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National Government Services

Provider Enrollment Update

Change Request 7350

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Today's Presenter

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Disclaimer

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Acronyms

ASC	Ambulatory surgery center
CAH	Critical access hospital
CMHC	Community mental health center
CMS	Centers for Medicare & Medicaid Services
CORF	Comprehensive outpatient rehabilitation facility
DMEPOS	Durable medical equipment prosthetics orthotics supplier
DSH	Disproportionate share hospital
ESRD	End-stage renal disease
EST	Eastern standard time
FQHC	Federally qualified health center

Acronyms

HHA	Home health agency
IDTF	Independent diagnostic testing facilities
IHS	Indian Health Services
IOM	Internet-Only Manual
IPF	Inpatient psychiatric facility
IRF	Inpatient rehabilitation facility
OPO	Organ Procurement Organization
PECOS	Provider Enrollment Chain & Ownership System
RHC	Rural health clinic
RNHCI	Religious nonmedical health care institution
SNF	Skilled nursing facility
VA	Veterans Administration

Objective

- To educate providers regarding new provider enrollment rules implemented with Change Request 7350

Agenda

- Background
- Application fee
- Pay.gov
- Hardship exception request
- Screening levels
- CMS-imposed moratoria

Background

- "Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions, and Compliance Plans for Providers and Suppliers" (CMS-6028-FC)
- Published in February 2, 2011, edition of the *Federal Register*

Background

- Institutional provider defined
- Any provider or supplier that submits a paper Medicare enrollment application using a:
  - CMS-855A
  - CMS 855B (not including physician and nonphysician practitioner organizations)
  - CMS-855S or
  - Associated Internet-based PECOS enrollment application
- **Note:** A physician, nonphysician practitioner, physician group, or nonphysician practitioner group that is enrolling as a DMEPOS supplier via the CMS-855S application must submit the required application fee with its CMS-855S form

Background

- Rule finalized provisions related to:
  - Submission of application fees as part of the provider enrollment process;
  - Establishment of provider enrollment screening categories;
  - Suspensions of payment based on credible allegations of fraud; and
  - Authority of CMS to impose a temporary moratorium on the enrollment of new Medicare providers and suppliers of a particular type (or the establishment of new practice locations of a particular type) in a geographic area

Application Fee

- A fee of $505 applies to enrollment applications received on or after March 25, 2011 through December 31, 2011
  - Fee will be adjusted annually based on percentage change in consumer price index for 12-month period ending on June 30 of the prior year
- Fee required when:
  - Submitting initial enrollment application
  - Adding a new practice location
  - Revalidating enrollment information

Application Fee

- Does **not** apply to
  - Physicians, nonphysician practitioners, and physician and nonphysician practitioner groups
  - Eligible professionals who reassign Medicare benefits to another individual or organization since it would not create a new enrollment of an institutional provider or supplier

Application Fee

- Does **not** apply if
  - Submitting a CMS-855 I or CMS-855 R form

New Application Fee – Impacts

- Impacts institutional providers:
  - Ambulance service providers
  - Ambulatory surgery centers
  - Critical access hospitals
  - Community mental health centers
  - Comprehensive outpatient rehabilitation facilities
  - DMEPOS suppliers
  - End-stage renal dialysis facilities
  - Federally qualified health centers
  - Histocompatibility laboratories

Application Fee – Impacts

- Home health agencies
- Hospices
- Hospitals, including but not limited to acute inpatient facilities
- Independent diagnostic testing facilities
- Inpatient psychiatric facilities
- Inpatient rehabilitation facilities
- Physician-owned specialty hospitals
- Mammography centers

Application Fee – Impacts

- Mass immunizers (roster billers)
- Organ procurement organizations
- Outpatient physical therapy/occupational therapy/speech pathology services
- Portable x-ray suppliers
- Skilled nursing facilities
- Radiation therapy centers
- Religious nonmedical health care institutions
- Rural health clinics

Application Fee – Adding Practice Locations

- DMEPOS suppliers, FQHCs, and IDTFs
  - Must individually enroll each site
  - Enrollment of each site requires a separate fee
- All other providers and suppliers (except physicians, nonphysician practitioners, and physician and nonphysician practitioner groups)
  - A fee must accompany any application that adds a practice location
  - If multiple locations are being added on a single application; however, only one fee is required
  - **Note**: The fee for providers and suppliers other than DMEPOS suppliers, FQHCs, and IDTFs is based on the application submission, not the number of locations being added on a single application

Application Fee

- No application fee is due if:
  - Reporting a change of ownership via CMS-855B or CMS-855S
  - Reporting a change of ownership via CMS-855A and the ownership change does not require the provider or supplier to enroll as a new provider or supplier
  - Reporting a change in tax identification number (Part A, Part B, or DMEPOS)
  - Requesting a reactivation of the provider's Medicare billing privileges

Does the Application Fee Apply?

