirements. So if there's a change in your accreditation or licensing for your provider or supplier type, you need to notify the applicable Medicare contractor as soon as possible.

Moving over to some general provider enrollment issues. Applications submitted by paper, whether it be the 855I, 855B, or A, are entered into the Provider Enrollment Chain and Ownership System (PECOS). Providers and suppliers can facilitate their enrollment application by completing the application fully, and signing and dating the application. We recommend blue ink and that you respond to developmental requests from the Medicare contractor in a timely manner. And that means replying to all of requests for information that the contractor has given you or has made of you and providing all of it at one time.

Medicare contractors continue to report that the number one reason for delay in processing is incomplete applications or delay in the submission of developmental materials. We strongly encourage individual practitioners--physicians and non-physician practitioners--and other providers and suppliers to use Internet-based PECOS. The application process is significantly faster, resulting in less errors or development from the Medicare contractor.

When you submit your electronic application, make sure that after submitting it electronically, you sign, date and mail the Certification Statement or Statement. If you're a physician that's reassigning benefits to a third party, you will have two Certification Statements. If you're reassigning to more than one practice, so you will have more certification statements depending on the number that you are reassigning, and providing any other supporting documentation.

DMEPOS suppliers will not have Internet-based PECOS availability until later this year.

If you have questions regarding who to call, we have information on our Internet-based PECOS web page which lists information about when you should call the Medicare contractor and when you should call the EUS Help Desk. Hopefully, the Medicare contractor primarily responds to questions regarding policy, same as if providers would have questions regarding the paper application. If you have questions regarding your User ID or password, then those questions should go to the EUS Help Desk, or if you're having problems with – if the system is not operating properly where it's got a test of slowness or something like that, then you should report that to the EUS Help Desk.

Before an individual or an organization initiates submitting an application via Internet-based PECOS, we strongly recommend that the individual or the organization review the applicable "Getting Started" guide on our Website. It's important that the provider understands their provider/supplier type and their business structure.

Organizations-- clinics or group practices--must be enrolled first. A clinical or group practice would be an organization that has two or more owners. So if you are a medical group practice and you have two or more owners, in the paper process, you can complete the 855B application. In the electronic Internet-based PECOS world, you would need to go through the – have an authorized official and set yourself up through the authentication process and the "Getting Started" guide shows, tells you what you need to do to accomplish that.

Individuals, including solely owned corporations and sole proprietorships would use the 855I to enroll as an individual practitioner. There is a process for authentication and that process for getting started individuals that is described in the “Getting Started” guide for physicians, and you have to have your NPPES user IDs and passwords. If you don’t remember your NPPES user ID and password, then you’ll need to contact the EUS Help Desk for the enumerator. They will only give that information out to the individual practitioners. They will not give that information out to your assistant or to somebody working on your behalf.

As a reminder, and it’s included in the “Protecting Your Privacy” document on Internet-based PECOS, physicians and other providers and suppliers are encouraged to update or change their passwords on a periodic basis. So if you have to complete an enrollment action using Internet-based PECOS, you may want to go back and change your user ID, your password so that another individual is not able to access your enrollment record.

Individuals that are working on behalf of a clinic or group practice- If you’re working on behalf of an organization, clinic or group practice, you need to have the authorization from the Authorized Official who has gone through the Security Consent Form process with EUS Help Desk. I will repeat that. If you’re working on behalf of an organization, clinic or group practice, you will need authorization from the Authorized Official at the provider-supplier who has gone through the Security Consent Form process with EUS Help Desk. If you’re working on behalf of an individual, you need to make sure that you have authorization from that individual to update his or her individual record.

That’s a quick summary of the items that we wanted to discuss this morning, and I guess we’ll open it up to questions and answers.

Natalie Highsmith: OK. Al, if you could go ahead and remind folks on how to get to the queue to ask questions. And everyone, please remember when it is your turn to restate your name, state where you’re calling from and what provider or organization you’re representing today.

And also, since we have quite a few folks from the call, if you could limit your questions to just one at a time. And if you have follow-up questions, we ask that you get back into the queue to ask additional questions. So we just want to be able to move through as many questions as possible.

AI?

Operator: OK. So at this time, I'd like to remind everyone in order to ask questions, press star, then the number 1 on your telephone keypad. And your first question is coming from the line of (Jane Lutz) from North Carolina. Your line is open.

Jane Lutz: Oh, yes. My name is Jane Lutz. I'm calling from North Carolina. I'm with Charlotte Radiology. I know PECOS has been delayed and I got that information again in the call. However, I did just have one quick statement I'd like to have clarified on my understanding because I think maybe I misunderstood something.

If the referring physician is not in PECOS but is in the carrier's point system, and that referring physician refers the service to us as a Part B provider, will our claim be rejected, one, or does it only get rejected if he is not in both systems? And the third part of that is if he gets paid for the offices at the referring physician, then what incentives do they have to make sure their enrollment is current in PECOS?

Jim Bossenmeyer: Thank you for your question. First, to clarify, PECOS has not been delayed. PECOS – the Provider, the National Enrollment System and is used in conjunction with the provider enrollment process. What we are delaying is the implementation of CRs 6417 and 6421 which require – which establish edits for ordering and referring, and that would be delayed until January 3rd 2011.

Physicians that are in the Part – physicians and eligible non-physician practitioners that are in the Part B system, the way that CR's constructed is that they can either be in PECOS or they can be in the Medicare contractor legacy claims system. For DMEPOS suppliers, they would have to be in

PECOS, meaning they have to have an updated enrollment record within the last six years.

We're working with the physician community to ensure that all physicians and non-physician practitioners update their enrollment information between now and January of next year. Physicians, we will – we certainly encourage physicians to voluntarily and eligible non-physician practitioners to voluntarily update their information. We believe the delay will afford physicians and non-physician practitioners plenty of time to submit their enrollment information and get it updated. And if necessary, we will be sending out some letters and we'll be doing more revalidations in the future to ensure that the physician community and the Medicare has current reliable information on the practitioners that it is paying.

Operator: Your next question is coming from the line of Melissa Jordan from Alabama. Your line is now open.

