

Medicare Enrollment Frequently Asked Questions

What is PECOS?

The Centers for Medicare & Medicaid Services (CMS) has created a way for providers to enroll in Medicare online. The system for enrolling online is called the Internet-based Provider Enrollment, Chain and Ownership System (PECOS).

Do I need to Enroll in PECOS?

The answer to this question depends on a number of factors.

- ▶ If you enrolled in Medicare prior to 2003 and have not provided any updates or changes to your enrollment record since 2003, then you will eventually be required to complete an initial enrollment application so that an enrollment record exists for you in PECOS. You may complete this revalidation process either via PECOS or the paper CMS-855 process. When you submit a paper application to your local contractor they create a PECOS enrollment record for you. Please note, if you have never submitted the CMS-588 Electronic Funds Transfer (EFT) Agreement, you will also have to do this as part of the revalidation process.
- ▶ If you order or refer for covered services (x-rays, consultations, DME, lab tests) you must enroll in PECOS by January 3, 2011. If you do not order or refer for covered services, you do not have to meet this specific deadline.

Please Note: Because reimbursement for doctors of chiropractic is limited to spinal manipulation under Medicare, doctors of chiropractic do not order or refer for covered services. If you do not order or refer for services, you do not need to enroll in PECOS by January 3, 2011.

How can I check to see if I have an enrollment record in PECOS?

You can log into PECOS at: <https://pecos.cms.hhs.gov/pecos/login.do> to see whether you have an existing enrollment record. To log into the system you must have an active National Provider Identifier (NPI) and have a web user account (User ID/Password) established in the National Plan and Provider Enumeration System <<https://nppes.cms.hhs.gov/NPPES/>>.

I've heard that after January 3, 2011 my claims won't be paid if I'm not in PECOS. Is this true?

After January 3, 2011, if you order or refer for services, and are not in PECOS, those services will not be paid.

What good does enrolling in PECOS do me?

If you order or refer for covered services, enrolling in PECOS will help ensure your claims won't be denied after the January 3, 2011 deadline. Additionally, CMS believes that the PECOS system is more efficient than the paper based system. CMS has indicated that they believe Medicare contractors are able to process Internet-based PECOS enrollment applications within 30 to 45 calendar days compared to 60 to 90 calendar days for the paper based system.

Can I still submit a paper enrollment application?

Although CMS is strongly encouraging providers to use PECOS, all providers will continue to have the option of submitting paper enrollment applications.

What are the deadlines for enrolling?

If you order or refer for covered services, you must enroll in PECOS by January 3, 2011. If you do not order or refer for covered services, you do not have to meet this deadline. If you have not submitted an enrollment application since 2003, you must submit a complete application. CMS Regulations state that providers must resubmit and recertify the accuracy of their enrollment information every 5 years. Also note that, even if you enrolled after 2003, any changes in your enrollment status (e.g., address, additional provider) will require you to update your enrollment with PECOS and submit for EFT.

What happens if I don't submit an updated enrollment application?

Your billing privileges could be revoked if you do not follow the re-enrollment process.

Resources

CMS Overview of PECOS:

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/OrganizationOverview.pdf>

Accessing PECOS:

http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp#TopOfPage

DATES TO REMEMBER

- If you have not submitted an 855i since 2003, you must resubmit the initial enrollment form.
- If you order or refer for services, enroll in PECOS by 1/3/11.
- If you make any changes in your enrollment, you must submit an update and apply for EFT.
- CMS Regulations state that providers must resubmit and recertify (update) the accuracy of their enrollment information every 5 years.