



NATIONAL PROVIDER ENROLLMENT CONFERENCE

59 Million Patients, **2 Million** Providers, **ONE** Mission



Medicare & Medicaid Provider Enrollment

Presented by

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Centers for Medicare & Medicaid Services

Session Overview



- Putting Patients First
- How Enrollment Works
- Medicare Policy Updates
- Revalidation
- Medicaid Enrollment
- Our Enrollment Systems
- Protecting the Program
- Enforcement Actions





Putting Patients First

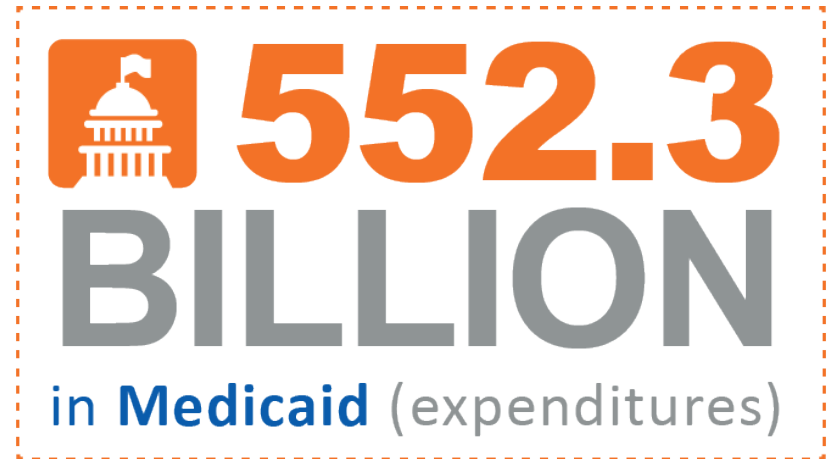
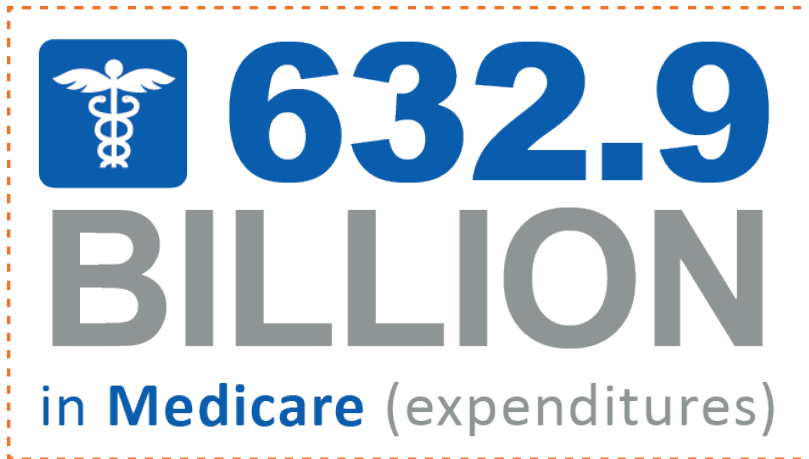


Poll Question 1



Poll Question 2

By the Numbers



Why We're Here



LISTENING TO YOU



We hear you, and we've learned a lot from you

FINDING A BALANCE



We believe enrollment should be **easy** for most providers, and **hard** for bad actors

ALWAYS IMPROVING

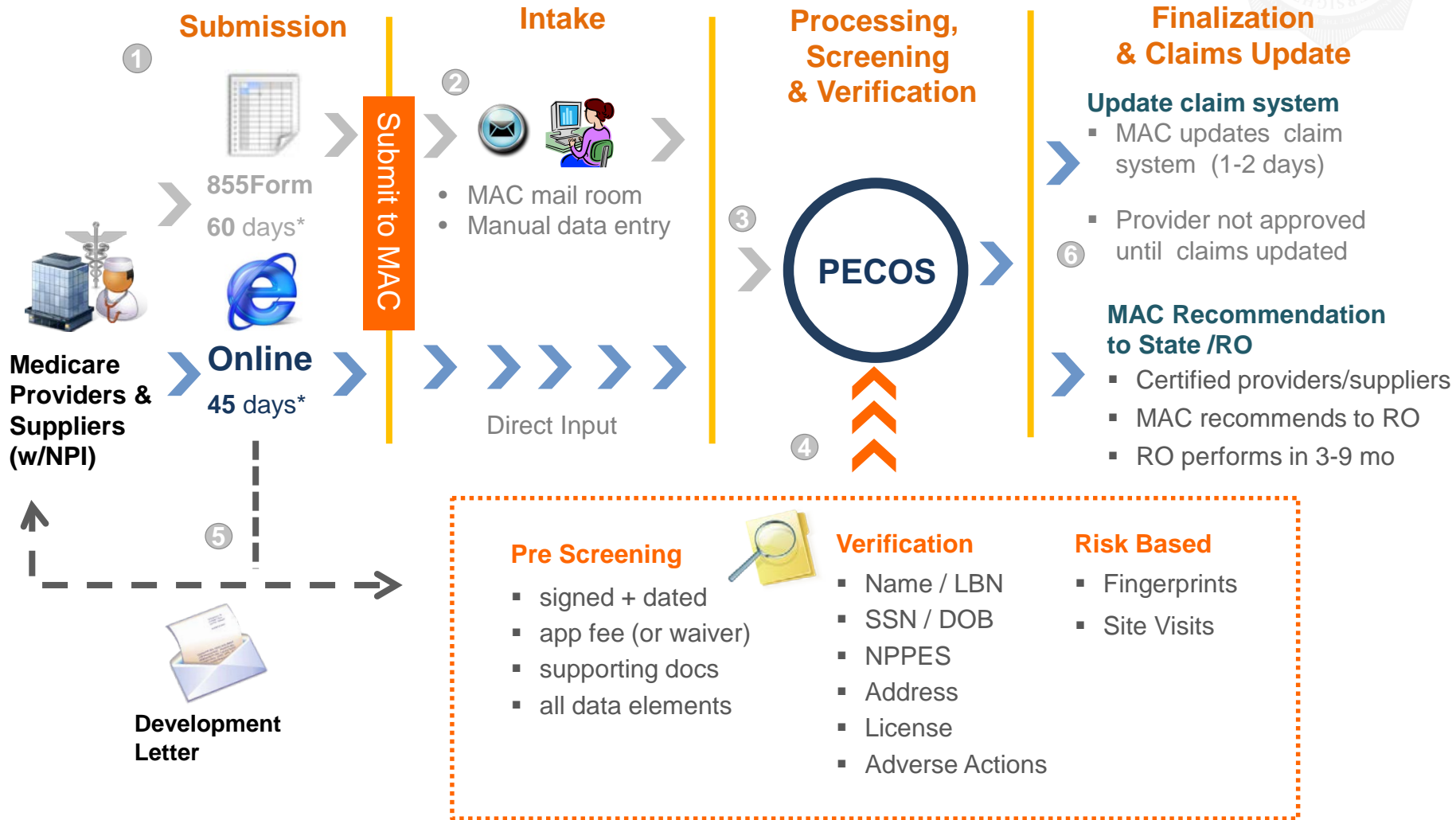


We will keep refining our systems, policies, transparency, and our vision



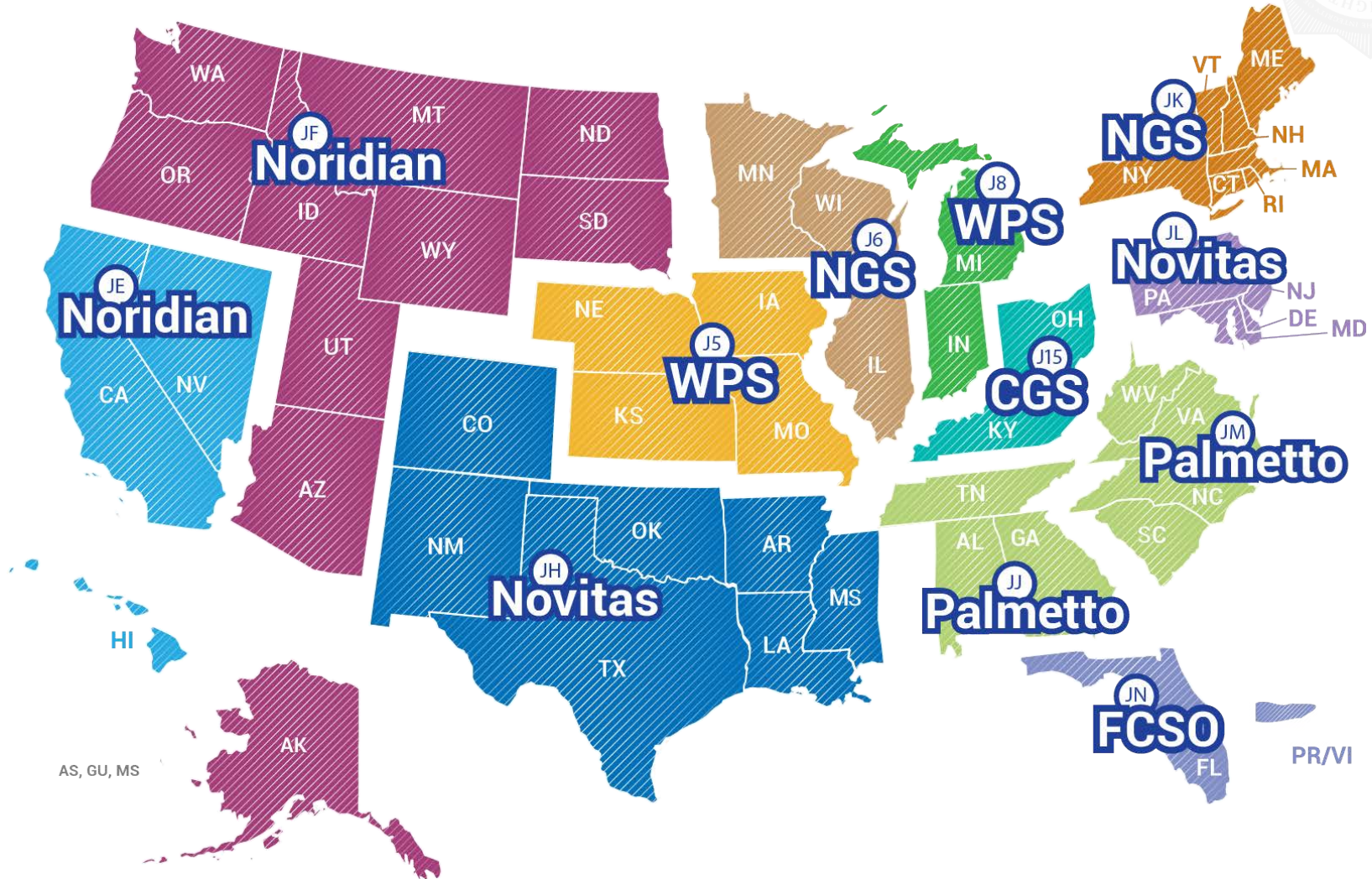
How Enrollment Works

How Enrollment Works



* If the app is complete, and no site visit

MAC Jurisdictions





Policy Updates

Recent Policy Changes



- Providers who are reassigned to a deactivated/revoked organization will have 90 days to submit a new practice location or reassignment before being deactivated (*April 2018*) ★
- Require fillable CMS-855 paper applications (*September 2018*) ★
 - All paper applications shall be typed using the fillable CMS-855 form option
 - MACs will return all hand-written applications

Recent Policy Changes



- MACs should not call to speak directly to providers reporting a change in specialty
- MACs should not request a diploma or degree unless education requirements cannot be verified online
- MACs should not request a SSN card or driver's license for identification
- MACs should not request a phone, utility, power bill or lease to validate LBN or DBA
 - Lease only required to validate exclusive use of facility for PT/OT or ambulance suppliers leasing aircraft

Recent Policy Changes



- Approval letters will list all changed/updated information for change of information submissions
- MACs shall only request the dated signature of at least one authorized/delegated official for applications requiring development
- MACs may accept a CP-575, federal tax department ticket, or any other pre-printed document from the IRS to validate TIN and/or LBN

Authorized and Delegated Officials - PECOS & I&A



Authorized Official

Enroll, make changes and ensure compliance with enrollment requirements

- CEO, CFO, partner, chairman, owner, or equivalent appointed by the org
- May sign all applications (*must sign initial application*)
- Approves DOs



Delegated Official

Appointed by the AO with authority to report changes to enrollment information

- Ownership, control, or W-2 managing employee
- Multiple DOs permitted
- May sign changes, updates & revalidations (*cannot sign initial application*)



Authorized Official

Assign surrogacy and controls access to PECOS and NPPES records

- CEO, CFO, partner, chairman, owner, or equivalent appointed by the org. AO requirements are same as PECOS
- Automatically approved if listed as AO in PECOS; if not, CP575 must be provided to approve access
- Manage staff and connections for the employer
- Approve DOs for the employer



Delegated Official

Authority to assign surrogacy and controls access to PECOS and NPPES records

- Delegated by the AO of org provider or 3rd party org
- Less restrictive DO requirements than PECOS
- May add the employer to his profile, manage staff and connections for the employer
- Multiple DOs permitted

Who Can Sign the Enrollment Application?