Melissa Jordan: Yes, this is Melissa Jordan in Alabama University Orthopedic Clinic. When I tried to complete and update our application on a provider that has moved from an old location, it is pooling all the information, even updating his (MPFO) and is not allowing me to edit that information. And I'm not getting – I'm not able to get help from the EUS reps or Medicare.

Jim Bossenmeyer: OK. Well, let's – this may be - well, I guess a couple of questions. Are you trying to update the provider's record using Internet-based PECOS?

Melissa Jordan: Yes.

Jim Bossenmeyer: OK. Do you have authorization from the physician to do that?

Melissa Jordan: Yes.

Jim Bossenmeyer: OK. Let us get your number and we will call you back.

Natalie Highsmith: What is your number?

Melissa Jordan: 05-247844.

Jim Bossenmeyer: One more time, ma'am, please?

Melissa Jordan: 305-247-2844.

Jim Bossenmeyer: Thank you very much.

Melissa Jordan: OK.

Operator: Your next question is coming from the line of Rachel Hammond from Texas, and your line is now open.

Rachel Hammon: Hello. This is Rachel Hammond. I'm with the Texas Association for Homecare and Hospice, and I have a question related to an enrollment issue that has come up recently related to homecare providers and our revalidation of capitalization requirements. I've been unable to get answers to a few questions I submitted related to the updates of the capitalization requirements after providers have received their provider agreement that's being required by the current contractors, the fiscal intermediaries.

And these updates are being required of providers anywhere from four to eight to nine months after they've received their provider agreements in amounts up to five times greater than what they were initially told they had to have available at the time they enrolled.

So the questions that I submitted were where in the CFR does it allow CMS to require a current or a three-month capitalization requirement four to nine months after a provide has received a provider agreement?

Jim Bossenmeyer: Hello, Miss Hammond, nice to talk to you again. We received your e-mails. We are reviewing those issues. What we've done is we're ensuring that our Medicare contractors are applying a consistent methodology for capitalization, and we will reply to you in the very near future.

Rachel Hammon: I think our concern was that consistent methodology. Obviously, it's the retroactive application after someone has received their provider agreement and the actual amount. These amounts look to be and what we ...

Jim Bossenmeyer: We understand your concerns and we will be replying to you.

Rachel Hammon: OK. And what methodology are they using because ...

Jim Bossenmeyer: They're using the methodology described on 49.2A, 42 CFR, 49.28.

Operator: And your next question is coming from the line of Carla Westerfield from Wyoming. Your line is open.

Karla Westerfield: Thank you. This is Karla Westerfield. Hopefully, this is a simple question. I have a physician moving from Oregon to our office in Wyoming. It's the same MAC that's in the region. I just go into PECOS and I entered a new application for him. Was that correct or incorrect?

Sandee Olson: This is Sandee Olson. That was correct.

Karla Westerfield: All right. Great.

Jim Bossenmeyer: Whenever a physician changes practice location, to ensure that they're receiving payments timely, you should update their enrollment record to show that they are moving on to a new practice location and we'll be reassigning to that practice location. Back in the physician fee schedule that was published on November 19 of 2008, CMS issued regulations that limited the retrospectivity of payment to physicians and certain non-physician practitioners. So thank you for doing that on a prospective basis.

Sandee Olson: And just as an fyi, Medicare enrolls physicians and non-physician practitioners along with groups by state, not by MAC jurisdiction. So if you're in Montana and you're in Utah, then you should be enrolling twice, one for each state.

Karla Westerfield: Oh, all right. Thank you.

Operator: And your next question is coming from the line of Tammi Ashley from New York. Your line is now open.

Tammi Ashley: Yes, hi. I just want to get clarification on the revalidation process. All along the Medicare reps have been telling us revalidation must be done on paper because the PECOS system, you know, the electronic Internet-based PECOS

system is not capable of doing a revalidation. And a little while ago, you said something about we could do a revalidation as an initial enrollment if we wanted to do it through PECOS.

What is the impact of doing it as an initial enrollment? Are we going to be getting a new provider identifier, a new PTAN number for that person?

Sandee Olson: Hi, this is Sandee Olson. Revalidations normally they're requested by the contractor. But we are asking you if you wanted to – because if you submitted a completed application, you could do so.

For PECOS there isn't really a selection for revalidation in Internet-based PECOS. You would submit it as an initial enrollment.

Tammi Ashley: Yes.

Sandee Olson: The Medicare carriers, FIs, already know that you are in our system, and then they will just upload that information into the system. You won't get new numbers. It doesn't change your effective date. It doesn't do anything. We know it. It just looks different in the Internet site.

Tammi Ashley: OK because all along – I'm in New York state, and all along, all of the Medicare representatives that we've been speaking to have been telling us that we have to draft it to paper and mail it in and the revalidation because there's – obviously, there's a box on the paper ap that says revalidation. And that's what we've been advised to do. Now you're giving us other information that we can do it as an initial enrollment and that will be fine, and that provider will maintain their number, their PTAN, et cetera.

Jim Bossenmeyer: We have actually a conference call with our carriers ...

Tammi Ashley: Yes.

Jim Bossenmeyer: ... (inaudible) tomorrow when we will have a discussion regarding these specific issues so that they, if there has been any miscommunication, that we work to ensure that you're receiving reliable consistent information.

Tammi Ashley: OK. Well, as I said, the consistent information has been to draft a piece of paper. So this is the first time I'm hearing about doing the initial enrollment, and that's why I'm calling.

Sandee Olson: Well, in actuality, in Internet-based PECOS, if you're not in PECOS, it would be an initial enrollment into that system.

Tammi Ashley: Yes, that I understand. It's the brand new doc coming out and just starting in Medicare. Yes, we do do an initial enrollment for PECOS.

Sandee Olson: (Inaudible)

Tammi Ashley: (Inaudible) doctor that hasn't done anything with their enrollment for the last ...

Jim Bossenmeyer: But if you've not – I guess the analogy I would use as we go into tax season, and many of us will be using a package that's available at your local department store that when you go use that tax software for the first time, you complete the whole thing the first time out.

Tammi Ashley: Right.

Jim Bossenmeyer: Next year it propagates information over for you. So since you're entering information into PECOS the first time ...

Tammi Ashley: Right.

Jim Bossenmeyer: ... (inaudible) physician has been receiving payments from Medicare, they need to complete the initial application ...

Tammi Ashley: Right.

