

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

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Medicare Provider Enrollment Programs: General Information and New Policies

Physician Anesthesiologists and all healthcare professionals are required to enroll into an increasing number of different types of programs and databases. Medicare's Provider Enrollment, Chain and Ownership System (PECOS) is just one example.

Enrollment systems use a language of their own and it is important for healthcare providers to familiarize themselves with the basics in order to be certain the information on file for you and your practice is accurate. Below is a list of common terms used in Medicare enrollment systems and policies:

National Provider Information (NPI) – The Center for Medicare and Medicaid Services (CMS) assigns a 10 digit identification number to healthcare providers enrolled in the Medicare program. This number is required for claims submission.

Provider Transaction Access Number (PTAN) – CMS issues providers and suppliers with a PTAN number which is directly linked to their NPI. CMS uses PTAN numbers to verify the individual provider when the provider uses his/her local Medicare Administrative Contractor's (MAC) internet portal along with other provider tools.

Legal Business Name (LBN) - This is your organization's name and what is used when filing for taxes with the Internal Revenue Service (IRS).

National Plan & Provider Enumeration System (NPPES) - CMS has developed NPPES registry to assign NPI numbers for individual providers and healthcare provider organizations.

CMS applies these terms to other elements within the Medicare programs as well. When submitting quality measures, healthcare providers who are subject to Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier (VBPM) requirements are often identified by their NPI and PTAN numbers.

On February 25, 2015, CMS issued Change Request (CR) 9011, to include several current Medicare enrollment revalidation policies into Chapter 15 of the CMS "Program Integrity Manual" (PIM). Chapter 15 of the manual recognizes resources Medicare contractors are required to use to establish healthcare provider enrollment in the Medicare program.

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The new policies published in CR 9011 are as follow:

“When processing a voluntary termination of a reassignment, the MAC will contact the group to confirm that the group member’s Provider Transaction Access Number (PTAN) is being terminated from all locations and, if multiple group member PTANs exist for multiple group locations, each PTAN is terminated.”



Pay close attention to this to be sure that it does not include any PTAN information that should remain active.

“Many enrolled providers may actually be subparts of other enrolled providers, and some of those subparts entered their “doing business as name” as their LBN when applying for their NPIs. Once a contractor determines for certain that this situation exists, the contractor shall ask the provider to correct its NPPES information. The provider can (1) change its LBN in NPPES to read in accordance with the IRS CP- 575, and (2) report its “doing business as” name in NPPES as an “Other Name” and indicate the type of other name as a “doing business as” name.”



Again, make sure you take advantage of this opportunity to confirm that the information about your practice is correct and current.

Accuracy is Key: Healthcare professionals must accurately enroll into the Medicare program. A mistake in enrollment information may lead to incorrect claims submission and payment.

CMS plans to fully implement the change on May 15, 2015. To learn more about this change, please refer to this Medicare Learning Network (MLN) Matters article available from CMS at:

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9011.pdf>

If you have specific concerns or questions in regards to this change, CMS recommends you contact your Medicare Administrative Contractor (MAC).