- A provider who is in PECOS is adding an NPI to an existing location
  - If a provider is already in PECOS and the NPI is part of an existing location, the fee does not apply
- A provider is in PECOS and they are adding a new NPI which is attached to a new practice location
  - Application fee does apply

Does the Application Fee Apply?

- A provider is not in PECOS and wants to add an NPI to a new practice location
  - Application fee does apply
- A hospital based physician's group bills to Part B and they are adding another physician to the group
  - Application fee does not apply

Application Fee

- Application fee is nonrefundable except in the following situations:
  - A hardship exception request that is subsequently approved,
  - Application rejected prior to contractor's initiation of screening process, or
  - Application subsequently denied as a result of the imposition of a temporary moratorium
  - Fee was not required for the transaction (i.e., provider submitted a fee with application to report a change in phone number)
  - Fee was not part of an application submission

Application Fee

- Processing of an application for either a new provider or supplier, or for a provider or supplier that is currently enrolled will not begin
  - Until enrollment application fee is received and credited to US Treasury through www.Pay.gov, or
  - A hardship exception request is approved

Paying the Application Fee

- Application fee should be paid promptly through www.Pay.gov.
- Once you are on www.Pay.gov
  - Type ‘CMS’ in the search box under “Find Public Forms” and click the “GO” button
  - Click on the “CMS Medicare Application Fee” link. Complete the form and submit payment as directed

Confirmation Receipt

- You will see a confirmation screen indicating your payment was successful
- Confirmation screen is your receipt and should be printed for your records
- You will also receive a copy of this receipt in your email account if you provided an email address along with your credit card or bank account information

Confirmation Receipt

- It is strongly recommended your receipt be mailed to your Medicare contractor along with:
  - Completed paper CMS-855 application, or
  - Certification statement if submitting your application via Internet-based PECOS
- May enable the contractor to more quickly verify that payment has been made

CMS Notification of Payment

- CMS notifies Medicare contractor that your application fee has been paid
  - Enrollment application will be processed in the order in which it was received
- Normal processing timeframes apply

Application Fee

- Checks submitted to the A/B MAC or FI with a CMS-885 form will be voided and returned to the provider along with a reminder to submit application fee via www.Pay.gov within 30 days

www.Pay.gov

- Web-based application operated by the US Department of Treasury that allows providers to make online payment to government agencies
  - Electronic check
  - Credit card
  - Debit from checking or savings account
  - Visa, MasterCard, American Express, and Discover
  - Can access from any computer with Internet access
  - Payments submitted by 8:55 PM EST will settle in your account the following business day

www.Pay.gov

- Cannot accept payment by mail or phone
- Do not mail application fee payments
  - Paper checks will not be accepted
- Must make separate payments for each application
- Application fee field prepopulated with correct payment amount for the calendar year so there is no need to worry about submitting an incorrect amount

www.Pay.gov Security Features

- Your transaction information is protected while you're logged in to www.Pay.gov
- Any account numbers you set up in your profile are encrypted before being stored in the database
- When you access your profile:
  - Any account numbers you have entered will be masked on-screen
  - Each account number in your profile will be displayed as a group of asterisks followed by the last four digits of the account number

www.Pay.gov Customer Service

- Federal Reserve Bank of Cleveland
  ATTN: eGov Operations
- (www.Pay.gov)
  1455 East Sixth Street
  Cleveland, OH 44114
- Phone: 800-624-1373 Option #2
  Fax: 216-579- 2813
- E-mail: Pay.gov.clev@clev.frb.org

Hardship Exception Request

- A provider who submits a hardship exception request must provide a strong argument to support the request
- Comprehensive documentation such as:
  - Historical cost reports
  - Recent financial reports such as balance sheets and income statements
  - Cash flow statements
  - Tax returns, etc.