Jim Bossenmeyer: ... and that will help make sure that they receive their payments correctly.

Tammi Ashley: OK. All right. Thanks. I agree.

Operator: And your next question is coming from the line of Jennifer Teeter from Maryland. Your line is open.

Jennifer Teeter: Yes. Just a couple of FYIs about PECOS, and then I do have a question. It works really well when it works. We had some difficulty with not having the latest and greatest version of Internet Explorer on our computers, and without that updated version, PECOS was locking up in a couple of sections and not letting you complete the online application. And I didn't know if you were aware of that or has heard it. It also does not allow you to change from a single specialty group to a multi-specialty group online.

Jim Bossenmeyer: We are aware of both of those, and I think there's some – in the "Getting Started" guide, we may actually have that second issue as part of some of the limitations.

Jennifer Teeter: Yes. It would be helpful somewhere in the application process to have an explanation that if you have an M.D. and you have an extender type of provider like a nurse practitioner, it's automatically considered a multi-specialty group because in my mind and perhaps the mind of some other providers, if the physician is a particular specialty and the extenders support that specialty, it's a single specialty group, and that's apparently not how the contractors – those are practiced.

Sandee Olson: Hi, this is Sandee Olson. We're in the process of – safety main issue, we're going to be converting our single specialty group to multi-specialty just because of your scenario.

Jennifer Teeter: OK.

Sandee Olson: So we will not be having the single specialty as a selection anymore.

Jennifer Teeter: OK. And then, the last question that I had was we applied to PECOS I&A a long time ago when it first became available when we send in the CP 575 information to the organization and it was approved.

But when we put in applications in PECOS, they would go through and get accepted and we'd get letters. But then, they would not be visible at all in the system. And it took us weeks and weeks and multiple hours waiting on hold to find out that even though the security can send forms, says that it's a form to grant an organization other than yourself access to Medicare's provider

enrollment information, you actually apparently have to fill that form out and send it in even to give your organization access to that information because it wasn't until someone finally at Medicare suggested that we send that in that we were able to view applications that have been accepted and completed in PECOS.

And in the meantime, we had filled out probably 12 online supplier applications for existing entities that we didn't think were in PECOS yet just to get a jumpstart on getting applications into PECOS. And then, when this form went in and was accepted, all of those organizations popped up. We didn't need to do all those applications.

So how do you know what suppliers you need to enter into PECOS and what ones are already there and accepted?

Jim Bossenmeyer: Well, I guess the first step that I would encourage anybody to do before starting on Internet using Internet-based PECOS is to take a few moments and look at the "Getting Started" guide either for an individual or for an organization. I think that may settle help answer a number of your questions. Certainly, if you have additional questions, you can get those into us and we'll probably – if we have to add additional FAQ or something, we'd do that.

Could you repeat your final question again, please?

Jennifer Teeter: I guess the final question was what supplier or group type have to be - how do you know if your supplier applications need to be added into PECOS or if Medicare has already migrated that information there?

Sandee Olson: Well, actually, your security consent form that you sent in, we do attach you to everything that's associated to your tax ID.

Jennifer Teeter: OK.

Sandee Olson: So if there are not – they don't come up with your tax ID when you go into it, then they are not in PECOS. You could always call the Medicare contractor to verify if you're on PECOS or not. They should be able to – they can tell

you if you're in there or not if you have any questions about it. You should see if it's in there.

Jennifer Teeter: OK. And just to let you know, there was a lot of back and forth between our contractor and the PECOS helpdesk between who owns the different kinds of issues that the users run across. We actually had our contractor tell us not to use PECOS because there were so many problems with it.

Jim Bossenmeyer: Oh. Thank you.

Operator: And your next question is coming from the line of Kim Shaddox from Texas. Your line is open.

Kim Shaddox: Hi, this is Kim Shaddocks with Texas Oncology. We are a large group practice over the state of Texas. We operate in all eight pay localities for Texas. And we have identified our doc set more in the PECOS system and had started the application process.

We have basically four different addresses on file with our local Trailblazers. We have practice address. Because we are a large group in different localities, they have assigned us the group addresses which is actually one site per pay locality. And then we have our remit address as well as the physical address where I'm at which is the central business office.

Any application (inaudible) that we send in, we list our physical address as the correspondent's address because provider enrollment is here in my department. We got notified Monday that seven of our physicians have had their PTANs were revoked. And when asked about where the letters went, we found that they have been sent to the group address.

But miraculously, the letter tone is that the numbers have been revoked came to the correspondent's address.. And so, my question is what address are the carriers supposed to go by because we haven't – it's just a drag from day-to-day on where we get correspondent whether it's claim-based or not, and I can't have – I've got over 350 doctors. I can't have numbers revoked.

Jim Bossenmeyer: OK. Let us call you. Let us have somebody call you back. Can you give us your number, ma'am?

Kim Shaddox: 972-997-8087.

CMS Staff Woman: Right. Kim Shaddocks?

Kim Shaddox: Yes.

Jim Bossenmeyer: She has did do a mailing to physicians and non-physician practitioners to their practice location addresses, and I don't recall the CR number off the top of my head. So that may be what's causing part of your problem, but they did not – there was some specific instructions to the contractor about the steps that they should take and we'll go back and we'll look to make sure that they're following the instructions that we provided.

Kim Shaddox: Thank you.

Operator: Your next question is coming from the line of Sherry Robertson from Virginia. Your line is now open.

Sherry Robertson: Hi. (Inaudible) providers. Our question is when we call provider enrollment, we're working on getting our doctors in PECOS. Most of our doctors have been here since before 2003. When you call provider enrollment, it gives you a different phone number to call which is PECOS automated line. That line will tell us our doctors are not in PECOS. And it tells you to call back to provider enrollment. When we talk to someone in provider enrollment, they're telling us the doctors are in PECOS. So we don't know what to do.

Jim Bossenmeyer: I guess – first, let us get your name and number. Can you give us your name and number, ma'am?

Sherry Robertson: It's Sherry, S-H-E-R-R-Y, Robertson, R-O-B-E-R-T-S-O-N; phone number is 540-772-3738.

Jim Bossenmeyer: Now I would – we need to figure – and which contractor are you working with, ma'am?

Sherry Robertson: Trailblazers.

