

CGS ADMINISTRATORS, LLC

A/B MAC JURISDICTION 15



CGS Provider Enrollment Hour
Ask the Contractor Teleconference

Provider Outreach and Education
April 23, 2019



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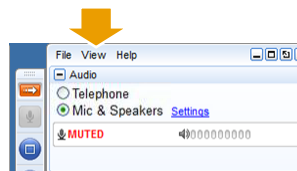
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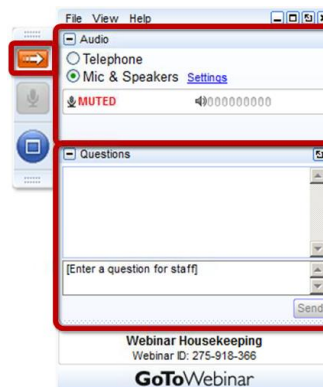
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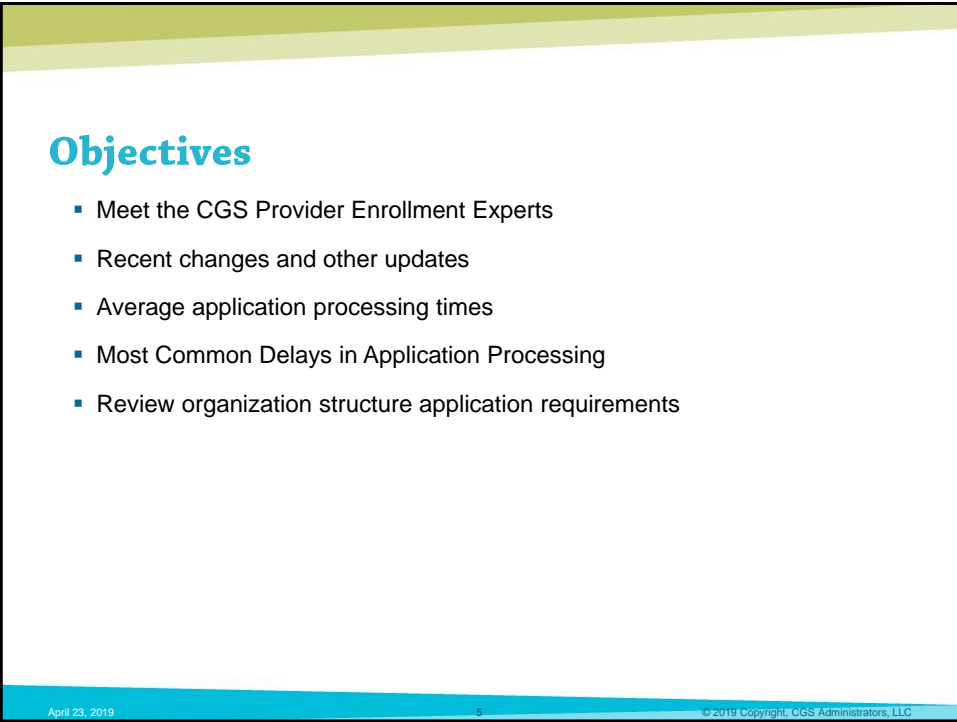
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Objectives

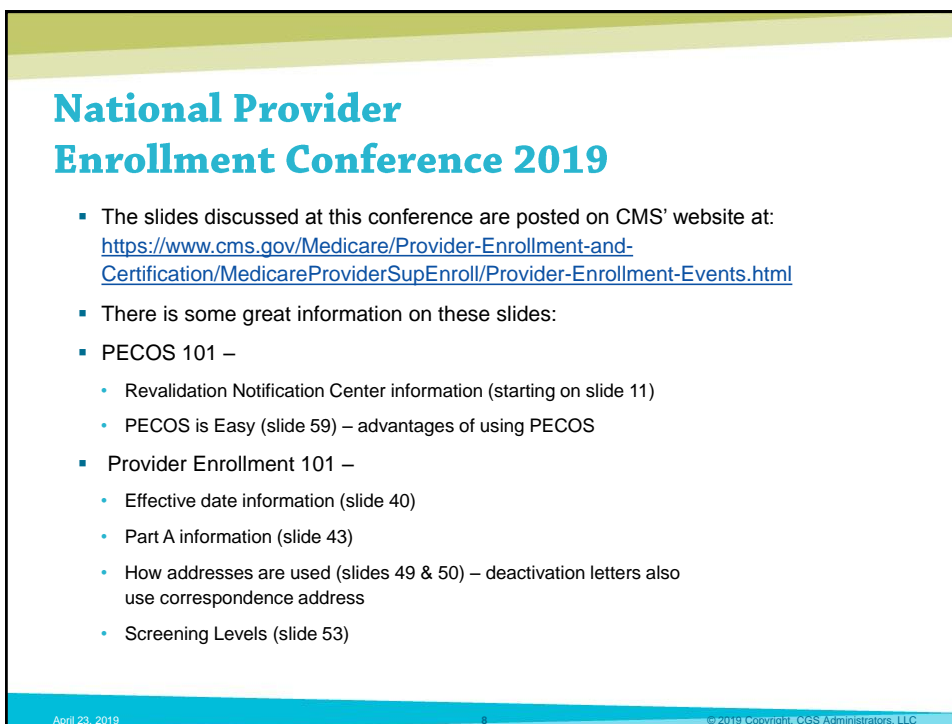
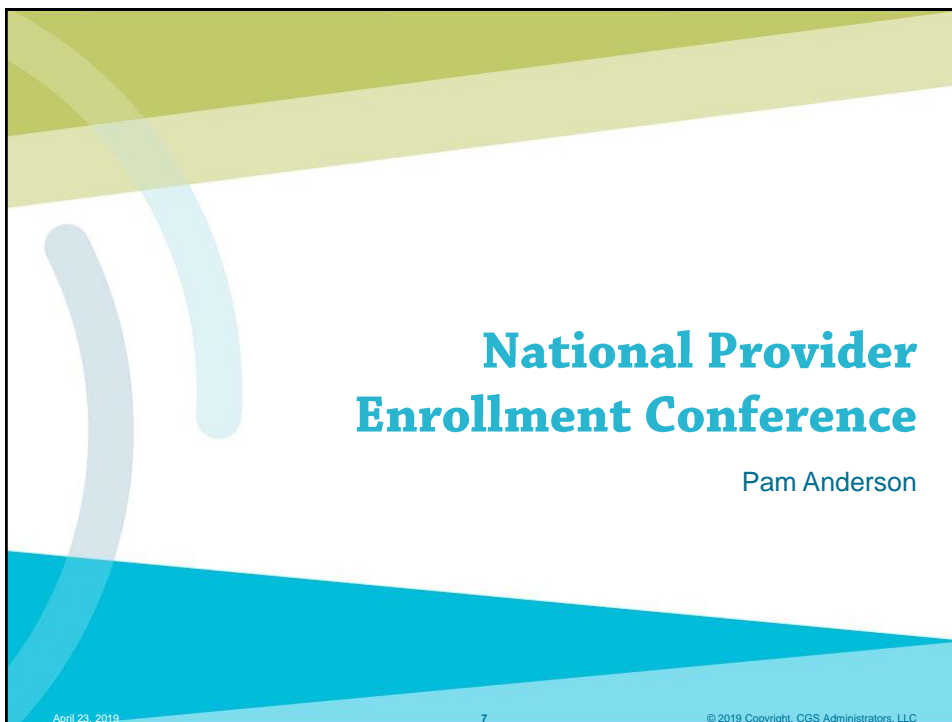
- Meet the CGS Provider Enrollment Experts
- Recent changes and other updates
- Average application processing times
- Most Common Delays in Application Processing
- Review organization structure application requirements

