



Provider Enrollment

September 14, 2011



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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Acronym List



- EFT – Electronic funds transfer
- CMS – Centers for Medicare & Medicaid Services
- CR – Change Request
- FAQ – Frequently asked question
- FCSO – First Coast Service Options
- MAC – Medicare Administrative Contractor
- MLN – Medlearn Matters Learning Network
- NPI – National Provider Identifier
- PECOS – Provider Enrollment, Chain and Ownership System
- PTAN – Provider Transaction Access Number
- SME – Subject Matter Expert

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Agenda Items



- Learning objectives
- Questionnaire responses
- Changes in Medicare enrollment
- Information to know before starting the Medicare enrollment process
- Medicare enrollment forms
- Overview of Medicare enrollment process
- Exercise
- Resources
- Question and answer session

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Learning Objectives



- **At the conclusion of this session you will be able to**
 - Identify the recent and upcoming changes to Medicare enrollment processes and guidelines
 - Discuss the information to know before starting the Medicare enrollment process
 - Identify the enrollment applications and the use of each
 - Explain the enrollment process
 - Use self-service resources to obtain application status and answer other questions

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Questionnaire Responses

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Questionnaire Responses

- What would you like to gain from the provider enrollment session?
 - General knowledge of the process and time frame involved
 - Any new process that will help with the timely completion and submission of enrollment forms and changes
 - Information to increase efficiency
 - Fundamentals to advanced
 - PECOS requirements to submit applications online
 - Revalidation information
- What is your role in your organization?
 - Provider relations
 - Billing manager/analyst
 - Compliance
 - Office manager

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Questionnaire Responses



- How often do you use online resources (i.e. www.fcso.com) to research information related to provider enrollment?
 - 25% 3+ times a week 0% 1-2 times a week 75% -1 time a week
- Which parts of the provider enrollment process are you familiar with?
 - Filling out the appropriate application via:
 - 38% Paper
 - 13% Internet-based PECOS
 - 25% Submitting the correct documents with the application
 - 25% Checking the status of the application
 - 25% Responding to requests for additional documentation
 - 25% Processing timeframes for applications
 - 13% Steps to take after approval is received

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Changes in Medicare Enrollment



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MLN Matters Articles



- **MM6310** – Incorporation of Physician Fee Schedule Regulatory Changes into Chapter 10 of the Program Integrity Manual (PIM)
- **MM6417** – Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)
- **MM7350** – Implementation of Provider Enrollment Provisions in CMS-6028-FC
- **MM7176** – Accreditation for Physicians and Non-Physician Practitioners Supplying the Technical Component (TC) of Advanced Diagnostic Imaging (ADI) Services
 - **MM7177** – Advanced Diagnostic Imaging Accreditation Enrollment Procedures (related to MM7176)

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Information to Know Before Starting the Medicare Enrollment Process

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Application Reasons



Reasons for submitting an application

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Requirements



- What is needed before submitting the application?

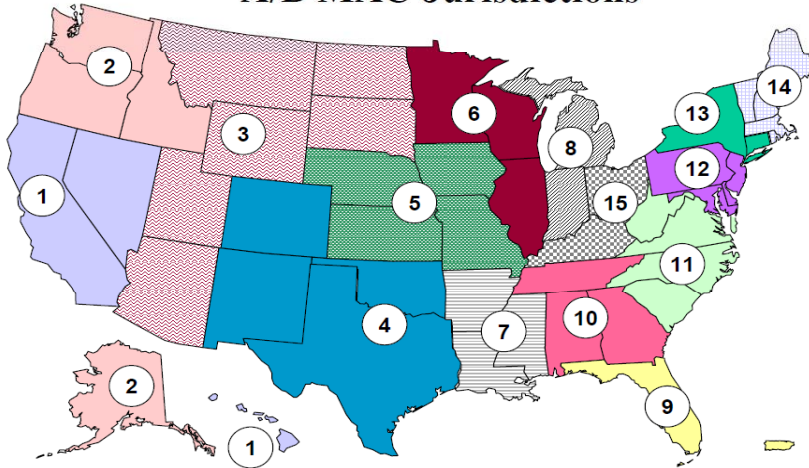
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MAC Jurisdictions



A/B MAC Jurisdictions



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

J9 Enrollment Address



Who processes the applications for Jurisdiction 9 (J9 = Florida, Puerto Rico, and U.S. Virgin Islands)?