Jim Bossenmeyer: OK. What we'll do is we'll work with Trailblazers and get back with you. We do have on the ordering and referring list that's on the Website on the provider enrollment Website, it may give you an indication of whether or not the provider or supplier has an enrollment within PECOS.

Sherry Robertson: So if we look on the Website in PECOS and we see the doctor and his NPI number, is that sufficient to say he's in PECOS?

Jim Bossenmeyer: What that means is that they were in PECOS, yes. If they need to – if they've not billed the Medicare program in the last 12 months.

Sherry Robertson: OK, like some of our Pediatric doctors have not.

Jim Bossenmeyer: Right. If they've not billed the Medicare program within the last 12 months, then they would need to submit a new application in order to reactivate their Medicare billing privileges.

Sherry Robertson: OK. So do we need to do that – can we do that through PECOS or do we send in a paper application?

Jim Bossenmeyer: You can ...

Sandee Olson: You can do that too.

Jim Bossenmeyer: You can do that through Internet-based PECOS if you have authorization from the physician, or you can use the paper process.

Sherry Robertson: About that authorization, we have our vice president as the authorized official. So we need to get – he needs to get registered with PECOS ...

Jim Bossenmeyer: The individual practitioner controls his or her user ID and password.

Sherry Robertson: But, OK, we have (inaudible) department. Our doctors are going in PECOS.

Jim Bossenmeyer: OK. Well, then ...

Sandee Olson: Then you need to get authorization from him.

Jim Bossenmeyer: If the physician or if the physician chooses not to give you authorization, then you'll need to complete the paper application.

Sherry Robertson: OK. So in order for us to go into PECOS for a doctor, do we need to be registered with PECOS as well?

Jim Bossenmeyer: Again, that's where I'd say you need – I would ask the people look at the "Getting Started" guide that we have.

Sherry Robertson: OK.

Jim Bossenmeyer: Individual practitioners have a user ID and password.

Sherry Robertson: Right. We know.

Jim Bossenmeyer: They're responsible for that user ID and password. If they choose not to give that to you, then you will not be able to access Internet-based PECOS on their behalf.

Sherry Robertson: Oh, we have and we have all 70 of their usernames and passwords.

Jim Bossenmeyer: But we would encourage physicians that if any action's been taken on their behalf to update their user IDs periodically to prevent misuse.

Sherry Robertson: OK. Thank you.

Jim Bossenmeyer: Ultimately, the physician is going to sign the certification statement stating that he or she is stating that everything is correct in their application. If things are incorrect or there is information that is falsified through no fault of your own, you didn't see the information, the physician is liable for when they sign their application and submit that in to us.

Sherry Robertson: I'll just say this quickly to piggyback on the lady from Texas. Correspondents are not being sent to the contact person just like she says. It's going to our P.O. box or somewhere else. So that's a problem all (inaudible). They're not using a correspondent address.

Jim Bossenmeyer: OK. We'll have somebody talk to you a little bit about that offline.

Sherry Robertson: Thank you.

Operator: Your next question is coming from the line of Theresa Martin from Georgia.
Your line's open.

Theresa Martin: Hi. I have some (inaudible) our company. We have a (inaudible) ...

Jim Bossenmeyer: Ma'am, ma'am, we're having trouble understanding. Can you pick up the phone if you're speaking on a speakerphone?

Theresa Martin: Yes. OK. We have seven providers. We have four neurosurgeons and three mid-levels. We have a nurse practitioner and two physician assistants in our practice. I have done the PECOS forms for all of them. I found all of them in PECOS except one in our practice.

So I have gotten those set up. I've been getting all of the forms signed. My question is do I need to submit along with the certification statements, do I need to submit participating physician agreement and the reassignment of benefits because the reassignment of benefits has already been taking place for years.

So in submitting a reassignment of benefits, nothing has changed. Is this just like a revalidation of the reassignment of benefits?

Sandee Olson: Yes. You will need to submit the 855 or the reassignment Certification Statement.

Theresa Martin: OK.

Sandee Olson: And it's kind of like a revalidation. A revalidation is when CMS requests something, but ...

Jim Bossenmeyer: You voluntarily start updating your information.

Theresa Martin: OK.

Jim Bossenmeyer: And then, one of the things that I would point out is that the organization has to be established in PECOS before you can reassign benefits or establish or

link that position to that organization. So if you are starting a new business or the business has been around for a long time, and you're now updating that business, update to 855B or the organizational records first, and then associate the individual practitioners to the group.

Theresa Martin: OK. I have our practice and all of our providers in PECOS now, and I'm getting ready to submit all of the forms that have been signed. And I just wanted to make sure can I submit them all at the same time or do I need to send the practice information first, wait for some type of information from Medicare stating it has been entered before I submit the providers?

Sandee Olson: Yes, you need to make sure that your organization is in an approved status before you can attach any of your doctors or nurse practitioners to PECOS. So you have to submit the organization to begin first.

And your other question about submitting the participation agreement, I would submit a participation agreement and electronic funds transfer along with that 855 or with that organizational record.

Theresa Martin: So I also need to do the EFT.

Jim Bossenmeyer: Yes.

Sandee Olson: That's correct.

Jim Bossenmeyer: Whenever a supplier, provider or supplier is enrolling or making a change in their enrollment, in this case updating their enrollment, if you're currently receiving paper checks, you will be moved over to electronic funds transfer.

Theresa Martin: OK. We're already on electronic funds transfer.

Sandee Olson: Yes, but you're sending in kind of an update to PECOS so I would just make sure that they have all your current information.

Theresa Martin: OK. So submit that for all of the doctors....

Jim Bossenmeyer: (Inaudible)

Sandee Olson: Yes; send it for their organization.

Jim Bossenmeyer: Just for the organization, only for the people that are – only for the entity that's receiving payment. So if you have ...

Theresa Martin: OK.

Jim Bossenmeyer: ... physicians, there'd be no EFT to require but you would need an EFT for the group practice.

Theresa Martin: For the group practice?

Jim Bossenmeyer: Right.

Theresa Martin: OK. All right. Now in getting all of these – forget what it's called, the certification statement and the participating physician agreement and the reassignment of benefits, sending all of that in, do I still need to submit the paper revalidation to a Medicare office?

Sandee Olson: What do you mean a paper revalidation? A paper application?

Theresa Martin: Yes. No. The enrollment package for Medicare there is this spot to mark, revalidation.

Sandee Olson: No.

Jim Bossenmeyer: Since you're voluntarily updating your record, you submit that as an initial application. Revalidation only occurs when the Medicare contractor requests that a provider, supplier update their enrollment information. That will be a letter from the Medicare contractor to your organization or to the individual practitioner.

Theresa Martin: OK.

Natalie Highsmith: OK. I'm sorry to cut you off but we do need to move on to the next question.

Theresa Martin: OK. Thank you.

Operator: Your next question is coming from the line of Sandra Rondeau from Massachusetts. Your line is open.

Sandra Rondeau: Thank you. Hi. This is Sandra Rondo from Massachusetts. Relative to the PECOS system, I'll ask a question first and I just have a couple of feedback comments for you.

We have a physician who we tried to assign over to Habit Vanguard. We did it through PECOS so they'll have it in guided doing paper. So half of it went to PECOS; half of it went to paper. So I received an e-mail that there was an update. Whenever a doctor decides to file and all we wanted to do is view to see if the reassignment had been attached because the status said approved, the only way to view it is to actually open the application.

Once we open the application, now it is sitting in an edit status, and I've been unable to get that resolved. I've spoken to Medicare, and of course, you can't speak to any enrollment personnel which is very frustrating from a user end. We should be able to get to the provider enrollment personnel. They told me I could only send in a fax question.

So we get a complete letter explaining what we did. Could we get it out of edit status because we don't want to resubmit everything for a file is complete and everything is submitted, and we just needed to look at it. It doesn't have a view option.

PECOS should have a view option so you can just view the application, the information that's existing in the system without actually getting into make an edit. And I got a standard template-type letter back by fax with no explanation and it's still sitting in this edit status. So we don't know what to do with it.

And we also requested from them she does, when we went in we did note that her Pennsylvania was still showing there. She's no longer practicing in Pennsylvania. So we were unclear if we were to just click on that and delete it and/or remove it, or is there something else that we're supposed to do with her Pennsylvania application?

Sandee Olson: Well, for starters, the view process is out of our Website. It's kind of a tricky way to do. So your record right now is sitting in an edit status. It will go back to its approved status in 30 days.

Sandra Rondeau: So in 30 days, it will go back to approved.

Sandee Olson: Yes. Yes, it will drop off whatever you didn't do, finish or whatever and it goes back to what was there in an approved status.

Sandra Rondeau: Because we went through all of the instructions, I mean we literally read them page by page, and I used probably 60 different applications online site. So it's not like we're computer illiterate. And it looks like the only way to view that application is to actually click on it. And once you physically click on that application, that's it; you're in an edit status. Well, it would be nice if you could, you know, if they could do or add a functionality that will just allow you to view it.

Sandee Olson: Right. And there is that function in process so we did – because viewing was kind of hard. We did put step-by-step instructions out on the Website.

Sandra Rondeau: On the provider enrollment Web site....

Patricia Peyton: On the provider enrollment Website.

Sandra Rondeau: Could you give me exactly where they are because we looked at everything.

Sandee Olson: It's that same Website that we gave you at the beginning. We'll give it again at the end.

Sandra Rondeau: Yes, the provider supplier enrollment, but what is the document that actually has those instructions in it?

Sandee Olson: It's under Internet-based PECOS on the left side and I'm not sure the name of the downloadable document.

Jim Bossenmeyer: It's one of the downloads.

Sandee Olson: Yes.

Jim Bossenmeyer: And they're all – they have – you should be able to find ...

Sandra Rondeau: It is one of the downloads.

Jim Bossenmeyer: Yes, ma'am.

Sandra Rondeau: And I just wanted to again give you some feedback that a lot of the other people calling in have given is that there is definitely still confusion, and I'm working with NHIC, on the functions of the EUS helpdesk in Medicare.

When I call Medicare customer service at NHIC, they immediately say, "Oh, we have a helpdesk for that. Here's the number." And the 800-number that they're giving to us is the 800-number for the EUS helpdesk. And I think we here in Massachusetts all clearly understand that the EUS helpdesk is helping with user ID and password and access but they can't help with any of the questions.

And it's also frustrating as a provider that even the customer service reps that we speak to, they've never seen the system. I think it's important that they get a demonstration. They should have maybe a dummy person account to be able to go in and look. They have no idea what the screens look like. They've never been to the application.

And again, we're unable to speak with provider enrollment personnel. I can only send questions by fax. And when I do that, I get standard template letters back. So it is very frustrating. I think having the online application, it was definitely wonderful. We were all very excited. Everyone at my national professional association of healthcare office managers were excited.

But it's a little bit of a cumbersome system. So it needs some user-friendly interface. The security as we all understand the importance of security, but I think as an organization, you know a lot of us agree that you've taken the security too far. I mean your customer service reps haven't been able to see it, get into it, understand it, that you know if you've even got the security too tight on your end.

So that's my feedback on the system itself.

Jim Bossenmeyer: We appreciate those comments.

Sandra Rondeau: Thank you.

Operator: Your next question is coming from the line of Lynda Conner from South Carolina. Your line is now open.

Lynda Conner: Thank you. This is Lynda Conner. I'm with Lovelace Family Medicine in South Carolina. I have a question. We now have a physician that has a brought ball in and he owns a part ownership now. What form do I need to fill out to show him as part-owner?

Sandee Olson: You need to fill out a CMS 855B for the paper form.

Lynda Conner: 855B.

Sandee Olson: Yes. And you add him as an owner.

Lynda Conner: OK. And then, how many people in PECOS, I mean we're frustrated too because some places we look, we see other places. We look, we don't, we'd call helpdesk and they tell us to wait until we got a letter and then do something.

But you're saying to go ahead, you know, and do something now. So do I need to go ahead and fill out a form and get my organization on first, and then do all of my providers?

Jim Bossenmeyer: Yes.

Sandee Olson: Yes.

Jim Bossenmeyer: As we said earlier that you need to establish the organizational entity first. You can do that either by using the paper application or going through the Internet-based PECOS process which may take a little bit longer because (inaudible) application and that then be managed from the very beginning of the process. So if you take some time and complete the 855B first and when

you get that approved, then you can go ahead and associate the individual practitioners to that group practice.

Lynda Conner: OK. Then I – when I do the 855B to do the organization, can I do the ownership thing at that same time or do I need to do two different things?

Jim Bossenmeyer: Yes, ma'am. That is a – it's a multi-use form so if you've never sent – if you check with your contractor, they don't have your organization established in PECOS, then you would complete it as an initial application, and then, that would capture the information for all of the owners.

Lynda Conner: OK. It won't give new numbers for anybody. Everybody will keep their same number.

Jim Bossenmeyer: You're using your national provider identifier for billing purposes?

Lynda Conner: Yes, sir.

Jim Bossenmeyer: So that's what you continue to use for billing purposes.

Lynda Conner: OK. All right.

Jim Bossenmeyer: OK?

Lynda Conner: Which site is the best to go to get to see if my providers are in PECOS?

Jim Bossenmeyer: Well, on the provider enrollment Website, www.cms.hhs.gov/medicareprovidersupenroll. When you go to that Website on the left-hand side of the screen, they have a list. It's called ordering and referring report. You click on that and go to the download section. It will pull up a list of the – all of the individuals that we have in enrollment record for in PECOS.

That will be only for individuals. It doesn't include the organizations. And it's only for physicians and non-physician practitioners who are eligible to order and refer. So it may not include somebody like an audiologist who's eligible to participate in the program but not eligible for order and refer.

Lynda Conner: OK. So this only shows the doctors and not the organization.

Jim Bossenmeyer: That is correct, ma'am.

Lynda Conner: But if they're there, then I'm OK. I don't have to worry about anything, or should I still update information?

Jim Bossenmeyer: You may want to contact the Medicare contractor first, or if you could give us your number, we'll have somebody give you a call. How about we do that?

Lynda Conner: OK. That will be great.

Jim Bossenmeyer: OK. Your name again, ma'am? Your name again and phone number?

Lynda Conner: (Inaudible) A-I-N-A-R-D; and it's 803-364-4570.

Jim Bossenmeyer: Thank you.

Lynda Conner: Thank you.

Operator: And your next question is coming from Nancy Smith from Alabama. Your line's open.

Nancy Smith: Nancy Smith and I'm working (inaudible).

Natalie Highsmith: I'm sorry, Nancy. We can't hear you.

Nancy Smith: I'm so sorry. Is that better?

Natalie Highsmith: Yes, it is.

Nancy Smith: OK. I am online on my enrollment. I have a question. I am able to go in, in my group, and I'm able to go in for one provider and able to click on everything that I need to. My other three are not listed in PECOS, and when I – I have their user IDs; I have everything. I get to the "My Enrollments" page, and on the existing associates, it says there are no existing associates.

When I tried a new application, I just – continuous going in a circle. What am I doing wrong? I'm not able to – I click on the information ...

Jim Bossenmeyer: Let us give you a call and kind of work through this with you.

Nancy Smith: That will be great.

Jim Bossenmeyer: And your number, ma'am?

Nancy Smith: It's 334-286-2020.

Jim Bossenmeyer: Thank you.

Nancy Smith: Thank you.

Sandee Olson: What state is she in?

Jim Bossenmeyer: What state are you in?

Nancy Smith: Alabama.

Jim Bossenmeyer: Alabama.

Operator: And your next question is coming from the line of Linda Cossey from New York. Your line is open.

Linda Cossey: Hi. This is Linda. I work for a large group in upstate New York and we are quite spread out, and occasionally, there is a several day gap between me finishing an application and getting all the signed documents back. Now with the PECOS system I understand there's a seven-day time limit from the signed hard copy certifications being received to when the application online is complete.

I have her previously from other providers in same situation with a large group. That's not convenient or workable really. And that's my only problem with PECOS. Otherwise, I like it. But the seven-day time limit is difficult when you got providers ...

Jim Bossenmeyer: There is – actually, you have additional time. When you submit your enrollment application electronically, you have additional time. The reason – what we're trying to do is make sure that you submit the signed application to

the contractor as soon as possible because there are – the timing of – there's a limitation on retrospective billing.

So if you wait a long time and then you send in the signed certification statement, a couple of things may happen. The application may be returned to you because you've not submitted the signed certification statement; or two, you may disadvantage the provider by not having them sign that application and being able to give it into the contractor because the application receipt date on Internet-based PECOS is when they receive both the electronic application and the signed certification, no different than when you mail in the paper application. You'll have the paper application and the physician's signed certification statement.

So you want to just – when she submits, hit the submit button. You want to get that application in, get it signed as quickly as possible by the physician or non-physician practitioner and get that into the Medicare contractor as quickly as possible.

Linda Cossey: Is there an approximate timeframe for that?

Jim Bossenmeyer: I think the contractors will accept it up to 30 days before they reject it. But if your – as I said earlier, there's a limitation on retrospective billing. So if it is more convenient for you in your specific circumstance to go through the paper enrollment process, then that's what you should do.

Linda Cossey: Yes. That's what I found works better because of the time constraint, but if I got more than seven days, I would say that it would be more viable to go online. Thank you.

Sandee Olson: Seven days is just a guide. We had to put some kind of a timeframe out there before, you know, so we would – so you wouldn't lose your retrospective billing. But you do have up to 30.

Linda Cossey: OK. That helped.

Jim Bossenmeyer: But, again, you want to make sure that you – as soon as that application is submitted electronically, it's incumbent upon you to work with the physician

to get them to sign and date it, preferably in blue ink, and get that document into the Medicare contractor. It does not – it will not be considered received until they receive that signed certification statement.

Linda Cossey: Thank you.

Operator: Your next question is coming from the line of Diane Wolfe from California. Your line is open.

Diane Wolfe: Hi. I was just wondering on the electronic funds transfer, if everything's already set up and we have all of our providers except for one in PECOS, and I enroll that group or organization, do I need to submit any additional paperwork?

Jim Bossenmeyer: Well, if the payments are going to the group practice, ma'am?

Diane Wolfe: Already, yes.

Jim Bossenmeyer: So then, in the group practice is receiving electronic payments?

Diane Wolfe: Yes.

Jim Bossenmeyer: Then there would be no need to submit any EFT agreement for that new practitioner.

