

# Medicare Provider Enrollment 2012



**Center for Program Integrity**  
Centers for Medicare & Medicaid Services



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# Provider Enrollment Focus for 2012

Improve the way providers view and interact with CMS while maintaining the integrity and security of provider information.

## Core Areas :

- Customer Service
- Online Enrollment (PECOS)
- Data Accuracy & Integrity (Revalidation)
- Strengthen Fraud Prevention

# CUSTOMER SERVICE

Take a proactive role in helping Providers get answer to questions and work more efficiently

# What Providers Were Saying

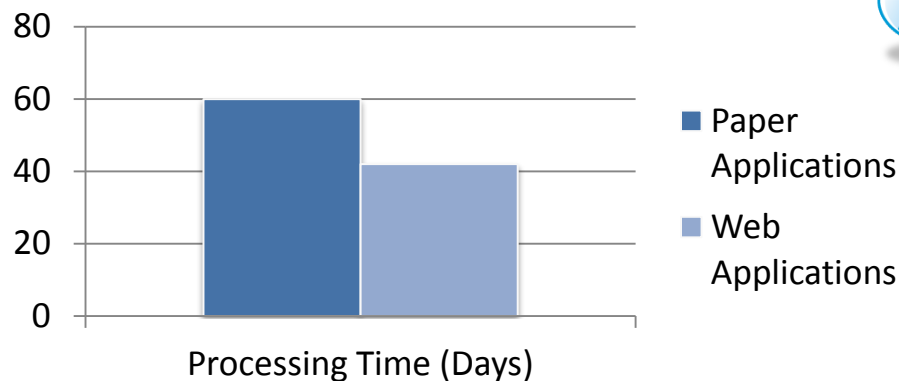


“...oh yea, we all call any MAC at least 3 times if we have a question. Then take the average answer... and you need to make sure you change up the time of day you call to make sure you get a new shift.” *(Lack of consistent information to the provider community when they contact a MAC does not create a feeling of confidence or trust.)*



“We have \$1M in billing at stake related to a single provider we have been working to enroll for months.” *(Providers lose millions of dollars a year due to processing delays.)*

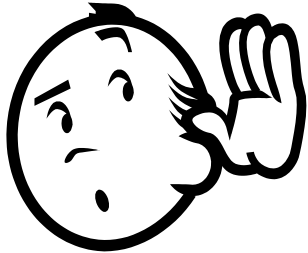
**Avg. Processing Time**



“Processing provider enrollment applications is second only in complexity to auditing Medicare Hospital Cost Reports” ...

-- *Senior Executive, Medicare Administrative Contractor (MAC)*

# Our Change in Culture



We heard you!



...And we are here to help.

## Provider & Medicare Contractor Focus Groups

New features and changes are based on listening to providers and Medicare contractors and crafting solutions around the needs instead of implementing features or policies that simply meet regulation.



= Changes directly from groups like this in the last 12 months.

## Culture of Customer Service

Changing the attitude of Provider Enrollment at CMS and MACs to one of collaboration and support. Working with the Provider to understand what they have a question about, and providing the correct answer or getting them to the right person, with the first call.

# Proactive Education & Outreach

- **List Serv** - Notification of program and policy details, updates and announcements, press releases, event reminders, educational material announcements, and other news and information for Medicare Fee For Service (FFS) providers. To join send an email to [FFSPROVIDERRELATIONS@CMS.HHS.GOV](mailto:FFSPROVIDERRELATIONS@CMS.HHS.GOV)
- **CMS.gov** – Questions about enrollment criteria and links to hot topics like Revalidation, Ordering and Referring, and ADI Accreditation requirements.
- **PECOS Homepage** – <https://pecos.cms.hhs.gov/> - Redesigned to have quick links to account creation, video tutorials, providers resources , and FAQs.
- **MedLearn (MLN)** - MedLearn (MLN) – Articles designed to inform Medicare FFS providers about the latest changes to the Medicare Program. To sign up for MLN Matters notifications go to CMS.gov and search: MedLearn.
- **National Provider Calls** - educational conference calls conducted for the Medicare FFS provider community that educate and inform participants about new policies and/or changes to the Medicare program.