Initial:

A  AUTHORIZED OFFICIAL

Changes & Revals:

B  AUTHORIZED OFFICIAL

S  AUTHORIZED OFFICIAL

OR


 DELEGATED OFFICIAL

All:



I  INDIVIDUAL PROVIDER

O  INDIVIDUAL PROVIDER


Adding:

R  INDIVIDUAL PROVIDER



+

 DELEGATED OFFICIAL /  AUTHORIZED OFFICIAL

Changing / Terminating:

 INDIVIDUAL PROVIDER

OR

 DELEGATED OFFICIAL /  AUTHORIZED OFFICIAL

Release of Enrollment Information

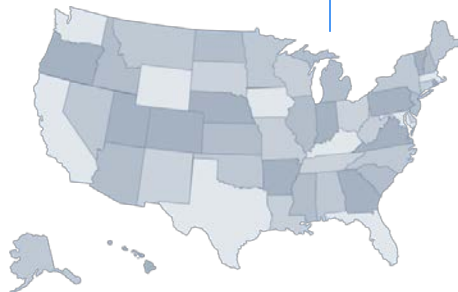


	Individual Provider	AO / DO	Contact Person	Outside Person / Entity
PTANs	X	X	X	
Effective Dates	X	X	X	
Group Affiliations	X	X	X	
Practice Locations	X	X	X	
Revalidation Status Information	X	X	X	X
Approval Letters	X	X	X	

Provider Enrollment Moratoria



2013	2014	2015	2016	2017
<p>Initial Implementation</p> <p><i>July 2013</i></p> <ul style="list-style-type: none"> HHA and HHA sub-units <i>Miami & Chicago</i> Ambulance and ambulance suppliers <i>Houston</i> 	<p>Expanded</p> <p><i>January 2014</i></p> <ul style="list-style-type: none"> HHA and HHA sub-units <i>Miami, Ft. Lauderdale, Detroit, Dallas, Chicago</i> Ambulance and ambulance suppliers <i>Houston, Philadelphia, surrounding New Jersey</i> 	<p>No Changes</p> <p><i>January 2015</i></p> <ul style="list-style-type: none"> HHA and HHA sub-units <i>Miami, Ft. Lauderdale, Detroit, Dallas, Chicago</i> Ambulance and ambulance suppliers <i>Houston, Philadelphia, surrounding New Jersey</i> 	<p>Lifted</p> <p><i>July 2016</i></p> <ul style="list-style-type: none"> Emergency ambulance services <p>Expanded</p> <p><i>July 2016</i></p> <ul style="list-style-type: none"> State wide HHA and HHA sub-units <i>Florida, Illinois, Michigan, & Texas</i> Non-emergency ambulances and ambulance suppliers <i>New Jersey, Pennsylvania, & Texas</i> 	<p>Lifted</p> <p><i>September 2017</i></p> <ul style="list-style-type: none"> Non-emergency ambulance services in Texas



Part C & D Preclusion List



CMS-4182F
starts JAN 2019



Replaces the Medicare Advantage (MA) and Prescriber enrollment requirements and creates a Preclusion list

Preclusion List

- Applies to individuals/entities
- Currently revoked and under an active re-enrollment bar, or
- Could have revoked if enrolled in Medicare; and
- Conduct that led to the revocation is considered detrimental to the Medicare program

Part C & D Preclusion List



Medicare Advantage (Part C)



- 120,000 unenrolled MA providers
- Opted out providers cannot receive Medicare payment for services furnished to Medicare beneficiaries under FFS or a MA plan



- MA plans will deny payment for a health care item or service if the individual/entity is on the Preclusion List



Prescriber (Part D)



- 340,000 unenrolled prescribers



- Pharmacy will deny prescriptions at point of sale if the provider is on the Preclusion List



Poll Question 3



Question & Answer Session



Revalidation



Poll Question 4

Revalidation Basics



5-year cycles

3-year for DME suppliers

When is your revalidation due?

go.cms.gov/MedicareRevalidation

- Lists all affected, 6 months out
- MACs will send notices 2-3 months prior
- Always due on **last day of the month**
- List includes all reassignments

RESPONSE RATE

90%

We e-mail the PECOS contact

- If multiple contacts exist email most recent on file
- No phone calls
- If no email address, we mail to: correspondence and special payment addresses and/or practice location address

Large Group Coordination

- We mail an “FYI” to **large groups** every 6 months, with a spreadsheet of every relevant provider (Name, NPI, and Specialty)
- MACs can now ask one contact to verify multiple practice locations

60
DAYS TO
RESPOND

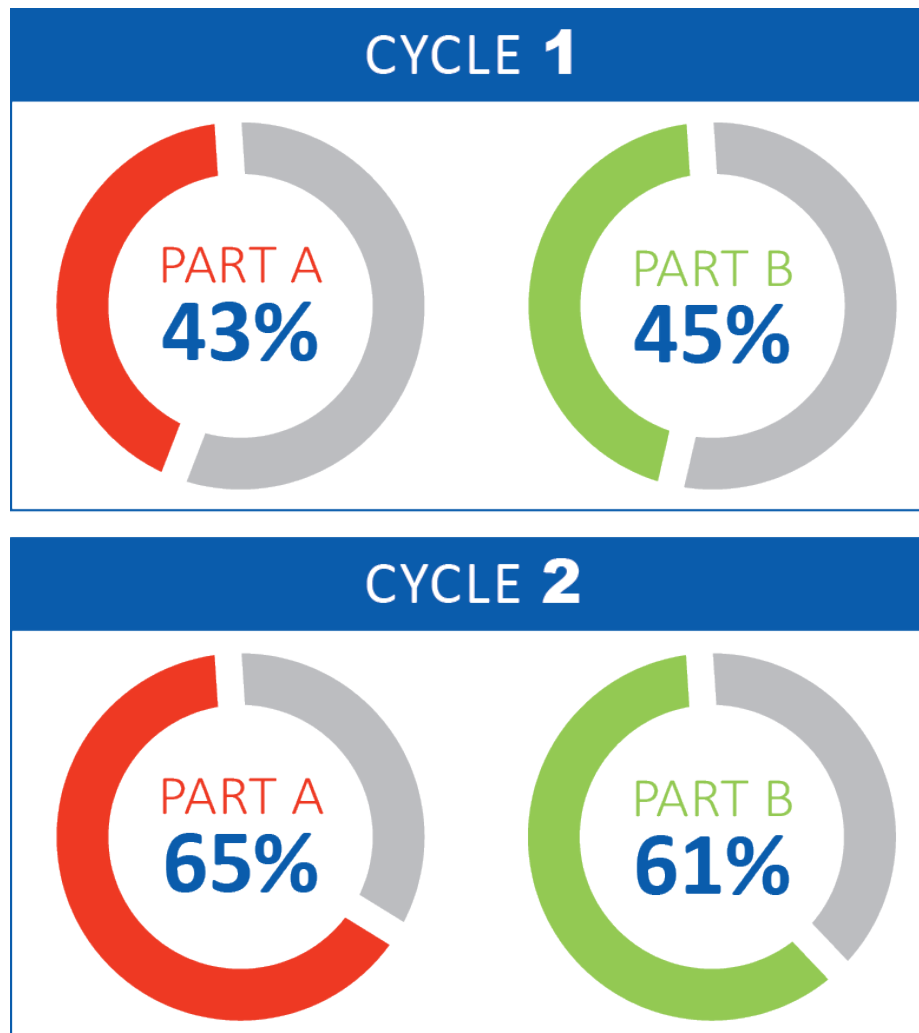
No Response?

- deactivate (not revoke)

Late Revalidation?

- break in billing
- new effective date

Revalidation Web Submissions



Revalidation Details



Unsolicited Revalidations

- If your record's due date is "TBD", do not send an application
- CMS will accept applications submitted within 6 months before due date, any application submitted beyond this timeframe will be returned
- If you want to *update or change* your enrollment record, send the relevant 855 form

Deactivations

- If you don't provide a complete revalidation your Medicare billing privileges will be deactivated
- Respond to all development requests by your MAC within 30 days
- If we deactivate you, you need to resend a complete enrollment application for reactivation
- If CMS reactivates you, you keep your old PTAN, and you are reactivated to the receipt date of the new application
- Approval letters will include gap in billing language (*January 2018*) ★

Revalidation Details

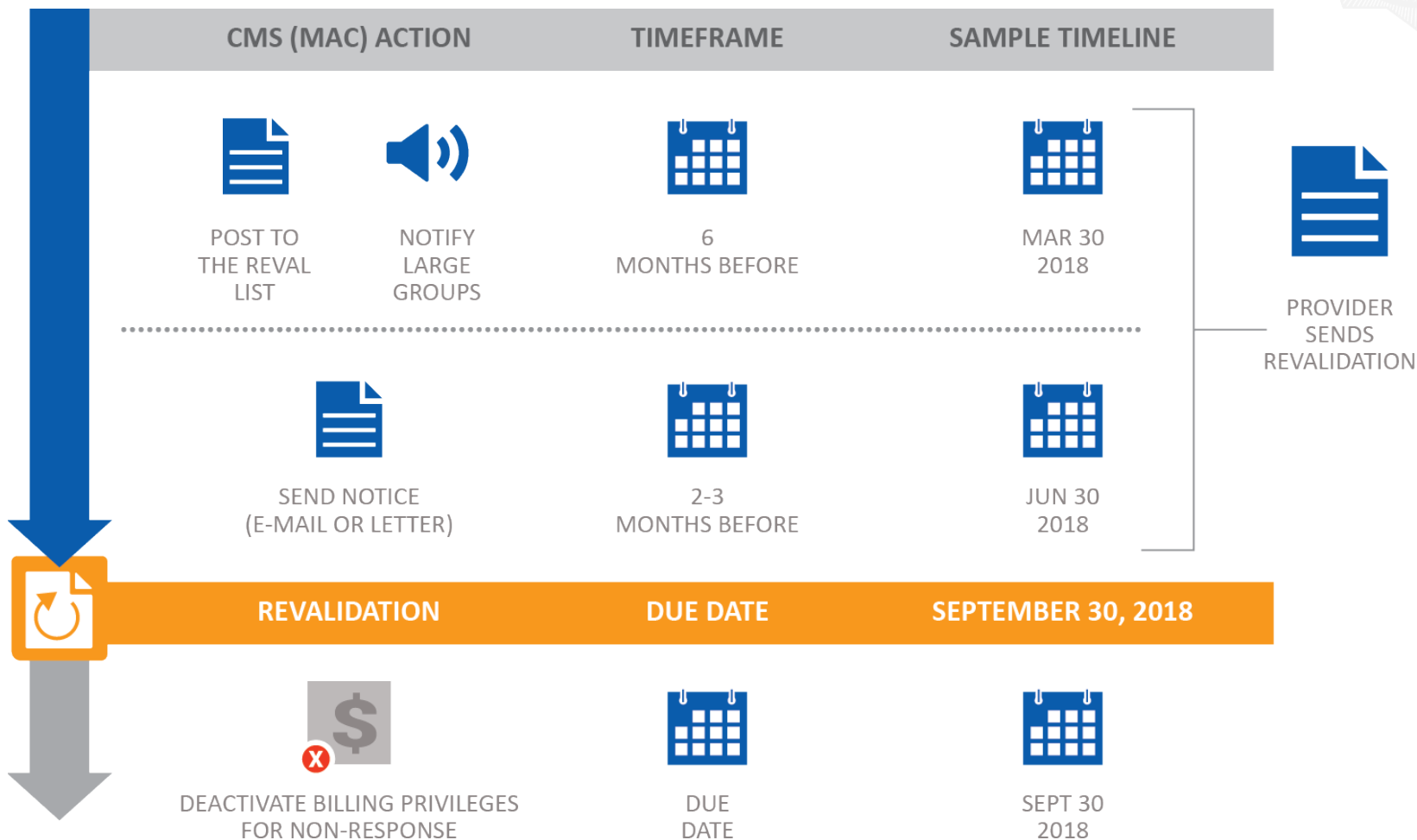


Changes received prior to revalidation

- Changes received within 6 months of revalidation due date may be processed as a revalidation, or

