

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 712</b>	<b>Date: May 28, 2010</b>
	<b>Change Request 6842</b>

**SUBJECT: One-Time Mailing of Solicitation Letter To All Physicians And Non-Physician Practitioners Who Are Currently Enrolled In Medicare But Who Do Not Have An Enrollment Record In The Provider Enrollment, Chain And Ownership System (PECOS)**

**I. SUMMARY OF CHANGES:** Currently, the Centers for Medicare and Medicaid Services (CMS) and the Medicare carriers and Medicare Administrative Contractors (A/B MACs) conduct general outreach to physicians and non-physician practitioners about their enrollment and reporting responsibilities. The attached letter reiterates the importance for enrolled practitioners to establish a PECOS record.

**EFFECTIVE DATE: June 28, 2010**

**IMPLEMENTATION DATE: June 28, 2010**

*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-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**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.

**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**

<b>Pub. 100-20</b>	<b>Transmittal: 712</b>	<b>Date: May 28, 2010</b>	<b>Change Request: 6842</b>
--------------------	-------------------------	---------------------------	-----------------------------

**SUBJECT:** One-Time Mailing of Solicitation Letter To All Physicians And Non-Physician Practitioners Who Are Currently Enrolled In Medicare But Who Do Not Have An Enrollment Record In The Provider Enrollment, Chain And Ownership System (PECOS)

**Effective Date:** June 28, 2010

**Implementation Date:** June 28, 2010

**I. GENERAL INFORMATION**

**A. Background:** Currently, the Centers for Medicare & Medicaid Services (CMS) and the Medicare carriers and Medicare Administrative Contractors (A/B MACs) conduct general outreach to physicians and non-physician practitioners about their enrollment and reporting responsibilities. The attached letter reiterates the importance for enrolled practitioners to establish a PECOS record.

**B. Policy:** Medicare contractors will conduct targeted outreach to ensure that all physicians and non-physician practitioners that are billing Medicare understand their Medicare enrollment and reporting responsibilities to maintain their active enrollment status and ensure they are eligible for future Medicare initiatives and incentives.

**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 E M A C	F I M A C	C R I E R	R H I E R	Shared-System Maintainers	F I S S	M C S	V M S	C W F
6842.1	Contractors shall do a one-time mailing of the attached letter to every physician and non-physician practitioner who is currently active in Medicare but who does not have an established enrollment record in PECOS.	X			X						
6842.2	Contractors shall use their discretion to determine a mailing address which best ensures the practitioner will receive the letter.	X			X						
6842.2.1	Contractors shall retrieve the addresses from their Multi-Carrier System (MCS).	X			X						
6842.3	Contractors shall reproduce the attached letter on their own Medicare letterhead and mail in standard envelopes.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
		M A C	M A C		I E R		F I S S	M C S	V M S	C W F	
6842.3.1	Contractors shall complete the letter with the appropriate date, name, address, contact and signature prior to mailing.	X			X						
6842.4	Contractors shall not take any action for returned letters outside of placing them in the provider file.	X			X						
6842.5	Contractors shall complete this one-time mailing no later than 30-days from date of issuance of this change request.	X			X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
		M A C	M A C		I E R		F I S S	M C S	V M S	C W F	
6842.6	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after this CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in maintaining Medicare provider enrollment data correctly.	X			X						

### 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:
N/A	

**Section B: For all other recommendations and supporting information, use this space:** N/A

## V. CONTACTS

**Pre-Implementation Contact(s):** Michael Collett OFM/DPSE (410) 786-6121)

**Post-Implementation Contact(s):** Michael Collett OFM/DPSE (410) 786-6121)

## VI. FUNDING

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

Attachment

[DATE]

[Physician/Non-Physician Practitioner Name and Correspondence Address]

Dear Physician/Non-Physician Practitioner:

Our records indicate that you do not have an enrollment record in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) because you enrolled in Medicare prior to the implementation of PECOS and you have not submitted any updates to your Medicare enrollment information in the past 6 (or more) years. PECOS is the enrollment system for Medicare providers and suppliers.

There are three important reasons why you should take the necessary action to establish an enrollment record in PECOS as soon as possible. First, updating your Medicare enrollment record will assist us in ensuring payment accuracy for the services you furnish to Medicare beneficiaries. Second, you will need an approved enrollment record in PECOS to continue to order or refer items or services for Medicare beneficiaries. Finally, in accordance with the American Recovery and Reinvestment Act of 2009, Title XIII, known as the "HITECH Act," incentive payments may be made by Medicare and Medicaid to enrolled "eligible professionals" and certain hospitals that meet the HITECH requirements. More information on Medicare HITECH incentive payments can be found at [http://www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp) under "Related Links Outside CMS" on the CMS web site. The Centers for Medicare & Medicaid Services (CMS) will use the PECOS enrollment records to verify Medicare enrollment for HITECH incentive payments. Therefore, you will not be eligible to receive incentive payments from Medicare for meaningful use of certified electronic health records if your enrollment information is not maintained in PECOS by CMS.

Since you do not have a current Medicare enrollment record, it is imperative that you immediately begin the process to establish your enrollment record in PECOS. CMS expects you to do this as soon as possible after receiving this letter. If you have already submitted an enrollment application within the last 60 days, and your enrollment application has been accepted for processing by the carrier or A/B MAC, you need not take any additional actions based on this letter.

You can submit your enrollment application in one of two ways:

**(1) Use Internet-based PECOS**

- Step 1. Before you begin, be sure you have a National Provider Identifier (NPI) and have created a User ID and password in the National Plan and Provider Enumeration System (NPPES). You will need the NPPES User ID and password in order to access Internet-based PECOS. If you need help creating an NPPES User ID and password, or if you are not sure you ever created them or cannot remember what they are, you may contact the NPI Enumerator for assistance at 1-800-465-3203.
- Step 2. Read the documents that are available about Internet-based PECOS on the CMS Provider/Supplier Enrollment web page ([www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll))

- Step 3. Once you have completed and submitted your enrollment application using Internet-based PECOS, be sure to print the Certification Statement, sign and date it, and mail it, along with any required supporting documentation, to the carrier or A/B MAC whose name and mailing address will be displayed to you by the system.

Note: If you reassign some or all of your Medicare benefits to a group practice, there will be two Certification Statements to print, sign and date, and one of them will also need to be signed and dated by an Authorized Official of the group practice. The carrier or A/B MAC cannot process your web-submitted enrollment application without having the signed and dated Certification Statement(s) in hand.

**(2) Complete the paper Medicare enrollment application (CMS-855I) as an initial application.**

- Step 1. Complete the CMS-855I (if you reassign benefits to a clinic or group practice other than your own, complete a CMS-855R as well), sign and date (blue ink recommended) and mail the application(s), along with any required additional supporting documentation, to the Medicare carrier or A/B MAC. These forms are downloadable from the CMS Provider/Supplier Enrollment web page (shown above) or the CMS forms page [www.cms.hhs.gov/cmsforms](http://www.cms.hhs.gov/cmsforms), or you may request the necessary forms from the carrier or A/B MAC.
- Step 2. Once the paper application has been received by the carrier or A/B MAC, the carrier or A/B MAC will begin to process your enrollment application. If additional information is needed by the carrier or A/B MAC to complete the processing of your enrollment application, they will contact you.

You are strongly urged not to delay in establishing your Medicare enrollment record within PECOS, especially if you plan on applying for incentive payments under the HITECH program. The carriers and A/B MACs are expected to process your enrollment application within 60 days as long as you submit your enrollment application before September 1, 2010.

If you need information about Medicare enrollment or how to use Internet-based PECOS, visit the CMS Provider/Supplier Enrollment web page at: [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

If you need assistance with your NPPES User ID and password, contact the NPI Enumerator at 1-800-465-3203.

If you have questions about this letter, contact [carrier or A/B MAC phone number/contact person].

Sincerely,

[Name of carrier or A/B MAC]