# Recent Processing Improvements

(to support providers)

- ★ Ability to submit enrollment applications and updates 60 days in advance.
- Ability to fax certain information to Medicare Contractors.
- Require MACs to develop for missing information rather than return the application due to being incomplete.

# Recent Processing Improvements

(to speed up processing)

- Frequent workgroup calls with all MACs to ensure any policy or direction is communicated consistently and discussed as needed.
- Centralized site visit contractor to ensure consistency and timely processing.
- E-Signature & Digital Documents



# Upcoming Changes

- **Evaluating Processes** – We are reviewing processes such as Survey & Cert to identify areas where processing time can be reduced.
- **Standardization of Letters** – We are standardizing all letters sent by contractors to ensure clarity and consistency.
- **855 Form Updates** – We are updating all enrollment forms to reduce redundant data collection and streamline data entry.
  - 855O - July '12 (Released)
  - 855S - January '13 (Tentative)
  - 855A, B, I, and R - January '14 (Tentative)

# PECOS ENHANCEMENTS

Increase the use of systems and reduce processing time by improving the tools and information available to Providers by enhancing PECOS.

# What You Had to Say About PECOS!



“The changes you are making [to PECOS] are really great, but if I still need to send in a paper at the end of the process why should I go on line rather than submit paper.” *(30% of applications require some form of additional development for missing information.)*



“I like PECOS, but if it takes me 15 minutes to find the record I am looking for to even begin to make a change it is faster for me to just use paper.” *(Only 15% of providers are using internet based PECOS to enroll or submit changes to their Medicare enrollment.)*



“...the problem is that Providers are not the ones who update and manage their records, it is their office manager or the credentialing staff at the group they work for that does all the real work.” *(Program, processes, and system complexity makes it longer to do anything, and most programs or systems do not account for the reality of how the industry functions.)*

# Our Solution: Provider Driven Changes



## **Increase Usability:**

Evaluate the user experience from start to finish, simplify online registration processes, reduce data entry time, and provide tools for large groups and organizations.



## **All Digital Process:**

Remove paper from the enrollment process, leverage new and existing best practice technology, and allow increased connectivity for large providers.



## **Transparency:**

Increased access to information and communication about the status of enrollments.

# Updated PECOS Homepage

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

(\*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

### USER LOGIN

You may use your NPPES or PECOS username and password to login.

\* User ID

\* Password

**LOG IN**

[Forgot Password?](#)

[Manage/Update User Profile](#)

### BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

**Note:** If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759.

### Enrollment Tutorials

- [Sole Proprietor Enrollment Tutorial](#)  
Step-by-step demonstration of an initial enrollment scenario for an individual sole proprietor.
- [Sole Owner Enrollment Tutorial](#)  
Step-by-step demonstration of an initial enrollment scenario for an individual sole owner.
- [Change of Information Application Tutorial](#)  
Step-by-step demonstration of a change of information scenario.
- [Reassignment of Benefits Application Tutorial](#)  
Step-by-step demonstration of an initial enrollment for an individual reassigning benefits to an organization.

### Provider & Supplier Resources

- [Pay Application Fee](#) - Pay your application fee online. [View the list of Providers and Suppliers](#) who are required to pay an application fee.
- [Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.
- [Ordering and Referring Information](#) - Learn about the Ordering & Referring enrollment process.
- [Ordering & Referring List](#) - View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.

- Improved homepage layout with quicker access to what providers need most.
  - ✓ Access to account information.
  - ✓ Video walkthroughs of how to enroll or update your information using PECOS.
  - ✓ Direct links to resources such as revalidation mailing and ordering & referring lists.



# Filter, Search, and Reformat

**Filter Enrollments**

Enrollment Type:  NPI:

Enrollment Status:  Medicare ID:

State:

**Existing Enrollments**

Contractor: NATIONAL SUPPLIER CLEARINGHOUSE  
Enrollment Type: 855S  
Type/Specialty: Pharmacy  
Medicare ID: XXXXXX  
State: MARYLAND  
Status: APPROVED

Practice Location: 7210 AMBASSADOR RD, BALTIMORE, MD 212442709

Type of Update	Status	Tracking ID	Action
Revalidation	EDIT	T033020 XXXXXX	<input type="button" value="VIEW"/> <input type="button" value="MORE OPTIONS"/>

**New Enrollments**

Contractor: NATIONAL SUPPLIER CLEARINGHOUSE

Enrollment Type: 855S

Type/Specialty: Oxygen & Equipment  
State: DELAWARE  
Status: SUBMIT  
Practice Location: 64 CLINTON ST, DELAWARE CITY, DE 19708  
Tracking ID: T0330201 XXXXXX

- Allow large groups or chains to quickly find particular enrollments.
- ✓ Search & Filter (Enrollment Type, NPI, Enrollment Status, Medicare ID, State, and Specialty)
- ✓ Increased information about each enrollment up front.
- ✓ Ability to see the status of changes that have been submitted.
- ✓ Ability to see if a request for revalidation has been sent by the MAC.





# View All Current Enrollment Information on a Single Screen & Quickly Update

- The ability to switch between a Topic View (walkthrough driven mode), and Fast Track View (advanced data entry mode).

**Topic View** | **Fast Track View** | **Error/Warning Check 3**

Enrollment ID: O20120614 xxxxxxx  
PacID: 1456519040O20120614000026  
Web Tracking ID: T09102012 xxxxxxx

**Reason for Application**  
Enrolled Supplier is Revalidating their Enrollment Information

**Topics**

**Organization Information**  
JAMAICA HEALTH 60- xxxxxxx  
Effective Date of TIN: 06/01/2012  
Type of Organization Structure: Sole Owner  
IRS Proprietary/Non-Profit Status: Proprietary

**GO TO TOPIC >>**

**Vehicle Information**  
You have indicated that the applicant does not have any information for this topic.

**GO TO TOPIC >>**

**Geographic Location**  
This topic is not applicable for this enrollment application.

**GO TO TOPIC >>**

**Rendering Healthcare Services at a Patient's Home**  
You have indicated that the applicant does not have any information for this topic.

**GO TO TOPIC >>**

# Primary & Secondary Practice Location

Reassignment to: Friday Organization

Effective Date of Information: 08/24/2012 Medicare Identification Number(s):  
Tax Identification Number (TIN): 12-XXXXXX **ADD**  
National Provider Identifier: 1811XXXXXX

**DELETE**

Practice Location Address:

Primary Practice Location Address:  
7210 Ambassador Rd  
Baltimore, MD 21244

Secondary Practice Location Address:  
7500 SECURITY BLVD  
BALTIMORE, MD 21244 -1849

**DELETE**

- ✓ Providers can now specify a “Primary and Secondary Practice Location” when reassigning benefits that will then be published to Physician Compare



# Geo-Location by County

**Geographic Location (Mobile/Portable Services)**

(\*) Red asterisk indicates a required field.

Geographic Location By County

Note: Use the Add More button to specify more than one County.

* State	* County	* Effective Date of Information mm/dd/yyyy
MD	BALTIMORE	09/01/2012
MD	CARROLL	09/01/2012
MD	HARFORD	09/01/2012
MD	<input type="text" value="CECIL"/>	<input type="text" value="09/01/2012"/>

- ✓ Providers now have the option to select “County” in the “Geographic Location” topic when identifying the Geographic Location where services are rendered for CMS 855A and CMS 855B enrollment applications

# Upload Digital Documents

## Required and/or Supporting Documentation Summary Page

### Topic Summary

This topic requests information regarding Required and/or Supporting documentation that is applicable to the provider's application. You may digitally upload any Required and/or Supporting documentation and submit them electronically as part of the application.

**Note:** Required and/or Supporting documentation digitally uploaded do not need to be mailed.

### Required and Supporting Documents

Before you get started, please review the Required and/or Supporting Documentation that are applicable to your submission.

[View Required and/or Supporting Documentation](#)

### Upload Documentation

\* Do you wish to upload Required and/or Supporting documentation to your submission?

Yes

No

Please select any required or supporting document to upload as an attachment:

\* Required and/or Supporting documentation uploaded do not need to be mailed in

\* Each file being uploaded should contain only one require/supporting document. Multiple documents within one single file uploaded is not valid

Document Type	Document Name
Select Document Type	C:\Documents and Settings\kjiyanag\Desktop\082410 Cente
	<input type="button" value="Browse"/>
	<input type="button" value="Upload"/>

### Current Uploaded Documents

No Required and/or Supporting Documentation has been uploaded.

