

# New HITECH Resource for Eligible Providers and Hospitals at the Virtual Extension Center

*Note: I get great pleasure in finding resources for my readers, and today I have a showstopper! Carol Flagg is co-owner of HITECH Answers and is visiting Manage My Practice to announce a free resource for eligible providers and hospitals.*

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For the past two years [HITECH Answers](#) has been a vendor neutral resource for education on details of the HITECH Act. In that time, we've amassed a significant library of recorded webinars for viewing, along with a body of exclusive white papers and research.

But the time for analyzing the HITECH Act has ended. Similar to the purpose served by the 62 Regional Extension Centers (RECs) , our goal is to support as much as we can the process of adoption of a certified EHR system that meets meaningful use criteria. Given the sheer number of health care providers needing significant help and guidance through this process, we have transitioned our existing web-based subscription model to function as a **Virtual Extension Center**.

This Virtual Extension Center, or VEC, supports health care providers and hospitals looking for education and analysis throughout the HITECH life cycle in a 100% virtual environment. In a nutshell, our VEC widens the education circle and opportunity for all Eligible Professionals and Eligible Hospitals. We've also made membership to our VEC **completely free for EPs and EHs** for the entire life cycle of

the HITECH Act.

## **So what, exactly, is the VEC? And how does it function?**

First and foremost, this newly created VEC houses all of the existing recorded training material and research accumulated over the past two years. This information is readily accessible upon members logging on to HITECH Answers. Here's what has been added to round out VEC membership:

- Meaningful Use for EPs and EHs "" Live webinar events hosted twice a month that focus specifically on the details for achieving Stage 1 meaningful use for EPs and EHs.
- Upcoming live web casts on tax implications for incentives for EPs and EHs, workflow, ICD-10 migration, HIPAA security assessment, the pros and cons of SaaS, EHR contract negotiation and more.
- Live web cast for our VEC members who are vendors and HIT consultants that address pressing topics and needs in conducting business in this industry.
- Attendance to live webcast interviews and presentations from leading national experts.
- Access to exclusive white papers and research found only in our VEC.
- Direct access to independent experts to help answers your specific questions.

An obvious large part of the VEC will be our **live events**. We debut our event offerings with these two important topics "" *Meaningful Use for Specialists* and *EHR Contract Negotiations*.

**Meaningful Use for Specialists "" Qualifying for CMS EHR Incentives**


**January 18, 2011, 7 pm EST**

**Event summary:** A first glance at the Stage 1 Core and Menu Set objectives makes sense for primary care, but what about specialists? How can Psychiatrists, Oncologists, Radiologists, Urologists, and other specialists meet the requirements and objectives outlined in CMS EHR Incentive Program? EPs that are specialists can still achieve the CMS incentives based on the flexibility that is incorporated into two primary areas: Menu Exclusions and Quality Measures.

**EHR Contract Negotiations: Q & A with William O'Toole, O'Toole Law Group**

**January 25, 2011, 7 pm EST**

**Event summary:** The HITECH Act of the American Recovery and Reinvestment Act of 2009 is driving new technology acquisitions unlike anything seen in the healthcare information technology (HIT) sector since Y2K. Specific terms and warranties in Electronic Health Record (EHR) agreements are absolutely essential for the protection of provider customers. Competent and experienced legal advice is extremely important. Get your questions answered in this special Q & A session.

  
You can visit our [Events Page](#) to learn more about these sessions.

And you can learn more about qualifying for a free membership at [Become A Member](#) or you can contact me at: [carol@hitechanswers.com](mailto:carol@hitechanswers.com).

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**Disclosure from Mary Pat: HITECH Answers sells my book on their site, and I am a Consulting Expert to HITECH Answers.**

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# Providers Without a PECOS Record Will Receive a Letter From Their Medicare Administrative Contractor (MAC)

*Note: MLN Matters published this link on June 9th that was inadvertently left out of the June 8th notice:*  
<http://www.cms.gov/MLNMattersArticles/downloads/MM6842.pdf>

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On May 28, 2010, CMS in Change Request 6842 notified Medicare Part A & B Administrative Contractors (A/B MACs) of their responsibility to facilitate a **“One-Time Mailing”** to all physicians and non-physicians who are currently enrolled in Medicare but who do not have an enrollment record in PECOS.



Image via  
Wikipedia

This mailing is to take place no later than 30 days after the date of the issuance (May 28th), therefore no later than June 28, 2010, leaving only six business days before the July 6 date for PECOS enrollment.

Additionally, the Change Request states:

*A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/MLNMattersArticles/> shortly after this CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in maintaining Medicare provider enrollment data correctly.*

As of Tuesday evening when I posted this article, the MLN Matters article referred to had not been published.

Interestingly, there is no mention of the July 6, 2010 date that is the so-called compliance date for all providers to have an enrollment record in PECOS. As of the last CMS open door forum ([my notes here](#)) there was a lack of clarity surrounding the July 6, 2010 date versus the original January 1, 2011 date. The speaker would not definitively say that providers without a PECOS enrollment record as of July 6, 2010 would not receive Medicare payments. Given the short time frame between the MAC letters and the July 6 date, one would assume providers will have a grace period before CMS shuts off reimbursement for services rendered and/or refuses stimulus money for meaningful use of an EMR.