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medicare Enrollment Forms

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Enrollment Forms

- **CMS-855 forms**
 - CMS-855A
 - CMS-855B
 - CMS-855I
 - CMS-855O
 - CMS-855R
 - Internet-based PECOS
 - Allows completion of all applications via the Internet
- **Additional forms**
 - CMS-588 (required for most providers)
 - CMS-460 (optional for most providers)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855A Enrollment Application



This application is to be completed if:

You are an institutional provider

You plan to bill Medicare for Part A medical services

You would like to report a change to your existing Part A enrollment data

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855A (Cont.)



■ Institutional providers include:

- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Critical Access Hospital (CAH)
- End-Stage Renal Disease Facility (ESRD Facility)
- Federally Qualified Health Center (FQHC)
- Histocompatibility Laboratory
- Home Health Agency (HHA)
- Hospice

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855A (Cont.)



- Hospital
- Indian Health Services Facility (IHSF)
- Organ Procurement Organization
- Outpatient Physical Therapy (OPT)/ Occupational Therapy (OT)/ Speech Language Pathology (SLP) Services
- Religious Non-Medical Health Care Institution
- Rural Health Clinic (RHC)
- Skilled Nursing Facility (SNF)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855B Enrollment Application



This application is to be completed if:

You are an organization/group

You are a medical practice or clinic that will bill for Medicare Part B services

You may bill for Part A services but will also bill for Part B practitioner services or provide purchased diagnostic laboratory tests to other entities that bill Part B

You would like to report a change to your existing Part B enrollment data

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855B (Cont.)



- Organizations/groups include:
 - Ambulance Service Supplier
 - Ambulatory Surgical Center (ASC)
 - Clinic/Group Practice
 - Competitive Acquisition Program (CAP) Part B Drug Vendor
 - Independent Clinical Laboratory
 - Independent Diagnostic Testing Facility (IDTF)
 - Mammography Center
 - Mass Immunization (Roster Biller Only)
 - Portable X-ray Supplier
 - Radiation Therapy Center

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855I Enrollment Application



This application is to be completed if:

- You are a physician or non-physician practitioner
- You are an individual practitioner providing services in a private setting
- You are an individual practitioner providing services as part of a group
- You are an individual that has formed a professional corporation, professional association, limited liability company, etc.
- You would like to report a change to your existing Part B enrollment data

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855I (Cont.)



- All physicians and non-physician practitioners listed below:
 - Anesthesiology Assistant
 - Audiologist
 - Certified nurse midwife
 - Certified registered nurse anesthetist (CRNA)
 - Clinical nurse specialist (CNS)
 - Clinical social worker (CSW)
 - Mass immunization roster biller
 - Nurse practitioner (NP)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855I (Cont.)



- Occupational therapist in private practice (OT)
- Physical therapist in private practice (PT)
- Physician assistant (PA)
- Clinical Psychologist (CP)
- Psychologist billing independently
- Registered Dietitian or Nutrition Professional
- Speech Language Pathologist (SLP)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855O Enrollment Application



This application is to be completed if:

You are applying for the sole purpose of ordering and referring items and/or services for Medicare beneficiaries

You have applied for the sole purpose of ordering and referring items and need to change your information

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855O (Cont.)



- Physicians and non-physician practitioners employed by:
 - Department of Veterans Affairs (DVA)
 - Department of Defense (DOD) Tricare Program
 - Public Health Service (PHS)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855R Enrollment Application



This application is to be completed if:

You are reassigning your right to bill the Medicare program and receive Medicare payments to an organization

You are terminating an existing reassignment of benefits with an organization

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855R (Cont.)



■ All physicians and non-physician practitioners listed below:

- Anesthesiology Assistant
- Audiologist
- Certified nurse midwife
- Certified registered nurse anesthetist (CRNA)
- Clinical nurse specialist (CNS)
- Clinical social worker (CSW)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-855R (Cont.)



- Nurse practitioner (NP)
- Occupational therapist (OT)
- Physical therapist (PT)
- Psychologist
- Registered Dietitian or Nutrition Professional
- Speech Language Pathologist (SLP)

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Web-based Enrollment Application



Internet-based Provider Enrollment, Chain and Ownership System (PECOS):

Allows for completion and submission of all CMS-855 forms via the internet

Can be utilized for new enrollments or to report a change to your Medicare enrollment information

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-588 Electronic Funds Transfer Authorization Agreement



This form is to be completed if:

You are authorizing electronic funds transfer (EFT) for your organization or practice

You are making a revision to your current EFT authorization

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS-460 Participating Physician or Supplier Agreement



This form is to be completed if:

You are forming a new practice or organization and wish to accept assignment in the Medicare program

You are making a revision to the current participation status of your practice or organization during an open enrollment period

Note: Some providers are required to accept assignment.