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**Recent Changes
& Other Updates**

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National Provider Enrollment Conference 2019

Keynote Presentation highlights

- Policy updates (slides 12-15)
- Survey and Certification Transition (slides 16-18)
- Revalidation details & timeline (slides 30-34)
- Revalidation Look-up Tool at Data.CMS.gov (slides 39-44)
- PECOS Today, Enhancements, (slides 54-62)
- PECOS 2.0 heads up (slides 63-67)
- Adverse Legal Actions

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Part A – Provider Based Billing edit, Hospital OPPS

Pam Anderson

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Part A – Provider Based Billing Edit, Hospital OPPS

- Q&A's from Provider Based Billing ACT Call
https://cgsmedicare.com/parta/education/educational_materials.html
- MLN article SE19007 delayed process until 7/1/19
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se19007.pdf>
 - Only address is validated, not location name
 - Provider Based grandfathered status is not impacted by spelling/formatting changes, updating the zip code to add the 4-digit extension, however, updates to the address, including adding/correcting a suite number will affect this status.
 - A screen in DDE will show addresses from PECOS. They must match exactly, including punctuation.

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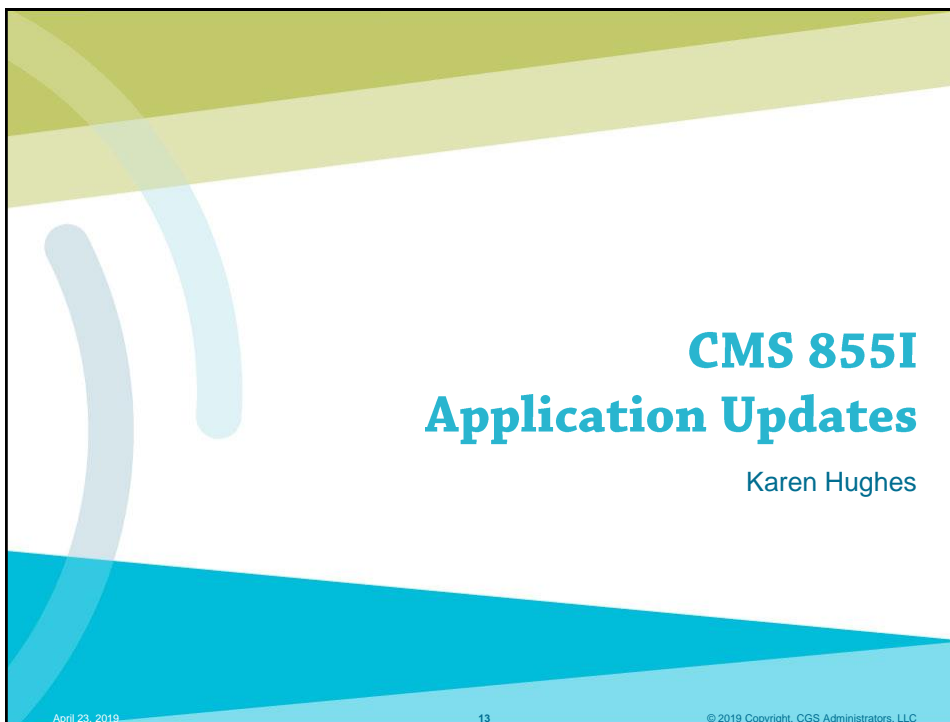
Part A – Provider Based Billing Edit, Hospital OPPS

- MLN article SE19007 delayed process until 7/1/19
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se19007.pdf>, *continued*
 - Letters are not case sensitive, so not using all CAPS if the address shows all CAPS will not impact the verification
 - Must be patient with address changes as they will take time to process on our end and they cannot be rushed. At this time, it appears that claims would need to be held until the address is updated in PECOS and approved to update FISS, which takes 2 business days.
- CMS-855A updates
 - Add any missing practice locations (fee required)
 - Addresses must be validated to USPS, so if not validated when submitted via PECOS, the address will be updated by CGS to match USPS