Diane Wolfe: OK. And then, at the beginning of the phone call, you had mentioned that we should print, sign and print the forms and send them in to Medicare. When you go to the PECOS process, at the end it says if you are submitting electronically, do not print and send in ...

Jim Bossenmeyer: Right. You're only printing out the certification statements.

Diane Wolfe: Yes.

Jim Bossenmeyer: So that certification statement is two pages long.

Diane Wolfe: Right.

Jim Bossenmeyer: There may be multiples of that depending on the number of reassignments that you have.

Diane Wolfe: OK.

Jim Bossenmeyer: So if you have an individual practitioner and one reassignment, you're going to have two certification statements. The physician will need to sign the certification statement and date it. You do not need to send them the entire enrollment package.

Diane Wolfe: OK.

Jim Bossenmeyer: That part you don't need to – you can keep that for your own records.

Diane Wolfe: OK.

Jim Bossenmeyer: We encourage you to keep that for your own records. The only thing we need to receive is the signed certification statement and any supporting documentation.

Diane Wolfe: We send in that participating physician and supplier agreements?

Jim Bossenmeyer: That would be considered other supporting documentation; so the 460, or if applicable, the EFT agreement.

Diane Wolfe: OK. So then I wouldn't need to send that.

Jim Bossenmeyer: Right.

Diane Wolfe: OK. All right. Well, thank you. That answers the question.

Operator: And your next question is coming from the line of Tammy Fowler from Washington. Your line is open.

Tammy Fowler: Tammy Fowler from the Walawala Clinic. And I was wondering, on the Website, is there a place that I can go to find out if the organization is on the Internet PECOS?

Jim Bossenmeyer: As we said earlier, the Internet-based PECOS, there's not an organizational registry for Internet-based PECOS.

Tammy Fowler: So can I also be contacted then?

Jim Bossenmeyer: Well, you can contact your contractor. But we'll give you a call, but ultimately, organizations should be – if they have not updated your enrollment information more than six years, then there would be no organizational PECOS record. And so – but what is your name, phone number and name, ma'am? We'll give you a call back.

Tammy Fowler: It is Tammy Fowler, phone number 509-525-3720 extension 7401. Thank you.

Sandee Olson: Thank you.

Operator: And your next question is coming from the line of Christina Shay from Indiana. Your line is now open.

Christina Shay: Hi. This is Christina Shay and I'm with Southern Indiana Medical Group. And I have a question in regard to information that you shared earlier about the delay of CR 6417 and 21 until January. We are a family practice physician group and we do referrals for DME, and we have DME suppliers practicing as counseling thing.

We have to be in PECOS by April the 5th. So does this relate to that? Does that mean we don't need to be in until January?

Jim Bossenmeyer: That would be correct.

Christina Shay: OK.

Jim Bossenmeyer: We would encourage any physician who is ordering and referring services to go ahead and update their enrollment information. Begin that process now or within the next month or so, so that their applications could be processed well in advance of the January implementation date.

Christina Shay: Right.

Jim Bossenmeyer: And what we'll do is once we have the individual practitioner's, we'll periodically update the order and referring report so that you can see that information has been or the suppliers can see that your information has been updated. But they will also – they'll be getting fewer informational messages when that occurs.

Christina Shay: OK. Thank you.

Jim Bossenmeyer: Thank you.

Operator: And your next question is coming in from the line of Teresa Moore from Idaho. Your line is now open.

Teresa Uptmor: Hi. Thank you. I got my question answered by somebody else's question.

Operator: And we move on to the line of Heather Cabral from Massachusetts. Your line is open.

Heather Cabral: We're calling from the New Bedford Health Department. And we just wanted to find out a couple of things. One, as far as our status, we haven't been billing for Medicare at all. So we're assuming we need to fill up the 855B. And my question for you in terms of our status, will it be correct item under the supplier information page to list ourselves as a mass immunization roster biller only as opposed to put checking others as a health department?

Jim Bossenmeyer: Well, if you're only providing mass immunization services?

Heather Cabral: Basically, we have immunization clinic. That would be the only thing we'd be billing for.

Jim Bossenmeyer: Then that would be correct if you set yourself up as a mass immunizer.

Heather Cabral: And if we had an old, old number which (inaudible) mentioned early in the discussion, older than six years of, you know, we could reactivate. But I have no documentation of anything that existed other than a number somebody had and the three other directors before me.

So I'm thinking we should just apply new. Would you agree that that's appropriate?

Jim Bossenmeyer: Yes, we would.

Heather Cabral: OK. All right. So we will do that. Thank you.

Jim Bossenmeyer: Thank you.

Operator: And your next question is coming from the line of Nancy Bowman from Ohio. Your line is now open.

Nancy Bowman: I calling from the Suppan Foot and Ankle clinic in Ohio, and we were wondering for individual practitioners, for an individual practitioner who is incorporated, along with the 855I, do we have to complete an 855R also to reassign his benefits from practitioner himself to his corporation?

Sandee Olson: Is he the only owner of this corporation?

Nancy Bowman: Yes.

Sandee Olson: You only fill out the 855R.

Nancy Bowman: OK. All right. Thank you very much.

Sandy Olson: You're welcome.

Operator: And your next question is coming from the line of Cindy Labelle from Florida. Your line is now open.

Cindy Labelle: Yes, this is Cindy Labelle from Community Health Center in (inaudible) Florida. My question was asked by someone previously but I don't believe it was answered. And that was if there's a reassignment that really is no longer applicable, should that be deleted or should we leave that? We have, of course, authorization from the providers to be doing the applications through PECOS. But I'm just wondering about that particular situation.

Sandee Olson: Actually, if you are the organization that has that reassignment attached to it, you can go out there and add end date to that reassignment.

Cindy Labelle: We're not.

Sandee Olson: Then ...

Cindy Labelle: It would be a new provider coming on and I see previous reassignment.

Sandee Olson: So the previous reassignment needs to be done by the doctor himself or the organization in which he came from.

Cindy Labelle: OK.

Jim Bossenmeyer: That could be done either – that could be done by paper. So if they want to end date certain things, and any prior reassignment, they could do that by paper.

Cindy Labelle: OK. Great. Thank you very much.

