

Ohio Council Member Alert: Medicare Enrollment Basics for Behavioral Health Providers

GENERAL INFORMATION

Group Practices, Clinics, Physicians, and Non-Physician Practitioners (as defined by Medicare) must enroll in Medicare in order to get paid for covered items and services furnished to Medicare beneficiaries. Medicare covers outpatient behavioral health services under Medicare Part B. When an individual is both Medicare and Medicaid eligible and is receiving services that are payable under Medicare, the State has decided to implement requirements to make Medicaid a secondary payer to Medicare. Generally, this means Medicare must be billed first. This requirement has been in effect for other Medicaid services for some time. Further, the State will be implementing a Medicare-based rendering provider model for future payments for Medicaid behavioral health services. This requirement has also been in effect for other Medicaid services and is required under provisions of the Affordable Care Act to reduce fraud, waste, and abuse. Accordingly, we prepared this preliminary analysis to help providers understand the basics of the Medicare enrollment process.

While a full discussion of Medicare covered items and services is beyond the scope of this summary, it may be helpful to understand that most of the current community behavioral health services are not covered by Medicare. The services that are generally covered include, using today's terminology, Pharmacologic Management, Medical/Somatic, Assessment, and some BH Counseling services. So, an individual who is dually eligible for Medicare and Medicaid might have, what today is called, Pharmacologic Management services paid for through Medicare using the proper coding and have CPST or crisis intervention paid for through Medicaid using Ohio Medicaid coding.

For clarity, we have prepared this brief to assist Ohio Council member organizations in determining whether they need to enroll with Medicare due to changes anticipated through the Medicaid Behavioral Health Re-Design. Provider organizations that choose to serve the Medicare-Medicaid dual eligible population and who employ Medicare eligible providers (as described below) that deliver Medicare Part B eligible services will need to enroll with Medicare.

STEPS TO ENROLL IN MEDICARE

Step 1: Determine whether Medicare enrollment is possible.

Outpatient behavioral health services covered by Medicare are paid under Medicare Part B. Many behavioral health organizations should be able to enroll as either a Group Practice or Clinic under Medicare Part B. In order to enroll, the provider organization must employ individual practitioner types that are recognized as eligible providers under Medicare Part B. Examples of eligible practitioners who can enroll in Medicare Part B include: Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist (CNS), Clinical Psychologist, Clinical Social Worker (LISW), Nurse Practitioner (CNP), Occupational Therapist (OT)

in Private Practice, Physical Therapist (PT) in Private Practice, Physician (MD/DO), Physician Assistant (PA), Psychologist Billing Independently, Registered Dietitian or Nutritional Professional, and Speech Language Pathologist. All of these provider types (collectively described as “Part B Suppliers”) may enroll as a Medicare Part B Supplier, provided that all required enrollment criteria can be met. In order to be paid for covered items and services under Medicare Part B, the rendering Part B Supplier must first be properly enrolled in Medicare.

DEFINITION: “Part B Suppliers” – All provider types, including group practices or clinics and individual practitioners that are recognized as eligible providers under Medicare Part B.

✓ **Action:** Because of several differences between the Medicare and Medicaid programs, a determination should be made prior to commencement of the enrollment process as to whether your agency meets the enrollment criteria for a Group Practice, Clinic, or other credentialed practitioner as noted above. Despite significant workforce challenges, the State has emphasized the importance of having higher credentialed professionals associated with behavioral health organizations.

✓ **Action:** Provider organization may need to enroll both the organization and your eligible individual practitioners as Medicare Part B Suppliers.

Step 2: Learn about Medicare Requirements.

Like all health insurance programs, Medicare only covers certain items and services and has specific requirements for documentation, beneficiary cost-sharing, billing, reporting, etc. These requirements are not the same as Ohio’s Medicaid requirements. The Medicare Learning Network Mental Health Services Booklet provides an overview of the specific requirements and can be found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>.

✓ **Action:** Assess your organization’s capacity and your clinical staff’s understanding of additional requirements and responsibilities under Medicare, and determine if additional training or technical assistance is needed in any of these areas.

Step 3: Obtain a National Provider Identifier (NPI).

All Part B Suppliers must obtain an NPI before enrolling in Medicare. An NPI is a unique identifier for health care providers. Many current behavioral health organizations will already have a group NPI, and this NPI can be used for the enrollment process for Group Practices or Clinics. Individual practitioners, such as physicians and non-physician practitioners, will have a single NPI, which will be associated with that provider’s unique individual information. Part B Suppliers (whether a Group Practice, Clinic, or credentialed individual provider) can obtain an NPI through an online application at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> or through a paper application. A copy of the paper application can be found at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>. A current list of NPIs is available at <https://npiregistry.cms.hhs.gov>.

