

REVISED - Behavioral Health Redesign Brief:

Serving Medicare Beneficiaries? Enroll in the Federal Medicare Program.

Beginning ~~July 1, 2016~~ **July 1, 2017** all Medicaid claims for mental health and substance use disorder services will be edited for third party liability (TPL), including Medicare and other commercial insurance coverage.

Since Medicare is the most common third party payer for Medicaid enrollees, **behavioral health providers** (agencies and their employed or contracted practitioners) **must enroll with Medicare** in order to assure that their services to Medicare consumers are reimbursed.

This edition of MITS BITS is intended to provide general information about Medicare provider and practitioner enrollment. Neither the Ohio Department of Medicaid nor the Ohio Department of Mental Health and Addiction Services have specific expertise on this subject. Cigna Government Services (CGS) is the Ohio Medicare Administrator, and therefore performs all Medicare related activities in Ohio on behalf of the federal government. If you require additional assistance, please contact a CGS specialized provider enrollment at 866-276-9558 (option 3).

To successfully bill Medicare for services rendered by your agency to a Medicare beneficiary, **both the agency and the individual rendering practitioners must enroll with Medicare**. Individual practitioners will enroll as “Physicians and Non-Physician Practitioners”, but organizational applicants may choose to enroll as either a “Community Mental Health Center” or a “Clinic/Group Practice”. The table below outlines important differences an organization should consider when choosing between these options.

Medicare Enrollment Options for Provider Agencies:

| | Clinic/Group Practice | Community Mental Health Center |
|--|--|--|
| Qualifications | Covers a variety of health care specialties and employed practitioners | Requires core services including: <ul style="list-style-type: none"> » 24/7 emergency psychiatric services; » Medicare defined partial hospitalization, day treatment or psychosocial rehabilitation; » Screening beneficiaries for admission to state mental health hospitals. |
| Type of Approval | Medicare Enrollment | Medicare Certification |
| Length of time to Medicare approval | Approximately 60 days | Approximately 60 days for approval of enrollment; however enrollment application must be submitted prior to site visit which will follow. |
| On-site Survey | Not required | Required, by Ohio Department of Health |
| Enrollment Fee | No fee | \$544 at enrollment and revalidation |

Regardless of the type of health care entity chosen, a provider’s employed practitioners must ALSO enroll using [CMS Form 855I](#) (Physicians and Non-Physician Practitioners) **and** [CMS Form 855R](#) (Re-Assignment of Medicare Benefits) to assign their right of payment to their employer.

Helpful Resources:

[CMS Medicare Provider/Supplier Enrollment Information and Applications](#)

[CMS Information for New Medicare Providers](#)

[CMS Information on Medicare Enrollment Requirements for a Community Mental Health Center](#)

[CMS Information on Medicare Enrollment Requirements for a Clinic/Group Practice](#)

There are **two** methods to enroll with Medicare:

1) Use the Provider Enrollment, Chain, and Ownership System (PECOS) AND Verify Enrollment with CGS:

The Internet-based PECOS is the Medicare enrollment method preferred by CMS. It allows electronic signature and electronic submission of supporting documentation to CMS. Once PECOS enrollment has occurred, you must convey your enrollment to CGS (the Ohio Medicare Administrator). There are two ways to convey your enrollment to CGS: verify the PECOS transmission via an email confirmation sent to you by the system OR print, sign and date the two-page Certification Statement and mail it with all supporting paper documentation to CGS within seven days of electronic submission. If these steps are not completed, Medicare enrollment will not occur.

Helpful Resources:

[CMS Digital Document Repository How-To Guide](#)

[CMS PECOS FAQ](#)

2) Complete a Paper Application and Mail to CGS:

Agencies enrolling as a "Clinic/Group Practice" should complete the [Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers](#). Individual practitioners who are employed by a clinic or group practice should complete the [Medicare Enrollment Application for Physicians and Non-Physician Practitioners](#).

Helpful Resources:

[CMS Guidance for Medicare Enrollment for Physicians and Other Part D Suppliers](#)

[CGS Provider Enrollment Information](#)

Important Tips for Paper Enrollment:

- » Information submitted on the enrollment application must be entered exactly as it appears on the NPI website and tax documents. For example: If the business is registered as an LLC on the tax documents, be sure to include "LLC" on the application.
- » When completing the application forms, designate the appropriate primary and secondary specialties, if applicable.
- » If the agency is not already enrolled with Medicare, submit the agency and the individual practitioner applications simultaneously.
- » Individual practitioners must also complete the Reassignment of Benefits Form ([CMS Form 855R](#)) to assign the right of payment from the individual practitioner to the provider agency that employs them.
- » Sign the applications using **blue ink**. Send completed applications to:

Cigna Government Services (CGS)
J15 Part B Provider Enrollment
P.O. Box 20017
Nashville, TN 37202

- » Respond immediately to any requests from CGS for more information.