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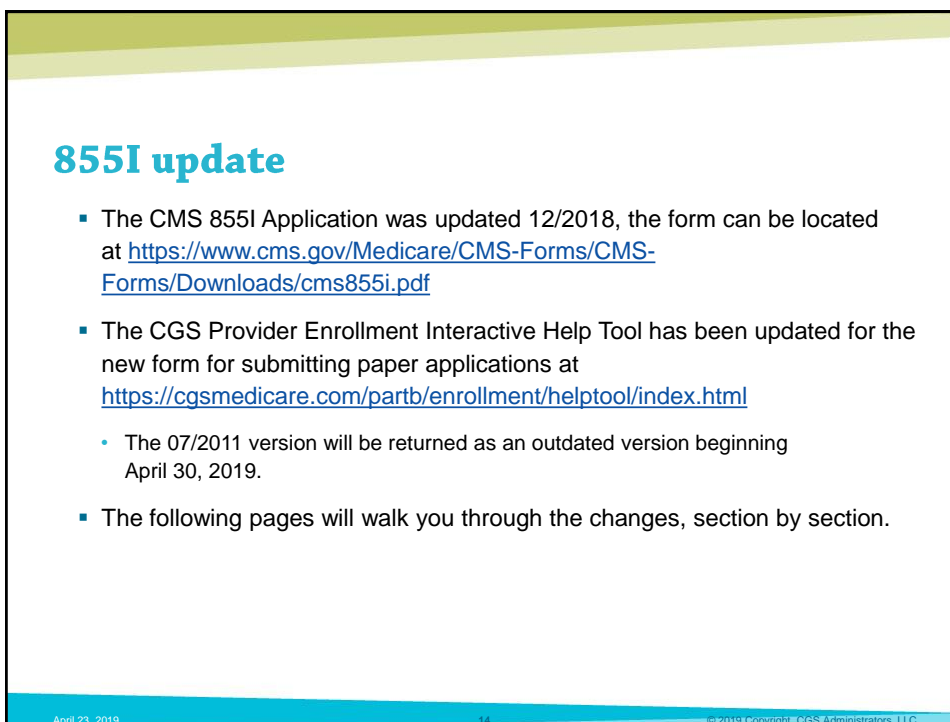
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CMS 855I
Application Updates

Karen Hughes

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855I update

- The CMS 855I Application was updated 12/2018, the form can be located at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf>
- The CGS Provider Enrollment Interactive Help Tool has been updated for the new form for submitting paper applications at <https://cgsmedicare.com/partb/enrollment/helptool/index.html>
 - The 07/2011 version will be returned as an outdated version beginning April 30, 2019.
- The following pages will walk you through the changes, section by section.

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New 855I – Summary of Changes

▪ Section 1A – Reason for Submitting this Application

- Formerly Reason for Application
- Removed PTAN/NPI fields
- Added new submittal reason – *Currently enrolled to order and certify and want to enroll as an individual practitioner*
- Updated submittal reason Verbiage – “You are currently enrolling with another fee for service contractor” changed to “You are enrolling with another Medicare Administrative Contractor (MAC)”
- Updated Voluntarily terminating – Removed PTAN, NPI, Updated sections that are required to be completed

▪ Section 1B – What Information is Changing

- The section identifies more options to identify are changing

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New 855I – Summary of Changes

▪ Section 2A – Individual Information

- Section title changed to Personal Identifying Information
- Removed place of birth info (state and country) fields
- Added PTAN and NPI fields
- License, Certification and DEA were removed (now in Section 2B)
- New patient question was removed (now in Section 2C)

▪ Section 2C –New Patient Information

- Formerly residency/fellow status

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New 855I – Summary of Changes

- **Section 2D – Correspondence Mailing Address**
 - Formerly Specialty information
 - Added Change box
 - Added “attention line” to the correspondence address
- **Section 2E - Medical Record Correspondence Mailing Address**
 - Formerly PA Formerly specialty information
 - This is a brand new section
- **Section 2F - Resident Information**
 - Formerly PA – Establishing Employment arrangements
 - All references to “Fellow” have been removed

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New 855I – Summary of Changes

- **Section 2G – Physician Specialty**
 - Formerly Employer Terminating Employment Arrangement With One or More Physician Assistants
- **Section 2H - Eligible Professional or Other Non-Physician Specialty Type**
 - Formerly Clinical Psychologists
 - Verbiage changed for Speech Language Pathologists, Audiologists
 - Added acronyms for specialties
 - Added section references needed for each non-physician specialty

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New 855I – Summary of Changes

▪ Section 2I - Physician Assistant (PA) Information

- Formerly Psychologists billing independently
 - Section 2I(1) – (now PA – Establishing Employment arrangements) – same as before
 - Section 2I(2) – (now PA – Terminating Employment arrangements) – same as before
 - Section 2I(3) – (now PA – Employer Terminating Employment Arrangement With One or More Physician Assistants) – same as before

▪ Section 2J - Psychologist Information

- Formerly Physical Therapists/Occupational Therapists In Private Practice
 - Section 2J(1) – (now Clinical Psychologists) – Same as before
 - Section 2J(2) – (now Psychologists billing independently) – Same as before

New 855I – Summary of Changes

▪ Section 2K - now Physical/Occupational Therapist Information

- Formerly Nurse Practitioners and Certified Clinical Nurse Specialists - same as before

New 855I – Summary of Changes

- **Section 2L - Clinical Nurse/Nurse Practitioner Information**
 - Formerly Advanced Diagnostic Imaging (ADI)
 - Updated Name to “Skilled Nursing Facility Name”
 - Added Tax id
 - Added telephone number, fax (if applicable) and email address (if applicable)
- **Section 3 - Final Adverse Legal Actions**
 - Formerly Final Adverse Legal Actions
 - Removed Resolution
- **Section 4 - Business Information**
 - Formerly Practice Location Information
 - Added 3 check boxes to indicate reassignment, Sole Proprietor or both

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New 855I – Summary of Changes

- **Section 4A - Private Practice Business Information**
 - Formerly Establishing a Professional Corporation, Professional Association, Limited Liability Company
 - Added Disregarded Entity to Business Structure checkboxes
- **Section 4A1 - Corporations, Associations, and Limited Liability Company**
 - Formerly Final Adverse action for Establishing a Professional Corporation, Professional Association, Limited Liability Company
 - Removed Incorporation Date and State where Incorporated

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New 855I – Summary of Changes

- **Section 4A2 - Final Adverse legal action for Corporations, Associations, and Limited Liability Company**
 - Formerly 4A1
 - Removed Resolution
- **Section 4A3 - Sole Proprietor/Sole Proprietorship**
 - This is a new section

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New 855I – Summary of Changes

- **Section 4B – Practice Location Information**
 - Formerly 4C Practice Location information
 - Removed the NPI (**Question – for SP we assume the NPI is from 2A and for SO we assume 4A)
 - Added check box for Primary Practice Location
 - Added new options for Private practice location settings (ASC, Home, IHS, etc)
 - CLIA and FDA fields removed
 - “Delete” box is now “Remove”