Hardship Exception Request

- Factors that may suggest that a hardship exception is appropriate:
  - Considerable bad debt expense;
  - Significant amount of charity care/financial assistance furnished to patients;
  - Whether an institutional provider received considerable amounts of funding through DSH payments; or
  - Whether the provider is enrolling in a geographic area that is a presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act

Hardship Exception Request

- If submitting paper CMS-855 application
  - Hardship exception letter must accompany application
- If submitting application via Internet-based PECOS
  - Hardship exception letter must accompany the certification statement

Hardship Exception Request

- National Government Services will forward request and documentation to CMS for review and determination
  - If no documentation submitted, request will be submitted to CMS “as is”
- CMS has 60 days to render a decision on the request
  - Provider and contractor will be notified of decision via letter from CMS

Hardship Exception Request

- If request approved
  - Application processing will begin
- If request denied
  - Provider will be notified to pay application fee within 30 calendar days from date on letter
  - Upon payment of application fee, National Government Services will begin processing enrollment application

Hardship Exception Request

- Hardship exception letters will not be considered if submitted separately from application or certification statement
  - It will be returned to provider, and
  - Provider will be notified via letter, e-mail, or telephone that it will not be considered

Appeal of Hardship Exception Request First Level

- Provider may appeal denial of Hardship Exception Request
- File written reconsideration request with CMS within 60 calendar date of date on the denial letter
- Must be signed
- Failure to file within 60 days is deemed to be a waiver of all right to further review

Appeal of Hardship Exception Request First Level

- Reconsideration requests should be mailed to:
  - Centers for Medicare & Medicaid Services
    Provider Enrollment Operations Group
    7111 Security Boulevard
    Baltimore, MD 21244
- CMS will acknowledge receipt of request for reconsideration

Appeal of Hardship Exception Request Beyond First Level

- If provider is dissatisfied with reconsideration determination, it can go to the next level of appeal
- Follow procedures outlined in CMS IOM Publication 100-08, Chapter 15, Section 19

General Screening

- Effective March 25, 2011, newly-enrolling and existing providers and suppliers were placed into one of three screening levels:
  - Limited
  - Moderate
  - High
- Risk levels denote level of screening of the provider when:
  - Initially enrolling in Medicare
  - Adding a new practice location
  - Revalidating enrollment information

General Screening – Limited Risk

- The “limited” level consists of the following provider and supplier types:
  - Physician
  - Nonphysician practitioners other than physical therapists
  - Physician group practices
  - Nonphysician group practices other than physical therapists group practices
  - ASCs

General Screening – Limited Risk

- Competitive Acquisition Program/Part B vendors
- ESRD
- FQHCs
- Histocompatibility Laboratories
- Hospitals including
  - CAHs, VA hospitals, and other federally-owned hospital facilities
- Health programs operated by an Indian Health Program or an urban Indian organization that receives funding from IHS

General Screening – Limited Risk

- Mammography screening centers
- Mass immunization roster billers
- OPOs
- Pharmacies newly enrolling or revalidating via CMS 855-B
- RNHCIs
- Radiation therapy centers
- RHCs
- SNFs

General Screening – Moderate Risk

- The “moderate” level consists of the following provider and supplier types:
  - Ambulance service suppliers
  - CMHCs
  - CORFs
  - Hospice organizations
  - Independent clinical labs
  - IDTFs

General Screening – Moderate Risk

- Physical therapists enrolling as individuals or as group practices
- Portable x-ray suppliers
- Revalidating HHAs
- Revalidating DMEPOS suppliers

General Screening – High Risk

- The “high” level of screening consists of the following provider and supplier types:
  - Newly enrolling
    - Home Health Agencies
    - DMEPOS suppliers
- Note: Enrolled DMEPOS suppliers that are adding another location and newly enrolling HHA sub-units fall within the “high” level of screening

General Screening – High Risk

- More to come in the future
  - While fingerprinting and criminal background checks are included in CMS-6028-FC as requirements for providers and suppliers in the “high” risk category of screening, those requirements will be implemented at a later date
  - Providers and suppliers will be notified well in advance of their implementation

Screening Level Changes

- Provider screening level can be adjusted by CMS if any of the following occurs or has occurred:
  - CMS imposed a payment suspension at any time within the last ten years
  - Terminated or is otherwise precluded from billing Medicaid
  - Excluded from any federal health care program

Screening Level Changes

- Provider or supplier:
  - Has been excluded from Medicare by the OIG
  - Had billing privileges revoked by a Medicare contractor within the past ten years and is attempting to establish additional Medicare billing privileges by:
    - Enrolling as a new provider or supplier; or
    - Obtaining billing privileges for a new practice location
  - Has been subject to any final adverse action within the past ten years

Screening Level Changes

- CMS lifts a temporary moratorium for a particular provider or supplier type that was prevented from enrolling based on the moratorium and they apply for enrollment at any time within six months from the date the moratorium was lifted

