Medicare Enrollment Process

Information and resources

This presentation was prepared by First Coast Service Options, Inc., (First Coast) for informational purposes only. It is not legal advice or a legal document, and should not be relied upon. The presentation serves as a general summary of complex rules and regulations, which may change. The presentation is not guaranteed to be complete, correct, timely, or current, and First Coast bears no responsibility or liability for the results or consequences of the use or reliance on the information in this presentation. No portion or element of this presentation may be copied, in whole or in part, for profit-making purposes without the express written consent of First Coast.
Reasons for submitting an application...

- Initial enrollment
- Change of information
- Revalidation
- Reactivation
- Reassignment
- Termination
What is needed before submitting the application?

- Valid state license(s) or certification(s)
- National provider identifier (NPI)
First Coast Documentation Requirements Resource

• Listed for various provider types
• Lists specific requirements for provider to enroll in Medicare
• Qualification requirements
• Documentation requirements and recommendations
• Additional documentation requirements (when applicable)

http://medicare.fcso.com/PE_Documentation_Requirements/196663.asp
Who processes the applications for Jurisdiction N (JN) (Florida, Puerto Rico, and U.S. Virgin Islands)?

First Coast Service Options
JN Provider Enrollment
P.O. Box 3409
Mechanicsburg, PA 17055-1849
Medicare Enrollment Forms
Click each button for more information.

- CMS-855A
- CMS-855B
- CMS-855I
- CMS-855O
- CMS-855R
- CMS-460
- CMS-588
- Internet-based Provider Enrollment, Chain and Ownership System (PECOS)
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, such as
  - Change of ownership (CHOW)
  - Acquisition or merger
  - Change in basic information (Practice address, billing agency, authorized official, etc.)

Institutional providers include:

- Community mental health center (CMHC)
- Comprehensive outpatient rehabilitation facility (CORF)
- Critical access hospital (CAH)
- End-stage renal disease (ESRD) facility
- Federally qualified health center (FQHC)
- Histocompatibility laboratory
- Home health agency (HHA)
- Hospice
- 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)
CMS-855B 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

CMS-855B

Organizations/groups include:

- Ambulance service supplier
- Ambulatory surgical center (ASC)
- Clinic/group practice
- Independent clinical laboratory
- Independent diagnostic testing facility (IDTF)
- Intensive cardiac rehabilitation supplier
- Mammography center
- Mass immunization (roster biller only)
- Part B drug vendor
- Portable x-ray supplier (PXRS)
- Radiation therapy center
CMS-855I Application

This application is to be completed if:

- You are a physician or non-physician practitioner (NPP)
- 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

All physicians and NPPs listed below:

- Anesthesiology assistant
- Audiologist
- Certified nurse midwife (CNM)
- Certified registered nurse anesthetist (CRNA)
- Clinical nurse specialist (CNS)
- Clinical social worker (CSW)
- Mass immunization roster biller
- Nurse practitioner (NP)

- Occupational therapist in private practice (OT)
- Physical therapist in private practice (PT)
- Physician assistant (PA)
- Psychologist, Clinical psychologist (CP) billing independently
- Registered dietitian (RD) or nutrition professional
- Speech language pathologist (SLP)
CMS-855O 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

Physicians and NPPs

- Employed by:
  - Department of Veterans Affairs (DVA)
  - Public Health Service (PHS)
  - Department of Defense (DOD)/Tricare
  - IHS or a Tribal Organization
  - FQHC, RHC or CAH

- Licensed and non-licensed interns, residents and fellows in an approved medical residency program
- Dentists, including oral surgeons
- Pediatricians
CMS-855R 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

Applies to:
- All physicians and NPPs except physician assistants

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.

CMS-588 EFT Authorization Agreement

This application is to be completed if:

- You are authorizing EFT for your organization or practice
- You are making a revision to your current EFT authorization

Benefits of Internet-based PECOS

- E-signature
- Digital document repository
- Electronic submission
- Shorter processing timeframes

https://pecos.cms.hhs.gov/pecos/login.do
Who can use Internet-based PECOS?

All users fall into one of these categories:

- Individual provider/supplier
- Organizational provider
- 3rd party organization
- Authorized official
- Delegated official
- Staff
- Surrogate

To see roles of each user, access PECOS (Identity & Access) I&A Quick Reference Guide at:
Help Desk

Contact information:

External User Services (EUS)
PO Box 792750
San Antonio, Texas 78216
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSSupport@cgi.com
Application fee

• Required for initial enrollment, revalidations and addition of locations
• Paper applications – Submit via website
  https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
• Internet-based PECOS – Directs you to site if required
• Application Fee Matrix
  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/
  MedicareApplicationFee.html
• For current calendar year application fee amount, access CMS website at
  http://www.cms.gov/Medicare/
  Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/
  MedicareApplicationFee.html
Application Processing Timeframes

Internet-only manual (IOM) Publication 100-08, Chapter 15

Following-up on Applications

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

- Online status lookup
  http://medicare.fcso.com/Enrollment/PEStatus.asp
- IVR
  http://medicare.fcso.com/IVR/
- PECOS Self-service application
  https://pecos.cms.hhs.gov/pecos/sscHome.do#headingLv1
Application Development

When additional information is needed

- First Coast will send request to the contact person or provider via fax or mail
- The letter lists what is needed to complete the processing of the application
- The letter identifies processor's name and return information
Resources

CMS

Provider enrollment Web page:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

IOM Publication 100-08 Chapter 15

First Coast

Provider enrollment Web page
http://medicare.fcso.com/Landing/139786.asp
Thank you for joining us for this tutorial on:

Medicare Enrollment Process

Information and resources

Close this window to exit the tutorial.