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M E M O R A N D U M

TO: RHCF and Community Based Services Members

FROM: Patrick Cucinelli, Senior Director of Public Policy Solutions

DATE: November 28, 2011

SUBJECT: **New Medicare Enrollment Process**

ROUTE TO: Administrator, CFO, Billing Director

ABSTRACT: Guidance on new Medicare 855 Enrollment Process

LeadingAge NY members are facing challenges with the new Medicare CMS 855 enrollment process. We have been advocating directly with National Government Services (NGS) on the concerns that members have been raising with us. In addition, LeadingAge NY wants to make the following additional resources available to assist members:

- An article entitled: *Medicare Wants to Know More About You and Your Organization: The Evolving Medicare Enrolment Process*, and
- Presentation slides from NGS entitled: *Provider Enrollment Update - Change Request 7350.*

The NGS slide presentation is available by clicking here. The article from Michael H Lewensohn, director of medical reimbursement services for PKF O'Connor Davies, LLP is reproduced below. LeadingAge NY wishes to thank Mr. Lewensohn for providing this guidance on behalf of our members. We also wish to thank NGS for providing the slide presentation, which includes important contact and resource information.

Please contact me with any questions at pcucinelli@leadingageny.org or call 518-867-8827.

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Medicare Wants to Know More About You and Your Organization:
The Evolving Medicare Enrolment Process

History of the Issue

Since the mid-1990's, the process by which providers enroll and update their Medicare enrollment files has been steadily evolving. Initially, with the introduction of CMS855 form, a standardized method was established to and adopted by Medicare payers throughout the country. Prior to this time, Medicare payers used their own enrollment forms and processes to issue provider numbers and append changes to the provider files.

The CMS855 process consists of 5 unique forms varying by task and type of Medicare payer. These forms are as follows:

Form #	Medicare Payer	Purpose
CMS855A	Medicare Part A Fiscal Intermediary	New enrollment; Notify of changes
CMS855B	Medicare Part B Carrier	New enrollment; Notify of changes
CMS855I	Medicare Part B Carrier	New enrollment; Notify of changes
CMS855S	DMERC Carrier	New enrollment; Notify of changes
CMS855R	Medicare Part B Carrier	Link an individual to a group

The CMS855 process is the only way to communicate new enrollment requests and changes to provider practice profiles, such as additional or new addresses, change in taxpayer identification number, specialty, etc. Within several years after introducing the new forms, the enrollment and file maintenance process took another significant leap with the introduction of PECOS: Provider Enrollment Chain and Ownership System. PECOS is a national database tied into other data systems such as the social security system. When application was made to the applicable MAC (Medicare Administrative Contractor) via the CMS855, data contained on the application is entered into PECOS, thus allowing the interactive database to maintain and verify entered information.

The PECOS process began in 2002 with the receipt of all new applications for the assignment of a provider number, currently known as a PTAN (Provider Transaction Access Number). Subsequently, established providers were required to re-validate their enrollment information at the time that they were requesting changes to their enrollment files. These changes ranged from updates in service address to requests for Electronic Funds Transfer (EFT). When a CMS855 application requesting a change was received, if the provider was not in PECOS, the application was returned and a request was made by the MAC to re-validate all required information. Once a completed re-validation application was received and approved, the provider's request was processed.

More recently, Medicare was attempting to enact the Ordering/Referring Provider file which requires that providers ordering diagnostic and or therapeutic services be listed in the PECOS system. Under this approach, vendors (laboratories, orthotics and prosthetic suppliers, portable x-ray companies, etc.) receiving orders from providers with NPIs not listed in PECOS will not be paid by Medicare for their services. For now, this initiative has been placed on hold. However, all providers are encouraged to validate their Medicare enrollment in the PECOS database. Validation for entry into PECOS can be accomplished in one of two ways. Enrollment or

enrollment validation can be performed by completing the appropriate CMS application and mailing it to Medicare for processing. Enrollment or validation can also be performed on-line by accessing PECOS Web. The link to PECOS web is: https://pecos.cms.hhs.gov/pecos/login.do Using PECOS web will require that you have access to your NPI and the user name and password associated with that NPI at the NPPES site.

Medicare Enrollment Under the Affordable Care Act (ACA)

Under the recently enacted Affordable Care Act (ACA), Medicare will eventually require re-validation of provider information every 5 years. This process has already started with selected Facilities receiving notices to re-validate their Medicare enrollment data. In the near future, Medicare will request re-validation of enrollment information for all providers enrolled prior to March 25, 2011. You should not submit a re-validation unless you have received a re-validation request from you MAC.

As previously mentioned, the revalidation can be manually completed, using the appropriate form or can be process via the internet via PECOS Web. Keep in mind that updated CMS855 forms were adopted recently. Therefore, you should be using the CMS855 form clearly marked (7/11) on each page.

For the first time, certain providers will be required to pay for their enrollment or validation submission. The fee is $505 and applies to filings of CMS forms 855A, 855B and 855S. This fee will be in effect until 12/31/2011 and will be adjusted by CMS based on changes in the Consumer Price Index (CPI). The fee ***must*** be paid through www.pay.gov

On an ongoing basis, certain tasks **may** require an application fee as well. Prior to filing changes via the CMS855A, CMS855B or CMS855S, you are encouraged to contact the applicable Medicare Administrative Contractor to ascertain whether a fee is required. This is key as when application fees are required, the Medicare processing of the application will not begin until the mandated fee has been paid.

Completing the CMS855 Form

The CMS855 form is printed with clear and concise instructions throughout the application. Sections 1A allow you to indicate the reason(s) for your filing as well as the required portions of the form to be completed. Section 1B addresses the various changes you may make to your enrollment file. Based on the changes you want to append, Section 1B also directs you to the specific areas of the form that must be completed to facilitate such updates to your enrollment file. Throughout each section of the form, instructions and definitions are available for guidance. In the event that additional guidance is required, you may call the Customer Services Department of your MAC for assistance. Depending upon the depth of your question, you may be referred to an enrollment specialist for assistance.

Keep in mind that all CMS855 forms require authorized official/delegated official signatures and dates of signature. This section is known as the Certification Statement. A signed Certification Statement reflects that the signer(s) has/have reviewed the contents of the application and attest to the fact that the data is accurate and truthful. The signer(s) are also acknowledging the responsibility to notify Medicare of any changes in organizational information, whether they are ownership or management, practice location tax identification number, etc.

In summary, the Medicare enrollment process has changed significantly since the advent of the CMS855 process in the mid-1990s. The enrollment process shouldn't be viewed as a one-time task. The responsibilities of a provider are to communicate changes as they occur. Over the years, the enrollment process has become more and more entwined with the payment process. To ensure that payments will continue to flow, as changes occur, it is necessary to provide timely updates to your MAC. It is also necessary to understand the process and stay apprised of future changes. These changes are effectively communicated by the MAC via their website. It is suggested that you visit the MAC website on a regular basis, as new information is posted to the site daily.

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