





Medicare Enrollment Process

What's New with Medicare Enrollment?


Date for Referring and Ordering Physicians to be Enrolled in Medicare PECOS Enrollment Database Moved BACK from January 3, 2011 to July 6, 2010: On May 5th the Centers for Medicare and Medicaid Services (CMS) published an Interim Final Rule (IFR) requiring any physician who refers or orders services (Durable Medical Equipment, Prosthetics, and Supplies (DMEPOS), home health, specialist services (not defined by CMS), laboratory, or imaging) to be enrolled with Medicare in the Provider Enrollment, Chain and Ownership System (PECOS) enrollment database by July 6. This includes any physician who has not submitted an updated enrollment application to Medicare in the past 6 years or has had a change to their enrollment information during this time but has not reported the change. All physicians must list the legal name and NPI of the physician who referred / ordered to them on their claims. If the referring / ordering physician is not enrolled in PECOS by July 6, the physicians who they refer or order to could see their claims reject. This change stems from Section 6405 of the Patient Protection and Affordable Care Act (PPACA). However, the IFR goes beyond what is in the new health system reform law which says that by July 1 all physicians who refer / order home health and DMEPOS must be enrolled. The law does allow for CMS to require physicians who order / refer other services to be enrolled later but CMS decided to require them all to be enrolled in PECOS by July 6. Due to the significant number of problems physicians have had with enrollment over the past few years and the lack of appropriate contractor resources to handle the volume of enrollment applications, the AMA is strongly opposing this date and urging CMS to retain the January 3, 2011 which was in effect prior to the passage of the new law. We urge physicians to check this website regularly for any further updates.

Keeping Your Enrollment Information Up-to-Date: While many physicians have been enrolled in Medicare for years or decades, CMS is asking physicians to re-enroll or make sure their enrollment information is up to date. CMS reports that many physicians who are enrolled in Medicare do not have current enrollment records. A current enrollment record must be in PECOS and must contain the physician's NPI. If a physician is enrolled in Medicare but has not updated their enrollment record since 2003, they will need to do so to ensure the claims of referring/ordering physicians are paid. If a physician is not in PECOS and does not have changes to make to their enrollment information, they should submit an initial enrollment application, which will establish a current enrollment record in PECOS. Visit CMS' website to [update your enrollment record](#) . CMS has compiled some [Medicare enrollment tips](#)  to help you through this process.

Medicare has published a database listing all physicians and other health care professional in the PECOS system. You can determine whether or not you are in the PECOS system [through the CMS Web site](#)   (PDF, 16.6MB). Please note, the file is extremely large, though it is alphabetized.

Be on the Look Out for "revalidation" letters: Medicare contractors are in the process of sending letters to physicians who do not have up to date enrollment information in PECOS. Physicians should also be on the lookout for a letter from your Medicare contractor asking you to "revalidate" or update your enrollment information. This effort is separate from the one requiring physicians who order services or refer patients to other providers to enroll in PECOS. Physicians who are not in PECOS or who have not updated their enrollment information in the last five years can expect to receive this letter. Physicians are strongly urged to ask their practice staff to be on the lookout for these letters. Physicians are required to respond to this revalidation request within 60 days. If the Medicare contractor does not receive a response from a physician within the required time, they risk having their billing privileges revoked for up to a year.

Background

The Medicare enrollment process is a critical area of the program as it serves as the gateway into the program. Before physicians can bill Medicare they must submit an enrollment application to their Medicare contractor and have it successfully processed. Unfortunately, there have been significant problems with the Medicare enrollment process over the past several years, a situation that has been seriously exacerbated by the transition to the National Provider Identifier (NPI) number and the transition from Medicare carriers to Medicare Administrative Contractors (MACs). CMS made significant changes to the enrollment process in the spring of 2006 and since then has continued to modify the process. Problems with the Medicare enrollment process, however, precede even 2006 and the AMA has long championed  streamlining this process.

Among the changes Medicare made to the enrollment process in 2006 was the requirement that physicians obtain their NPI prior to enrolling or making a change to their enrollment information. Due to the complexity of the Medicare program and their inability to effectively match a physician's new NPI number to their old billing number internally, several physicians experienced claims processing interruptions following physician use of this new number. Leading up to and following the May 23, 2008 NPI compliance deadline, Medicare's solution to this problem was to require many physicians nationwide to re-enroll, even physicians who had been in the Medicare program for decades. This placed an extreme burden on an already severely taxed system because many Medicare contractors experienced spikes in the number of enrollment applications submitted. The end result, which continues in some cases today, are enrollment backlogs and very long delays for physicians to get their applications processed.