

Healthcare Finance Management Association  
**Provider Enrollment and Chain  
Ownership System (PECOS)**

**October 22, 2010**

**NAS Medicare**

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**Provider Outreach and Education (POE)**

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# Objective

- To provide Medicare Part A and B education regarding the online enrollment program PECOS

# Agenda

- PECOS History
- NAS Enrollment Information
- PECOS Enrollment
- Ordering/Referring Providers
- Authorized Officials/End Users
- Eligible Professionals
- Electronic Health Records
- Noteworthy Information

# PECOS HISTORY

# PECOS History 1995 – 2002

- New national electronic PECOS system born out of CMS policy decision in 1995
- Resulting from a CMS fraud and abuse initiative "Operation Restore Trust"
- Creates national, uniform business process for provider/supplier enrollment
- CMS implements processing system
  - Fiscal intermediaries began July 2002
  - Part B Carriers start November 2003

# PECOS History 2003 – 2009

- Ongoing provider/facility newsletter articles and workshops available from CMS/Carriers/Fiscal Intermediaries
- How National Provider Identifier (NPI) relates
- Efficiently complete CMS-855 forms saving time and reduce compliance risks

# 2009 PECOS Promotion

- Internet-based PECOS is
  - Fast.....Secure.....Easy
- Scenario-driven application process with front-end editing capabilities and built-in help screens
- Practitioners no longer see questions not applicable to their enrollment scenarios when using PECOS
- NAS states (9) announce PECOS expansion for their practitioners

# ENROLLMENT INFORMATION

# To Get Started

- PRIOR to Medicare enrollment, new providers must acquire a 10-digit NPI number
  - <https://nppes.cms.gov>
- Enrollment forms CMS 855I (Individual) or CMS 855B (Clinics/Group) and 588
  - [http://www.cms.gov/MedicareProviderSup\\_Enroll/](http://www.cms.gov/MedicareProviderSup_Enroll/)

# NPI Registry Database

- Dissemination of data from the National Plan and Provider Enumeration System (NPPES) began September 4, 2007
- No User IDs and passwords needed
- No usage charge
- Operates in a real-time environment
- Each month, CMS creates a full replacement file to download
- <https://nppes.cms.gov/NPPES/NPIRegistryHome.do>

# NAS Part A Enrollment

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## Medicare Part A

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## ENROLLMENT

*What Enrollment forms are you using?  
The newest version of the CMS 855  
Enrollment forms is dated February 2008.  
Any older versions of the forms will not  
be accepted after June 30th 2008.*

### Enrolling In Medicare

- ☞ [Enrollment Process Now Online New!](#)
- ☞ [Enrollment FAQs](#)
- ☞ [Enrollment Information](#)
- ☞ [National Provider Identifier \(NPI\) Tips](#)
- ☞ [Signing up for Electronic Funds Transfer \(EFT\)](#)
  - ☞ [CMS 588 EFT Form Tutorial](#)
  - ☞ [CMS 588 EFT Form Instructions](#)
- ☞ [Top Reasons for Enrollment Delays](#)

### Forms

- ☞ [Attachment B-Community Mental Health Center Site Visit Request Form \[PDF\]](#)
- ☞ [CMS 588 EFT Authorization Agreement](#)
- ☞ [CMS 855A- CMS Application for Institutional Providers](#)
- ☞ [Exhibit 178 and 177 - Federally Qualified Health Centers \(FQHC\)](#)
- ☞ [Exhibit 275-Attestation Statement for Community Mental Health Centers \(CMHC\)](#)
- ☞ [Provider-Based status attestation statement \(sample\)](#)

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### Contacts

- ☞ [Enrollment Contact Information](#)

### Additional Resources

- ☞ [CAH Method II Elections](#)
- ☞ [EDI Enrollment Forms](#)
- ☞ [Enrollment Links](#)
- ☞ [National Provider Identifier \(NPI\)](#)

# NAS Part B Enrollment

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## ENROLLMENT

### *New to Medicare Part B?*







Take a couple of minutes to use the **Provider Interactive Enrollment Interview** as a quick and easy way to find out the forms and documentation needed to enroll.

