



April 17, 2014

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Director of the Division of Provider & Supplier Enrollment

Mr. Mark Majestic
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7500 Security Blvd.
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Dear Zabeen, Mark, Andy, and Alisha:

On behalf of EDPMA, we wanted to continue our dialogue on a few issues that our members are experiencing. While there have been many improvements in processing time and MAC communication frequency, our members continue to have issues with revalidation and deactivation. We have described below areas of ongoing problems. As always, we ask that your team be sensitive to confidentiality as our members are concerned with potential retaliation from their MACs who they work with day in and day out.

Positive Developments

In general, our members continue to see shorter turnaround times for enrolling individual physicians as well as physician groups with the exceptions noted below. We very much appreciate CMS' ongoing oversight in this area that we believe played a significant role in this development.

We also would like to thank CMS for working with provider groups to reactivate a provider's PTAN while he/she undergoes the revalidation process. This is greatly appreciated. Our members would like to see all MACs implement this process.

Applications Submitted Via PECOS Not Arriving at the MAC

EDPMA members have experienced problems with applications submitted via PECOS getting lost within the system and not being forwarded to the appropriate MAC for timely processing. An application will be submitted via PECOS, and the provider will retain the PECOS tracking number to follow up on the application. However, when the member attempts to monitor the application progress via the MAC's Provider Enrollment Tracking options, these applications don't appear on the MAC's website. Inquiries to the MAC to check status are often met with finger pointing between the MAC and PECOS. It seems there may be a system flaw in consistently routing applications to correct MACs for processing.

PECOS Surrogate Option

As you know, EDPMA has long supported the PECOS Surrogate approach as a mechanism to streamline enrollment process while also enhancing program integrity. Several EDPMA members are finding this option useful for enrolling groups. Challenges remain for using this option to enroll individual providers due to the administrative difficulties associated with initial set-up.

PTAN Deactivations

Our members report that PTANs are being deactivated even though members call the MAC representative and are able to confirm the MAC received the revalidation application. Once a call is made, the PTAN is reactivated while the revalidation application is processed. This situation causes negative financial ramifications (cash flow delays) as well as administrative hassle as additional expenses and staff time are incurred (for both the applicant and one would assume for the MAC) 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.

PTAN Issues

Novitas, Cahaba, and Noridian are requiring groups to include the PTAN when submitting an application for adding a new provider to a group, even though the group PTAN is not yet assigned given the newness of the account and the lengthy time it takes for approval to occur. These applications go into development and very little turnaround response time is provided before they are completely rejected forcing our members to restart the entire process. This situation not only produces delays, but also necessitates appeals. Historically EDPMA members were permitted to write a DCN, tracking number or "pending" in this field so that we could submit new individual provider applications while the group application is still being processed.

Noridian will not deactivate PTANs even though the request for deactivation was included in the cover letter and 855I submitted for revalidation. The MAC insists on calling the physician to double-check before the MAC will formally deactivate the PTANs that have been requested for deactivation. Traditionally, providers have been required to submit an 855I to deactivate a PTAN, but WPS is also requiring providers to submit an 855R for deactivation. We would like

to obtain clarification as to whether the submission of an 855R and an 855I is necessary to deactivate a PTAN.

Call Center Issues

Appropriate (e.g., the “authorized individual” listed in the application) individuals are not given access to necessary information to check status of application. Our members also are experiencing what seem to be technological challenges with the Interactive Voice Response (IVR) systems at the MACs. For example, many members experience disconnects during the call. Additionally, hold times are frequently in excess of 35 minutes per call and callers are limited to the number of inquiries that may be made in one call.

Revalidation

In general, there is inconsistency among MACs as to where and how approval letters are being sent. Palmetto, for example, has adopted a practice of all correspondence being sent via email. WPS is sending the revalidation approval letter to the correspondence address from the 855I rather than sending the approval letter to the contact person’s address or the pay-to address.

Cahaba, Palmetto, WPS, and possibly other MACs, now require multiple individual 855 applications in order to complete the provider’s revalidation process. Specifically, Cahaba is requiring two separate applications – one application to revalidate the active PTAN and another application to deactivate other PTANs. For example, one of our physician group members submitted a revalidation application to Cahaba to retain four active PTANs for one of their individual providers, and they included the information for all four PTANs in the accompanying cover letter. When the MAC representative called to discuss the revalidation, the physician group was told there were actually eight PTANs in PECOS and until the member provided direction for all eight, the MAC would be unable to process the request for the four active ones. It seems PECOS data overrides information submitted via the revalidation request.

At other MACs, in situations where a PTAN is deactivated for non response to a revalidation request and an application is submitted within the 120 day period, MACs are permitting claims to be released while the application is pending (as opposed to waiting for full approval). Novitas and Noridian both are following this approach.

In other revalidation situations, MACs seem to rely on their own systems for status of revalidation. It is often very difficult to track the revalidation process. It would be helpful if the MAC could assign a tracking/DCN number along with a phone number for assistance during the process. This may be particularly critical when an application assigning a provider to a new group is accompanying that provider’s revalidation application. For applications in Florida, there is no way of tracking the new application. Cahaba has only been providing revalidation notices to the first contact listed in PECOS. When EDPMA members that are listed as second contacts have not received revalidation letters and follow up with Cahaba, the MAC has stated that it is necessary to engage in outreach to the first contact to get it. WPS has also refused to send revalidation letters to EDPMA members, and have stated that they will only provide information to the provider or authorized signer listed on the original enrollment submission.

We believe that these problems highlight a need for CMS to give guidance on appropriate standard process in a number of areas.

Noridian - Specific Issues

Several EDPMA members have noted 60-180 days typical processing times for those applications that are being transitioned from Palmetto. We are hopeful that this issue clears up shortly.

Novitas – Specific Issues

Our members are experiencing quite a few problems with Novitas. For example, many of our members are not receiving “welcome” letters when enrolling a physician with Novitas. We would like to inquire if it would be possible for CMS to make an electronic image of the approval letter from the MAC available through PECOS. In Texas, this creates a delay in submitting the Medicaid application because the Medicare notification letter is required to be submitted with the Medicaid application. When the welcome letter is finally received from Novitas, there are problems with the letter producing further delays as a corrected letter must be requested. For example, the welcome letter will lack key information (e.g., the Group PTAN), will note an incorrect NPI, or a provider’s name will be misspelled. Novitas also insists on mailing this letter instead of faxing it or emailing it (producing additional delays). Some EDPMA members are also not receiving Medicare revalidation letters from Novitas.

With regard to contacts listed on the enrollment application, our members have been adding a new section for each specialist. When members call Novitas for follow-up questions, Novitas only examines the first page and only the first contact listed is able to obtain information from Novitas instead of all subsequent contacts listed on the enrollment application.

Revalidations for Novitas are being processed by First Coast and communication between the two MACs seems to be lacking. Novitas has advised providers that it is sending revalidations to First Coast, along with reassignments and initial enrollment. However, when First Coast is processing the enrollment, a provider is not able to use the enrollment status function that Novitas provides.

General processing times at Novitas seem to be quite slow, with several EDPMA members still waiting on processing for applications submitted in November or December.

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We very much appreciate your willingness to consider and address critical enrollment issues. We look forward to following up with you after you've had an opportunity to look further into the issues we have raised.

Sincerely,



Derise M. Woods

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Chair, EDPMA Provider Enrollment Committee