MLN Matters
Information for Medicare Fee-for-Service Health Care Professionals

News Flash - - The revised Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals (October 2008), which offers general information about the Medicare Program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare payment policies, evaluation and management services, protecting the Medicare Trust Fund, inquiries, overpayments, and appeals, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at *http://www.cms.hhs.gov/MLNProducts/downloads/physicianguide.pdf* on the CMS website.

MLN Matters Number: MM6231

Related Change Request (CR) #: 6231

Related CR Release Date: October 24, 2008

Effective Date: November 24, 2008

Related CR Transmittal #: R271PI

Implementation Date: November 24, 2008

Instructions for the Implementation of the Internet-Based Provider Enrollment, Chain and Ownership System (PECOS)

Provider Types Affected

All physicians, providers, and suppliers who submit CMS-855 applications into the PECOS system via the Internet to Medicare contractors (Medicare Administrative Contractors (A/B MACs), fiscal intermediaries (FIs), carriers or Regional Home Health Intermediaries (RHHIs)).

Provider Action Needed

This article is based on Change Request (CR) 6231 and alerts providers to the fact that the information about Internet-based PECOS applications provided in previously issued Change Request (CR) 5954 is now incorporated into Centers for Medicare & Medicaid Services (CMS) Medicare Program Integrity Manual Chapter 10—Medicare Provider/Supplier Enrollment, which is available at *http://www.cms.hhs.gov/manuals/downloads/pim83c10.pdf* on the CMS website. CMS emphasizes that none of the material in CR 5954 is changing in any way; the material is simply being shifted to chapter 10.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

CR6231 describes the PECOS CMS-855 applications. Specifically, this directive incorporates all of the instructions contained in CR 5954 into the Medicare Program Integrity Manual Chapter 10—Medicare Provider/Supplier Enrollment. Consequently, CR6231 rescinds and replaces CR 5954.

Key Points of CR 6231

Effective immediately CMS has incorporated the instructions regarding PECOS applications into the Medicare Program Integrity Manual Chapter 10. The instructions are as follows:

- If the provider fails to submit a signed and dated certification statement to the Medicare contractor within 15 calendar days of the date on which it submitted its Internet-based PECOS CMS-855 to the contractor, the contractor may reject the application.
- For initial CMS-855 applications sent via the Internet-based PECOS, it is only necessary that the dated signature of at least one of the provider's authorized officials be on the certification statement that must be sent in by the 15th day. The signatures of the other authorized and delegated officials will be collected through the normal application development process.
- If the provider submits an undated certification statement or a certification statement on which the Web Tracking ID does not match that in PECOS, the Medicare contractor will treat it as a non-submission.
- If your contractor determines that additional or clarifying information is needed, the contractor will send an e-mail to the provider: (1) requesting said data along with, as necessary, a signed and dated certification statement; and (2) listing a date(s) by which the information and certification statement, respectively, must be submitted to the contractor.
- Note that your contractor may, at its discretion, initiate a follow-up contact with you after sending the e-mail, but is not required to do so.
- If the provider fails to submit the requested additional/clarifying information and the accompanying certification statement within 30 calendar days from the date the contractor sent the e-mail, the contractor may reject the provider's application.
- If the contractor receives the additional/clarifying information from the provider, the contractor will not recommence its processing of the application until the accompanying certification statement is received in the contractor's provider enrollment department.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- The provider must submit all applicable supporting documentation (e.g., licenses, CMS-588) with its Internet-based PECOS application. (It is not necessary, however, for the provider to submit the supporting documentation: (1) in the same package as the certification statement, or (2) prior to its submission of the certification statement.)

Additional Information

If you have questions, please contact your Medicare A/B MAC, FI, carrier or RHHI at their toll-free number which may be found at: *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

For complete details regarding this Change Request (CR) please see the official instruction (CR6231) issued to your Medicare A/B MAC, FI, carrier or RHHI. That instruction may be viewed by going to *http://www.cms.hhs.gov/Transmittals/downloads/R271PI.pdf* on the CMS website.

News Flash - "Flu season is here! Medicare patients give many reasons for not getting their annual flu shot, including—"It causes the flu"; "I don't need it"; "It has side effects"; "It's not effective"; "I didn't think about it"; "I don't like needles!" The fact is that every year in the United States, on average, about 36,000 people die from influenza. Greater than 90 percent of these deaths occur in individuals 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk with your Medicare patients about the importance of getting an annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu. Remember - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals and their staff, see *http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf* on the CMS website. To download the Medicare Part B Immunization Billing quick reference chart, go to *http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf* on the CMS website. A copy of this quick reference chart can be ordered, free of charge, by going to the MLN Products web page and clicking on "MLN Product Ordering Page" in the Related Links Inside CMS section of the web page.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.