CMS Imposed Moratorium

- CMS can impose a temporary moratorium on enrollment of new Medicare providers and suppliers, including categories of providers and suppliers if deemed necessary
  - In six-month increments, which can be extended
  - For a particular provider supplier type in a specific geographic area

CMS Imposed Moratorium

- Imposition of moratorium will be announced via *Federal Register*
- Enrollment applications from providers/suppliers covered by a temporary moratorium will be denied
  - Unless application was approved prior to imposition of the moratorium
- Provider has the right to appeal

CMS Imposed Moratorium

- Beneficiary access to services will be considered before imposing a moratorium on any provider/supplier type
- May be lifted by CMS in the event of a public health emergency in the affected geographic area

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Provider Self-Service Center Enrollment Tools

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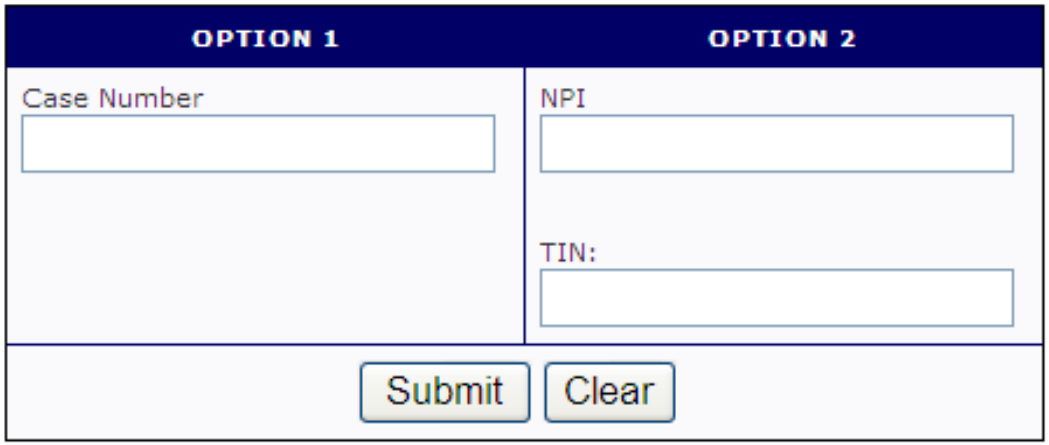
Provider Self Service Center Enrollment Tools

Provider Enrollment Application Status Tool

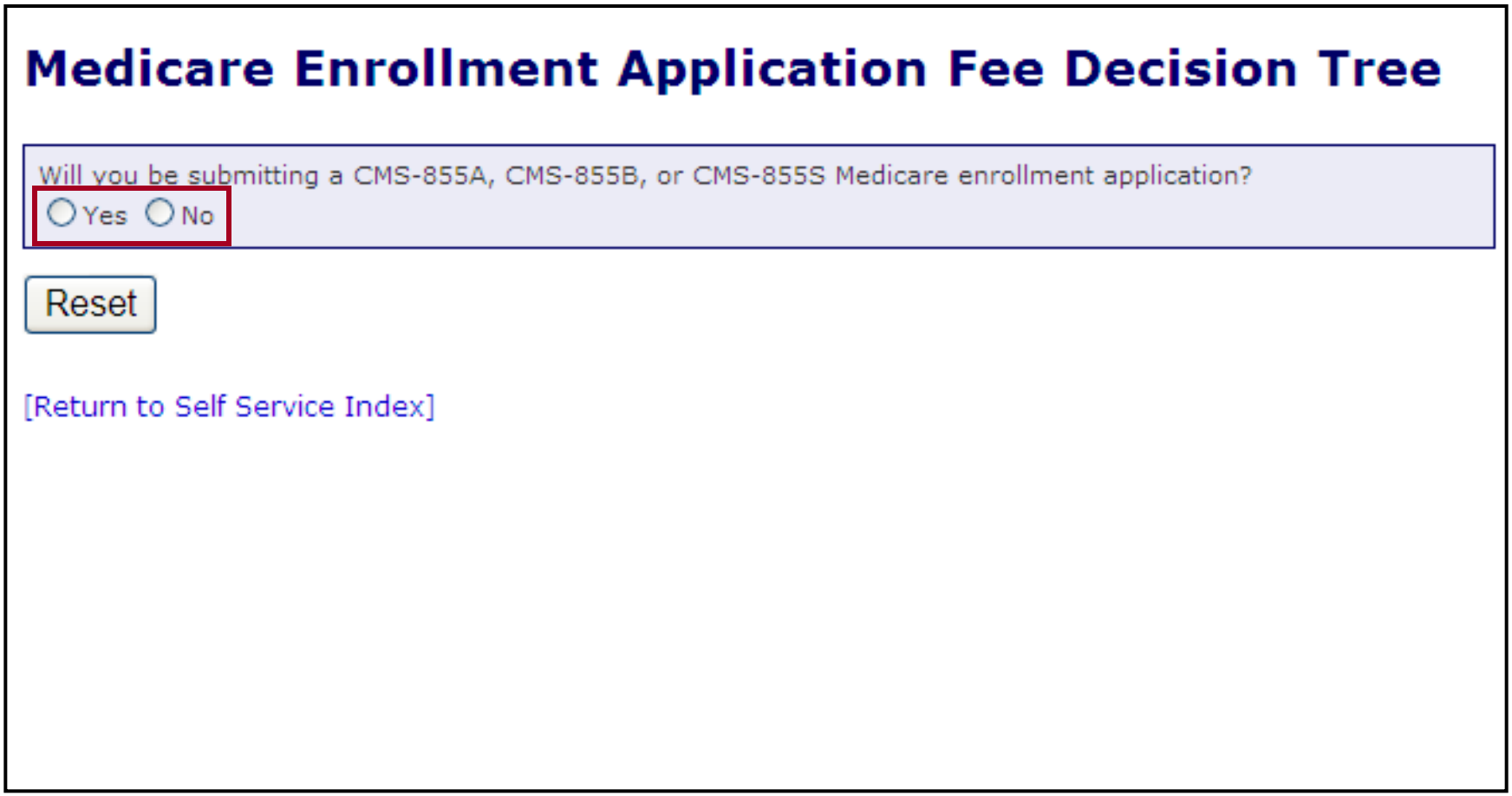
Want to check the status of your enrollment application? Our Provider Enrollment Application Status Tool will give you an update on your application instantly.

