REVISED - Behavioral Health Redesign Brief:
Serving Medicare Beneficiaries?
Enroll in the Federal Medicare Program.

Beginning 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. Medicare is the most common third party payer for Medicaid enrollees. Behavioral health providers (organizations and their Medicare eligible employed practitioners) who serve Medicare enrollees or dual eligible Medicare- