

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 478	Date: APRIL 24, 2009
	Change Request 6415

SUBJECT: Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Outreach to Academic Medical Institutions (AMIs) and Large Group Practices

I. SUMMARY OF CHANGES: Beginning in June 2009, the Centers for Medicare and Medicaid Services (CMS) expects that contractors will begin to receive a large number of Medicare enrollment applications from AMIs for newly licensed physicians. To ensure that these applications are processed in a timely manner, the contractor (e.g., its provider enrollment department; education and outreach unit) shall conduct targeted outreach activities to AMIs located within their respective jurisdictions. Specifically, each contractor shall educate AMIs and large group practices about the availability of Internet-based PECOS. To facilitate this targeted outreach, we are recommending that contractors mail or e-mail the attached letters to AMIs and large group practices, respectively.

NEW / REVISED MATERIAL

EFFECTIVE DATE: May 26, 2009

IMPLEMENTATION DATE: May 26, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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SUBJECT: Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Outreach to Academic Medical Institutions (AMIs) and Large Group Practices

Effective Date: May 26, 2009

Implementation Date: May 26, 2009

I. GENERAL INFORMATION

A. Background: Beginning in June 2009, the Centers for Medicare and Medicaid Services (CMS) expects that contractors will begin to receive a large number of Medicare enrollment applications from AMIs for newly licensed physicians. To ensure that these applications are processed in a timely manner, the contractor (e.g., its provider enrollment department; education and outreach unit) shall conduct targeted outreach activities to AMIs located within their respective jurisdictions. Specifically, each contractor shall educate AMIs and large group practices about the availability of Internet-based PECOS. To facilitate this targeted outreach, we are recommending that contractors mail or e-mail the attached letters to AMIs and large group practices, respectively.

While CMS is leaving the specific method of education and outreach to contractor discretion, we strongly believe that each contractor should conduct the outreach necessary to each AMI and large group practice within their respective contract jurisdiction to ensure that enrollment applications are submitted correctly at the time of filing. Moreover, contractors should consider establishing a special team of enrollment specialists to process applications received from AMIs and/or large group practices.

B. Policy: The purpose of this change request is to implement the aforementioned activities.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6415.1	To ensure that the applications described above are processed in a timely manner, the contractor shall conduct targeted outreach activities to AMIs located within its respective jurisdiction(s).	X			X					
6415.2	The contractor shall educate AMIs and large group practices about the availability of Internet-based PECOS.	X			X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None. The education will be provided through the implementation of the activities described above.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

Post-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

Attachment A: Letter to Directors of Academic Medical Institutions

Dear Director:

The Centers for Medicare & Medicaid Services (CMS), which administers the Medicare and Medicaid programs, and its contractors are responsible for processing Medicare enrollment applications submitted by health care providers and suppliers. These applications include those from physicians who are applying for enrollment in the Medicare program.

Each year, academic medical institutions (AMIs) hire many of the thousands of physicians who graduate from medical school in the spring. Once these new physicians are employed, it is customary for many academic medical centers to prepare the paperwork necessary for the new physicians to apply for enrollment in the Medicare program, and then send the enrollment packages to the Medicare provider enrollment contractor for that State. These activities will begin soon.

It is important for you to know that we have made an enhancement to the Medicare enrollment process for physicians (as well as non-physician practitioners) that, if used by the physicians you plan to employ, will save you money and speed up the processing of their Medicare enrollment applications. The enhancement can also be used by your currently employed physicians who are already enrolled in Medicare to make changes and updates to their Medicare enrollment information.

Physicians who wish to apply for enrollment in the Medicare program can now do so themselves, on-line, over the Internet. The Medicare Provider Enrollment, Chain and Ownership System (PECOS), which has been used by our Medicare enrollment contractors since 2003 to enroll providers and suppliers, is now available on the Internet for physicians to use to apply for enrollment in Medicare, to view or update their Medicare enrollment information (if they are already enrolled), and to voluntarily withdraw from enrollment in Medicare (e.g., if they retire and will no longer be furnishing services to Medicare beneficiaries). We refer to this enhancement as Internet-based PECOS. Physicians all across the country are now using Internet-based PECOS, which became available in December of last year.

Internet-based PECOS is designed to be used personally by the physician, not by a third-party on behalf of the physician. There are security reasons for this. We understand that AMIs generally handle this type of administrative function for their employed physicians. However, we believe that the use of Internet-based PECOS by your employed physicians will benefit you and the physicians in the following ways:

- Reduce the time necessary for physicians to enroll or make a change in their Medicare information by up to 50 percent,
- Allow physicians to view their Medicare enrollment information, including any reassignments, to ensure that their enrollment information is accurate, and

- Reduce the administrative burden incurred by AMIs associated with completing and submitting enrollment information to Medicare.