- Provider can choose to continue with the change in lieu of revalidation
 - MAC will process the change and proceed with revalidation process
 - Changes reported within 6 months of revalidation due date are not required to be reported on the revalidation application
 - MAC will not override the previous changes

Revalidation Timeline





Poll Question 5

Missing Reassignments - No Break in Billing



SCENARIO #1

- Revalidation application sent with missing reassignments
- Response received **before** due date

Application Received	09/01/2018
Development Letter Sent	10/15/2018
Development Due	11/15/2018
Development Received	11/10/2018
Revalidation Due	10/31/2018
Revalidation Complete	11/30/2018

- Revalidation notice includes reassignments for Groups A, B & C
- Revalidation application is received but only addresses reassignment for Group A
- MAC develops to Contact Person for missing reassignments for Groups B & C
- Provider responds with information for Groups B & C prior to the revalidation due date or the development due date (Section 1, 2, 4 & 15 of the 855I or a full 855I)
- **No break in billing**

Missing Reassignments - Break in Billing



SCENARIO #2

- Revalidation sent with missing reassignments.
- Response received **after** due date

Application Receipt	10/01/2018
Development Letter Sent	10/15/2018
Development Due	11/15/2018
Revalidation Due	10/31/2018
Reassignment End	11/15/2018
Revalidation Receipt	12/01/2018
Reactivation Effective	12/01/2018

- Revalidation notice includes reassignments for Groups A, B & C
- Revalidation application is received but only addresses reassignment for Group A
- MAC develops for missing reassignments for Groups B & C
- No response received from provider
- Group A's reassignment is revalidated. Groups B & C's reassignments are deactivated effective with the latter of the revalidation due date or the development due date
- Provider submits a reactivation application after the due date (full 855R required)
- Effective date for Groups B & C is based on receipt date of reactivation application
- **Break in billing**



Poll Question 6

Revalidation Look-up Tool



Data.CMS.gov Get Started Developers Q Sign In

MEDICARE REVALIDATION LIST

Medicare providers must revalidate their enrollment record information every three or five years. CMS sets every provider's revalidation due-date at the end of a month, and posts the upcoming six months online. A due date of "TBD" means that CMS has not set the date yet.

Find a Provider

Provider Name or National Provider Identifier (NPI):

Organization Name	First Name	Last Name
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NPI

Location

Any State

All records
 Only records with due dates
 Records with due dates in the specified range

FIND PROVIDER

Access Data

[DOWNLOAD FULL DATASETS \(ZIP\)](#)

[About the tool](#)

- **All Due Dates will not be removed and will continue to be displayed on the website even after a Provider has revalidated successfully.**
- This data was last refreshed on December 22nd, 2017
- Revalidation due dates included on this list range between March 31st, 2016 and July 31st, 2018
- The next data refresh is tentatively scheduled for March 1st, 2018
- Affiliations now include Reassignments as well as PA Employment Relationships
- Data now includes DME Due Dates between November 1st, 2016 and July 31st, 2018
- DME Suppliers are identified on the downloadable file in a new column called "Enrollment Type" and are identified as "1"

Revalidation Look-up Tool



data.cms.gov/revalidation

3 Sets of Data Files

for online filtering and download as Microsoft Excel, comma-delimited text files, xml...

Online tables

Browse, search, and filter the entire list online, then save to a file. (Some advanced features of each spreadsheet are intended for data specialists)

1. Group practice members only

[A-D](#) | [E-L](#) | [M-R](#) | [S-Z](#)

Search list of all group records and their reassigned members.

2. Entire list of providers and suppliers

Search list of all provider and supplier enrollment records.

3. Reassignments and PA Employment relationships

Search list of all reassignments and employment relationships.

For data specialists: Export this table and "join" it with Table 2 to create advanced group queries. Refer to the [data dictionary](#) (PDF) for more options.

How to use the online tables:

1. Sort on a column by clicking its grey header
2. Search with the [Find in this Dataset] search bar
3. Filter the data by clicking the blue [Filter] button
4. Download the file by clicking the light blue [Export] button

Revalidation Look-up Tool



Looking for reassigned providers?

Use “Group practice members only”

- Sort, download and save by large groups
- Includes all individuals that reassign to the group
- Shows the individual’s total number of reassignments

Sort and filter by:

- Group Enrollment ID, State, and LBN
- Individual Enrollment ID
- Individual NPI
- Individual State
- Individual First and Last Name
- Individual Specialty Code
- Individual Revalidation Due Date
- Total Reassignments

Group PAC ID	Group Enrollment ID	Group Legal_Business Name	Group Due Date	Individual Enrollment ID	Individual NPI	Individual Due Date	Individual First Name	Individual Last Name
1	1189384203	A & A Audiology, Pc	TBD	IC0080809000172	1306861356	TBD	Tonia	Fleming
2	11759440585	A & A Chiropractic, llc	TBD	IC0000019000132	1134399694	TBD	Sharon	Barnum
3	11531422256	A & A Eye Associates, Pc	06/30/2017	IC0101222000009	1538154588	09/30/2017	Carroll	Anderson
4	11534422205	A & A Eye Associates, Pc	06/30/2017	IC0081150000148	1407852296	07/01/2016	Amarca	Temnykh
5	3274425004	A & A Health Systems, Inc.	TBD	IC0040324000000	1063479723	TBD	Sherya	Fleming
6	4002802519	A & A Hearing Group, Pa	TBD	IC01102727000402	1596705995	08/01/2015	Ashley	Barnum
7	4082882819	A & A Hearing Group, Pa	TBD	IC00126000084	1818982026	TBD	Amy	Anderson
8	0648317685	A & A Optical inc	TBD	16000513	1548255226	TBD	Veri	Temnykh
9	0648317685	A & A Optical inc	TBD	008005	1033002529	11/30/2015	Jessie	Anderson
10	8426342513	A & A Physicians	TBD	IC00000000000	1063479723	07/01/2017	Just	Anderson
11	8523256590	A & A Vision	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
12	9122251	A & A Vision	09/30/2017	IC00000000000	1063479723	TBD	Kevin	Anderson
13	525	Medical	09/30/2017	IC00000000000	1063479723	TBD	Kevin	Anderson
14	525	Federal	09/30/2017	IC00000000000	1063479723	TBD	Kevin	Anderson
15	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
16	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
17	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
18	525	Medical	06/30/2016	IC00000000000	1063479723	TBD	Kevin	Anderson
19	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
20	525	Medical	TBD	IC00000000000	1063479723	09/30/2017	Kevin	Anderson
21	525	Medical	07/01/2017	IC00000000000	1063479723	07/31/2016	Kevin	Anderson
22	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
23	525	Medical	TBD	IC00000000000	1063479723	TBD	Kevin	Anderson
24	4486752870	A & A Audiology, Inc.	TBD	IC0110903000054	1801157017	TBD	John	Anderson
25	4486752870	A & A Audiology, Inc.	TBD	IC0110903000054	1801157017	TBD	John	Anderson
26	4486752870	A & A Audiology, Inc.	TBD	IC0161020000033	1811440340	TBD	Jeffrey	Anderson

Revalidation Look-up Tool



Find a Provider

INDIVIDUAL SEARCH

Provider Name or National Provider Identifier (NPI):

Organization Name: ARMINE SMITH

NPI:

Location:

Any State

- All records
- Only records with due dates
- Records with due dates in the specified range

FIND PROVIDER

Search by: Individual Last Name, First Name or NPI

search results show matching providers and # of reassignments

RECORD RESULTS

< BACK TO REVALIDATION SEARCH

MATCHING PROVIDERS

WITH FIRST NAME OF "ARMINE", LAST NAME OF "SMITH"

START OVER

Displaying records 1 – 2 of 2.

Armine Smith

Due Date: TBD
State: DC
Total Providers: 2

SPECIALTY
Urology
NPI: 1871704809

Armine Smith

Due Date: 03/31/2017
State: MD
Total Providers: 3

SPECIALTY
Urology
NPI: 1871704809

RECORD

< BACK TO PROVIDER SEARCH RESULTS

ARMINE SMITH

REVALIDATION DUE DATE:
03/31/2017

LAST UPDATED DATE: JULY 1ST,
2017

STATE: MD

START OVER

Specialty

Urology

NPIs: 1871704809

Organizations this individual belongs to:

Displaying records 1 – 3 of 3.

Johns Hopkins Community Physicians

Due Date: TBD
State: MD
Total Providers: 84

SPECIALTY
Clinic/Group Practice
NPI: 1770518003

Johns Hopkins Community Physicians

Due Date: TBD
State: MD
Total Providers: 387

SPECIALTY
Clinic/Group Practice
NPI: 1255355972, 1578593865...

Johns Hopkins University

Due Date: TBD
State: MD
Total Providers: 3110

SPECIALTY
Clinic/Group Practice
NPI: 1033190442, 1588638978...

Records include details and links to all affiliated records

(e.g. Individual records show details on affiliated organizations or providers, plus a link to the group's record)

Revalidation Look-up Tool



Find a Provider
ORGANIZATION SEARCH

Provider Name or National Provider Identifier (NPI):

First Name

Last Name

Location

Any State
▼

All records

Only records with due dates

Records with due dates in the specified range

FIND PROVIDER

JOHNS HOPKINS COMMUNITY PHYSICIANS

REVALIDATION DUE DATE: TBD
LAST UPDATED DATE: JULY 1ST, 2017
STATE: MD

START OVER

Individuals in this organization
Displaying records 61 - 70 of 70

Sarita Sharma
Due Date: TBD
State: MD
Total Providers: 1

Armine Smith
Due Date: 03/31/2017
State: MD
Total Providers: 3

Anjali Singh
Due Date: TBD
State: MD
Total Providers: 2

RECORD

Specialty
Clinic/Group Practice
NPI: 1770518003

Records will include details and links to all affiliated records

(e.g. group records show details on affiliated individuals, plus a link to the individual record)

MATCHING PROVIDERS
RECORD RESULTS

WITH ORGANIZATION NAME OF "JOHNS HOPKINS COMMUNITY PHYSICIAN"

START OVER

Displaying records 1 - 5 of 5.

<p>Johns Hopkins Community Physicians Due Date: TBD State: DC Total Providers: 335</p>	<p style="font-weight: bold;">SPECIALTY</p> <p>Clinic/Group Practice NPI: 1255359972</p>
<p>Johns Hopkins Community Physicians Due Date: TBD State: MD Total Providers: 387</p>	<p style="font-weight: bold;">SPECIALTY</p> <p>Clinic/Group Practice NPI: 1255359972</p>
<p>Johns Hopkins Community Physicians Due Date: TBD State: MD Total Providers: 387</p>	<p style="font-weight: bold;">SPECIALTY</p> <p>Clinic/Group Practice NPI: 1578598868</p>

Search by: Organization Name or NPI

search results show # of reassignments & physician assistants

Because of Your Feedback

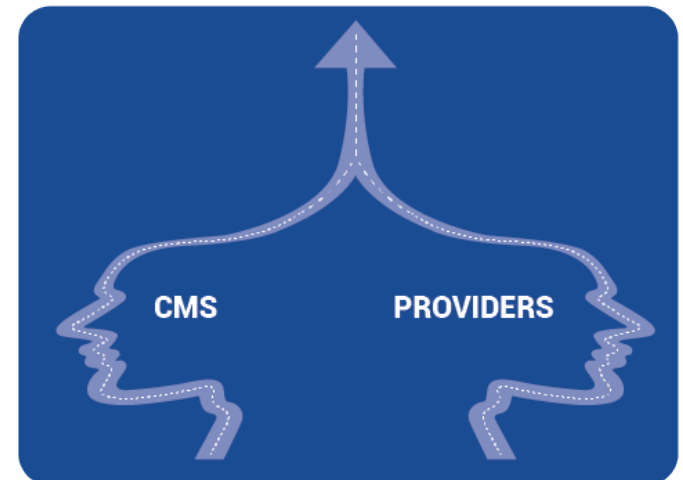


Changes we've made

- Advanced notice of your revalidation due date
- Search and download all reassignments
- Reassignment information on revalidation notices