More information on the Stimulus Money here:

[FAQ on HITECH, Meaningful Use, Eligible Providers, and the Stimulus Money](#)

[ARRA Eligible Providers: Who Is Eligible to Receive Stimulus Money and How Much is Available Per Provider?](#)

# **If you are not enrolled in PECOS, this is what your letter will look like:**

[DATE]

[Physician/Non-Physician Practitioner Name and Correspondence Address]

Dear Physician/Non-Physician Practitioner:

Our records indicate that you do not have an enrollment record in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) because you enrolled in Medicare prior to the implementation of PECOS and you have not submitted any updates to your Medicare enrollment information in the past 6 (or more) years. PECOS is the enrollment system for Medicare providers and suppliers.

There are three important reasons why you should take the necessary action to establish an enrollment record in PECOS as soon as possible. First, updating your Medicare enrollment record will assist us in ensuring payment accuracy for the services you furnish to Medicare beneficiaries. Second, you will need an approved enrollment record in PECOS to continue to order or refer items or services for Medicare beneficiaries. Finally, in accordance with the [American Recovery and Reinvestment Act of 2009](#), Title XIII, known as the "HITECH Act," incentive payments may be made by Medicare and Medicaid to enrolled "eligible professionals" and certain hospitals that meet the HITECH requirements. More information on Medicare HITECH incentive payments can be found at [http://www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp) under "Related Links Outside CMS" on the CMS web site. The [Centers for](#)

[Medicare & Medicaid Services](#) (CMS) will use the PECOS enrollment records to verify Medicare enrollment for HITECH incentive payments. Therefore, you will not be eligible to receive incentive payments from Medicare for meaningful use of certified electronic health records if your enrollment information is not maintained in PECOS by CMS.

Since you do not have a current Medicare enrollment record, it is imperative that you immediately begin the process to establish your enrollment record in PECOS. CMS expects you to do this as soon as possible after receiving this letter. If you have already submitted an enrollment application within the last 60 days, and your enrollment application has been accepted for processing by the carrier or A/B MAC, you need not take any additional actions based on this letter.

You can submit your enrollment application in one of two ways:

(1) Use Internet-based PECOS

"¶ Step 1. Before you begin, be sure you have a [National Provider Identifier](#) (NPI) and have created a User ID and password in the National Plan and Provider Enumeration System (NPPES). You will need the NPPES User ID and password in order to access Internet-based PECOS. If you need help creating an NPPES User ID and password, or if you are not sure you ever created them or cannot remember what they are, you may contact the NPI Enumerator for assistance at 1-800-465-3203.

"¶ Step 2. Read the documents that are available about Internet-based PECOS on the CMS Provider/Supplier Enrollment web page [www.cms.hhs.gov/MedicareProviderSupEnroll/](http://www.cms.hhs.gov/MedicareProviderSupEnroll/)

"¶ Step 3. Once you have completed and submitted your enrollment application using Internet-based PECOS, be sure to print the Certification Statement, sign and date it, and mail it, along with any required supporting documentation, to the carrier or A/B MAC whose name and mailing address will be

displayed to you by the system.

Note: If you reassign some or all of your Medicare benefits to a group practice, there will be two Certification Statements to print, sign and date, and one of them will also need to be signed and dated by an Authorized Official of the group practice. The carrier or A/B MAC cannot process your web-submitted enrollment application without having the signed and dated Certification Statement(s) in hand.

(2) Complete the paper Medicare enrollment application (CMS-855I) as an initial application.

"¢ Step 1. Complete the CMS-855I (if you reassign benefits to a clinic or group practice other than your own, complete a CMS-855R as well), sign and date (blue ink recommended) and mail the application(s), along with any required additional supporting documentation, to the Medicare carrier or A/B MAC. These forms are downloadable from the CMS Provider/Supplier Enrollment web page (shown above) or the CMS forms page [www.cms.hhs.gov/cmsforms](http://www.cms.hhs.gov/cmsforms) or you may request the necessary forms from the carrier or A/B MAC.

"¢ Step 2. Once the paper application has been received by the carrier or A/B MAC, the carrier or A/B MAC will begin to process your enrollment application. If additional information is needed by the carrier or A/B MAC to complete the processing of your enrollment application, they will contact you.

You are strongly urged not to delay in establishing your Medicare enrollment record within PECOS, especially if you plan on applying for incentive payments under the HITECH program. The carriers and A/B MACs are expected to process your enrollment application within 60 days as long as you submit your enrollment application before September 1, 2010.

If you need information about Medicare enrollment or how to use Internet-based PECOS, visit the



CMS Provider/Supplier Enrollment web page at:  
[www.cms.hhs.gov/MedicareProviderSupEnroll/](http://www.cms.hhs.gov/MedicareProviderSupEnroll/)

If you need assistance with your NPPES User ID and password,  
contact the NPI Enumerator at 1-800-465-3203.

If you have questions about this letter, contact [carrier or  
A/B MAC phone number/contact person].

Sincerely,

[Name of carrier or A/B MAC]