There are three basic steps to completing an enrollment transaction using Internet-based PECOS. Physicians and non-physician practitioners must:

1. Have an NPPES User ID and password to use Internet-based PECOS.
 - For security reasons, physicians should change passwords periodically, at least once a year. For information on how to change a password, go to the NPPES Application Help page available at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and select the “Reset Password Page” under the NPPES Application help page.
2. Go to Internet-based PECOS at <https://pecos.cms.hhs.gov> and complete, review, and submit the electronic enrollment application via Internet-based PECOS.
3. Print, sign and date the 2-page Certification Statement (blue ink recommended) and mail it to the Medicare enrollment contractor.

Note: A Medicare enrollment contractor will not process an Internet enrollment application without the signed and dated 2-page Certification Statement. In addition, the effective date of filing an enrollment application is the date the Medicare enrollment contractor receives the signed 2-page Certification Statement that is associated with the Internet submission.

We understand that some AMIs have established computer work stations or computer centers whereby employed physicians and other employees can use computers for business-related work. Such an arrangement would be ideal for the use of Internet-based PECOS.

We have a number of documents related to Internet-based PECOS available on, or downloadable from, the Medicare provider/supplier enrollment page (www.cms.hhs.gov/Medicareprovidersupenroll). These documents include a “Getting Started” Guide, a document related to security and the need to protect Medicare enrollment data, and two sets of Frequently Asked Questions.

We would be very pleased to discuss Internet-based PECOS with you to answer any questions you may have and to further explain how it can be used to benefit your business operations. Please contact <insert name, telephone number and e-mail address of enrollment contractor contact> if you are interested in talking with us or if you would like more information.

We appreciate this opportunity to introduce you to Internet-based PECOS and look forward to hearing from you soon.

Sincerely,

Attachment B: Letter to Directors of Large Group Practices

Dear Director:

The Centers for Medicare & Medicaid Services (CMS), which administers the Medicare and Medicaid programs, and its contractors are responsible for processing Medicare enrollment applications submitted by health care providers and suppliers. These applications include those from physicians and non-physician practitioners who are applying for enrollment in the Medicare program.

Each year, thousands of physicians and non-physician practitioners establish, change or end a relationship with a medical group practice. To ensure that Medicare is paying the correct amount for services furnished, it is essential that <insert name of provider enrollment contractor> be notified of these changes.

To streamline the Medicare provider/supplier enrollment process, CMS has implemented Internet-based Provider Enrollment, Chain and Ownership System (PECOS) in all 50 States and the District of Columbia. We believe that this new process—an enhancement to the existing enrollment system--will save you money and speed up the processing of Medicare enrollment applications if it is used by the physicians and non-physician practitioners you plan to employ. This enhancement can also be used by your currently employed physicians and non-physician practitioners who are already enrolled in Medicare to make changes and updates to their Medicare enrollment information.

Internet-based PECOS is designed to be used personally by the physician or non-physician practitioner, not by a third-party on behalf of the physician or non-physician practitioner. There are security reasons for this. We understand that large group practices generally handle this type of administrative function for their employed physicians and non-physician practitioners. However, we believe that the use of Internet-based PECOS by the physicians and non-physician practitioners will not only benefit them, but will also benefit you, in the following ways:

- Reduce the time necessary for physicians and non-physician practitioners to enroll or make a change in their Medicare information by up to 50 percent,
- Allow physicians and non-physician practitioners to view their Medicare enrollment information, including any reassignments, to ensure that their enrollment information is accurate, and
- Reduce the administrative burden incurred by group practice associated with completing and submitting enrollment information to Medicare.

There are three basic steps to completing an enrollment transaction using Internet-based PECOS. Physicians and non-physician practitioners must:

1. Have an NPPEs User ID and password to use Internet-based PECOS.
 - For security reasons, physicians and non-physician practitioners should change passwords periodically, at least once a year. For information on how to change a password, go to the NPPEs Application Help page available at <https://nppes.cms.hhs.gov/NPPEs/Welcome.do> and select the “Reset Password Page” under the NPPEs Application help page.
2. Go to Internet-based PECOS at <https://pecos.cms.hhs.gov> and complete, review, and submit the electronic enrollment application via Internet-based PECOS.
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We would be very pleased to discuss Internet-based PECOS with you to answer any questions you may have and to further explain how it can be used to benefit your business operations. Please contact <insert name, telephone number and e-mail address of enrollment contractor contact> if you are interested in talking with us or if you would like more information.

We appreciate this opportunity to introduce you to Internet-based PECOS and look forward to hearing from you soon.

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