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New 855I – Summary of Changes

- **Section 4C – Remittance Notices/Special Payments Mailing Address**
 - Formerly 4E Remittance Notices/Special Payments Mailing Address
 - Added Check boxes to allow selection for correspondence address as well as practice address
 - Removed boxes for “Add” and “Delete”
- **Section 4D – Medicare Beneficiary Medical Records Storage Address**
 - Formerly 4G- Medicare Beneficiary Medical Records Storage Address
 - Checkbox has been added to identify if records will be stored in Section 4B.
 - Removed boxes for “Add” and “Change”
 - “Delete” box is now “Remove”
 - Section 4D1 is for Paper Storage
 - Section 4D2 – this is a new section for Electronic Storage

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New 855I – Summary of Changes

- **Section 4E1 and 2 – Rendering Services in Patients’ Homes**
 - Formerly 4D – rendering services in Patients’ homes
 - Added field for County
- **Section 4E3 - Comments/Special Circumstances**
 - Formerly 4H – Unique Circumstances

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New 855I – Summary of Changes

- **Section 4F – Individual Reassignment/Affiliation Information**
 - Formerly 4B – Individual Affiliations
 - “Name of Group/Organization” field renamed to “Name of Entity”
- **Section 6 – Managing Employee Information**
 - Formerly Individuals having Managing Control
 - Added checkbox if provider is managing employee.
 - Removed title field
 - Removed Place of birth field
 - Removed Country of birth field
 - In 6B, removed resolution
 - “Delete” box is now “Remove”

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New 855I – Summary of Changes

- **Section 8 – Billing Agency**
 - Checkbox added if doesn't apply skip to section 12
 - “Delete” box is now “Remove”
- **Section 12 – Supporting Documentation Information**
 - Formerly Section 17
 - Removed CLIA and FDA for each location
- **Section 13 – Contact Person**
 - Added checkbox to designate person in 2A as the contact

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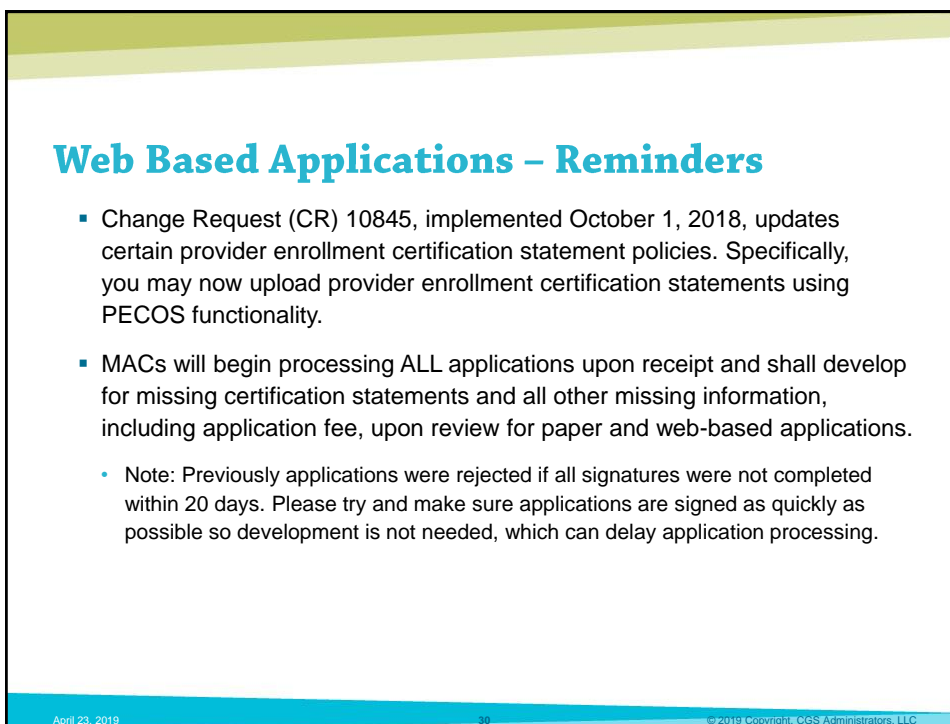
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**Web Based
Application Reminders**

Mandy Green/Diane Gordon

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Web Based Applications – Reminders

- Change Request (CR) 10845, implemented October 1, 2018, updates certain provider enrollment certification statement policies. Specifically, you may now upload provider enrollment certification statements using PECOS functionality.
- MACs will begin processing ALL applications upon receipt and shall develop for missing certification statements and all other missing information, including application fee, upon review for paper and web-based applications.
 - Note: Previously applications were rejected if all signatures were not completed within 20 days. Please try and make sure applications are signed as quickly as possible so development is not needed, which can delay application processing.

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Web Based Applications – Reminders

- MACs will accept e-signed or uploaded signatures for Web-based application submissions. MACs will no longer accept paper certification statements for web-based application submissions (CMS-855 and CMS-20134 only) via mail. If the provider chooses to submit its certification statement via paper rather than through e-signature, it shall do so via PECOS upload functionality.
- MACs will accept uploaded, faxed and emailed paper certification statements in response to a development request for Web-based applications.

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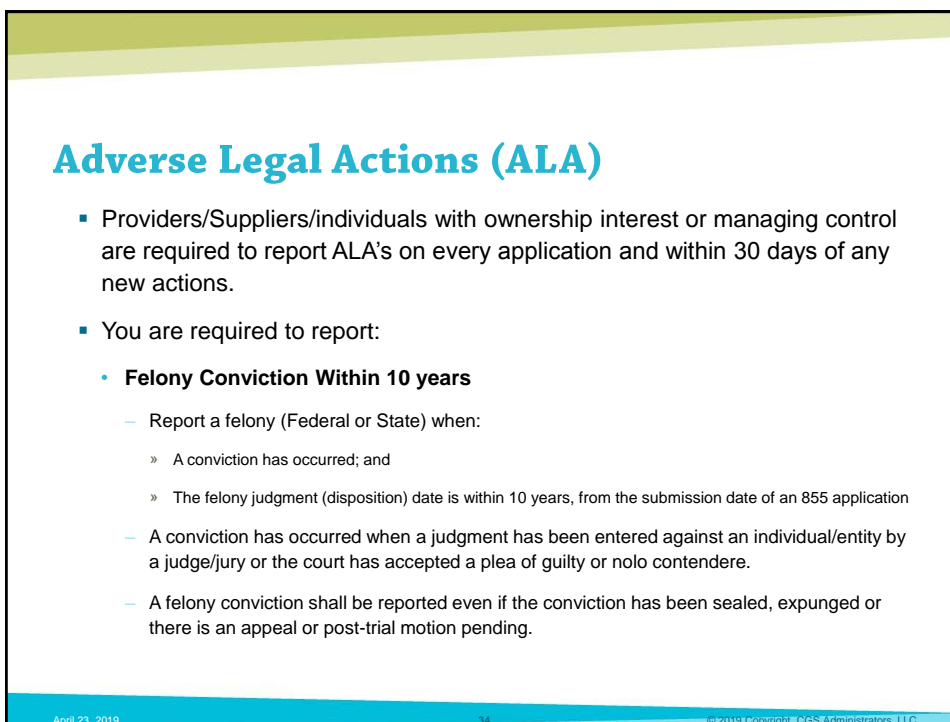
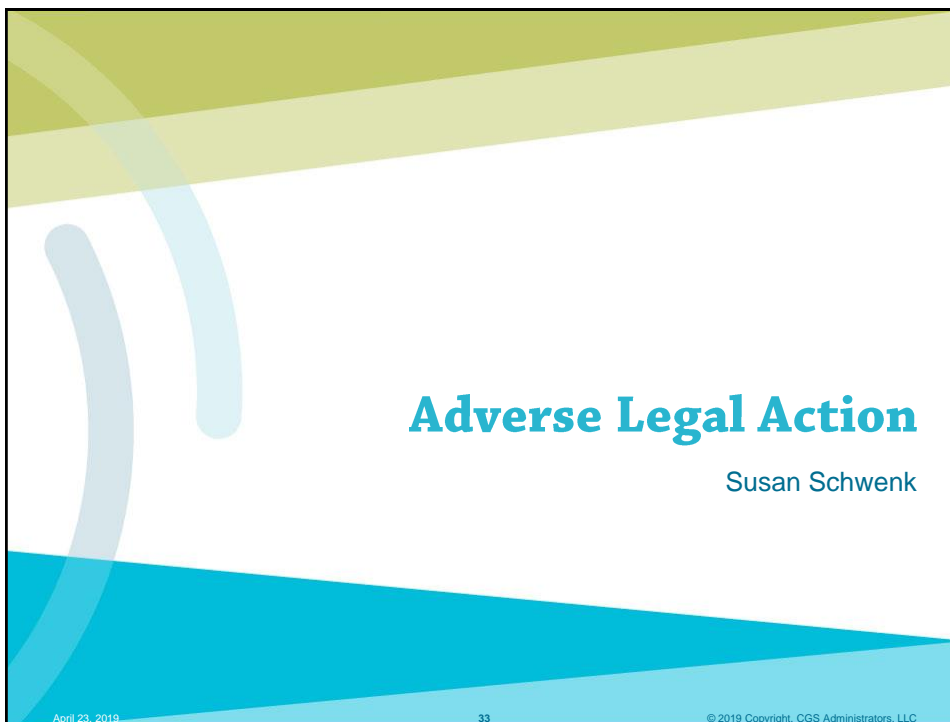
Web Based Applications – Reminders

- When submitting your application via PECOS, we strongly encourage you to electronically sign the application. If you choose to submit a handwritten signature via a paper certification statement, the certification statement must be submitted within the Manage Signatures process via PECOS upload.
- If you choose to upload a paper certification statement, be sure to print the 855 or EFT certification statement applicable to your application. The certification statement(s) are available during the submission process or after clicking complete submission.
- The certification statement must contain a dated signature. Please do not upload without the required signatures.
- The certification statement cannot be accepted if uploaded as a Supporting Document. It must be uploaded within the Manage Signatures section.

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Adverse Legal Actions (ALA)

- **Misdemeanor Conviction Within 10 years**

- Report a misdemeanor conviction (Federal or State)when:
 - » A conviction has occurred; and
 - » The misdemeanor judgment (disposition) date is within 10 years, from the submission date of an 855 application, and
 - » The misdemeanor is related to:
 - The delivery of an item/service under Medicare or a State health care item/service
 - The abuse or neglect of a patient in connection with the delivery of a health care item or service
 - Theft, Fraud, Embezzlement, breach of fiduciary duty or other financial misconduct in connection with the delivery of health care item/service
 - The interference or obstruction of any investigation into any criminal offense
 - The unlawful manufacture, distribution, prescription or dispensing of a controlled substance
 - » A conviction has occurred when a judgment has been entered against an individual/entity by a judge/jury or the court has accepted a plea of guilty or nolo contendere.
 - » A misdemeanor conviction shall be reported even if the conviction has been sealed, expunged or there is an appeal or post-trial motion pending.

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Adverse Legal Actions (ALA)

- **Current or Past Suspension/Revocation of Medical License** - A medical license board suspends or revokes a medical license for any period of time.
- **Current or Past Suspension/Revocation of Accreditation** - An accrediting body suspends or revokes an accreditation for any period of time.
- **Current or Past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG)** - Items/services furnished, ordered or prescribed by a specified individual/entity are not reimbursed under Medicare, Medicaid and/or all other Federal health care programs until the individual or entity is reinstated by the HHS OIG.

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Adverse Legal Actions (ALA)

- **Current or Past debarment from participation in any Federal Executive Branch procurement or nonprocurement program** - An individual or entity is suspended throughout the Executive Branch or the Federal government, as it applies to procurement and non-procurement programs. An individual or entity will not be solicited from, contracts will not be awarded to or existing contracts will not be renewed or otherwise extended to those individuals or entities with a debarment. (e.g. GSA debarment)
- **Medicaid exclusion, revocation or termination of any billing number** - A state terminates an active provider agreement or prohibits a provider from enrolling in the Medicaid program.
- **Any other current or Past Federal Sanctions** - A penalty imposed by a Federal governing body (e.g. Civil Monetary Penalties (CMP), Corporate Integrity Agreement (CIA)).

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Adverse Legal Actions (ALA)

You no longer required to report:

- **Medicare Payment Suspension** - Medicare payments to a provider/supplier that have been suspended in whole or part by CMS
- **CMS-Imposed Medicare Revocation(s)** - Medicare billing number or any corresponding provider/supplier agreement has been revoked or terminated respectively, for a period of 1-3 years.

MLN Matters MM10558 outlines the reporting requirements for Adverse Legal Actions
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10558.pdf>

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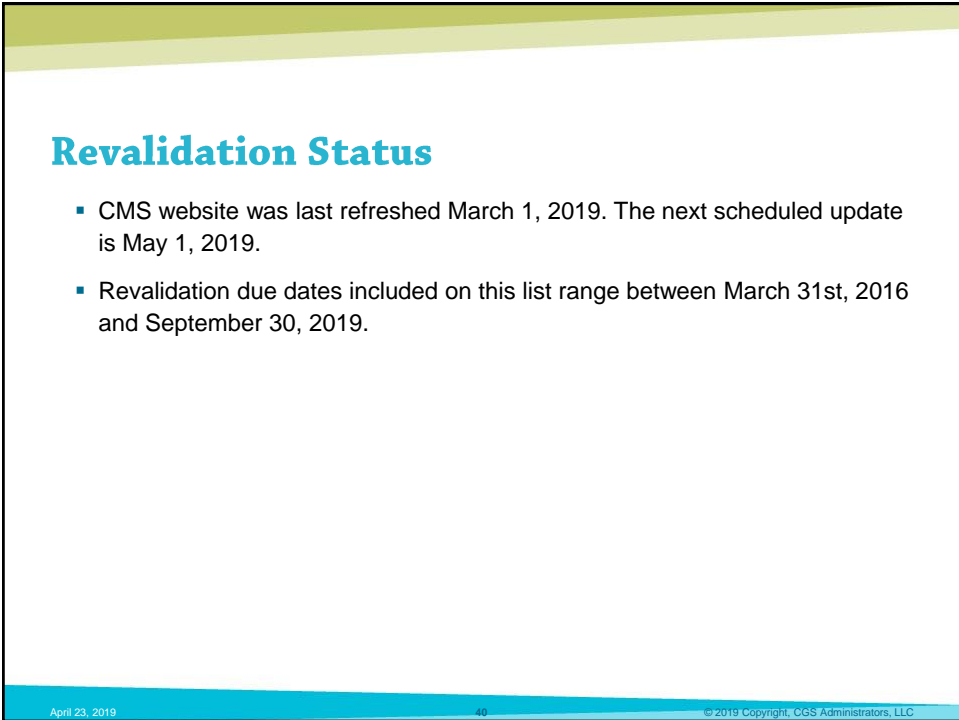
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Revalidation Status

Karen Hughes

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Revalidation Status

- CMS website was last refreshed March 1, 2019. The next scheduled update is May 1, 2019.
- Revalidation due dates included on this list range between March 31st, 2016 and September 30, 2019.

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Revalidation Status

- Letters for revalidation requests for due dates July 31, 2019 will be mailed by the end of April, 2019.
 - Reminders:
 - All due dates will not be removed and will continue to display on the website even after a provider has revalidated successfully. Any subsequent applications submitted will be returned as not needed.
 - If the provider shows "TBD" on the website, do not submit a revalidation application. It will be returned as unsolicited.
 - If we do not receive a revalidation application by the due date, the provider will be deactivated for non response. We have currently deactivated providers that have not submitted revalidations through January 31, 2019.
 - To help ensure your revalidation application is processed timely, please complete all sections of the CMS application regardless if there have been any changes.

Average Application Processing Times

Kelly Armstrong

Average Application Processing Times

- The CGS website includes the current average days (over the most recent 30 day period) for CGS to complete the processing of a Medicare Provider enrollment applications.
- The links below are where this data can be found on our website:
 - Part B: https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15b.asp
 - Part A: https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15a.asp
 - HHH: https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15hhh.asp

Most Common Delays in Application Processing

Mandy Green

Top Common Delays in Application Processing

- Errors on applications result in mailed requests for additional documentation and processing delays
- Avoid delays by reviewing the top reasons we request information on applications submitted via Internet-based PECOS and CMS-855 (paper)
- References:
 - Part B: <https://www.cgsmedicare.com/partb/enrollment/peai.html>
 - Part A: <https://www.cgsmedicare.com/parta/enrollment/peai.html>
 - HHH: <https://www.cgsmedicare.com/hhh/enrollment/peai.html>

First Quarter Application Delays – Part B

- Paper Applications Part B
 - When initialing enrolling a Nurse Practitioner or Clinical Nurse Specialist, please remember to submit a copy of their Masters or Doctoral degree in Nursing as well as their national certification.
 - Prior to submitting an 855R Reassignment of Benefits application, take time to check PECOS to confirm the provider has an approved enrollment record within the state of Kentucky or Ohio. If the provider does not have an approved enrollment, we will request the CMS 855I be completed for the provider.
 - A voided check or letter from the bank is required to be submitted with the Electronic Funds Transfer (EFT) Agreement.

First Quarter Application Delays – Part B

- Paper Applications Part B, *continued*
 - For providers that are reassigning their benefits to your organization be sure you have completed section 4F (from the 12/18 version) of the CMS 855I application along with submitting a complete CMS 855R Reassignment of Benefits Application.
 - Section 6 of the CMS 855B is required to be completed for initially enrolling and revalidation applications. In addition to owners, directors, officers, partners and managing employees, any authorized and/or delegated officials that sign the application must be identified in this section. When completing section 6 for an authorized or delegated official, be sure you identify all roles applicable for that individual, in addition to identifying authorized or delegated official. When completing this section for revalidation, remember regardless if there haven't been any changes, the section must be completed with current information or any changes.

