



October 30, 2014

Ms. Zabeen Chong
Director of the Division of Provider & Supplier Enrollment

Mr. Mark Majestic
Acting Director of the Division of Enrollment Systems

Mr. Andrew Stouder
Division of Provider & Supplier Enrollment

Ms. Alisha Banks
Health Insurance Specialist of the Division of Provider & Supplier Enrollment

Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Zabeen, Mark, Andy, and Alisha:

On behalf of EDPMA, we appreciate your willingness to continue our ongoing dialogue on enrollment issues. As we discussed in our last call, we are staying in touch to update you on the status of the previously identified concerns as well as raise a few new issues. We have outlined below “new” issues as well as provided updates on the earlier identified “ongoing” issues.

In general, on many of the matters we discussed last April, we’ve seen improvements at the MACs, particularly in areas where you and your team have performed some additional oversight. Thanks again for all your help, it is very much appreciated.

New Issues:

Changes to the 855 forms

Recently, CMS posted a revised version of form CMS 855 R on its website (with a form date of 11/12). The version was later taken down and replaced with the older version. We reached out to your team to try to get clarification on the status of the forms and were

advised that the new 855 R had been prematurely posted on the website in error. We also learned that CMS instructed its MACs to process applications using both 855R forms. While we understand that the revised form has been through the OMB review process, we would urge you to give ample advance notice when you rollout any revised form. Physician groups incur significant expense in incorporating the 855 forms into their systems. And, based on past experience, CMS should direct MACs to be flexible on the transition period. In any event, providers need to be aware of the timeframe as to when current forms will no longer be accepted by MACs.

Filing of 855Os

There are some issues cropping up with the use of the new 855O forms. Our members have noted that it would be helpful if there was a way to check whether a provider is solely enrolled as an ordering physician before submitting an 855I and 855R for that physician. The current situation is particularly a problem in light of the requirement that the application cannot be submitted more than 60 days in advance. In addition, there seems to be some confusion about whether there are instances when more than one 855 status is appropriate (i.e., that the provider should have both an 855O and an 855I on file based on practice of medicine).

State Medicaid Plans Requiring Submission of Welcome Letters

Although we appreciate your team's limited involvement in the enrollment process for State Medicaid Plans, we would like to follow up on our discussion regarding states requiring "Welcome to Medicare" letters to be submitted as part of the enrollment process. Our members report that the states of Texas, Delaware, and Arkansas still require a welcome letter to be submitted with a Medicaid enrollment application. CMS may need to remind these states that this is no longer required. We very much appreciate CMS' efforts in the past to clarify this issue. We hope that these are merely straggler states.

Ongoing Issues:

As you know, EDPMA members were experiencing problems with applications submitted via PECOS getting lost within the system and not being forwarded to the appropriate MAC for timely processing. Subsequent to our call with you in April of this year, some progress on this issue has been made. Unfortunately, the general issue remains a challenge for many of our members.

To our knowledge, members using PECOS for enrolling individual physicians continue to face administrative hurdles. As we have discussed, CMS is unable to change some of the administrative requirements (e.g., the 60 day period of the e-signature). However, we would look forward to discussing avenues to address other current obstacles. For example, we believe CMS could direct the MACs to allow providers to upload the physician signature instead of requiring the version with a bar code.

PTAN Deactivations

Our members continue to report that PTANs are being deactivated even though members call MAC representatives and confirm the MAC received the revalidation application. Once a call is made, the PTAN is reactivated while the revalidation application is being processed. As we have discussed, this situation produces cash flow delays as well as administrative hassle for unnecessary re-files. In many instances, providers must make multiple calls and be placed on hold, with typical hold times often lasting over an hour.

Some carriers are imposing a twenty-day period to reactivate a PTAN after receiving notice of a need to reactivate and allow rebilling. This twenty-day period replaces the previous informal three day turnaround period our members had been accustomed to expect post notification. We suspect there may be a gap between the MAC enrollment staff and the staff responsible for paying claims. However, this time delay poses significant problems for our members.

PTAN Issues

As we have discussed, several MACs were requiring groups to include the group PTAN when submitting an application for adding a new provider to a group, even though the group PTAN is not yet assigned. This problem seems to have been largely addressed. We appreciate your assistance in resolving this issue, and hope that CMS will continue to monitor this issue.

Call Center Issues

In our April 2014 call, we discussed technological and other challenges with the Interactive Voice Response (IVR) systems used by the various MACs (e.g., excessive hold times, number of inquiry limits). We have confirmed with our members that MAC call centers continue to have these ongoing IVR problems and maintain limits on the number of inquiries per call. As these are usually across the board or “system” constraints, it might make sense for CMS to review MAC systems for these features. We would also ask CMS to monitor how frequently MACs shut down their provider inquiry option.

Revalidation

In general, the revalidation process is still EDPMA members’ largest enrollment challenge. The nature of the problems we discussed in April remains the same (e.g., inconsistency as to where and how approval letters are being sent, multiple individual 855 applications required for deactivation/revalidation).

A common theme is that the MACs seem to rely on their own (and different) systems for the revalidation process, and our members trying to track this process experience many

difficulties. We would be happy to discuss these issues further. We believe CMS should consider providing additional guidance to the MACs and standardize the process in a number of areas.

On our April call, you briefed us on a process that should be occurring whereby physician groups, including EDPMA members, would receive a call regarding an upcoming revalidation, giving the physician or the affiliated group an opportunity to prepare for the process or notify the MAC of possible errors. We went back to our members, and it seems that while these calls do occur from time to time, they are a rare event. For example, WPS seems to be initiating these calls on a regular basis, but the calls do not consistently occur across all MACs.

We discussed CMS' publication of lists of providers scheduled for revalidation. Our members closely monitor published lists in order to prepare for the revalidation process. We would suggest that CMS consider modifying its process for revising the lists (e.g., for adding new providers to previously published lists). These lists contain voluminous data which is hard to review, even for very large groups with significant IT capacity. It would be a much smoother and user friendly process if CMS published "supplemental" lists of new providers instead of mixing in new providers with the previously published provider lists. The current process requires physician groups to continually go through new reviews of very cumbersome and lengthy data to scour for any "new" providers.

We would note that EDPMA members are still experiencing instances of a provider entering the revalidation process without having previously appeared on any list or receiving any correspondence.

Specific MAC Issues

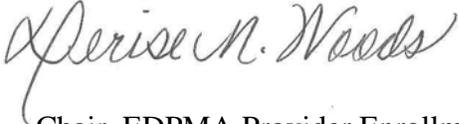
Several of our members continue to have problems with Novitas. General processing times at Novitas seem to be quite slow, with several EDPMA members still waiting on processing of applications submitted months earlier. In addition, many of our members are still not receiving "welcome" letters when enrolling physicians with Novitas. Some EDPMA members are also not receiving Medicare revalidation letters from Novitas.

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We very much appreciate our ongoing dialogue on critical enrollment issues. We look forward to discussing these issues with you further.

Sincerely,

A handwritten signature in cursive script that reads "Terise N. Woods". The signature is written in black ink and is positioned above the typed name.

Chair, EDPMA Provider Enrollment Committee

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