How Does it Work?

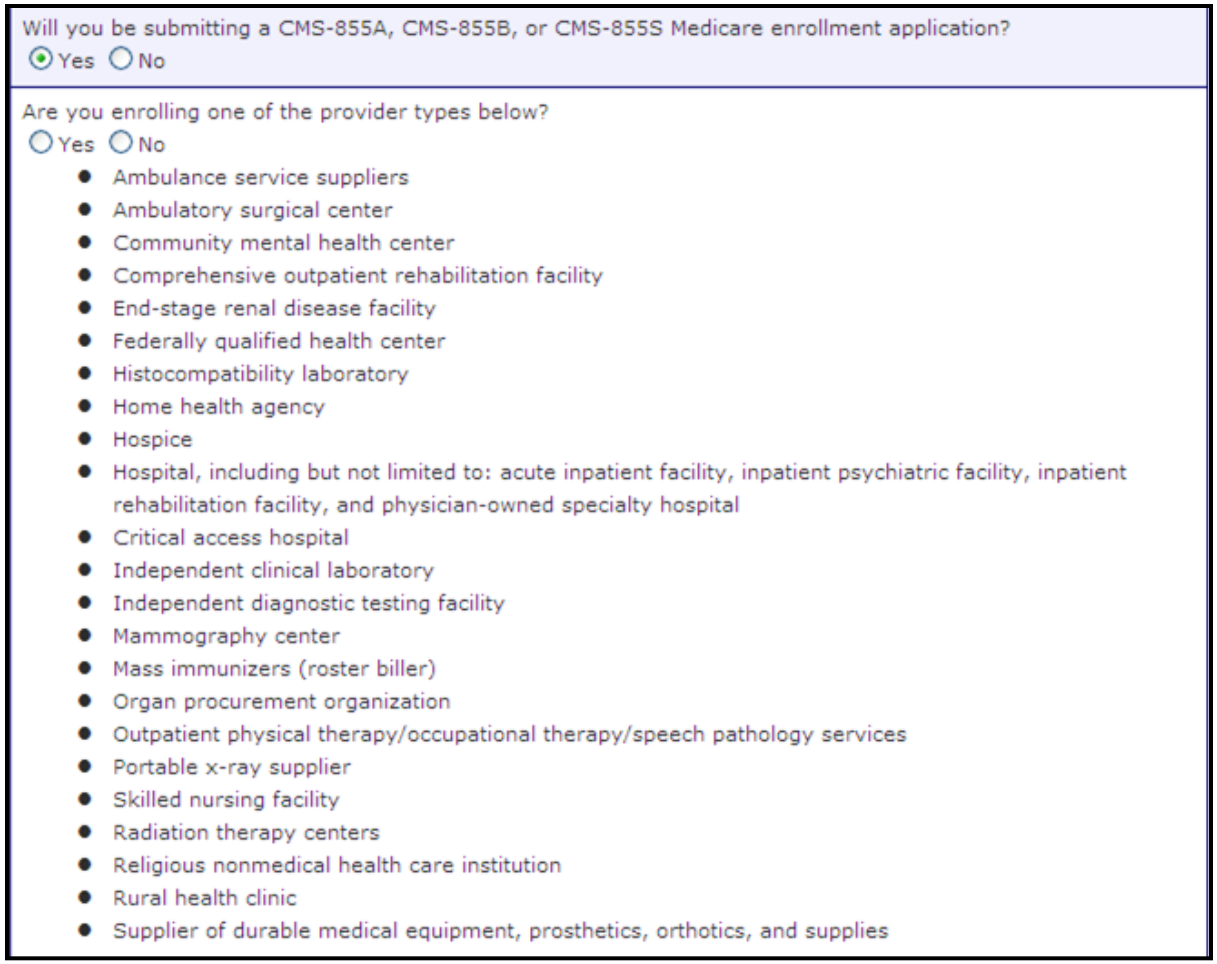
Simply enter your case number (Option 1) OR a valid National Provider Identifier (NPI) and Tax Identification Number (TIN) combination (Option 2), and hit SUBMIT. It's that easy!



Medicare Enrollment Application Fee Decision Tree



Medicare Enrollment Application Fee Decision Tree



Medicare Enrollment Application Fee Decision Tree

Are you revalidating your enrollment, adding a practice location, or enrolling for the first time?

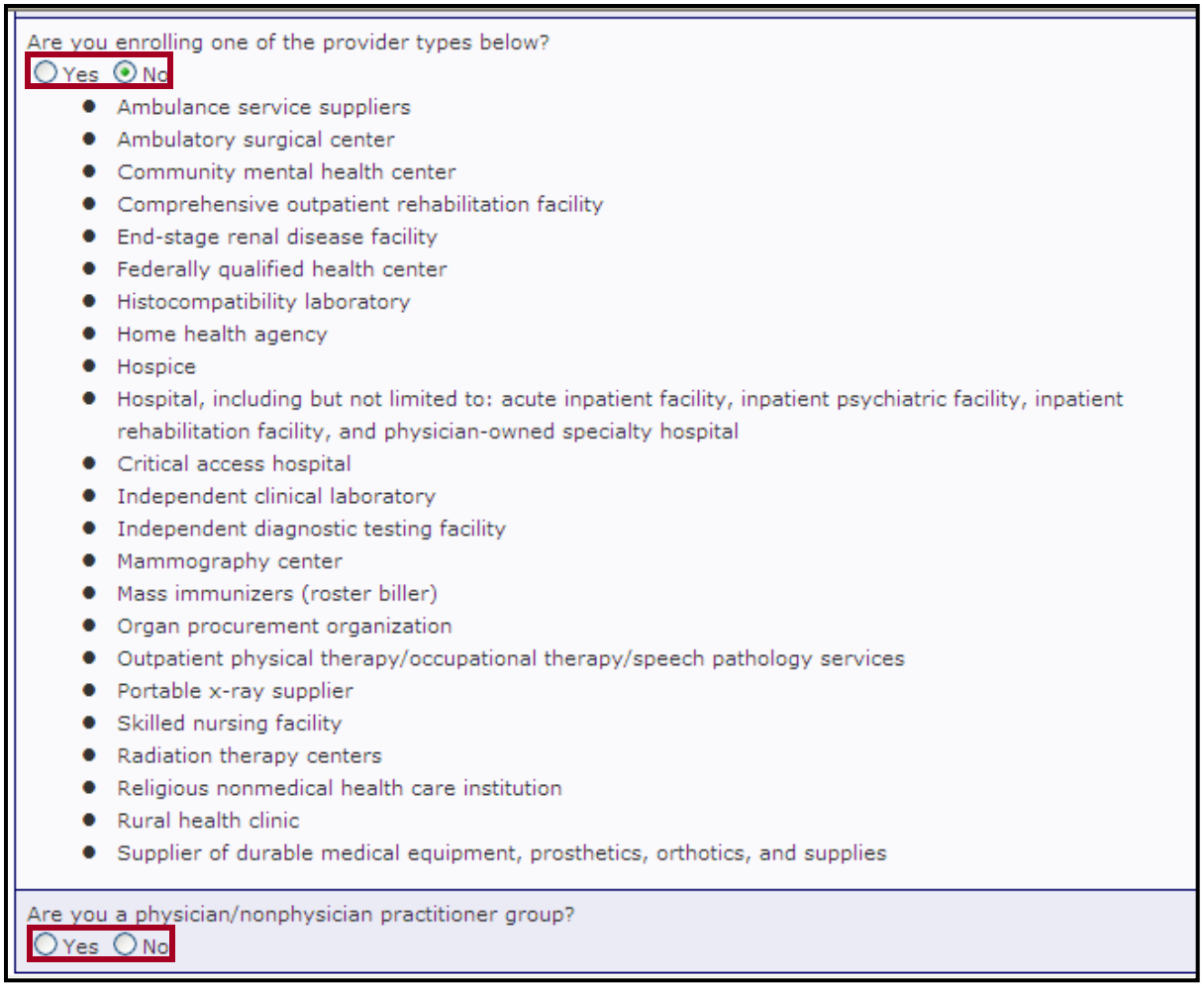
(•) Yes ( ) No

You will be required to submit an application fee. Please refer to the following instructions:

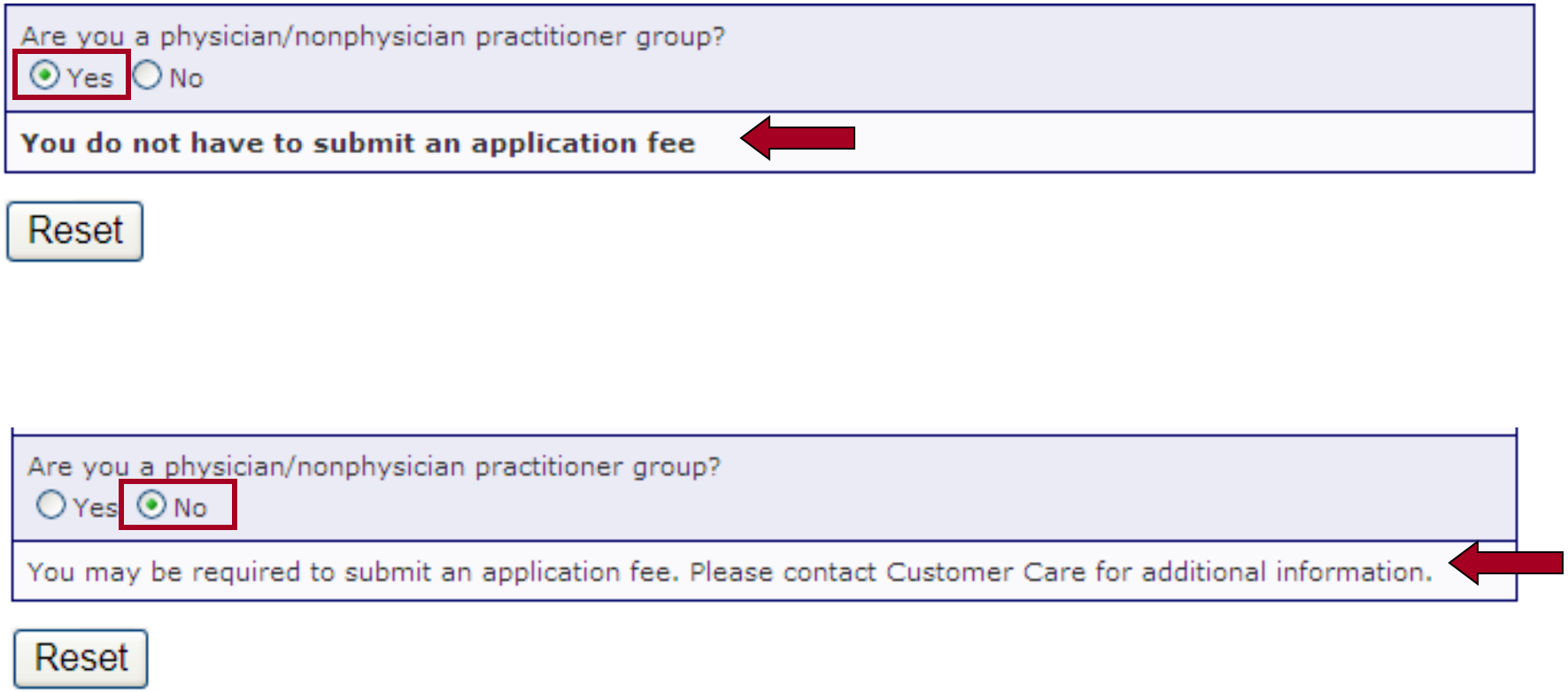
- Go to the http://www.pay.gov EXT Web site
- Type **CMS** in the **search form field** under **Find Public Forms** and select the **Go** button
- Select the **CMS Medicare Application Fee** link
- Complete the form and submit data and payment as directed
- A confirmation screen will appear indicating payment was successfully made
- Print a receipt/confirmation and keep for your records; it is also **highly recommended** that the receipt be mailed to National Government Services along with the Provider Enrollment Chain & Ownership System (PECOS) certification statement or hard-copy application
- The application will be processed in the order it is received with normal processing timeframes for these applications.
    - **Note:** If you experience any problems while using the www.pay.gov EXT Web site, please refer to the site's help tools to assist with any questions.
- If you believe you qualify for a hardship exception, please include the exception request with any documentation when you submit your application. Please Note: If your hardship exception request is not received with your application (i.e., it is sent separately), it **cannot** be considered. Your hardship request will be sent directly to the Centers for Medicare & Medicaid Services (CMS) for approval. Please allow 60 calendar days for a decision on your request. To prevent delays in processing your application, you may submit your application fee via the www.pay.gov EXT Web site and submit the hardship exception request with your application. If the request for a hardship exception is approved, a refund will be granted by CMS.

