

CMS Delays Implementation of PECOS Enrollment Policy

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The Centers for Medicare and Medicaid Services (CMS) announced during a recent open-door forum that it is delaying the requirement for providers to be enrolled in the Internet-based Provider Enrollment, Chain, and Ownership System (or PECOS) until January 3, 2011. Prior to the announcement, the new enrollment policy had been slated to take effect on April 5th of this year.

The delay in implementing the enrollment requirement gives physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare.

Why PECOS Matters to Physicians and Non-Physician Practitioners

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services or refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in Medicare. A current enrollment record is one that is in PECOS and also contains the physician/non-physician practitioner's National Provider Identifier. Following the January 3, 2011 implementation date of the PECOS enrollment policy, a physician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished the ordered or referred item or service to be rejected. When this occurs, it likely will not be long before that Part B provider/supplier contacts the physician or non-physician practitioner to urge him or her to properly enroll in PECOS.

CMS is urging physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now. If these physicians and non-physician practitioners have no changes to their enrollment data, they still need to submit an initial enrollment application, which will establish a current enrollment record in PECOS.

Providers may enroll in PECOS, which was initially created as part of the 1996 HIPAA legislation in a large part to prevent fraud related to durable medical equipment, by visiting the CMS

website and completing the enrollment steps laid out by the agency.

PECOS processes enrollment applications 50 percent faster than the traditional method, according to CMS. Users can electronically submit an enrollment application to Medicare, view and update existing enrollment information, review the status of submitted applications, and withdraw enrollment as a Medicare provider. The system also helps users quickly report practice changes, such as new ownership or location, which is a federal requirement

Medical Groups Protest PECOS Policy

Last year, more than 50 medical organizations and industry groups, including the American Medical Association and the American Academy of Family Physicians, sent a letter to CMS Acting Administrator Charlene Frizzera expressing concern about the PECOS policy.

Specifically, the letter stated that: "Since Oct. 5, 2009, hundreds of thousands of otherwise acceptable Medicare claims have been marked for nonpayment," simply because physicians or other healthcare professionals ordering or referring the items or services enrolled in Medicare before the PECOS database was developed. "Implementing this policy as scheduled will cut off access to care for millions of Medicare beneficiaries, interrupt reimbursement for legitimately provided items and services, interrupt care coordination, and add unfunded administrative mandates on a significant portion of physicians and other health care practitioners who pro-

vide care to Medicare beneficiaries."

According to AAFP, the medical groups estimate that as many as 200,000 (or 30%) of all Medicare physicians and providers must re-enroll in Medicare under the new rule in order for Medicare to continue paying for the items and services related to their orders and referrals.



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tumor types." Second, the large-scale project creates discovery building blocks to be further developed by other researchers while removing the often-prohibitive cost of using genomic technologies. "It really brings the genomic discovery past that barrier to entry to the point where people can access the data and use the data without the huge dollar costs to generate that data," said Vockley.

Vockley added another key factor in the project is making the database relevant to clinicians and other researchers. "It's one thing to build a database ... another to make it useful to your customer," he pointed out. With that in mind, TCGA has made the commitment not to simply generate data and walk away. Instead, he said, a full 50 percent of the project's appropriated funds have been devoted to the bioinformatics effort. "That is what is going to enable us to move this into the clinic quicker," he stated.

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