*What Enrollment forms are you using? The newest version of the CMS 855I and CMS 855B Enrollment forms is dated February 2008 (EF 07/09) . Any older versions of these 2 forms will not be accepted after November 30, 2009.*

### Enrolling In Medicare

- [Are you in PECOS? New!](#)
- [How to Revalidate New!](#)
- [Individual Revalidation Checklist \[PDF\] New!](#)
- [Important information for Providers](#)
- [Enrollment Process Online New!](#)
- [Electronic Funds Transfer](#)
- [Enrollment Help \[PDF\]](#)
- [How does an Application Get Processed?](#)
- [How Long Will It Take To Process My Application?](#)
- [Important Tips](#)
- [Medicare Part B Specialties](#)
- [Participation Program](#)
- [Provider Interactive Enrollment Interview](#)
- [Top Reasons for Delays](#)
- [Top Reasons for Returned Applications](#)
- [Welcome New Providers](#)
- [What is the Status of my Application? New](#)

### Forms

- [CAP Physician Election Agreement Form for 2008](#) 
  - [CAP Physician Election Tips](#) 
- [CMS 460](#)  Medicare Participating Physician or Supplier Agreement
- [CMS 588](#)  Authorization Agreement for Electronic Funds Transfer (EFT)
  - [CMS 588 EFT Instructions](#)
  - [CMS 588 EFT Tutorial](#)
- [CMS 855B](#)  Application for Health Care Suppliers that will Bill Medicare Carriers
- [CMS 855I](#)  Application for Individual Practitioners
  - [Avoid delays in your CMS 855I form \[PDF\]](#)
  - [CMS 855I Instructions](#)
  - [CMS 855I Tutorial](#)
- [CMS 855R \[PDF\]](#) Application for Reassignment

**Take Our  
Online Survey**



# NAS Enrollment Tab

- Check out Provider Enrollment
  - Enrolling in Medicare
  - Electronic Funds Transfer (EFT)
  - Reporting Changes
  - Frequently Asked Questions
  - Forms
  - Medicare Part B Specialties
  - Contacts
  - Additional Resources

# NPI “Types”

- For NPI purposes, sole proprietors/ sole proprietorships are “Type 1” providers
- Organizations (e.g., corporations, partnerships) are “Type 2” entities

# Individual Physicians

- Medicare program enrollment responsibilities
- <http://www.cms.gov/MLNProducts/downloads/MLNCatalog.pdf>
- View fact sheets briefly described
- *Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program*
  - After enrolling in the Medicare Program, physician/provider is responsible for maintaining/reporting changes

# Group Practice

- *Fee-For-Service Provider Enrollment Reporting Responsibilities for Physician Group Practices Enrolled in the Medicare Program*
  - After enrolling in Medicare Program, all physicians in a group practice are responsible for maintaining/reporting changes

# 30-Day Retroactive

- Establishing effective dates
  - Change retroactive billing from 23 months to 30 days for newly enrolled providers/groups
  - Provider's effective date goes back 30 days from enrollment application receipt date
  - Exception: If Presidential emergency called under *the "Stafford Disaster Relief and Emergency Act"*, extended 90 days
  - Change Request (CR) 6310

# Revised Paper Enrollment Forms

## Current Medicare Enrollment Forms Use Mandated

What Provider Enrollment forms are you using? The newest version of the CMS 855I and CMS 855B Enrollment forms is dated February 2008 “(02/08) (EF 07/09).” **Versions older than (02/08) of these two forms will not be accepted by NAS after November 30, 2009.**

The correct form will show the following information on the footer of each page. Note the form name, version date and effective date:



To access current Enrollment forms on the NAS Web site, take the following steps:

- Navigate to <http://www.noridianmedicare.com> on the Internet

# Reassign Enrollment Benefits

- Individual reassigning his/her benefits, not enrolled (CMS 855 form)
  - Must complete both Forms CMS 855I and CMS 855R
- Medicare correspondence (payments, bulletins, remittance advices, etc.) sent “Pay To” address
- Call NAS Enrollment @ 888-608-8816

# Annual Open Enrollment

- Yearly commitment
- Mid-November to December 31
  - Effective January 1-December 31
- Participation or non-participation status renews automatically unless written notice

NON PARTICIPATING (NON PAR)	
NON PAR	No action required
PAR	Submit Participation Agreement and mail it to Medicare
PARTICIPATING (PAR)	
PAR	No action required
NON PAR	Submit a letter signed by provider (or authorized / delegated official) stating nonparticipating status requested next year

# PTAN Deactivation

- CMS deactivates Provider Transaction Access Number (PTAN)
  - No claims allowed for *one year*
- After PTAN deactivated
  - Provider sent system-generated letter
  - Letter sent to provider's pay-to address
- Provider must re-enroll for new PTAN

# PECOS ENROLLMENT

# Provider Enrollment Chain & Ownership System (PECOS)

- Online application now available for provider and supplier organizations
- Allows providers to:
  - View/verify/change enrollment information
  - Check application status/update processes
  - Submit online correct 855 application
- Fast – Secure – Easy

# PECOS – Online Enrollment

Home

## Welcome

**Notifications**

Welcome to PECOS.

**Manage Medicare and Account Information**

**MY ENROLLMENTS**

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

**ACCOUNT MANAGEMENT**

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

## Help

- [+ User Account](#)
- [+ Manage Access](#)

# Medicare Enrollment

for Providers and Suppliers

## Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(\*) Red asterisk indicates a required field.

### Login

To be a registered user and log in to Internet-based PECOS, you must have a web user account (User ID/password) established.

#### Individual Practitioners

- You must have an active National Provider Identifier (NPI) and have a web user account (User ID/Password) established in [NPPES \(https://nppes.cms.hhs.gov/NPPES/\)](https://nppes.cms.hhs.gov/NPPES/).
- If you are a health care provider and do not have an NPI, create a web user account and apply for an NPI at [NPPES \(https://nppes.cms.hhs.gov/NPPES/\)](https://nppes.cms.hhs.gov/NPPES/).

#### Provider/Supplier Organization Users

- You must have a web user account (User ID/password) and be associated to an organization NPI via the PECOS Identity and Access Management (I&A) system.
- Click [Create Login](#) if you are working on behalf of a provider organization and do not have a web user account.

If you are an existing user and need to update your account information, please login to Internet-based PECOS and select "Account Management" to update your profile information.

If you are having issues with your User ID/Password and are unable to Login, please contact the External User Services (EUS) Help Desk at 1-866-484-8049 / TTY:1-866-523-4759 or via email at [EUSsupport@cgi.com](mailto:EUSsupport@cgi.com)

User ID\*

Password\*

LOG IN 

# Verifying PECOS Enrollment

- Check all PTANs on CMS report for ordering/referring
- If no record displayed, provider does not have enrollment record
- <http://www.cms.gov/MedicareProvidersSupEnroll>

# PECOS Forms

- Part B individual practitioners must complete initial enrollment CMS-855I
- Groups and Organizations must complete the CMS-855B
- Bill under Tax Identification Number (TIN) or Employer Identification Number (EIN)
  - Submit CP575 copy or other IRS generated document validating the TIN/EIN

# Application Certification

- If provider fails to submit timely, contractor may reject application
  - 15 days to submit signed/dated certification statement
    - Sign and dated by appropriate individuals
    - Signatures must be original and in ink (blue preferable)
      - Copied or stamped signatures not accepted
- CR6231 – October 24, 2008

# PECOS Changes – Not Allowed

- Following scenarios cannot submit via PECOS (paper applications must be submitted):
  - Changing Tax ID or Social Security Number
  - Changing Legal Business Name/Provider's Name
  - Changing Business Structure, such as sole proprietor changing to incorporated individual
  - Reassigning benefits (855R) to group/supplier that does not have current enrollment record in PECOS
  - Changes must be submitted within 30 days

# PECOS Resources

- To access directly  
<https://pecos.cms.gov/pecos/login.do>
- “*Medicare B News*,” Issue 254 dated May 29, 2009 “Internet-based Medicare Enrollment Now Available to Provider and Supplier Organizations”
- Internet Only Manual (IOM) Publication 100-08, Chapter 10, Section 11.6.2
- CR6417, CR6421, and CR6696

# Denial Only Letter

- Provider doesn't meet Medicare guidelines to receive a Medicare provider number, OR
- Providing services not covered by Medicare and beneficiary would like them to bill Medicare so claim can be submitted to supplemental insurance
  - Statement of request for a "For Denial Only" letter
  - Complete description of services being rendered
  - Copy of provider's credentials
  - Statement that Medicare will not issue a provider number for this type of practitioner
- *"Medicare B News," # 253 dated April 15, 2009*

# Non-Covered Practitioners\*

- Acupuncturist
- Certified Operating Room Technician
- Certified Scrub Technician
- Certified Surgical Assistant
- Doctor of Pharmacy
- Homeopathic Provider
- Licensed Addiction Counselor
- Licensed Practical Nurse
- Marriage/Family Counselor/Therapist
- Naturopath
- Psychological Assist
- Registered Nurse
- Registered Nurse First Assist
- Master Social Worker
- Massage Therapist

\*Not an all inclusive list

# ORDERING/REFERRING PROVIDERS

# Ordering/Referring Providers

- Per SE1011, referrals MUST reflect
  - PECOS enrolled eligible professionals
  - PTAN must cross-match NPI in PECOS
  - Complete name/NPI # = Item 17/17B
  - New implementation - January 3, 2011
  - Currently, remittances reflect N264/N265
    - Warns about claim rejection January 2011
  - Original CRs 6417, 6421, 6696

# During Phase 1

## October 5, 2009 - January 2, 2011

If billed item or service requires an ordering/referring provider and their information is not on claim, claim will be rejected

If information is on claim, Medicare will verify that s/he is in PECOS and is eligible to order/refer in Medicare

If information is not in PECOS, NAS will search claims system for him/her

If information is not in PECOS and is not in claims system, claim will continue to process and Part B provider or supplier will receive a warning message on Remittance Advice (RA)

If information is in PECOS or claims system, but is not of specialty to order or refer, claim will continue to process and Part B provider or supplier will receive a warning message on RA

# During Phase 2 January 3, 2011 and thereafter

If billed item or service requires an ordering/referring provider and their information is not on claim, claim will be rejected

If information is on claim, Medicare will verify that he/she is in PECOS and eligible to order and refer

*Effective January 3, 2011*

If information is not in PECOS, we (NAS) will search our claims system for him/her

If information is not in PECOS and is not in claims system, claim will be rejected

If information is in PECOS or claims system but is not of specialty to order or refer, claim will be rejected

# In Both Phases...

- Medicare will verify NPI and name of ordering/referring provider reported in claim against PECOS or
- If ordering/referring provider not in PECOS, against claims system
  - Do not use punctuation on paper claims
  - Hyphenated names are permissible

# Without PECOS Enrollment?

- Claims reject without PECOS setup from ordering/referring physician
- CMS/NAS understands these providers have no “financial motivation” of enrolling correctly
- <http://www.cms.gov/MedicareProviderSupEnroll>
  - Left side “Ordering/Referring

# Medicare Solicitation Letter

- One-Time Mailing - Solicitation Letter from contractors if provider's missing PECOS record
- Letter requests steps establishing a record if enrollment not updated in past 6 years
- If no PECOS, unable to receive Medicare incentive payments for certified EHR
- American Recovery/Reinvestment Act of 2009
- Health Information Technology for Economic and Clinical Health (HITECH) initiative

[http://www.cms.gov/Recovery/11\\_HealthIT.asp](http://www.cms.gov/Recovery/11_HealthIT.asp)

# Ordering/Referring Providers

Doctor of Medicine or Osteopathy	Certified Clinical Nurse Specialist
Chiropractic Medicine	Dental Medicine
Clinical Psychologist	Dental Surgery
Nurse Practitioner	Certified Nurse Midwife
Optometry	Clinical Social Worker
Podiatric Medicine	Physician Assistant

# Ordering/Referring Providers 2

- Verify PECOS enrollment  
<https://pecos.cms.hhs.gov/pecos/login.do>
- Read educational material beforehand  
[http://www.cms.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp)

# Non-Physician Practitioners

- Employed by Department of Veterans Affairs (DVA), Public Health Service (PHS), Department of Defense (DOD) TRICARE
- Medicare enrolled Federally Qualified Health Centers (FQHC), Rural Health Clinics, (RHC), or Critical Access Hospitals (CAH)
- Physicians in a fellowship
- Dentists (including oral surgeons)
- Other employed eligible physicians and non-physician practitioners

# AUTHORIZED OFFICIALS / END USERS

# Authorized Officials

- PECOS Web Access for Groups/Organizations
- Process for groups/organizations to access PECOS may take longer than individual providers
- Authorized User (AU) of organization must register in PECOS Identification and Authentication System (IAS)
  - AU creates a PECOS User ID and Password and provides information to CMS
- CMS External User Services (EUS) Help Desk verify information
  - AU receives email they have been authenticated
  - AU approves other individuals, including themselves, using PECOS “Account Management Tab” to approve their end user status

# ELIGIBLE PROFESSIONALS (EP) & ELECTRONIC HEALTH RECORDS (EHR)

# Eligible Professionals

- Medicare EHR program provides incentive payments to “meaningful users of certified EHR technology” including
  - EPs, eligible hospitals and critical access hospitals (CAHs)
- Must meet all core set objectives/measures
  - 15 for EPs and 14 for eligible hospitals
  - May choose deferring up to five remaining objectives/measures

# Electronic Health Records (EHR)

- CMS expanding use of certified EHR technology through Medicare/Medicaid EHR incentive programs
- Broader Health Information Technology reforming health care system
- Improving efficiency, quality and patient safety
- <http://www.cms.gov/EHRIncentivePrograms>

# Meaningful Use

- Meaningful use criteria based on a series of specific objectives of EHR technology
  - Tied to measures allowing EPs/hospitals to demonstrate they are meaningful users
- Electronically capturing health information in a coded format tracking
  - Key clinical conditions
  - Patient care coordination
  - Public health information
  - Clinical quality measures