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First Quarter Application Delays – Part B

- **Internet Based PECOS Applications Part B**
 - When initialing enrolling a Nurse Practitioner or Clinical Nurse Specialist, please remember to submit a copy of their Masters or Doctoral degree in Nursing as well as their national certification.
 - For submissions that include the Electronic Funds Transfer (EFT) Agreement, a voided check or written letter from the bank confirming the name on the account, the bank's routing number, the account number, and the type of account is required to be submitted. You may upload the voided check/bank letter as a supporting document prior to submitting the Internet Based PECOS Application.
 - Missing/Pending signatures:
 - **855B and 20134 (MDPP):** Each Authorized and/or Delegated official identified as a signor must sign the Internet Based PECOS application. Upon submission of the application, the signor can electronically sign or print, sign and date a paper CMS 855B certification statement. Paper certification statements must be uploaded via PECOS. Mailed certification statements will not be accepted.

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First Quarter Application Delays – Part B

- Missing/Pending signatures, *continued*:
 - **855I and 855O**: The practitioner must sign the Internet Based PECOS application. Upon submission of the application, the practitioner can electronically sign or print, sign and date a paper CMS 855I certification statement. Paper certification statements must be uploaded via PECOS. Mailed certification statements will not be accepted
 - **855R**: The practitioner must sign the Internet Based PECOS application. Upon submission of the application, the practitioner can electronically sign or print, sign and date a paper CMS 855R authorization statement. Paper certification statements must be uploaded via PECOS. Mailed certification statements will not be accepted
 - The Authorized and/or Delegated official identified as a signor must sign the Internet Based PECOS application. Upon submission of the application, the signor can electronically sign or print, sign and date a paper CMS 855R authorization statement. Paper certification statements must be uploaded via PECOS. Mailed certification statements will not be accepted.

First Quarter Application Delays – A/HHH

- **Paper Applications Part A/HHH**
 - If the state requires your provider type to be licensed, current license information must be on file. If the license on file with CGS has expired, you **must provide an updated copy of your license**.
 - Effective dates and titles should be included for all individuals designated as directors, officers, and managing employees in section 6A.
 - A copy of the final sales/lease agreement *and* bill of sale must be submitted when **submitting a CHOW, Acquisition/Merger, or Consolidation application**. This should clearly indicate that the sale is final. If final sale documents are not yet available, interim documents can be submitted; however, CGS cannot issue a recommendation for approval until the final sale documents are received.

First Quarter Application Delays – A/HHH

- **Paper Applications Part A/HHH, *continued***
 - A voided check or letter from the bank confirming the name on the account, the bank's routing number, the account number, and the type of account is required to be submitted with the Electronic Funds Transfer (EFT) Agreement.
 - The name on the account shown on the voided check or bank letter must match the provider's legal business name as reported to the IRS or the chain home office's legal business name if payment is being made to the chain home office.

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First Quarter Application Delays – A/HHH

- **Internet Based PECOS Applications Part A/HHH**
 - If the state requires your provider type to be licensed, current license information must be on file. If the license on file with CGS has expired, you must provide an updated copy of your license.
 - Section 6 must be completed for all officers and directors of the provider if the provider is organized as a corporation (whether for-profit or non-profit).
 - Titles should be completed for all individuals designated as directors, officers, and managing employees in the Individual Control section.

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First Quarter Application Delays – A/HHH

- Internet Based PECOS Applications Part A/HHH, *continued*
 - The CMS-588 Authorization Agreement for Electronic Funds Transfer (EFT) is required for all initial enrollment and CHOW (Buyer) applications and for reactivation and revalidation applications if a current version of the CMS 588 isn't on file with the MAC. Submit your EFT information via the Internet Based PECOS Application along with an electronic signature or submit a signed and dated CMS 588 via PECOS upload if unable to complete an electronic signature. **EFT agreements submitted via the mail cannot be accepted for Web application submissions.**
 - For submissions that include the Electronic Funds Transfer (EFT) Agreement, a voided check or letter from the bank confirming the name on the account, the bank's routing number, the account number, and the type of account is required to be submitted. You may upload the voided check/bank letter as a supporting document prior to submitting the Internet Based PECOS Application.

Organizational Structure Application Requirements

Jackie Guerrero

Organizational Structure Application Requirements

- The CMS 855A and 855B applications require certain organizations and/or individuals to be reported in Sections 5 & 6 based on the provider/supplier's organizational structure. These sections of the application often require development by the MAC.
 - Note: Revalidation requires all to be reported
 - Ensure that all roles applicable to the individual are identified
 - Corporation – officers and directors are required to be reported
- The table on the next slide can be used as a reference when completing your enrollment applications to ensure you are including the applicable roles in Sections 5 & 6.

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Sections 5 & 6 – Applicable Roles Based on Organizational Structure

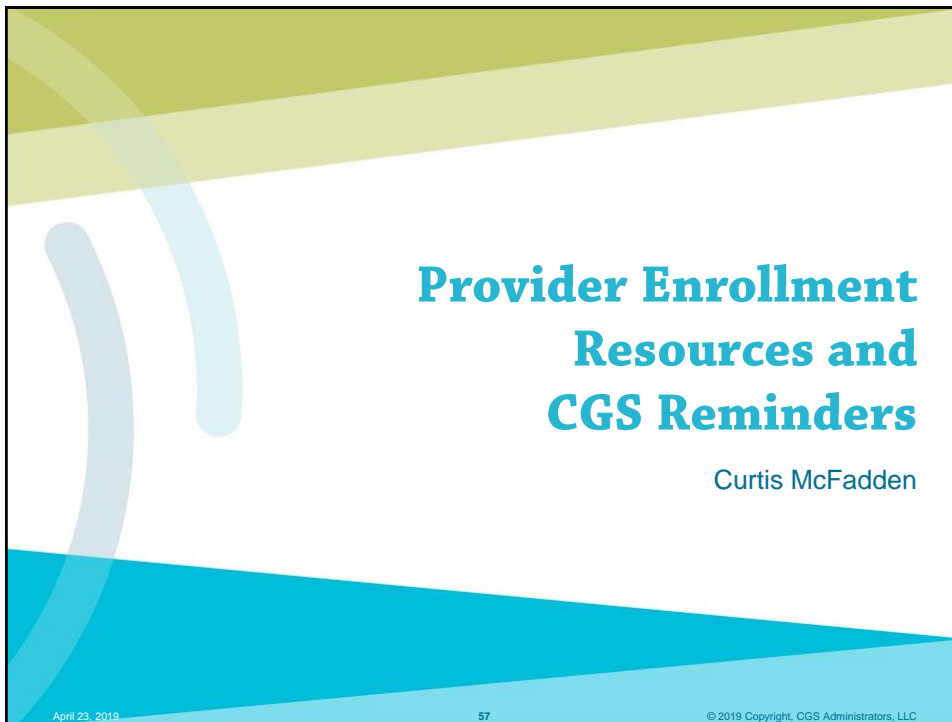
Type of Organization	Section 5 and/or 6						
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner	Officer	Director	Managing Employee
Sole Proprietorship	A	N/A	N/A	N/A	N/A	N/A	A
General Partnership	M	M	A	N/A	M	M	A
Limited Partnership	M	M	A	A	M	M	A
Corporation	A	M	N/A	N/A	A	A	A
Limited Liability Company	A	M	N/A	N/A	M	M	A
Non-Profit Organization	M	M	N/A	N/A	A	A	A
Government Owned Entity	A	N/A	N/A	N/A	M	M	A

- **A** = Applicable & required to include
- **M** = May be applicable; required to include if applicable to your organization
- **N/A** = Not applicable

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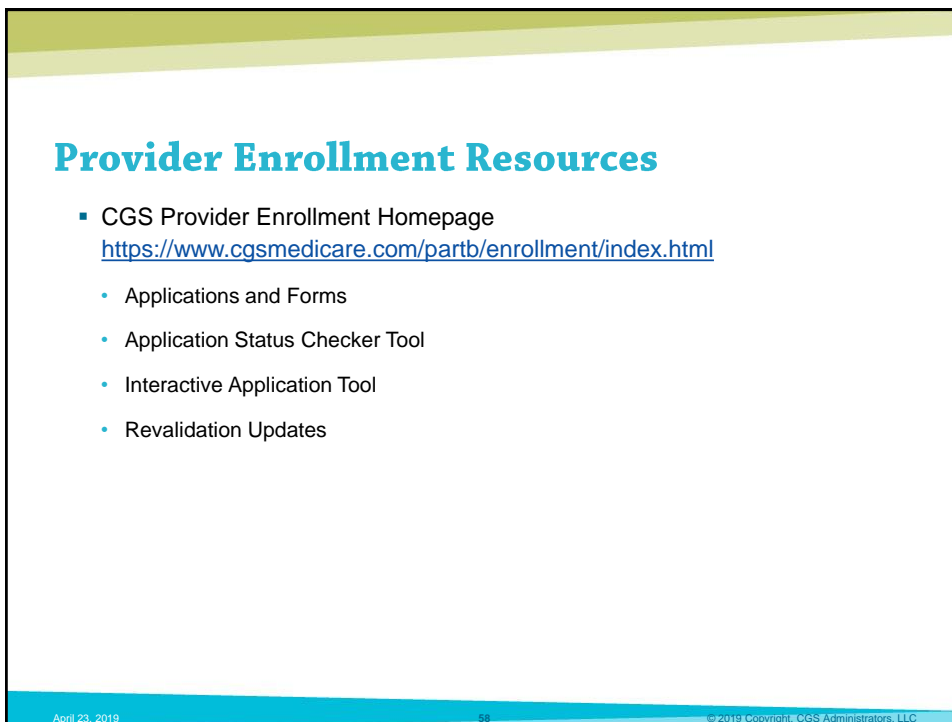
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Provider Enrollment Resources and CGS Reminders

Curtis McFadden

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Provider Enrollment Resources

- CGS Provider Enrollment Homepage
<https://www.cgsmedicare.com/partb/enrollment/index.html>
- Applications and Forms
- Application Status Checker Tool
- Interactive Application Tool
- Revalidation Updates

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Provider Enrollment Resources

- CMS Provider Enrollment homepage:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html>
- CMS Medicare Learning Network (MLN) publications:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

Medicare Beneficiary Identifier (MBI)



NEWSFLASH!!!

The New Medicare Cards Have All Been Mailed!

Get It! Use It!

Medicare Beneficiary Identifier (MBI)

- The *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)* require removal of Social Security Numbers (SSNs) from all Medicare cards
 - This was implemented to better protect private health care and financial information
 - A new *Medicare Beneficiary Identifier (MBI)* will replace SSN-based Health Insurance Claim Number (HICN) currently used
 - CMS used an MBI generator to assign 150 million MBIs in the initial enumeration and a unique MBI for each new Medicare enrollee
 - New cards were mailed between April 2018 – March 2019
 - MBIs are “non-intelligent” and disclose no information about patients
 - Providers may use either identifier during the transition period
 - April 1, 2018 – December 31, 2019

The MLN Fact Sheet (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>) is a great resource for you!

Are YOU Using the MBI???

- Providers have various ways to obtain the new MBI
 - Obtain a copy of the new Medicare card when patient presents
 - If patients say they did not receive a card:
 - » Advise the patient that the new card was mailed in a plain white envelop
 - » Ask patient to call 1.800.MEDICARE (1.800.633.4227) so that their identify can be verified, check their address, and help them get their new card
 - » Continue to use their current card to get health care services and to bill Medicare until they get their new card
 - Make sure you can access myCGS, our secure provider portal, to obtain a patient's MBI
 - You are able to look up your Medicare patient's new MBI through the *myCGS MBI Look-Up Tool* <https://www.cgsmedicare.com/partb/pubs/news/2018/05/cope7584.html>
 - » Must use the patient's first/last name, date of birth, and social security number

NOTE: Do not assume the HICN is the patient's social security number with an alpha suffix!
Use the MBI Look-Up Tool instead! <https://www.cgsmedicare.com/partb/pubs/news/2018/12/c>

Are YOU Using the MBI???

- Providers have various ways to obtain the new MBI, *continued*
 - Obtain the MBI from the remittance advice
 - Through the end of the transition period, when a valid and active HICN is submitted both the HICN and the MBI will be returned on the remittance advice
 - » Electronic Remittance Advice (ERA) <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Downloads/MREP-Example.pdf>
 - » Standard Paper Remittance Advice (RA) <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Downloads/MCS-SPR-Example.pdf>

Thank You for Joining Us!

Questions?