How you can help

- Talk to your provider
- Use the revalidation look up tool
- Respond timely
- Set up your access to PECOS now
- Use PECOS to submit your revalidation





Question & Answer Session



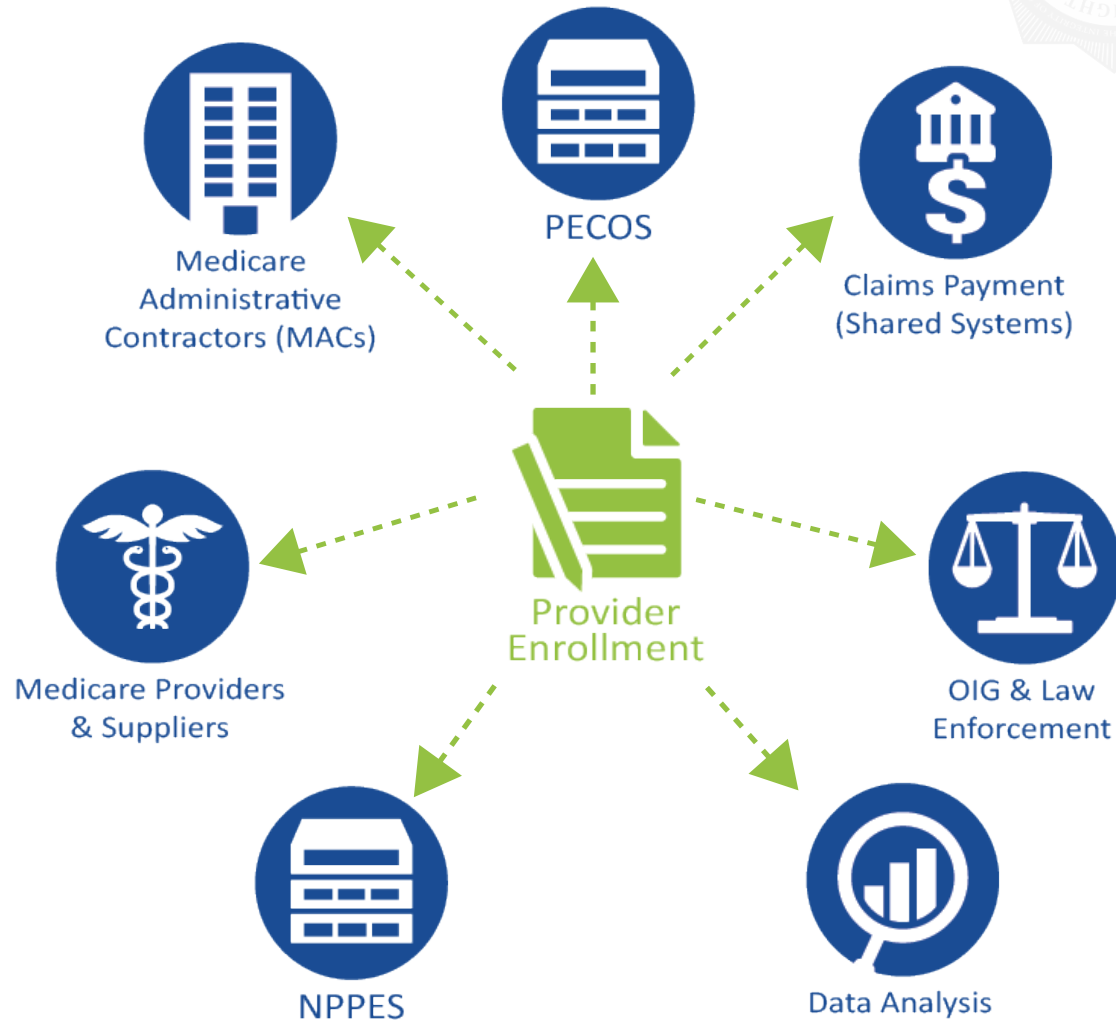
Provider Enrollment Systems

Provider Enrollment Systems



Provider Enrollment is the gateway to the Medicare Program. NPPES and PECOS serve as the systems of record for NPI and Provider Enrollment Information.

Provider Enrollment also supports claims payment, fraud prevention programs, and law enforcement through the sharing of data.



NPPES (NPI) Today



Every
Month...

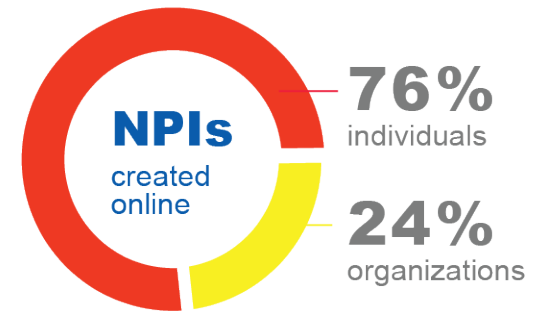
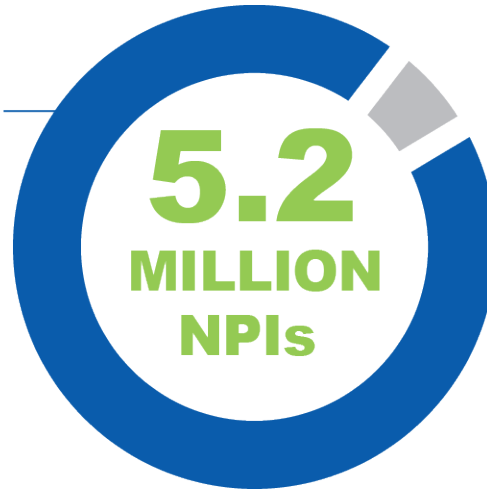
26,000

New NPIs

58,000

Updates

94%
created
online



Challenges

- Low usability / readability
- Targeted to providers, not admins
- Old technology, narrow design
- Strict customer service policies
- All lead to... **outdated records**

Since May 2017...

- New design with easier screens
- Surrogacy (like PECOS)
- More data fields
- Improved customer service

Maintain NPI Records

- National reach
- Used by Federal/State government and private plans to validate information



Poll Question 7

NPPES | Data Collection Updates



Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

Organization Name(Optional)
WILLIAM & MONTGOMERY

* Address Line 1: (Street Number and Name)
233 S Wacker Dr

Address Line 2: (e.g. Apartment/Suite Number)

* City: Chicago * State: IL - ILLINOIS * Zip Code: 60606 Zip Ext:

* Tell us why you don't want to use the standardized address(shown to your right)
Select

Your standardized address:
WILLIAMS & MONTGOMERY
233 S Wacker Dr STE 6100
Chicago, IL 60606-3094

ACCEPT STANDARDIZED ADDRESS

USE INPUT ADDRESS REVALIDATE ADDRESS

- ✓ Organization Name can be included for address standardization
- ✓ Exclude Medicare other identifiers from User Interface & Data Dissemination files
- ✓ Updates to provider Endpoint information data fields
- ✓ NPI Registry updated with additional practice locations

NPPES | User Privilege Updates



NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

krdev0901 last | Sign Out

Manage Provider Information

You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XX-XXX4234	org kjkj	Multiple Locations	Multiple NPIs	Multiple Taxonomies	Multiple Statuses	
	XXX-XX-1051	bob, kr dev demo 3	north potomac, MD	1841571387	Psychologist,Adult Development & Aging	Active	
	XXX-XX-1041	pal, kr demo 2	North Potomac, MD	1932480472	Psychologist,Adult Development & Aging	Active	
	XXX-XX-1241	test, krdevnotifications	germantown, MD	1710268263	Poetry Therapist	Active	
	XXX-XX-9017	last, krpro090128	Rockville, MD	1174804603	Counselor,Paraprofessional	Active	
	XXX-XX-9011	last, krdev0901	north potomac, MD	1750662292	Psychologist,Adult Development & Aging	Active	
	XXX-XX-1041	ram, krdemo1	north potomac, MD	1023399565	Psychologist	Change Request In Progress	
	XXX-XX-1041	PROB DEV DEMO 1	Rockville, MD	1198648837	Home Care	Active	

Tool Tips:
Deactivate this NPI.

- ✓ Authorized Official and Delegated Official can deactivate NPIs
- ✓ Create Organizational NPIs when all other NPIs are deactivated
- ✓ I&A Users can cancel role requests and disassociate from organizations

NPPES | Communication Updates



- ✓ Enhanced NPPES 'ANNOUNCEMENTS' Section
- ✓ E-mail confirmation check during NPI application
- ✓ Warning alerts throughout application
- ✓ System generated email notifications for application status updates

YouTube video introducing the new NPPES:

<https://youtu.be/BOJCAj1P2u8>

"Getting Ready for the new NPPES" FAQ:

<https://nppes.cms.hhs.gov/NPPES/powerpoint/GettingReadyForTheNewNPPES.pptx>

NPPES | Future Updates



NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY

Status Definitions

EFI File Management

Filter...

NPPES EFI Organization ID	Organization(LBN)	Last Generated Date	File Type	Status	Action
108630	Blue Ridge Orthopaedic, Occupational Therapy	10/24/2016	csv	Processed	
108630	Blue Ridge Orthopaedic, Occupational Therapy	10/24/2016	xml	In Queue	
108630	Blue Ridge Orthopaedic, Occupational Therapy	10/24/2016	csv	Processed	
108630	Blue Ridge Orthopaedic, Occupational Therapy	10/14/2016	xml	In Queue	
108630	Blue Ridge Orthopaedic, Occupational Therapy	10/14/2016	csv	In Queue	

1 - 5 of 5 items

EFI File Upload

EFI files of up to 200 MB may be uploaded. File name may not contain spaces, or special characters. Otherwise the file will encounter an error in processing.

Select EFI Organization: 108630 Blue Ridge Orthopaedic, Occupational Therapy

Select File to Upload (XML,CSV): Choose File No file chosen

Download: Sample XML File or Sample CSV File

ADDITIONAL RESOURCES

Please see the revised EFI documentation below (revision date 8/10/08). EFIOs are responsible for updating their EFI XML Schema utilizing the information provided in the documents listed below. Failure to do so could cause the uploaded EFI Files to either be rejected or not be processed correctly.

- EFI Summary - Provides a general overview of how the EFI process works. Adobe PDF [PDF File]
- EFI Organization Certification Statement - Adobe PDF [PDF File]
- EFI Technical Companion Guide - Revised 9/13/09 - Contains information on how to format EFI data for submission Adobe PDF [PDF File]
- EFI User's Guide - Revised 1/31/10 - Explains how the EFI process works from a systems point-of-view Adobe PDF [PDF File]
- EFI XML Schema - Revised 4/1/08 - The XML Schema File for EFI [Zip File]

- ✓ Optimization of the Electronic File Interchange which allows for upload of large files (up to 200 MB)
- ✓ Update NPI Registry to show other names and Endpoint information
- ✓ Additional Supplemental Data Dissemination files

What is PECOS?



The Provider Enrollment Chain and Ownership System (PECOS) is a national database of Medicare provider, physician, and supplier enrollment information. PECOS is used to collect and maintain the data submitted on the CMS-855 enrollment form.



