Objective

- Determine enrollment needs
- Become familiar with the forms required to enroll in the Medicare Part B program
- Identify eligible Part B program providers
- Obtain a better understanding of the enrollment process from beginning to end
- PECOS – practical usage
- Learn helpful tips to guide you in the enrollment process
Medicare Part B Billable Services

• Hospital visits by FQHC providers if the provider is not compensated by the FQHC

• Certain laboratory services

• Technical components of diagnostic radiological tests (X-ray and EKGs)
Eligible Providers

- Anesthesiology Assistant
- Audiologist
- Certified Nurse Midwife, Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Clinical Social Worker
- Mass immunization roster biller
- Nurse Practitioner
- Occupational & Physical Therapist in private practice
- Physician Assistant
- Clinical Psychologist
- Psychologist billing independently
- Registered Dietitian or Nutrition Professional
- Speech Language Pathologist
1) Group Application CMS-855B, Clinics/Group Practices & Certain Other Supplies
   • Complete CMS-855B & FORM CMS-588, Electronic Fund Transfer Authorization Agreement
   • Upon approval PTAN assigned to the Center/“Group”
   • Permits “Group” to submit claims for eligible Part B services

2) Individual Provider Application CMS-855I, Physician & Non-Physician Practitioners **not enrolled** in Part B program
   • Complete CMS-855I & CMS-855R, Reassignment of Medicare Benefits
   • Upon approval PTAN assigned to the provider
   • Allows individual provider to submit claims for approved Medicare Part B services. CMS-855R reassigns benefits to enrolled organization/Group.
   • *Required pursuant to Federal Register, changes in provider & supplier enrollment, ordering & referring & documentation requirements*
Determine Enrollment Needs - continued

3) Individual Provider Application CMS-855I, Physician & Non-Physician Practitioners already enrolled in the Part B program
   • Complete CMS-855R, Reassignment of Medicare Benefits
   • Reassigns individual provider benefits to a Medicare enrolled organization/Group
   • Physician Assistant excluded. Payment may only be issued to employer.

4) Abbreviated Enrollment for Ordering/Referring only Providers
   • Complete CMS-855I Section 1, 2, 3, 13, 15
   • Include in cover letter provider is enrolling for the sole purpose of ordering & referring items or services for a Medicare beneficiary to other provider and suppliers and cannot be reimbursed for services performed.
PECOS – Provider Enrollment, Chain & Ownership System

• Purpose – Internet-based national repository of enrolled providers and suppliers
• Collects Part A, Part B & DMEPOS enrollment data and feeds the data into the appropriate Medicare claims processing system
• Used in lieu of the paper Medicare enrollment to:
  • Submit an initial enrollment application
  • View or change your enrollment information
  • Track enrollment application
  • Add or change a reassignment of benefits
  • Submit changes to existing Medicare enrollment information
  • Reactivate an existing enrollment record
  • Withdraw from the Medicare Program
• Individual providers NPPES user ID and password
PECOS – Provider Enrollment, Chain & Ownership System - continued

Welcome

Notifications

Welcome to PECOS.

Manage Medicare and Account Information

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

MY ENROLLMENTS

ACCOUNT MANAGEMENT

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Assurance • Tax • Consulting
PECOS & Ordering/Referring Edit Phase 2

• Requires revalidation of eligible ordering/referring provider in PECOS
• Updated enrollment information required if last updated in 2003 or notice received by Palmetto for revalidation
• Deactivation of PTAN. Non-claim submission for 12 consecutive months will deactivate enrollment. Revalidation required.
November 24, 2010, the CMS announced that the automated edits will not be turned on to deny claims effective January 3, 2011. CMS had previously announced that, beginning January 3, 2011, if certain Part B billed items and services require an ordering/referring provider and the ordering/referring provider is not in the claim, is not of a profession that is permitted to order/refer, or does not have an enrollment record in the Medicare Provider Enrollment, Chain and Ownership System (PECOS), the claim will not be paid (Phase 2 implementation of the new edits).
Next Steps

1. Determine enrollment needs
2. Complete appropriate application(s)
4. Dedicate internal resource accountable to complete, follow-up and document application status
Enrollment Vehicles

1. Paper Application – complete OR abbreviated for ordering/referring providers only

2. Internet-based PECOS - individual providers NPPES user ID and password required
Application received by MAC

Application logged, assigned to analyst

MAC Analyst requests additional information, denies or approves application

Deficiencies corrected/additional information returned (30 days)

Application approval letter sent to provider
SECTION 2: IDENTIFYING INFORMATION

A. TYPE OF SUPPLIER

Check the appropriate box to identify the type of supplier you are enrolling as with Medicare. If you are more than one type of supplier, submit a separate application for each type. If you change the type of service that you provide (i.e., become a different supplier type), submit a new application.

Your organization must meet all Federal and State requirements for the type of supplier checked below.

TYPE OF SUPPLIER: (check one only)

☐ Ambulance Service Supplier
☐ Ambulatory Surgical Center
☐ Clinic/Group Practice
  ☐ Single Specialty Clinic  [Provide Specialty]
  ☐ Multi-Specialty Clinic
  ☐ Hospital Department(s)
  ☐ Physical/Occupational Therapy Group
  in Private Practice
☐ Competitive Acquisition Program
  (CAP) Part B Drug Vendor

☐ Independent Clinical Laboratory
☐ Independent Diagnostic Testing Facility
☐ Mammography Center
☐ Mass Immunization (Roster Biller Only)
☐ Pharmacy
☐ Portable X-ray Supplier
☐ Radiation Therapy Center
☐ Other (Specify): ____________________
SECTION 2: IDENTIFYING INFORMATION (Continued)

C. HOSPITALS ONLY (Continued)

NOTE: If your hospital is enrolling a clinic that is not provider-based, do not complete this section. Check “Clinic/Group Practice” in Section 2A and complete this entire application for the clinic.

1. Are you going to:
   ☒ bill for the entire hospital with one billing number? (If yes, continue to Section 2D.)
   ☐ separately bill for each hospital department? (If yes, answer Question 2.)

2. List the hospital departments for which you plan to bill separately:

<table>
<thead>
<tr>
<th>Department</th>
<th>Medicare Identification Number</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

D. COMMENTS/SPECIAL CIRCUMSTANCES

Explain any unique circumstances concerning your practice location, the method by which you render health care services, etc.
Paper Application Form Checklist

✓ Group Application - Clinics/Group Practices & Certain Other Supplies
  • Complete CMS-855B
  • FORM CMS-588 - Electronic Fund Transfer Authorization Agreement

✓ Individual Provider Application - Physician & Non-Physician Practitioners not enrolled in Part B program
  • Complete CMS-855I,
  • CMS-855R, Reassignment of Medicare Benefits

✓ Abbreviated Enrollment for Ordering/Referring only Providers
  • Complete CMS-855I Section 1, 2, 3, 13, 15
  • Include in cover letter
Common Application Delay Reasons

• Required sections Incomplete
• Legal business name shown in Section 2 does not match the name on the tax documents
• Correspondence address in Section 2 does not reflect the provider’s address
• NPI missing or inaccurate
• Required dates missing (i.e. license and certification dates)
• Incorrect person signs application
• Application and supporting documentation sent to the incorrect designated MAC
• Missing documentation - non-physician practitioners must meet specific licensing, educational, and work experience requirements.
Helpful Tips

• Type or print all information in blue or black ink
• Enter NPI information as appears on NPPES notification
• Include all required supporting documentation
• Access web Provider Enrollment Application Status Tool
Questions
Thank you

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