[PREVIOUS TOPIC](#)

[NEXT TOPIC](#)

- Ability to upload electronic versions of supporting documents during completion of an enrollment application.
- ✓ View a dynamic “required documents list” based on enrollment application type.
- ✓ Reduce paper.
- ✓ Reduce application processing time.

# Add & Store Multiple Contacts

## Contact Person Information

**Robert Smith**

Relationship/Affiliation to Provider/Supplier: Provider/Supplier

Address: 7210 Ambassador Rd  
Baltimore, MD 21244 -2709

Telephone: (888) 888-8888

E-mail Address: robert.smith@community XXXXXX

EDIT

DELETE

**Jamie Roberts**

Relationship/Affiliation to Provider/Supplier: Authorized Official

Address: 600 RED BROOK BLVD  
OWINGS MILLS, MD 21117 -5192

Telephone: (555) 555-5555

E-mail Address: jamie.roberts@surrogat XXXXXX

EDIT

DELETE

PREVIOUS TOPIC

GO TO ERROR CHECK

RETURN TO TOPICS

- ✓ Providers are now able to enter and store multiple contact persons in the Contact Person Information section.

# E-Signature

## E-Signature Submission

(\*) Red asterisk indicates a required field.

### E-Signature Instructions

To e-sign the enrollment application, follow the steps below:

1. Review all documentation prior to e-signing.
2. Review all applicable terms and conditions.
3. Acceptance of all applicable terms and conditions is a requirement to e-sign.
4. Enter required identifying information listed under Complete Your E-Signature.

### Certification Statement Terms and Conditions

#### Certification Statement for Individual Practitioners

As an individual practitioner, you are the only one who may sign this application. The authority to sign the application on your behalf may not be delegated to any other person. The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

Do you accept the Terms and Conditions?

- Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

### Authorization Statement Terms and Conditions

#### AUTHORIZATION STATEMENT (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1. Title XVIII of the Social Security Act prohibits payment for services provided by an individual practitioner to be paid to another individual or supplier unless the individual practitioner who provided the services specifically authorizes another individual or supplier (employer,

Do you accept the Terms and Conditions?

- Yes, I agree to the Authorization statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

- Ability to electronically sign any application submission (*including ones that require multiple signatures*)

✓ Reduces paper.

✓ Reduces application processing time.





# Transparency for Groups Accepting Reassignments

Allow Part B groups to View and Download reports to see a list of all providers that have reassigned benefits to them.

[Home](#) > [My Enrollments](#) > Reassignment Report

Reassignment Report					
Note: Please click on the "Download Report" button to download this report in CSV format.					
Provider Name	NPI	Current Enrollment Status	Enrollment State	Revalidation Notice Sent Date	Revalidation Status
BRACKENRICKER, BRENT	XXXXXXXX	APPROVED	ARIZONA	N/A	N/A
PAUL, DEAN	XXXXXXXX	APPROVED	OREGON	N/A	N/A
KIRK, JAMES	XXXXXXXX	APPROVED	LOUISIANA	N/A	N/A
TALBOT, MAXIME	XXXXXXXX	APPROVED	ARIZONA	N/A	N/A
MNX, MNZ	XXXXXXXX	APPROVED	IDAHO	N/A	N/A
GUY, NEWER	XXXXXXXX	APPROVED	UTAH	N/A	N/A
KITTY, SPIDEY	XXXXXXXX	APPROVED	WISCONSIN	N/A	N/A
THREE, SUPERVISING	XXXXXXXX	APPROVED	MONTANA	N/A	N/A
HARRIS, WILLIAM	XXXXXXXX	APPROVED	IDAHO	N/A	N/A

[PREVIOUS PAGE](#) [PRINT](#) [DOWNLOAD REPORT](#)



# Display all Medicare IDs

Providers will now be able to see a report of all Medicare IDs associated with a particular enrollment record.