PECOS Provider Interface (PECOS PI) - <https://pecos.cms.hhs.gov> can be used to:

- ✓ Submit an initial Medicare enrollment application
- ✓ View or submit changes to your existing Medicare enrollment information
- ✓ Submit a Change of Ownership (CHOW) of the Medicare-enrolled provider
- ✓ Add or change reassignment of benefits
- ✓ Reactivate an existing enrollment record
- ✓ Withdraw from the Medicare Program



Poll Question 8

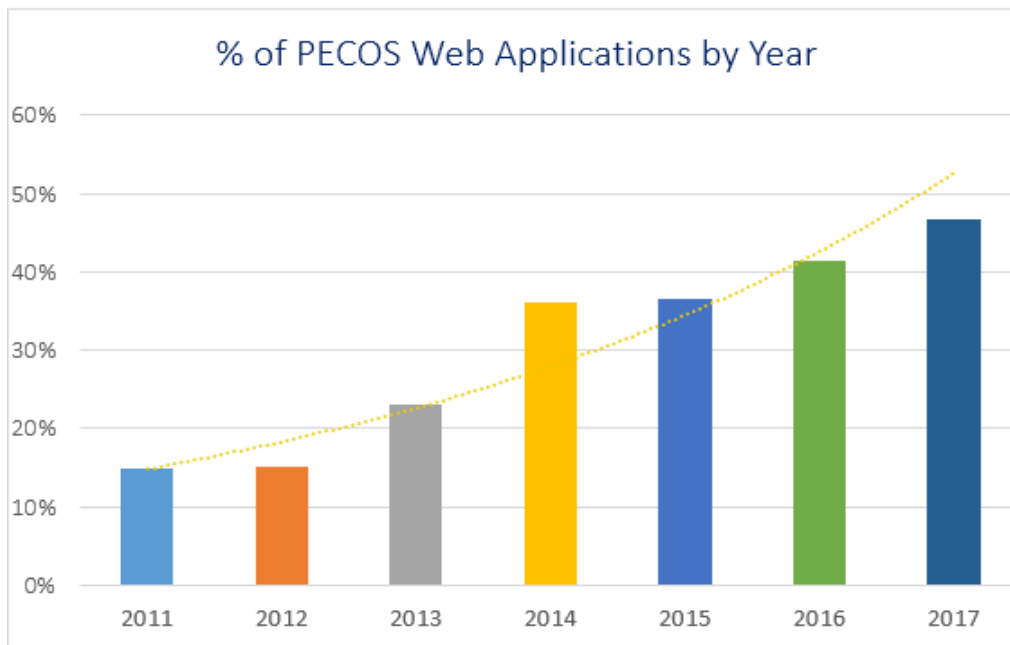
PECOS Today



**Over 2 Million
Enrollments**

Every month...
18,000 new enrollments

Encouraging Online Applications



- ✓ Completely paperless process
- ✓ Faster than paper-based enrollment
- ✓ Tailored application process
- ✓ Easy to check and update your information for accuracy



Final Adverse Actions

Final Adverse Action Information

* **Categories** ⓘ

SELECT CATEGORIES

FELONY CONVICTION WITHIN 10 YEARS
MISDEMEANOR CONVICTION
CURRENT OR PAST STATE SANCTIONS
CURRENT OR PAST FEDERAL SANCTIONS
CURRENT OR PAST SUSPENSION/REVOCAION OF MEDICAL LICENSE
CURRENT OR PAST SUSPENSION/REVOCAION OF ACCREDITATION
CURRENT OR PAST EXCLUSION

* **Final Adverse Action** ⓘ

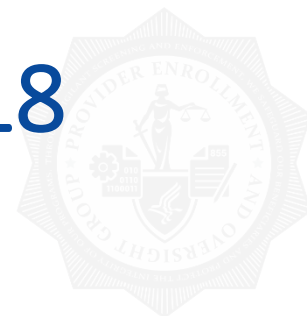
* **Date of Final Adverse Action** ⓘ

MM/DD/YYYY

* **Taken By** ⓘ

- ✓ Categories for final adverse actions
- ✓ No longer required to report Medicare Payment Suspensions or Medicare Revocations
- ✓ Displays all reported final adverse actions
- ✓ Final adverse actions reported prior to April 1, 2018 that CMS could not categorize, will be placed under the “other” category

PECOS Upcoming Changes | July 2018



To: [email address]
Subject: PECOS E-Signature Request
Sent: [MM/DD/YYYY] [HH:MM AM/PM]

A Medicare application for [APPLICANT NAME] for [ENROLLMENT SCENARIO] has been submitted by [PECOS PI SUBMITTER NAME], [SUBMITTERPHONE], [SUBMITTEREMAIL]. You, [SIGNATORYNAME], have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
Provider/Supplier Name:
Provider/Supplier Specialty Type:
State:
Form Type:
NPI:
Web Tracking ID:
Signatory Name:
Signatory Role:

Instructions:
You may provide an electronic signature using your PECOS user ID at (<https://pecos.cms.hhs.gov>) OR through the PECOS E-Signature website (<http://ffx-pecos-temp1-9083/pecos/eSignLogin.do>), using your identifying information, e-mail address, and unique PIN – [0123456789012]. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note that the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process please call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-866-523-4759

- ✓ Emails will identify the individual that needs to e-sign the application when multiple signatories exist
- ✓ Emails will identify signers who have requested a PIN

✓ PECOS will display two fields: Signatory Name and **Signatory Role** in the following e-mails:

- Pending E-Signature E-mail
- E-signature Reminder E-mail
- PIN Regeneration E-Mail

Digital Submission



Physician Compare



[medicare.gov/physiciancompare](https://www.medicare.gov/physiciancompare)

- Public directory of healthcare providers in Medicare.
- Based mostly on PECOS; updated twice a month

The screenshot displays the Medicare.gov Physician Compare interface. On the left is the main search page with navigation tabs (Home, About Physician Compare, About the data, Resources, Help) and search filters (Find physicians and other health care professionals, Find group practices, Search another way). The search criteria include a location field (ZIP code/City, State/Address/Landmark) and a search field (Doctor last name or specialty or medical condition). On the right is a detailed view of search results for "Internal medicine" within 1 mile of Los Angeles, CA 90048. It shows two results: Steven A Miles (0.00 mile) and Farshid Fararooy (0.36 mile). Each result includes primary and additional specialties, address, and phone number. A sidebar on the right offers options to "Go to map view", "Modify your results", and "Update results".

Learn more: Search “physician compare” at [cms.gov](https://www.cms.gov)

Get support: PhysicianCompare@Westat.com

PECOS Redesign



PECOS 2.0

- ✓ Simplified interface focused on automated functions
- ✓ Increase speed of application processing
- ✓ Track the status of an application from submission through approval
- ✓ Update multiple records at one time
- ✓ Live support to help users
- ✓ Support increased alignment between Medicare and Medicaid
- ✓ Reduce redundant data collection

You May Be Wondering



Q: When will the PECOS 2.0 improvements begin rolling out?

A: We're expecting updates to the PECOS system will be introduced in late 2019.

Q: Will this impact claims submission or payment?

A: No. These improvements will not impact billing or claims information.

Q: Will I need to do anything when these changes begin?

A: No. There is no need for Providers or their support staff to take any action.

Q: Will I still have access to all my providers and their information?

A: Yes, absolutely. The improvements and updates will not impact the data that is already in the system. You will still have access to all of the same providers and application submission functions you do today, including your revalidation information.

You May Be Wondering



Q: What enhancements to PECOS can we expect?

A: Changes will include a new look and feel, new tools for managing provider information and applications, faster processing, submitting fewer duplicate applications, and greater access to information (eg. Approval letters, and requests for information).

Q: Will I or my staff need to undergo training to learn the updates?

A: We will be working with the community via focus groups to insure the changes will be simple easy-to-use processes that should not require extensive re-training. We will also have information available to help answer questions.

Q: Does this mean I can't submit paper applications?

A: We hope to encourage as many users as possible to transition to the online system when they see the simplicity and speed. However, we will continue to allow submission of completed paper applications as we improve the system.



Question & Answer Session

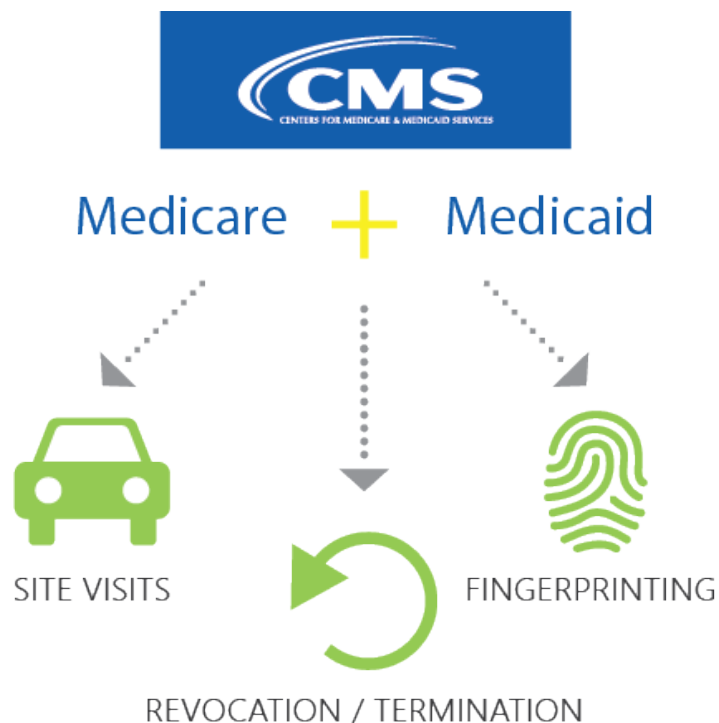


Medicaid Enrollment

Medicaid Provider Enrollment



CMS **Center for Program Integrity** manages **Medicare** and **Medicaid** enrollment.



Advantages

Less burden for states and providers

In some cases, states can screen Medicaid providers using our Medicare enrollment data (site visits, revalidation, application fees, fingerprinting).

More consistency among states

Clearer sub-regulatory guidance
Each state has a CMS point-of-contact

Medicaid Provider Enrollment Compendium (MPEC)

Similar to the Medicare Program Integrity Manual

Improper Payment Rate



Fee-for-service (FFS)

- Measures improper payments in Medicaid and CHIP and produces error rates for each program



20%
Other medical review or data processing errors

80%
Noncompliance with Medicaid FFS Provider Enrollment & Screening Requirements

CMS' Role in Medicaid Provider Enrollment



Can

- Provide sub-regulatory guidance
- Support states in their statutory compliance efforts
- Provide Medicare data and screening activities to leverage for Medicaid enrollment
- Share best practices and make recommendations



Can't

- Require states alter their enrollment process
- Align the enrollment process across all states
- Require timeframes for processing applications
- Define the manner by which the states implement Federal regulations



Poll Question 9

Medicaid Provider Enrollment Compendium



MPEC Updated June 2017

- For State Medicaid Agencies (SMA) and providers
- Guidance on federal Medicaid enrollment standards (42 CFR 455 Subparts B, E)
- States may be stricter than Federal regulations
- Find at <https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-142017.pdf>

Sample Guidance

Revalidation (Section 1.5.2, 1.5.3)

- Required every 5 years (includes ordering and referring physicians)
- Discretion to require revalidation on a more frequent basis

Approval letters (Section 1.7)

- SMAs should not request MAC “welcome letter” as a condition of provider enrollment

Out of State Providers (Section 1.5.1C)

- SMAs may pay claims for out-of-state providers who are unenrolled

Retroactive Dates of Service (Section 1.6B)

- SMA makes determination to grant a retroactive billing date based on compliance

Relying on Medicare Screening



- SMA determines to what extent it may reduce its own screening through reliance on Medicare’s screening activities
- SMAs MAY rely upon Medicare screening, however are not required to
- For SMAs to rely on Medicare's screening:
 - Must have occurred in the last 5 years
 - Must be the same provider in Medicare
 - Must be an “approved” Medicare provider

Risk Category	Comparison	Risk Category	SMA Action
Medicaid Risk Category	=	Medicare Risk Category	None
Medicaid Risk Category	>	Medicare Risk Category	Gap Screening
Medicaid Risk Category	<	Medicare Risk Category	None

** Exception for DME and HHA risk levels*

PECOS State's Page | Provider Info



STATES MEDICARE REPORT			
This report is generated to assist Medicaid State users with vetting Medicaid Enrollment Applications			
Report Print Date: 06/30/2016			
PROVIDER INFORMATION			
Identifying Information			
Name: Richard McRoberts	Date of Birth: 11/03/1957	TIN: XXX-XX-3109 (SSN)	
Legal Business Name:	Provider/Supplier Type: Physician - ADDICTION MEDICINE	Doing Business As Name:	
NPI: 1023054806	NPI Verified in NPPE? YES	IRS Information: LLC	
Medicare Risk Category	Effective Date: 06/15/2016		
Risk Level: Low	Name:	TIN: XXX-XX-3109 (SSN)	
Correspondence Address	Medicare Risk Category	Doing Business As Name:	
Address Line 1: 123 East Way Springfield	State: MA	IRS Information: LLC	
Address Line 2: Suite #2300	Contact: Dave Wilson	Point of Contact P	
Reassignment Inform	Correspondence Address		
Reassignment To:	Reassigning Reassignment: Davis Medical, Inc.	Receiving Reassignment NPI: 1024567834	
Reassignment To:	Address Line 1: 123 East Way	Reassignment End Date: 01/15/2017	
Receiving Reassignments From:	Reassigning Practitioner: Mary Williams	Reassignment Effective Date: 04/13/2015	
	Reassigning Practitioner NPI: 1037463526	Reassignment End Date: 01/15/2017	
Change of Ownership Information			
Type: Merger/Aquisition	Effective Date: 05/30/2013	Transaction Type: Seller	Buyer/Seller NPI: 1023064536
Provider Agreement Accepted?: Yes	Buyer/Seller Entity Name: AMS, Inc.	Buyer/Seller Entity TIN: XXX-XX-4637	