Operator: And your next question is coming from the line of Pam Bacon from North Carolina. Your line is open.

Pam Bacon: Yes, this is Pam Bacon calling from North Carolina. I'm fairly new to all this, so my only question is – I'm from the radiology group, and I think I remember somewhere in the conversation someone saying that certain specialties do not have to be in PECOS. Is that correct?

Jim Bossenmeyer: OK. PECOS is just our enrollment system. Any provider that would like to enroll or update their enrollment, if they're submitting it by paper or through Internet-based PECOS, that will be entered into the PECOS system. So anybody who's going to be receiving Medicare payments would have to go through the enrollment process which would include having their data either entered into PECOS by the contractor or being submitted as part of an enrollment application through Internet-based PECOS.

Pam Bacon: But as far as referring physicians, we don't refer because we're radiologists.

Jim Bossenmeyer: But if a physician is receiving payments from Medicare, if they update their enrollment information, then they would be entered into PECOS.

Pam Bacon: OK. I'm still confused.

Patricia Peyton: Well, I – this is Pat Peyton. I think Jim said it earlier that, that ordering and referring report that you can look at only has the types of providers that can order and refer.

Pam Bacon: Right. And radiologists, we don't' – I mean we read the orders. We have doctors referring to us.

Jim Bossenmeyer: Right. Until when you submit your – yes.

Pam Bacon: And so my doctors wouldn't be in that list because I don't – unless I have been – unless I have put them in as far as enrolling them into the PECOS system as far as updating their information.

Patricia Peyton: Actually, your radiologists are physicians and so they qualify as an eligible person to order and refer.

Pam Bacon: If they're an M.D.

Patricia Peyton: If they're an M.D. or D.O.

Pam Bacon: OK.

Patricia Peyton: There are just certain specialties that are eligible to order and refer. So if your radiologist is an M.D., he may be on that list to be eligible to order and to refer.

Pam Bacon: OK.

Patricia Peyton: Just because he doesn't do any ordering and referring doesn't mean that you don't need to keep PECOS updated with current information.

Pam Bacon: OK.

Jim Bossenmeyer: Especially if the radiologist leaves your practice or a new radiologist comes in, you want to make sure that that information is correct for the physicians that are coming in new to your employ or leaving your employ.

Pam Bacon: Thank you. Well, we just had last – last year we just did a revalidation. We had a group a PA and we just did a revalidation on the PA, but we did a paper. (I don't know if that was something) I didn't know about the PECOS.

So I guess my thing is I need to just go in there and get our director to go in there and set it up so that we can go in and add those and do everything, update things on the PECOS system instead of just by paper.

Jim Bossenmeyer: Yes.

Sandee Olson: Right.

Pam Bacon: OK. All right. Thank you.

Operator: And your next question is coming from the line of Robin Boisclair from Rhode Island. Your line is open.

Robin Boisclair: Hi, this is Robin Boisclair from Rhode Island. I just wanted to clarify something about the actually updating their information. I just want to be sure I have this right. So if we wanted to update our physicians, essentially what we're doing is we're logging into PECOS, do a new application, filling out that site, doing a new reassignment of benefits and a new provider agreement.

And so, we're mailing in two certification statements, the provider agreement, and that's going to go to our contractor who's going to tie that new PECOS to his carrier profile, keep the same PTAN and no interruption in his ability to bill Medicare.

Sandee Olson: You are absolutely correct.

Robin Boisclair: OK. Thanks. Do we get a prize? (Inaudible) the other thing I'm concerned about that is that when you're talking about revalidations– I mean I don't have nearly the number of physicians, but that seems like a lot to put on and we're not even a 350-physician group which I think somebody else said earlier (at an hour a pop). I mean how essential is it to actually do that?

Sandee Olson: (Inaudible)

Robin Boisclair: Actually, we could wait to do until you're talking about the validation process, like if we receive validation (and) we have the doctors, we can do it then. There's actually no like ...

Jim Bossenmeyer: And that ...

Robin Boisclair: ... wait immediately. Like we need to get all these doctors, all that validated and take the – God knows how many man-hours to get that done.

Jim Bossenmeyer: Well, I think what we're saying is that we're encouraging you to update information regarding your physicians so that they are eligible to order and refer beginning January 1. If we began the revalidation of those physicians in your practice, you will be required to comply with the 60-day revalidation timeline.

Robin Boisclair: OK. So if I haven't done that, so if I haven't that update by January 1, they can't refer.

Jim Bossenmeyer: They will not be able to order and refer.

Sandee Olson: They can today, but as of January 3rd, 2011 they won't be able to.

Jim Bossenmeyer: ... be able to. So ...

Robin Boisclair: That's right. I guess what I was getting at is there's – is a penalty if that's not going to (then) we don't take the payroll time to do that.

Jim Bossenmeyer: It's important that Medicare has current information in order to make sure that we're making correct payments for individuals and organizations since physicians get paid apart on where they're geographically located. We want to make sure that we're making correct payments to those individuals. And this will also allow them to continue to order and refer after January 3rd 2011.

Robin Boisclair: I have ten months to get them all completed.

Sandee Olson: Why would you wait quite that long? The contractor has a timeframe in order to get it done.

Robin Boisclair: Yes, well, it won't go away after the ten months.

Sandee Olson: Actually, we've been doing this since April of last year.

Robin Boisclair: All right. Thank you.

Jim Bossenmeyer: Thank you.

Natalie Highsmith: OK. Well, we're going to go ahead and end the call now because we are about two minutes shy of our 3:30 hour, and I'll turn it over to Jim for any closing remarks.

Jim Bossenmeyer: Thank you, Natalie. I'd like to thank the callers, a number of good questions, a number of things for us to work on. We hope to be able to do another open door forum like this in early May, and so, we'll be working towards that.

Appreciate the input, and again, for those of you who missed the Website, that's www.cms.hhs.gov/medicareprovidersupenroll, and I guess the bottom comment would be if you're planning to use Internet-based PECOS, please take a few minutes beforehand to look through the "Getting Started" guide for individual or for an organization.

Again, thank you for your participation today.

Natalie Highsmith: OK. Thank you, again, everyone, and I understand that we have maxed out our phone lines for today which is over a thousand people. So thank you, all, again.

Operator: This concludes today's conference. You may now disconnect.

END