✓ **Action:** Obtain an NPI for all Part B Suppliers to be enrolled. An NPI can typically be obtained in approximately 10 days. For online applications, NPIs will be issued to the email address provided. For paper applications, NPIs will be sent by mail.

Step 4: Complete the proper Medicare Enrollment Application.

How to Enroll. Part B Suppliers (whether a Group Practice, Clinic, or credentialed individual provider) can enroll in Medicare via an online application or with a paper application. Community behavioral health providers may need to enroll the organization as a Group Practice or Clinic and also enroll individual practitioners.

Enrolling as a Group Practices and Clinic: Complete the Form CMS-855B “Medicare Enrollment Application - Clinics/Group Practices and Certain Other Suppliers.” Generally, Group Practices must have two or more physician or non-physician practitioner owners in order to enroll as a Group Practice. However, this ownership requirement does not apply to a non-profit Group Practice (which would not have individual owners). Instead, a non-profit Group Practice will list the name of its board of directors (or corresponding governing body) and the individual board members, officers, and others with managing control of the Group Practice, as further explained in the CMS-855B application. The non-profit Group Practice must also submit documentation substantiating its non-profit status (typically, its IRS tax-exempt determination letter). We also understand that Medicare expects each Group Practice and Clinic to have at least one physician or non-physician practitioner associated with it pursuant to a Form CMS-855R, which generally means that each Group Practice or Clinic needs at least one employed or contracted Physician or non-physician practitioner (who is eligible to enroll in Medicare on an individual basis), as further described below.

Enrolling Physicians and Non-Physician Practitioners: Complete the Form CMS-855I “Medicare Enrollment Application - Physicians and Non-Physician Practitioners.” A Physician or Non-Physician Practitioner who will work for and reassign benefits or payments for services to the community behavioral health provider organization that is a Group Practice or Clinic (typical in an employment or contracting arrangement) will also need to complete the Form CMS-855R “Medicare Enrollment Application - Reassignment of Medicare Benefits.” This form allows payment to be made directly to the Group Practice or Clinic.

Paper Enrollment. Paper applications are available at: <https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-list.html>.

Online Enrollment. CMS encourages Part B Suppliers to utilize the online system instead of paper applications. Online applications are processed through the PECOS system located at <https://pecos.cms.hhs.gov/pecos/login.do>. PECOS is a scenario-driven process in that it presents a series of questions to retrieve only the information needed to process specific enrollment scenarios. As such, Part B Suppliers are required to supply only the information relevant to their application and specialty. More importantly, PECOS is generally faster than paper-based enrollment, as Medicare contractors are required to process online enrollment applications in half the time as compared to paper applications.

Additional Required Forms. Additional forms to be submitted with the proper Medicare Enrollment Application include:

- Electronic Funds Transfer Authorization Agreement (Form CMS-588)
- Electronic Data Interchange Enrollment Form
- Medicare Participating Physician or Supplier Agreement (Form CMS-460)
- Copy of IRS Tax-Exempt Determination Letter (if the Part B Supplier is registered with the IRS as a non-profit entity).

The Part B Supplier may also be required to submit other documentation supporting the enrollment application, as further explained in those forms.

When to Enroll. A Part B Supplier can enroll in Medicare at any time, provided that the application is submitted not more than 60 days prior to the effective date listed on the CMS-855B (for new providers).

Application Processing. Enrollment applications are processed by Medicare contractors. It is essential that Part B Suppliers enroll with the correct Medicare contractor. Ohio's Part B contractor is CGS Administrators LLC: <http://www.cgsmedicare.com/partb/index.html>.

Application Fee. There is no enrollment application fee for Part B Suppliers.

Questions on the Application. Questions regarding Part B enrollment can be directed to either the CGS Part B Provider Enrollment Helpline at 1-866-276-9558 or by visiting: <http://www.cgsmedicare.com/partb/enrollment/index.html>) or your qualified legal counsel.

✓ **Action:** Determine which enrollment process will be followed and which enrollment application and forms are needed. It is often helpful to review the paper forms prior to using the online system. Ask questions prior to submission. Applications should be completed fully and accurately (including all required supporting documentation and related forms) the first time to avoid potentially lengthy billing delays or lost revenue.