PECOS State's Page | Medicare Details



Medicare Provider Info:

MEDICARE PROVIDER INFORMATION Expand All Collapse All

Current Status Information

Current Status: Approved Medicare Enrolled State: MA Status Reason: Approved after 1st Contact **Status Effective Date: 04/30/2003**

First Approved On: 04/30/2003 Other NPIs Associated with Tax ID (Max 10):

Enrollment Timeline (Based on Medicare ID)

Current Status	Effective Date	Expiration Date
Active	03/13/2003-07/03/2009	
Inactive	07/03/2009-08/01/2011	
Active	08/01/2011-Present	

First Approved On: 04/30/2003

Enrollment Timeline

Practice Location Info:

PRACTICE LOCATION INFORMATION Expand All Collapse All

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

Address Line 1: 87465 West Avenue City: Worcester State: MA ZIP: 37485

Address Line 2: Room 965 Address End Date: Home Health/Nursing Home Owned? No

Site Visit Date: 02/15/2016 **Site Visit Result: PASS**

Current Medicare ID/NPI Combination (Max 10) Historic Medicare ID/NPI Combination (Max 10):

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

Address Line 1: 87465 West Avenue City: Worcester State: MA ZIP: 37485

Address Line 2: Room 965 Address End Date: Home Health/Nursing Home Owned? No

Site Visit Date: 02/15/2016 **Site Visit Result: PASS**

Current Medicare ID/NPI Combination (Max 10) Historic Medicare ID/NPI Combination (Max 10):

Location Name: Smith Medical, Inc. Effective Date: 5/23/2003 Practice Location Type: Hospital

PECOS State's Page | Disclosure Info



➤
Disclosure
Info:

DISCLOSURE INFORMATION				Expand All	Collapse All
5% or More Owners					
Name: John Smith	Role Effective Date: 03/15/2015	Date of Birth: 04/01/1977	SSN (Last 4): XXXX-XX-3297		
FCBC Order Date: 04/10/2015	FCBC Result: PASS				
Sanction Code:	Sanction Effective Date:	Sanction End Date:			
Date of Death:					
Screening Order Date: 05/10/2016	Screening Result: PASS	APS Profile Link:			
Name: John Smith					
Name: John Smith	Role Effective Date: 03/15/2015	Date of Birth: 04/01/1977	SSN (Last 4): XXXX-XX-3297		
FCBC Order Date: 04/10/2015	FCBC Result: PASS				
Sanction Code:	Sanction Effective Date:	Sanction End Date:			
Date of Death:					
Screening Order Date: 05/10/2016	Screening Result: PASS	APS Profile Link:			
Managing Employees					
Name: John Smith	Sanction Code:	Sanction Effective Date: 03/15/2015	Sanction End Date: 03/15/2015	SSN (Last 4): XXXX-XX-3297	
Date of Death:					
		Screening Result: PASS			

PECOS State's Page | Screening History



Screening History:

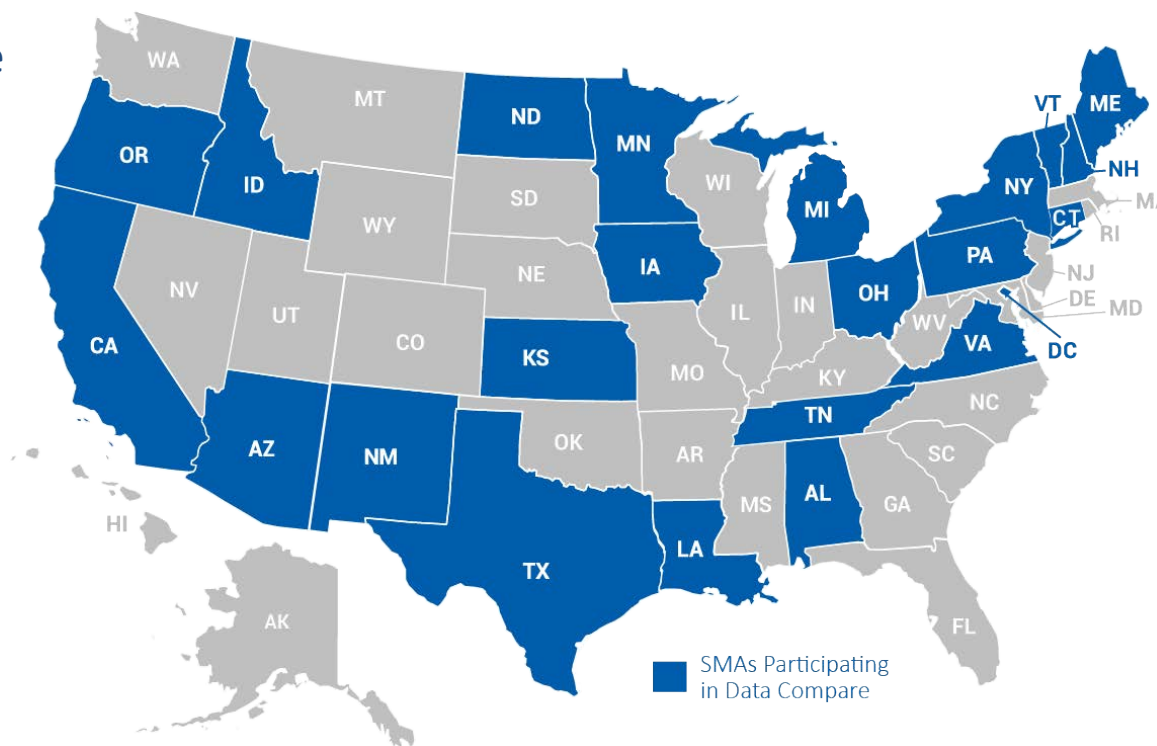
MEDICARE SCREENING HISTORY (RICHARD MCROBERTS)		Expand All	Collapse All
Provider Screening Information			
Date Ordered: 04/12/2016	APS Profile Link:		
Revalidation Information			
Revalidation Due Date: 09/20/2017	Revalidation Completed Date:	Revalidation Status: COMPLETED	6
SSA Death Master File Information			
Date Reported on Death Master File:	Date of Death:	Revalidation Status: COMPLETED	
OIG LEIE Medicare Exclusionary Database (MED) Information			
Date Reported on MED File:	MED Sanction:	Sanction Start Date:	Sanction End Date:
Date Reported on Waiver File:	MED Sanction:	Waiver End Date:	

Data Compare Service

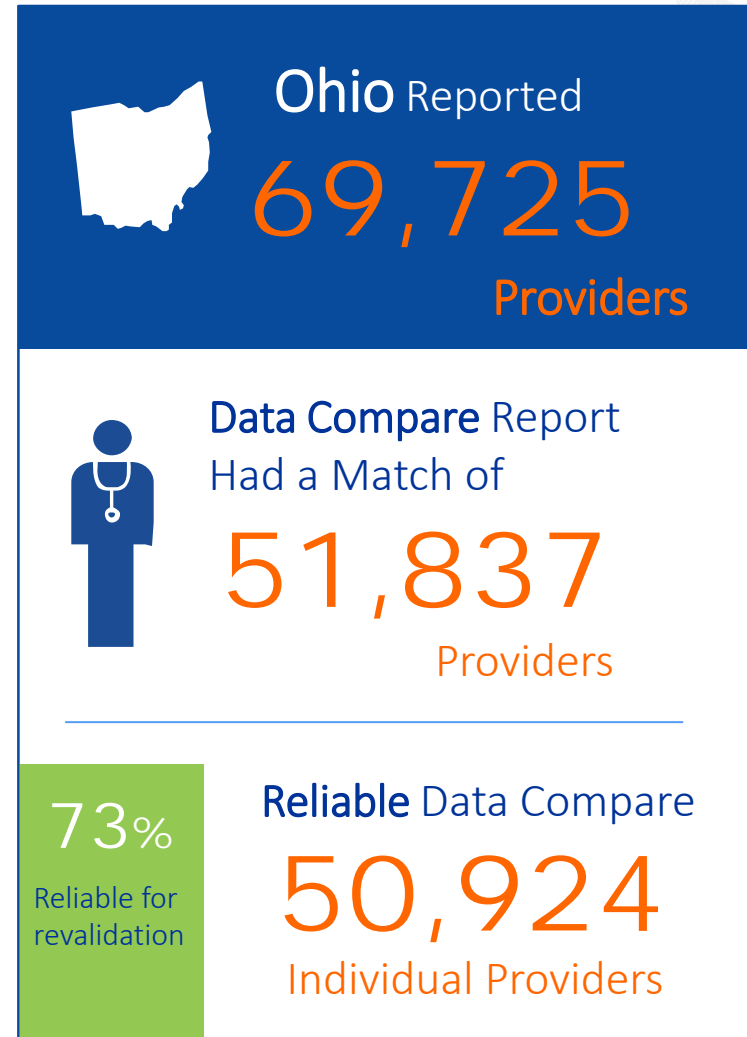
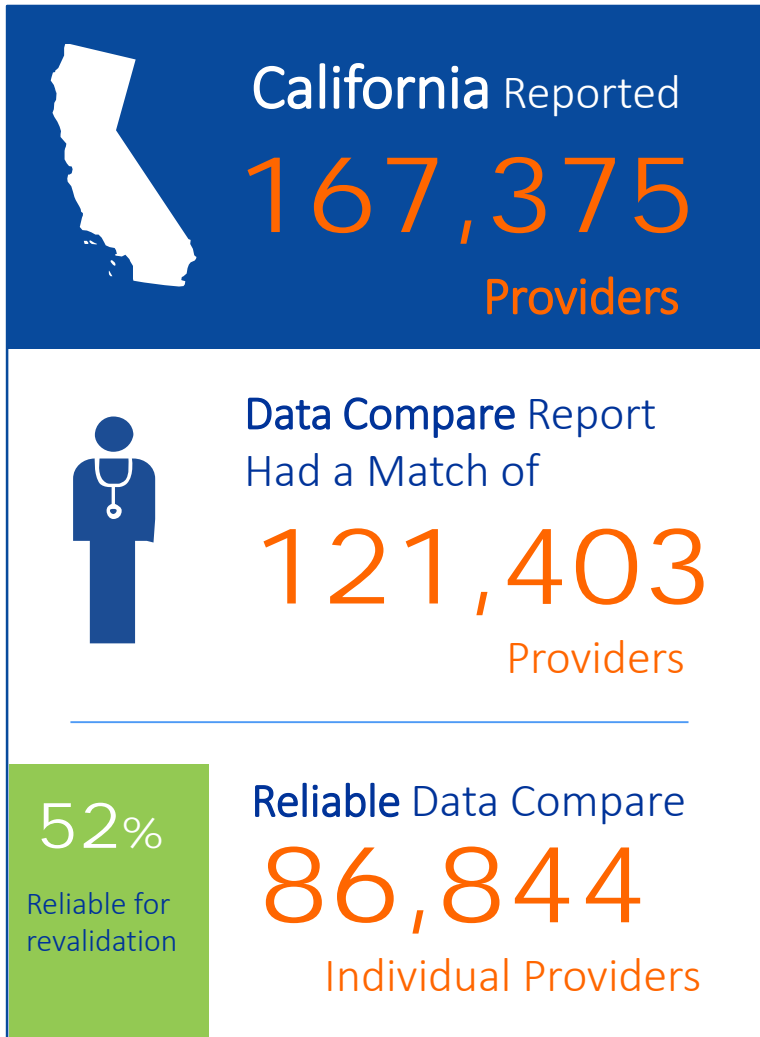


SMA that have participated in Data Compare

- Ability for SMAs to rely upon Medicare screening data to comply with statutory requirements
- Identifies dually enrolled providers who have already been screened in Medicare