# EHR Resources

- Medicare incentive payments for meaningful use of certified EHR viewed
  - <http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>
- Electronic Health Records initiative
  - [http://www.cms.gov/Recovery/11\\_HealthIT.asp](http://www.cms.gov/Recovery/11_HealthIT.asp)
- Fact Sheet
  - [http://www.cms.gov/apps/media/fact\\_sheets.asp](http://www.cms.gov/apps/media/fact_sheets.asp)

# In Conclusion.....

- Utilize the PECOS online enrollment
- Keep NPI & Medicare information current
- Close out providers no longer with your group/practice
- Add any new/additional providers ASAP, may only retro bill previous 30 days

# NOTEWORTHY INFORMATION

# CERT Audit Program

- Comprehensive Error Rate Testing (CERT) post audit program
- Measures and improves quality/accuracy for Medicare claims by random sampling
- Characterize and quantifies
  - Local – Regional - National error patterns
- Educational programs implemented
  - Watch signature requirements and documentation



## JOIN NAS MEDICARE E-MAIL LISTS

News and updates about Medicare programs for states administered by Noridian Administrative Services, LLC.

To join, follow the steps outlined below. Joining will allow you to subscribe to any of the mailing lists. If you already are a member, please go to the [login page](#).

### Step 1: Identification

E-mail Address:\*

Password:\*

Repeat Password:\*

### Step 2: Profile

First Name: \*

Last Name:\*

Values marked with an asterisk <\*> are mandatory.

# Electronic Funds Transfer (EFT)

- Direct Deposit electronically of Medicare check
- CMS 588 - Authorization Agreement for EFT
- Who must apply/receive?
  - Providers initially enrolling in Medicare Program
  - Providers already enrolled in Medicare and not receiving Medicare payments via EFT when making enrollment changes
  - Also used to report bank information changes
- Must be signed by authorized official

# Medical Requests

- When necessary, all entities must work together to obtain records for patients
- Cooperation amongst the following is essential in retrieving medical records
  - Physicians Offices
  - Labs
  - Hospitals

# Medicare Learning Network (MLN)



## Brochures

Formats Available:  
Hard copy    Downloadable  
*(unless otherwise noted)*



### *Adult Immunizations*

This tri-fold brochure provides a basic overview of Medicare's Influenza Vaccine, Pneumococcal Polysaccharide Vaccine (PPV), and Hepatitis B Vaccine benefits.  
(August 2007) (ICN# 006435)

### *Bone Mass Measurements*

This tri-fold brochure provides a basic overview of Medicare's bone mass measurements (bone density studies) benefit. (August 2007) (ICN# 006437)

### *Cancer Screenings*

This tri-fold brochure provides a basic overview of Medicare's mammography screening, screening Pap test, pelvic screening examination, colorectal cancer screening, and prostate cancer screening benefit.  
(August 2007) (ICN# 006434)

# NAS Website Redesign



Providing high quality administrative services to Medicare since 1966

## Select a Service

- Durable Medical Equipment
- Electronic Data Interchange →
- Medicare Part A →
- Medicare Part B →
- Pricing Data Analysis and Coding

E-mail Newsletter Sign Up

MAC J6 Implementation



**Jurisdiction 6 (J6)** Part A and Part B information for **Illinois, Minnesota, Wisconsin, and Jurisdiction D Home Health/Hospice**

## NAS Medicare Contracts

### Medicare Part A

Part A claims processing covers services provided through hospitals and post-hospital care. NAS administers Part A for six states in **Jurisdiction 3 (J3)** and five other states under a **legacy** contract.

### Medicare Part B

Part B claims processing covers doctor visits, lab tests, and certain prescribed outpatient services. NAS administers Part B for six states in **Jurisdiction 3 (J3)** and three other states under a **legacy** contract.

### Durable Medical Equipment

DME claims processing covers Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for 17 states in **Jurisdiction D**.

### Pricing, Data Analysis & Coding - DME

**PDAC** provides pricing functions, coding advice and guidance for the DME industry nationwide.

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Web Tour



Guide to the  
NAS Site Redesign

People with Medicare



Your **source** for information  
on the Medicare program

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# Signature Compliance

ACCEPTABLE	
Handwritten	Electronic
NOT ACCEPTABLE	
Signature stamps	Signed, but not read

- Rendering/ordering practitioner clearly identified in medical records
  - First name/last name/credentials/date
- If illegible, must also type/print name
- Dictated notes must be verified/read by physician/practitioner
- Internet Only Manual (IOM) 100-08, Chapter 3, Section 3.4.1.1

What Questions Do You Have?

**Thank You For Attending!**