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Provider Enrollment, Chain and Ownership System (PECOS) Update

The Affordable Care Act requires that all providers who enrolled with the Centers for Medicare and Medicaid Services (CMS) prior to March 25, 2011, revalidate their enrollment information under new screening criteria. This has been an ongoing effort in which Medicare contractors send notices to selected providers on a regular basis to begin the process. Providers should not take any action to revalidate until requested by their Medicare Administrative Contractor (MAC). This requirement does not impact providers who submitted their enrollment applications to CMS on or after March 25, 2011. The final revalidation request letters in this initiative are scheduled to be sent out by March 23, 2015.

The CMS request letter can be sent to any address on file for the group such as the hospital, billing service, or other contact address. It is important that this letter get forwarded to APS immediately so the new enrollment form can be completed and sent back to the provider for signature, verifying that the information is correct and current. Time is of the essence; if Medicare does not receive the requested revalidation within 60 days, payments to the provider will be held until the process is completed. As a reference, an example of the request letter's header follows:

SAMPLE REVALIDATION LETTER

[Month Day & Year]

PROVIDER/SUPPLIER NAME
ADDRESS 1, ADDRESS 2
CITY STATE ZIP CODE

NPI:
PTAN:

Dear Provider/Supplier Name:

THIS IS A PROVIDER ENROLLMENT REVALIDATION REQUEST IMMEDIATELY SUBMIT AN UPDATED PROVIDER ENROLLMENT PAPER APPLICATION 855 FORM OR REVIEW, UPDATE AND CERTIFY YOUR INFORMATION VIA THE INTERNET-BASED PECOS SYSTEM
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It is important to note that this revalidation effort does not change other components of the enrollment process. Routine changes, such as additions to practices, address updates, changes in authorized officials, etc., should continue to be submitted per the usual process.



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Significant improvements to PECOS are in the works, with some industry publications indicating they are expected to be rolled-out this coming spring or summer. According to DecisionHealth's *Part B News* (Volume 29, Issue 5), these changes will ease the process of updating and maintaining information, allowing for:

- Updating information in PECOS and the National Plan and Provider Enumeration System (NPPES) at the same time
 - ✓ Information updates to PECOS, such as business addresses and taxonomy codes, can be crossed-over immediately to the NPPES.
- Editing the Tax ID effective date in PECOS
- Seeing rejected initial enrollments clearly marked as such
 - ✓ Currently PECOS shows rejected initial enrollments as “deactivated enrollment,” even if the provider hasn’t been previously enrolled.
- Editing the business name in PECOS
 - ✓ This eliminates having to submit this change on paper and once the change is made, it will be reflected in all enrollments linked to that business name, including across multiple Medicare Administrative Contractor (MAC) jurisdictions.
- Naming owners as managing employees
 - ✓ This will allow business owners to update their roles accordingly as a managing employee and other roles such as an authorized official, etc.
- Viewing termination warnings for physician assistants
- More time to complete electronic signatures
 - ✓ PIN numbers issued to access and perform e-signatures will be active for 14 days instead of the current 72 hour timeframe.

Questions about the CMS Enrollment Revalidation and/or PECOS can be directed to your APS Client Representative or Practice Manager.