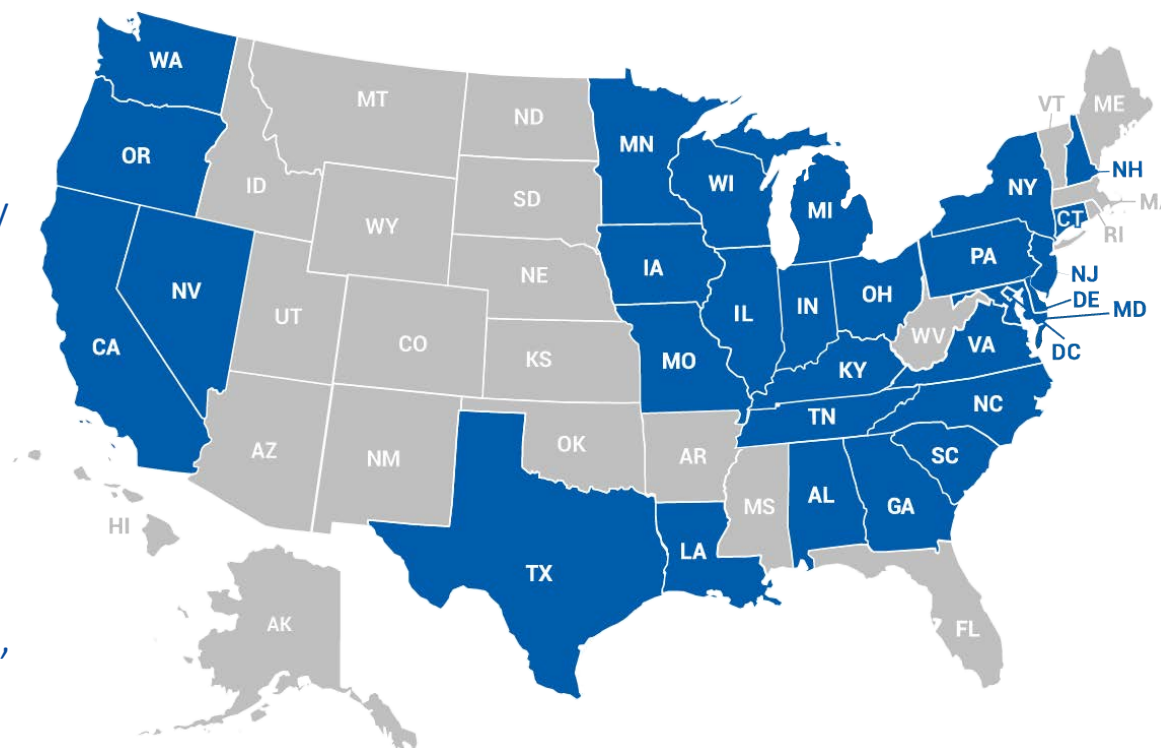
Data Compare Results



CMS State Assessment Visits



- CMS conducts assessments of the SMA's progress with screening and enrollment requirements
- Visits are 100% voluntary
- Work with the SMAs to identify best practices and opportunities for improvement
- Identify ways CMS can better support the SMAs, help reduce provider burden, and provide guidance



State Best Practices



BEST PRACTICES

Use of CMS Data Compare Service enabled Oregon to leverage Medicare screening and complete revalidation for 90% of their providers.



BEST PRACTICES

Automated checks of the Death Master File built into the online application identify inaccurate data in real time and prevent application submission.



BEST PRACTICES

Virginia established a 100% online enrollment process.



BEST PRACTICES

Wisconsin established a 24 hour auto-enrollment process.

Medicaid Managed Care



CMS-2390

began JAN 2018



Medicaid Managed Care network providers that furnish, order, refer or prescribe must:

enroll in Medicaid



Reduces Fraud

1. Ensures compliance with enrollment requirements across all programs
2. Ensures services are provided by qualified providers
3. Ensures consistency across CMS programs



Question & Answer Session



Protecting the Program

Stronger Screening



Increase Site Visits

Authority: 42 CFR 424.517

- All geographical areas
- All provider types



Find Vacant or Invalid Addresses

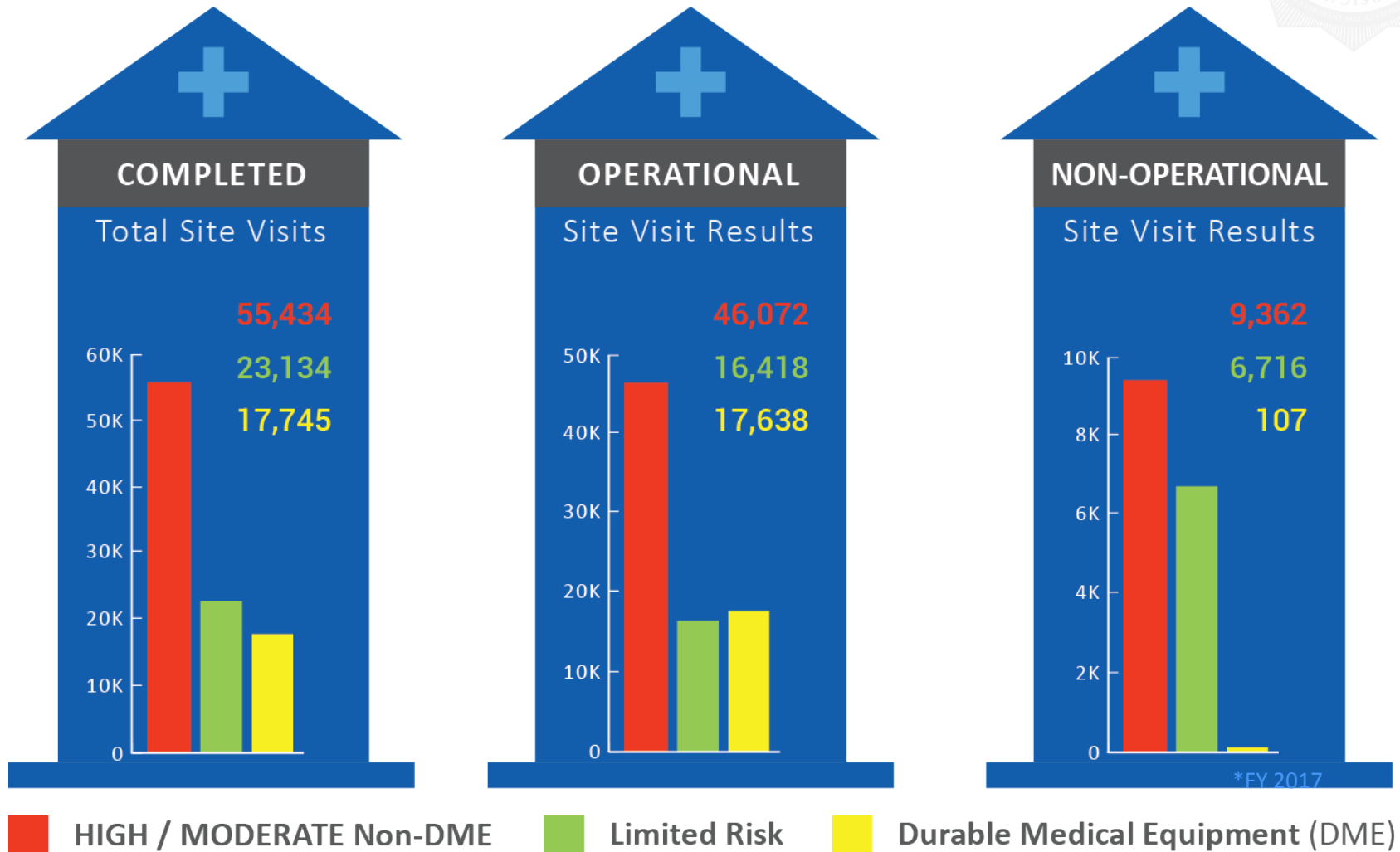
- Better automatic address verification in PECOS
- Includes US Postal Service feature that confirms the address is real (UPS store, mailboxes, unlikely to deliver mail)
- May trigger a site visit



Deactivate for Non-billing

- EXEMPTIONS: order/refer/prescribe; certain specialties e.g., pediatricians, dentists and mass immunizers (roster billers)

Site Visit Data





Poll Question 10

Fingerprinting



[CMSfingerprinting.com](https://www.cms.gov/fingerprinting)

Applies to:

- New HHAs
- New DME suppliers
- New MDPP suppliers
- High risk providers/suppliers

Excludes:

- Managing Employees
- Officers
- Directors

If the initial fingerprints are unreadable a 2nd set of fingerprints will be requested

5%⁽⁺⁾ Ownership/Partners

in a high risk provider/supplier

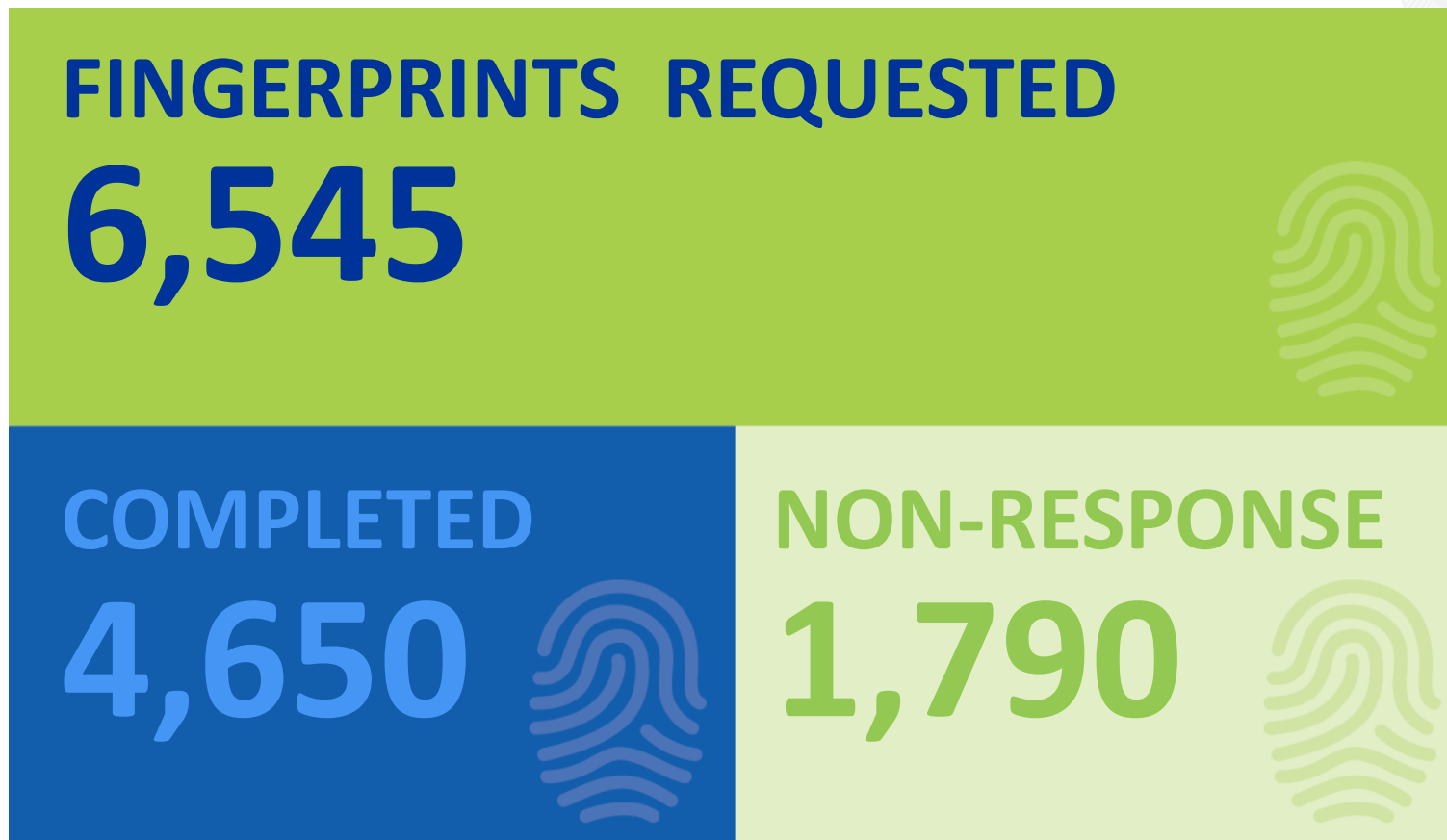
- Letter will be sent giving 30 days to get fingerprinted
- Medicare phased rollout
- SMAs may rely on Medicare's fingerprint results
- SMAs may request fingerprints in advance of Medicare to comply with July 2018 deadline

If the provider/supplier:

- Has a felony conviction
- Refuses fingerprinting

Then CMS or SMA may **deny** the application, or **revoke/terminate** their billing privileges

Fingerprint Data



*FY 2017

Continuous Monitoring



Data Sharing



Public data files from PECOS



- All files contain Names and NPIs
- Available at data.cms.gov



Public Provider Enrollment File

- Currently approved individuals and orgs
- Reassignments
- Practice location data (limited)
- Primary and secondary specialty
- Updated quarterly



