

# Provider Enrollment

## Internet-Based Medicare Enrollment is now available to Providers.

Now there is a better way for provider and supplier organizations to enroll in Medicare or make a change to their Medicare enrollment information. The Centers for Medicare & Medicaid Services (CMS) announces the availability of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) to provider and supplier organizations. They may use Internet-based PECOS to enroll in Medicare, make a change in their Medicare enrollment information, view their existing Medicare enrollment information, voluntarily withdraw from the Medicare program, or check on the status of an Internet-submitted Medicare enrollment application.

Internet-based PECOS is already available to physicians and non-physician practitioners in all 50 States and the District of Columbia. (CMS expects to make Internet-based PECOS available to suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in the future.)

By submitting an initial Medicare enrollment application through Internet-based PECOS, a provider or supplier organization's enrollment application can be processed as much as **50 percent faster** than by paper. This means that it will take less time to enroll or make a change in an existing enrollment record.

For information about the types of changes that enrolled Medicare provider and supplier organizations must report, go to the Downloads Section of the Medicare provider/supplier enrollment page: [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

## A New Process for Checking the Status of Your Provider Enrollment Application

Providers are encouraged to check their Provider Enrollment 855 application status on-line. Palmetto GBA has a new Self Service Tool.

To access this self service tool, please visit [www.PalmettoGBA.com/rhhi](http://www.PalmettoGBA.com/rhhi). Select the appropriate line of business and then select Provider Enrollment Application Lookup which is located under Self Service Tools and Top Links. Providers will need their provider number (PTAN) or a Document Control Number (reference number assigned by Provider Enrollment), in order to check the status of the application.

If you require further assistance with this on-line process, you may contact the Provider Contact Center (PCC) at (877) 567-9249 for North Carolina and South Carolina Part A providers or (866) 801-5301 for Regional Home Health and Hospice (RHHL) providers.

## Important Points to Remember

- Begin the process by checking the on-line status of the enrollment application as described above.
- The screening process of an application takes up to 15 days.
- Providers will receive an 'Additional Development Letter' if more information is needed. e-mail and/or fax instructions will be included on the letter. **Please note:** There will be the name of a **contact analyst** on this letter. Providers should contact the analyst on this letter **before** calling the PCC.
- The Centers for Medicare and Medicaid Services (CMS) Tie In notice for enrollment takes 21 days to process. This is necessary in order to establish that new providers are in the claims processing system. It will take a few additional days to ensure that the Fiscal Intermediary Shared System (FISS) recognizes the provider number.
- Providers should **NOT** submit an Electronic Data Interchange (EDI) application as soon as they receive the CMS tie-in notice. Providers will receive a letter titled "Welcome to Medicare". Providers should wait until they receive this letter **before** contacting EDI for information regarding claims submission. Waiting for this letter ensures that the reimbursement department has made the necessary arrangements for the cost report and also that proper notification of the EDI Department has been completed.
  - **Note:** This process is all included in the 21 day process mentioned above

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- Provider Enrollment does not govern NPI numbers. However, providers that have multiple PTAN numbers may consider having multiple NPI numbers. There is no limit to the number of NPI numbers that a provider may have and it does facilitate processing of claims.
- Changes of Information can take up to 90 days to process.
- When providers terminate the Medicare program, they need to update their 855A form. It should be noted that the effective date of termination is the last date of operation. Therefore, on this date, the Electronic Funds Transfer (EFT) is turned off. Providers need to provide an address so that future paid checks may be mailed. Also note that once the provider terminates the Medicare program, Provider Enrollment can **no longer** update the provider's address.
- Additionally, the Provider Enrollment Department has developed a list of Frequently Asked Questions (FAQs) about the 855A application form. To view these FAQs, go to [www.PalmettoGBA.com/rhhi](http://www.PalmettoGBA.com/rhhi). Under Self Service Tools and Top Links, select Provider Enrollment Applications. Then select "A New Process for Checking the Status of your Provider Enrollment Application".

**Disclaimer:** The information provided in this job aid was current as of 11/3/2009. Any changes or new information superseding the information in this job aid will be provided in articles, publications and publication dates after 11/3/2009 and will be posted at [www.PalmettoGBA.com/rhhi](http://www.PalmettoGBA.com/rhhi), [www.PalmettoGBA.com/asc](http://www.PalmettoGBA.com/asc) or [www.PalmettoGBA.com/anc](http://www.PalmettoGBA.com/anc).