Reset

Medicare Enrollment Application Fee Decision Tree



Medicare Enrollment Application Fee Decision Tree



What We've Learned

- Medicare enrollment application fee applies to institutional providers
  - Refer back to slides to see provider types considered institutional for this purpose
- Medicare enrollment application fee does not apply to physicians, nonphysician practitioners, and physician and nonphysician practitioner groups

What We've Learned

- Application fee must be paid electronically through Pay.gov
- Submitting a copy of the confirmation receipt may help get your application processed faster
- Providers can ask for a hardship exception if paying fee would be a financial hardship

What We've Learned

- All providers have been placed in a screening category, even those who do not have to pay an application fee
  - Low, moderate, high
- CMS may impose a moratorium on new enrollments by provider type or geographic area

Next Step

- Be sure your provider enrollment procedures are updated with the new provision implemented on March 25, 2011

Resources

- Change Request 7350 – Implementation of Provider Enrollment Provisions in CMS-6028-FC
  - http://www.cms.gov/transmittals/downloads/R371PI.pdf
- MLN Matters Article 7350
  - http://www.cms.gov/MLNMattersArticles/downloads/MM7350.pdf

Resources

- CMS Publication 100-08, Chapter 15
  - http://www.cms.gov/manuals/downloads/pim83c15.pd

Resources

- Provider Enrollment Application Status Tool
  - http://www.ngsmedicare.com/wps/portal/ngsmedicare/provider_enrollment
- Medicare Enrollment Application Fee Decision Tree
  - http://www.ngsmedicare.com/wps/portal/ngsmedicare/meafdecitiontree

Medicare University Training

- **Topic** = National Government Services J13 Conference – Part A
- **Catalog Number** = RC_J13_Regional_Blue
- **Medicare University Credits (MUCs)** = 6 (entire day)
- **Medicare University Training Event Number:** Part A Track

Medicare University Self-Reporting Instructions

- To earn MUCs, you must self-report your attendance after this training event has ended:
  - Go to www.NGSMedicare.com, select your contract type/**Go to HomePage**
  - On the left-side navigation, select **Medicare University**, under **Education and Training**
- Alternatively, go directly to the Medicare University Web site at **http://www.MedicareUniversity.com**

Medicare University Self-Reporting Instructions

- Log on to the National Government Services Medicare University site
  - **Note:** You will be prompted to enter your Medicare University log on ID and password; if you don't already have one, you may obtain one at this point
- Select **Course Catalog** from the left-side menu
- Select the **Details** button for the appropriate course
- RC-Regional Conference
  - To locate and self-report today's training event either look for the name of the event or look for the **Catalog ID** number **Part A Track** provided for this event

Medicare University Self-Reporting Instructions

- A new window will open providing the event description and information; select the **Enroll** button (the screen will then refresh)
- Next, select **Curriculum List** from the left-side menu; locate the self-reporting course you just enrolled in and select **Go**
- A new page will open; select the **Launch** button on the new page and the course will load in a new window
- Enter the training event number and select the **Submit** button

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Thank You!

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