Revalidation File

- Currently approved, and due for revalidation
- Individuals and orgs
- Revalidation due date
- Reassignments
- Updated every 60 days



Ordering Referring File

- Currently approved individuals
- Valid opt-out
- Eligible to order/refer
- Updated twice a week



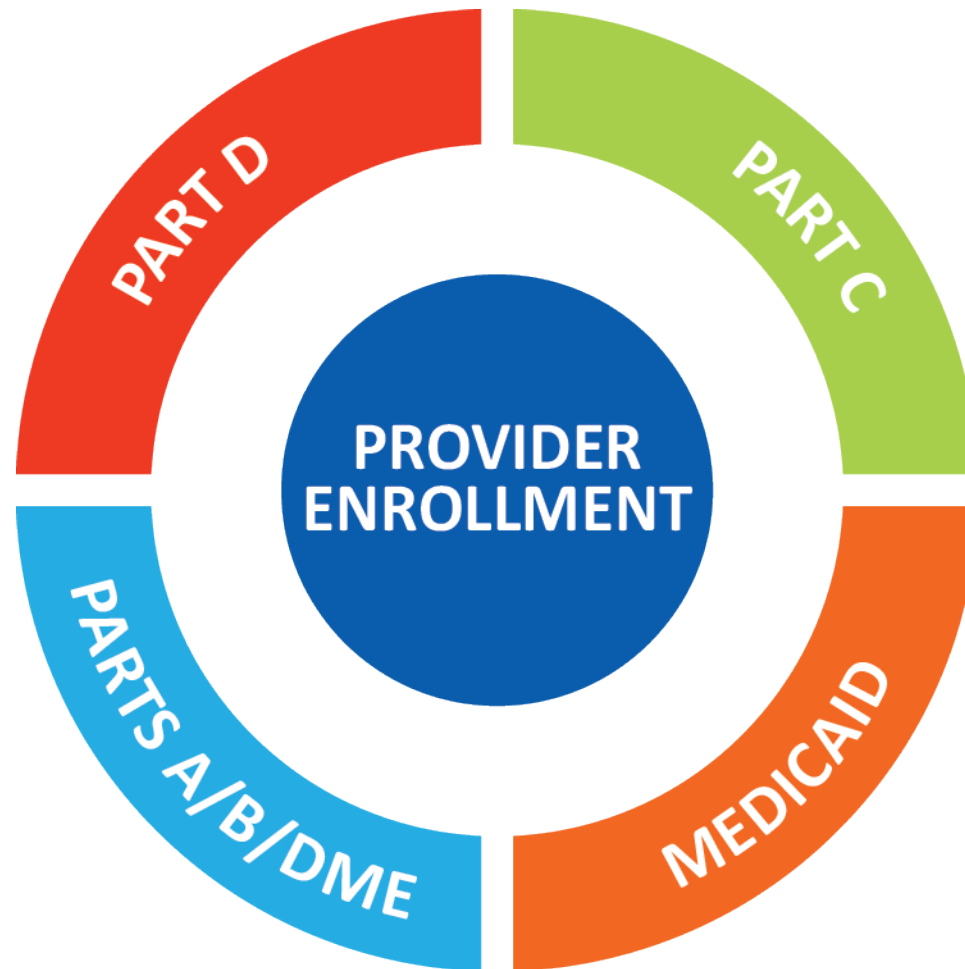
Opt Out File

- Currently opted-out of Medicare
- Updated quarterly

Connections Between All Programs



Failure to maintain accurate enrollment data could impact your participation in other Medicare & Medicaid programs





Poll Question 11



Question & Answer Session



Enforcement Actions

Adverse Legal Actions



Required during:

- Initial enrollment
- Within 30 days of the action

Applies to.....

- Individual providers
- Individuals and organizations in section 5/6 (owners, managing employees, AO/DO)

Failure to report...

- **Deny application or revoke billing privileges**
 - Possible revocation back to the date of the action (*felony, sanction, exclusion*)

X **Felony conviction in last 10 years**

- Crimes against persons
- Financial crimes

X **Misdemeanor conviction in last 10 years**

- Patient abuse or neglect
- Theft, fraud, embezzlement

X **Sanction or exclusion (ever)**

X **License revocation or suspension (ever)**

X **Accreditation revocation or suspension (ever)**

X **No longer required to report Medicare Payment Suspensions or CMS-Imposed Medicare Revocations (April 2018)** ★

Deactivations and Reactivations



CMS can **deactivate** Medicare billing privileges for:

- ✗ Non-billing for 12 months
- ✗ **Failure to respond to revalidation**
- ✗ **Failure to report a change with 90 days (practice location, managing employee)***
- ✗ Failure to report a change in ownership in 30 days

To **reactivate** Medicare billing privileges:

- ✓ **Must submit a complete CMS-855 application**
- ✓ **Effective date based on receipt date of the reactivation application**
- ✓ Does not require a new state survey for certified providers (exception for HHAs)



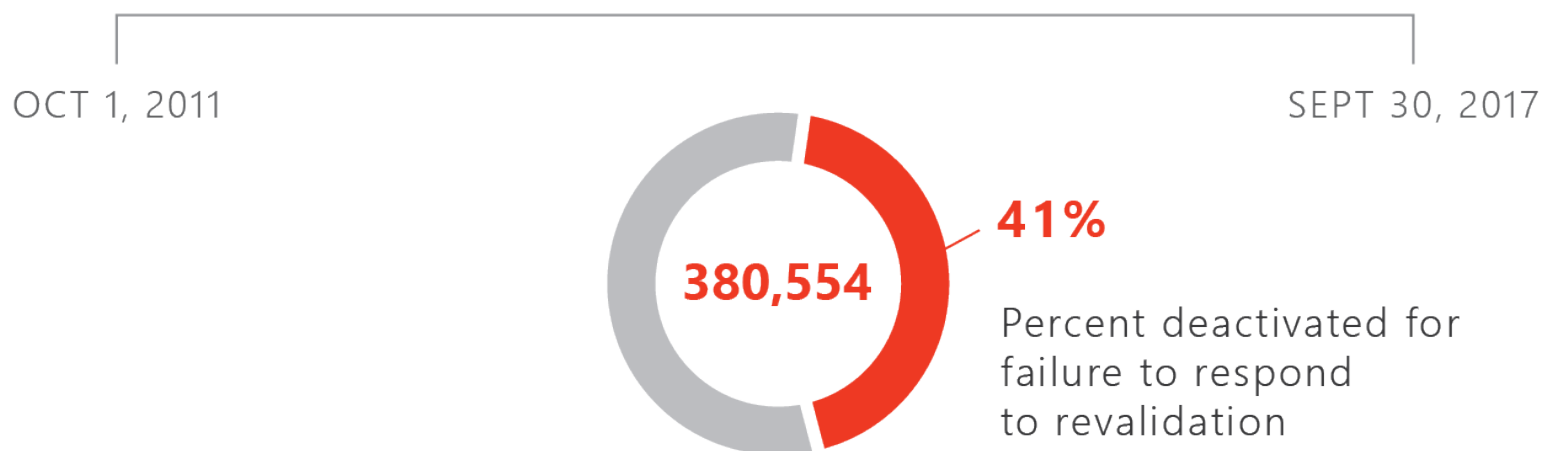
Billing privileges were paused, but can be restored upon the submission of a new enrollment application or updated information

** Reporting a change of information to the state, Regional Office, or another agency does not meet Medicare's reporting requirements and may lead to deactivation/revocation.*



DEACTIVATIONS

933,421



Reasons to Deny



CMS can **deny** Medicare applications for:

- x **Felony conviction**
- x DEA suspended or revoked
- x Medicare payment suspension (active)
- x Excluded from federal program
- x Insufficient capital (HHA)
- x **False or misleading information**
- x Fee not paid (including if hardship exception denied)
- x **Noncompliance: program requirements**
- x **On-site review, showing noncompliance**
- x Temporary moratorium
- x **\$1,500 overpayment (current)** Unless:
 - approved repayment plan
 - offset or appeal
 - bankruptcy



DENIALS

12,904

OCT 1, 2011 SEPT 30, 2017



Reasons to Revoke



CMS can **revoke** Medicare billing privileges for:

- × Felony conviction
- × DEA suspended or revoked
- × Medicaid billing privileges terminated
- × Excluded from federal program
- × Abusive prescribing
- × Non-operational (onsite visit)
- × Insufficient capital (HHA)
- × Abuse of billing privileges
- × Misuse of billing number
- × **False or misleading information**
- × Fee not paid (including if hardship exception denied)
- × Noncompliance: document requirements
- × **Noncompliance: program requirements**
- × **Failure to report to MAC...**

...in **30 days**: ownership change, practice location change, adverse legal action

...in **90 days**: all other information

- Must report to the MAC
- Notifying a state, Regional Office, or another agency is not enough

1–3 Year
Re-enrollment bar



REVOCACTIONS
49,699

OCT 1, 2011

SEPT 30, 2017

How to Appeal



1 Corrective Action (CAP)

For all denial reasons, but only noncompliance revocation reason

Simply correct the issue:

- Send CAP within 30 days
- MAC/CMS has 60 days to process

2 Reconsideration

- Provider must appeal within 60 days
- MAC/CMS has 90 days to process

Providers can send a Reconsideration and a CAP together, but if we accept the CAP, we void the Reconsideration

3 Administrative Law Judge

4 HHS Departmental Appeals Board

5 Federal District Court

- **If denial/revocation overturned...**
Hearing officer sends letter to provider; directs MAC to reinstate them.
- **If denial/revocation upheld...**
Hearing officer sends letter to provider; provider can accept or appeal further.



Poll Question 12

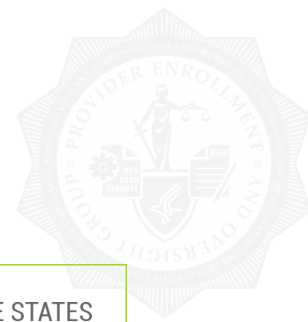


Poll Question 13



Poll Question 14

Medicaid Terminations



MEDICARE REVOCATION IMPACT ON MEDICAID



* IF MEDICARE
REVOKES
"FOR CAUSE"...



THEN THE STATES
MUST TERMINATE
A PROVIDER FROM
THEIR PROGRAM

MEDICAID TERMINATION IMPACT ON MEDICAID



IF ONE STATE
TERMINATES
"FOR CAUSE"...



THEN ALL STATES
MUST TERMINATE
A PROVIDER FROM
THEIR PROGRAM

MEDICAID TERMINATION IMPACT ON MEDICARE



IF TERMINATED
FROM ANY
STATE
"FOR CAUSE"...



CMS HAS THE
DISCRETION
TO REVOKE
FROM MEDICARE

Medicaid Terminations



more than
1,900

Total Medicaid
TERMINATION
SUBMISSIONS

more than
600

Total Medicaid
TERMINATION
SUBMISSIONS
Resulting in
Medicare
REVOCATION

more than
3,000

Total Medicare
REVOCATION
FILE ENTRIES



Poll Question 15



Question & Answer Session

Resources



[cms.gov](https://www.cms.gov)

- ordering and referring, DMEPOS accreditation, supplier standards
- MAC contacts: (search for Medicare enrollment contact")

[cms.gov/Revalidation](https://www.cms.gov/Revalidation)

- search all records online
- view and filter online spreadsheets
- export to Excel, or connect to with API

[PECOS.cms.hhs.gov](https://www.cms.gov/PECOS)

account creation, videos, providers resources , FAQs

[888-734-6433](https://www.cms.gov/888-734-6433)

PECOS Help Desk

ProviderEnrollment@cms.hhs.gov

Provider Enrollment contact

FFSPProviderRelations@cms.hhs.gov

“ListServ” sign-up: Notice of program and policy details, press releases, events, educational material

[cms.gov/EHRIncentivePrograms](https://www.cms.gov/EHRIncentivePrograms)

Electronic Health Record website

[cms.gov MLN Matters®](https://www.cms.gov/MLN) Articles

articles on the latest changes to the Medicare Program and enrollment education products



Thank You

April 2018 | This summary material was part of an in-person presentation. It was current at the time we presented it. It does not grant rights or impose obligations. We encourage you to review statutes, regulations, and other directions for details.

If you need more accessibility options for the material, contact providerenrollment@cms.hhs.gov

Centers for Medicare & Medicaid Services