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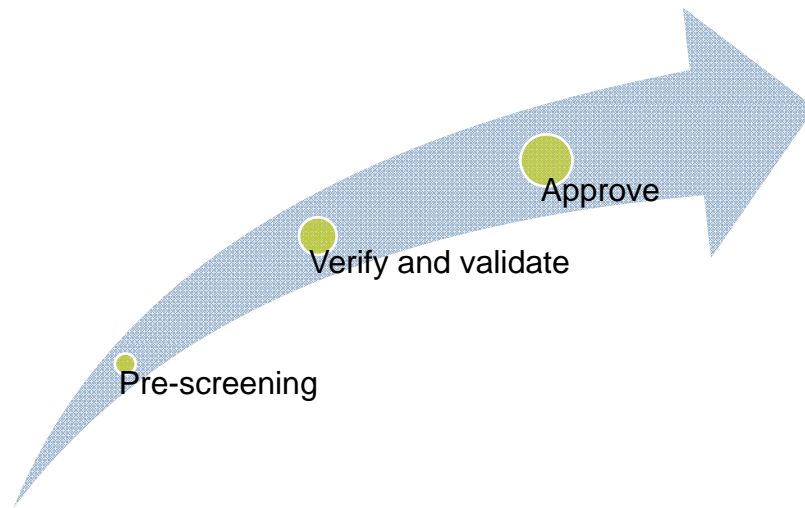
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Overview of Medicare Enrollment Process

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Processing of Clean Application



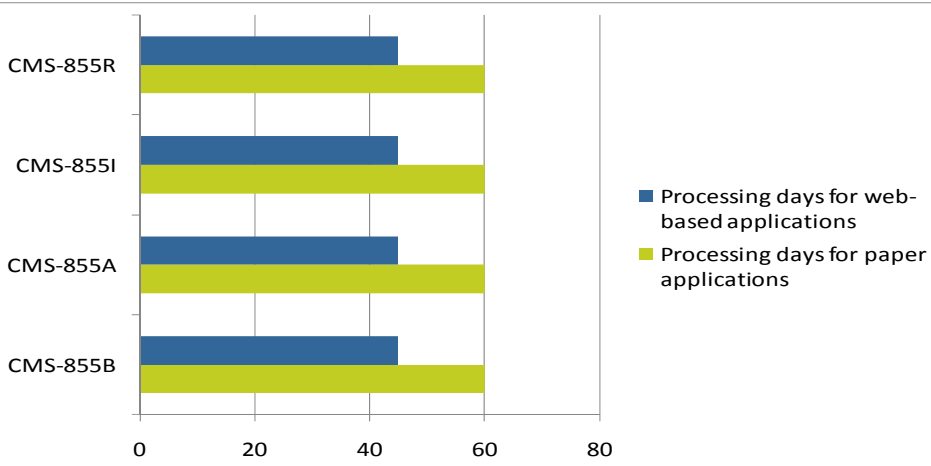
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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Processing Timeframes

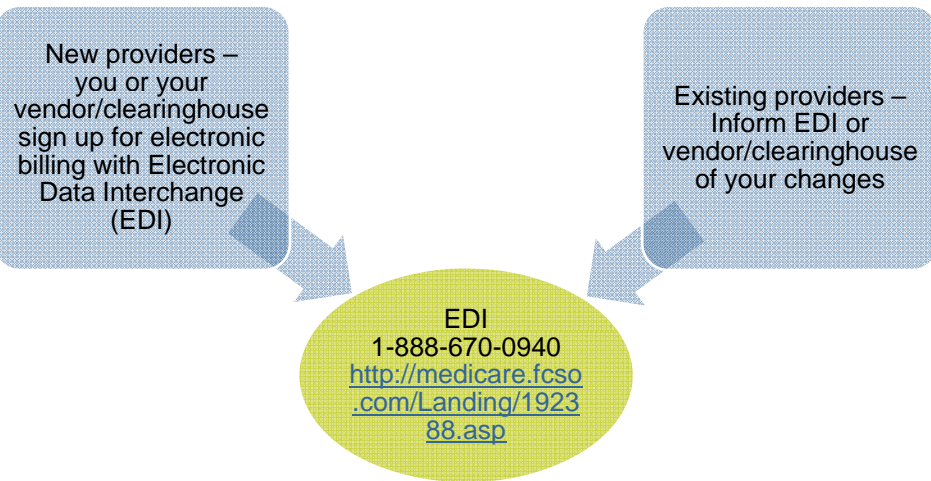


- Majority of initial applications without development requests



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Approved Applications



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Following-up on Applications



What to do after the application has been submitted? Check the status!

Online status lookup

Interactive voice response (IVR)

PECOS self-service application

Customer service

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Application Development



■ When additional information is needed

- FCSO will send a letter to the provider
- Lists what is needed to complete the processing of the application
- Provider has 30 days to return information
- Letter identifies processor's name and return information
- Return via fax or mail

Development response not received



Application will be denied or rejected

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Top Application Development



Furnish complete, correct name

Supply appropriate effective = date the provider saw their first Medicare patient

Provide NPI for organization

Complete for each practice location

Provide address for special payments or remittance advice

List all individuals with ownership interest/managing control

Newly signed and dated certification statement

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Additional Documents



■ Required Documents

- CMS-588 Electronic funds transfer (EFT) form
 - NPI Entity Type 1 – Individual
 - NPI Entity Type 2 – Organization
- IRS documentation (CP-575)

■ Other Documents

- Proof of citizenship
- Form I-9 Employment Eligibility Verification
- Copy of degree to verify year of graduation when not identified on the Florida licensing database

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Applications



Returned

Caused by:
Being considered
a “non-
application”

Appeal rights not
afforded

Rejected

Caused by: Non-
response to
request for
missing or
clarifying
information

Appeal rights not
afforded

Denied

Caused by: Non-
compliance with
Medicare
enrollment
requirements

Appeal rights
afforded

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Exercise: Provider Enrollment

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Additional Resources

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First Coast Service Options Inc.

medicare.fcso.com

medicareespanol.fcso.com

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FCSO Resources – Part A & B



- Electronic Funds Transfer (EFT) FAQs
 - <http://medicare.fcso.com/FAQs/161884.asp>
- Provider enrollment news
 - http://medicare.fcso.com/PE_News/
- Provider enrollment resources
 - http://medicare.fcso.com/PE_Resources/
- Provider enrollment tips and tutorials
 - http://medicare.fcso.com/PE_Tips_and_tutorials/
- Internet-based PECOS resources
 - <http://medicare.fcso.com/Landing/191688.asp>

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FCSO Resources – Part A



- Interactive Voice Response System Quick Reference Guide
 - <http://medicare.fcso.com/IVR/138436.pdf>
- Help with the CMS-855A form
 - http://medicare.fcso.com/PE_Tips_and_tutorials/137976.asp

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FCSO Resources – Part B



- Ordering/referring providers FAQs
 - <http://medicare.fcso.com/FAQs/178035.asp>
- Interactive Voice Response System Quick Reference Guide
 - <http://medicare.fcso.com/IVR/137822.pdf>
- Help with the CMS-855B form
 - http://medicare.fcso.com/PE_Tips_and_tutorials/138139.asp
- Help with the CMS-855I form
 - http://medicare.fcso.com/PE_Tips_and_tutorials/137664.asp
- Help with the CMS-855R form
 - http://medicare.fcso.com/PE_Tips_and_tutorials/140614.asp

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Centers for Medicare & Medicaid Services

www.cms.gov



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CMS Resources



- Change Request (CR) 7350
 - <http://www.cms.gov/transmittals/downloads/R371PI.pdf>
- CR 6417
 - <http://www.cms.gov/MLNMattersArticles/downloads/MM6417.pdf>
- CR 6310
 - <http://www.cms.gov/MLNMattersArticles/downloads/MM6310.pdf>
- CR 7176
 - <http://www.cms.gov/MLNMattersArticles/downloads/MM7176.pdf>
- CR 7177
 - <http://www.cms.gov/MLNMattersArticles/downloads/MM7177.pdf>

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CMS Resources (Cont.)



- Internet-based PECOS and ordering/referring report
 - <http://www.cms.gov/MedicareProviderSupEnroll/>
- Internet-only manuals
 - 100-08 Chapters 10 and 15
 - <http://www.cms.gov/Manuals/IOM/list.asp>
- Special Edition (SE) 1011 incorporating
 - MLN Matters CR6421, CR6417, CR6696
 - <http://www.cms.gov/MLNMattersArticles/downloads/SE1011.pdf>

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Question & Answer Session



- What questions do you have?



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Summary of Today's Topics



- Today we have reviewed
 - Changes to Medicare enrollment processes and guidelines
 - Medicare enrollment background
 - Medicare enrollment forms
 - Overview of the Medicare provider enrollment process
 - Self-service resources available to obtain application status and answer any additional questions on Medicare provider enrollment

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Thank You for Participating



- **FCSO values your feedback**

- It is important that you complete the evaluation form and return it before leaving the class



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