[Topic View](#) | 
 [Fast Track View](#) | 
 [Error/Warning Check 3](#)

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Enrollment ID: I20120 XXXXXXXX  
 PacID: 1456519040020120808000019  
 Web Tracking ID: T09062( XXXXXXXX

**Reason for Application**  
 Enrolled Provider is Updating their Enrollment by

**Medicare ID Report**  
 Select the hyperlink to view the Medicare ID Report  
[View Medicare ID Report](#)

**Topics**  
 The data required for this enrollment application is submit this enrollment application, you must comp

**Medicare ID Report**

The following report displays Medicare ID(s) for the listed provider/organization. The report shows Medicare ID(s) associated with Reassignment of Benefits, Practice Locations, and non-associated Medicare ID(s):

Name: MONICA GELLER      NPI: XXXXXXXX

**Medicare ID(s) associated with a Practice Location:**

Medicare ID	Practice Location Name	Practice Location Address
XXXXXXXX	PRACTICE LOCATION	8918 NEENAH AVE MORTON G XXXXXXXX

**Medicare ID(s) associated with a Reassignment of Benefits:**

Medicare ID	Name/LBN of Provider Receiving Reassignment	NPI of Provider Receiving Reassignment
XXXXXXXX	MARK JOHNSON	XXXXXXXX
XXXXXXXX	MARK JOHNSON	XXXXXXXX
XXXXXXXX	VILLAGE OF NILES	XXXXXXXX
XXXXXXXX	VILLAGE OF NILES	XXXXXXXX
XXXXXXXX	VILLAGE OF NILES	XXXXXXXX

# Quick HTML View

Printable HTML Record of the information currently on record with CMS (and any pending submissions)

### Existing Enrollments

Contractor: NOVITAS SOLUTIONS, INC.  
 Enrollment Type: 855I  
 Type/Specialty: DERMATOLOGY  
 Medicare ID: 23 XXXXXX  
[View Medicare ID Report](#)  
 State: MARYLAND  
 Status: APPROVED [View Enrollment Record](#)

Current ADI Accreditation?: No

Type of Update	Status	Tracking ID
Change of Information	EDIT <a href="#">View Enrollment Record</a>	T091720120000

### CURRENT MEDICARE ENROLLMENT RECORD

**Enrollment Record Summary**

Enrollment ID: I201 XXXXXX  
 PAC ID: XXXXXX  
 Enrollment Status: Approved  
 Enrollment Status Date: 06/22/2012

This is your current Medicare Enrollment in PECOS. **This is not a Medicare Application, please do not upload this record to your electronic submission or mail this record to your Fee For Service Contractor.**

Report Date: 09/17/2012 [View Printer Friendly Version](#)

**PERSONAL INFORMATION:** Anne Jones

Date Of Birth	SSN	Gender	IRS Proprietary/Non-Profit Status	Accepting New Patients?
XXXXXX	XXX-XX-XXXX	Female	Non-Profit	Yes

Type of Other Name	Other Name	Medicare ID	Medicare ID Type	Medicare ID Effective Date
Former or Maiden Name	A.J.	XXXXXX	PIN	04/22/2012

Country of Birth	State of Birth	Medicare School or Other Professional School	Year of Graduation
United States	Wyoming	Virginia Commonwealth University	1988

**PHYSICIAN SPECIALTY**

Physician Type	Primary Physician Specialty	Secondary Physician Specialty
Physician	Internal Medicine	

**PHYSICAL LOCATION and "SPECIAL PAYMENTS" Information**

Physical Location Name	Effective Date	Location Type	Physical Address	Medicare ID	NPI
Jones Medical	04/22/2012	Practice Location	Kenneweg Court	XXXXXX	XXXXXX

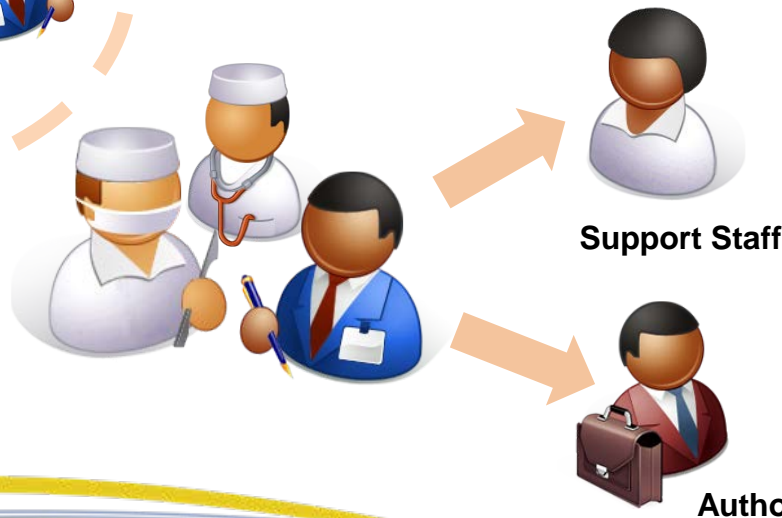
Payments Address: 222 Arthur Rd  
Clarks XXXXXX  
 CLIA/FDA Certification Number(s):