Step 5: Await Application Processing.

Review by Medicare Contractor. The Medicare contractor (CGS in Ohio) will review the application to determine whether it is complete and all related forms and supporting documentation have been submitted. The contractor will then notify the Medicare State Agency (Ohio Department of Health) or CMS Regional Office of the contractor's approval, denial, or recommendation for approval of the enrollment. To the extent there are errors in an application or additional information is needed, the Medicare contractor will typically contact the Part B Supplier in writing requesting correction or supplementation of any deficiencies and stating the deadline by which correction must be made (typically, 30 days from the date of the letter). Where correction or supplementation is needed, it is critical to respond to the Medicare contractor by the stated deadline; otherwise, the enrollment application may be fully rejected, which generally means restarting the entire enrollment application process.

Timeframe for Processing. Medicare contractors are supposed to process most paper enrollments within 60-180 days of receipt, and most online enrollments within 45-90 days of receipt. That said, Part B Suppliers are absolutely at the discretion of the contractor, and processing delays are certainly possible and should be expected. If the change in Ohio Medicaid requiring Medicare enrollment results in an influx of initial enrollment applications to the contractor, new Part B Suppliers may encounter additional delays in the processing of their applications. Delays will certainly result if applications are not fully and accurately completed.

Date of Enrollment and Date of Billing Privileges. The effective date of Medicare enrollment is the date the Medicare contractor approves the application. The effective date of Medicare billing privileges is the later of: (1) the date the Part B Supplier filed an enrollment application that was subsequently approved, or (2) the date the Part B Supplier first began furnishing services at a specific practice location. Thus, it is vitally important to submit a complete and accurate initial application, as any need to correct or supplement the initial application will almost certainly delay the effective date of Medicare billing privileges, and Medicare will only pay for covered items and services rendered on or after the effective date of billing privileges.

✓ **Action:** Promptly respond to all requests to correct or supplement enrollment applications. If unsure how to respond, contact the CGS representative assigned to your application (the individual named in the related correspondence), the CGS Part B Provider Enrollment helpline, or an attorney knowledgeable about the enrollment process.

✓ **Action:** Plan for potential application processing delays, which may translate into payment delays or potentially lost revenue.

Step 6: Keep Enrollment Information Up to Date.

Medicare requires all enrolled Part B Suppliers to update the information set forth in the enrollment application. Medicare must be notified within specific timeframes when enrollment information (e.g., any information set forth in the enrollment application) changes, such as a change in location or addition of a new location, change of ownership, adverse legal action, or change in Board members or other managing personnel. Additionally, all Part B Suppliers must revalidate their enrollment on a periodic basis and notify Medicare when reassignment of payment begins or ends. Medicare will notify Part B Suppliers when they are required to revalidate. Failure to timely report required information to Medicare may jeopardize Medicare enrollment and create other issues, such as non-payment for services or unwanted discord with the Medicare contractor or CMS. In such case, it may be wise to contact your attorney to determine how best to proceed. The Vorys firm drafted an Ohio Council member briefing addressing these issues, including the requirement to disclose the organizations' Board member's Social Security Numbers in certain circumstances. Please see the attached link for a more thorough discussion of these issues: https://obc.memberclicks.net/assets/EBulletins/2016/2-2-16_oc.member.alert_first_jan2016.pdf.



Action: When changes occur with any Part B Supplier (new employees, location changes, purchase, sale, or merger, etc.), consider whether such change is required to be reported to Medicare (i.e., CGS) and, if so, the deadline for such reporting. Comply as soon as possible.

ASSISTANCE WITH MEDICARE ENROLLMENT PROCESS

This summary is intended to provide guidance to providers on the basics of the Medicare enrollment process. Providers that face challenges with the enrollment process may want to consult legal counsel experienced with the Medicare enrollment process to assist them. As a reminder, all Ohio Council members receive two free hours of legal services annually from the law firm of Vorys, Sater, Seymour and Pease LLP, and those two free hours can be applied to Medicare assistance if the member so desires.

ADDITIONAL RESOURCES

- Medicare Learning Network: Medicare Enrollment for Physicians and Other Part B Suppliers: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_PhysOther_FactSheet_ICN903768.pdf.
- CMS Medicare Provider-Supplier Enrollment Website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html>.
- CGS Guidance for Completing the CMS Enrollment Forms: http://www.cgsmedicare.com/partb/enrollment/pe_newenrollment.html.
- A list of Medicare Contractors for each state can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf.