

Health Information Compliance Alert

Industry Notes:

CMS Vastly Improves PECOS System

As most practices are aware, registering with CMS's PECOS system has had its share of headaches -- but thanks to a few recent improvements; you could be getting some relief. On August 13, the **Centers for Medicare & Medicaid Services** announced several enhancements to its online PECOS enrollment system that may make your life easier, as follows:

- You can now submit your entire enrollment application online -- gone are the days of having to mail copies of supporting documentation
- If you reassign benefits to organizations with multiple locations, you'll be able to designate a primary and secondary practice location on your enrollment application
- You can now enter more than one contact person in the PECOS "contact information" section
- The "geographic location" section of the enrollment application will now allow you to enter a county designation.

For more on the PECOS system, visit <https://pecos.cms.hhs.gov/pecos/login.do>.

CMS really wants providers to move to an electronic-only system of enrollment via PECOS. And CMS has made a number of changes to the system to increase its user-friendliness, noted CMS's **Mark Majestic** in an Aug. 22 Open Door Forum for home care providers. "The whole focus is to try to increase the usability of PECOS and to get people away from having the need to submit paper copies, paper documents, and try to do that all-digital process."

As of Aug. 20, PECOS began accepting supporting documentation via its new document upload feature, Majestic pointed out. Now providers can submit or adjust their PECOS enrollment "100 percent online." CMS makes many system changes based on provider feedback, Majestic said. We want to make these improvements into PECOS so people will go to PECOS and do it electronically rather than submit those paper documents."

By the way: CMS didn't provide information in response to a question about when claims edits requiring physicians' valid PECOS enrollment would begin. Such edits have been long delayed, but the agency seems to be signaling the edits may take place soon.

CMS to Start Denying Claims That Don't Meet Ordering/Referring Edits 'Soon'

If a new CMS news release is any indication, the agency might soon follow through on its longstanding threat to deny claims that fail the ordering/referring provider edits. Although CMS has had this on the horizon for several years now, the agency has never actually formalized a date when the denials would start.

However, a July 26 news release indicates that CMS "will soon begin denying Part B, DME, and Part A HHA claims that fail the ordering/referring provider edits." Although CMS has still not set a date, it warns providers that once it does, it will only offer a 60-day notice before the edits are turned on, so you should prepare now.

Background: Currently, if you submit claims for services or items ordered/referred and the ordering or referring physician's information is not in the MAC's claims system or in PECOS, your practice will get an informational message letting you know that the practitioner's information is missing from the system.

Part B reminder: In Part B, MACs will take two steps before denying your claims. First, the carrier will check whether the ordering/referring physician is in PECOS. If not, the MAC will try to find the provider in the Claims Processing System Master Provider File. If the physician is in neither system, the claim will be rejected once the edits are turned on.

Resource: For more on the edits, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1221.pdf.

Medicare Takes Care Of One 5010 Problem For You

Haven't found the time to convert your electronic remittance advices to 5010 format? That's OK, because "the Medicare Fee-For-Service (FFS) program will automatically convert your electronic remittance advice to the X12 Version 5010 format," CMS says in a message to providers.

Pitfall: "If the computer software you use to open/translate the electronic remittance advice X12 Version 5010 format is not ready for this conversion, you may not be able to open and read the electronic remittance advice to review payments, adjustments, and denials, as well as post payments to patient accounts," CMS cautions.

Keep Unnecessary Frequencies Off Home Health ABNs, MAC Advises

Don't provide too many details in a home health advance beneficiary notice, or you'll just create more paperwork for yourself. You may include a frequency of the non-covered service on the Option Box 1 HHABN, HHH MAC **NHIC** allows in a newly posted question-and-answer on the topic -- but you may not want to. "In some instances it may be appropriate to omit a frequency," NHIC advises.

For example: "If a patient wishes to receive home health aide services, you could give an HHABN with the per visit cost of the aide services but without a frequency," NHIC offers. "In this instance, the patient could begin having the aide visit twice a week and then perhaps increase to three times a week without an additional HHABN being needed," the MAC explains in the Q&A drawn from its May 30 teleconference on the HHABN.

BCBS Rhode Island Revamps Contracts To Focus On Quality Measures

Blue Cross Blue Shield of Rhode Island and **Care New England**, a major hospital group in the state, reached a five-year plan that includes BCBS paying the hospital additional amounts based on quality measures. The two entities are reworking their contract to focus more on comprehensive, quality-focused reimbursements.

"We want to create incentives to better coordinate care and management of these patients, rather than keep them in silos," said **Peter Andruszkiewicz**, president and CEO of Blue Cross, in a statement.

The new contract, which Andruszkiewicz says will likely be effective by the end of September, will define specific metrics based on quality-related programs, including creation of a more patient-centered model for both maternity care and for behavioral health, according to Providence Business News.