# Simplified Access for Individual Providers, Organizations & Support Staff



- **Reset forgotten passwords and usernames online, without calling CMS.**
- Streamlined process for Organizations to register an Authorized Official.
- Ability for Organizations and Providers to quickly approve Staff or others to work on their behalf.





# Additional Changes



Ability to select previously used address information when completing an application.



Reducing the number of screens and steps for frequent changes and Revalidation.



Ability to quickly update and resubmit any application returned for corrections.



View DME License Information, and ADI accreditation.



Ability to electronically submit EFT updates via PECOS as part of any application submission.



Ability to convert an 855O registration to an 855I enrollment record.

# **DATA ACCURACY & INTEGRITY (REVALIDATION)**



# Revalidation: What is it?

## What is the Revalidation Project ... and how will it affect me?

- The revalidation project is an effort by CMS, mandated by Section 6401(a) of the Affordable Care Act, to verify all information on file for existing Medicare Providers, and to ensure they meet all standards associated with the new screening criteria.
- Approximately 1.5 Million Providers & Suppliers must be revalidated by **March 25, 2015**.
- Sometime in the next 24 months you will receive a request to revalidate the information on your Medicare enrollment(s).

# Revalidation: Overview

- ❑ All providers/suppliers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information.
- ❑ Providers/suppliers must submit the revalidation application only after being asked by their MAC to do so.
- ❑ Moving forward, all DMEPOS Suppliers must be revalidated every 3 years, and all other providers/suppliers must be revalidated every 5 years.

# Revalidation: MAC Customer Service

- MACs will conduct multiple outreach attempts before administrative action is taken.
- MACs will deactivate instead of revoke if you don't respond.
- MACs will accept Fax/Email submission of supporting documents.
- Documents already on file do not need to be resubmitted.
- Extensions may be granted by the MAC.

# Revalidation: A Structured Process

**...to reduce the burden on the providers**

- CMS identifies who to revalidate in each phase of the revalidation project and provides a list to the MAC
- MACs mail specific revalidation requests to providers
- Providers act quickly upon receiving the revalidation request to ensure no issues

# Revalidation: via Internet Based PECOS

Internet-Based PECOS – The quickest way to revalidate.

(<https://pecos.cms.hhs.gov>)

- Revalidation Dates
- Accessing Sample Revalidation Letters
- Status of your Revalidation Application
- Fast Track View

# Revalidation: Outreach

- Post revalidation mailing list monthly on CMS.gov
- Reference tools (FAQs, MLN articles) available online for providers and MACs
- Continue quarterly focus groups with providers
- Continue to address provider associations through MAC Sponsored Outreach Events, AMA Workgroups, Open Door Forums, etc.



# Revalidation: Top 10 Questions from Providers

- 1. If I have different Enrollments in different states, will I receive all the requests at the same time?** – No, each MAC is responsible for sending their own mailings.
- 2. How will I know when to expect my letter?** – You will receive a letter in a yellow envelope, it will be posted on CMS.gov, and it will be listed on your enrollment in PECOS.
- 3. What do I need to do to receive an extension, and what reasons are approved?** – Call your MAC. There are a wide number of reasons and CMS has instructed them to accept all reasonable requests.
- 4. Does the Application Fee apply to me?** – If you are a provider or supplier that meets the requirement listed in CMS 6028, then yes. (see PECOS Homepage for a simple list)
- 5. What happens if I don't reply to a request to Revalidate?** – You have 60 days to respond, after which time you will be deactivated.

# Revalidation: Top 10 Questions from Providers

6. **What if I have multiple Medicare IDs, will I get letter for each one?** – If you received a notice during Phase I you may have received a letter for each Medicare ID; however, from Phase II forward you will receive a letter for each enrollment.
7. **What if I receive a notice for a Medicare ID I don't recognize?** – Complete your revalidation based on information you know to be correct, and alert your MAC to deactivate any numbers that are no longer valid, or you do not recognize.
8. **Will all of the Members in my group get the letter at the same time?** – No. Groups and Individuals that reassign benefits will be sent separate independent notices. Regardless of a providers reassignment status, they are responsible for revalidating their own record.
9. **What address will my Revalidation Notice be sent to?** Your revalidation notice will be sent to your Correspondence Address on record and Physical Location.
10. **Where can I go for more information about Revalidation?** You can visit the PECOS homepage, or CMS.gov for the list of notices sent, sample revalidation letter, FAQs, and other helpful tips.

# NATIONAL FRAUD PREVENTION PROGRAM

New Programs, updated regulation, and increased awareness to the community to help prevent, detect, and take immediate action against fraud, waste, and abuse.



# National Fraud Prevention Program: New Programs and Initiatives



## Automated Provider Screening

Uses thousands of independent databases to validate information, in an effort to improve and standardize the enrollment data verification by MACs.



## Fingerprinting and Background Checks

Adding requirements for fingerprinting and background checks for High Risk Providers.



## Increased Identify Verification (Identity Proofing)

Add Identity Proofing processes to ensure the person who is logging into an enrollment system is who they say they are.



## CPI Command Center

Cross agency health care investigation teams taking immediate action on Medicare and Medicaid fraud

# Fraud Prevention Awareness: Medical Identity Theft

## Process changes to protect Provider's Enrollment records, and prevent Identity Theft

- MACs have been instructed to contact the provider in the original enrollment record prior to adding a new PTAN to the enrollment
- Greater care is being taken to revoke only illegitimate PTANs, allowing providers to continue billing through legitimate PTANs
- Provider revalidation will close vulnerable or misused PTANS
- Increased identity verification and protection for those who use online PECOS

# National Fraud Prevention Program: National Site Visit Contractor



The National Site Visit Contractor (NSVC) will conduct all of the site visits that are currently conducted by the A/B MACs. The purpose of the site visit is to verify information of record about different types of Medicare providers/suppliers and submit completed reports to CMS.

## Answers to Common Questions:

- ❖ All Providers classified as moderate or high risk as defined by CMS 6028 are subject to a site visit.
- ❖ All inspectors have a Letter of Authorization written on CMS letterhead and signed by the CMS along with a picture ID. They may or may not have business cards.
- ❖ If you are temporarily closed when they visit, they will automatically perform a second visit before reporting information and findings back to the MAC.



# Updated Regulation: Ordering & Referring

**Ordering & Referring:** CMS-6010 requires all Providers who Order or Refer services for certain procedures, services, or medical equipment, must be enrolled or registered with Medicare, or claims by ordering and certifying provider or supplier will be denied.

- CMS will give a minimum of **60 days advanced notice** to the provider community before the edits are turned on.
- CMS is closely monitoring the number of providers not yet enrolled or registered with Medicare, and the number of informational messages.
- DME & HHA Providers are being contacted when there have been Organizational NPIs (Type II NPIs) on the claim.

# Updated Regulation: Ordering & Referring

## Requirements: Interns and Residents

- The final rule states that State-licensed residents may enroll to order and/or refer and may be listed on claims.
- Claims for covered items and services from un-licensed interns and residents may still specify the name and NPI of the teaching physician.
- If States provide provisional licenses or otherwise permit residents to practice or order and refer services, interns and residents are allowed to enroll to order and refer consistent with State law.

# Wrap Up!

- ✓ **We hear you**, and are improving customer service and processing guidance to help.
- ✓ **PECOS has more information** about your records on file, has improved with your input, and is now a fully electronic process – ensuring your application will be processed faster than submitting paper.
- ✓ **Revalidation is here**, you will receive a notice when it applies to you, and there will be multiple ways to check if a notice was sent to you.
- ✓ **We are taking immediate and collaborative action** to investigate and stop fraud, waste, and abuse.

# Questions and Discussion

**Zabeen Chong**

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&

**Mark Majestic**

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Center for Program Integrity

Centers for Medicare & Medicaid Services

# Disclaimer

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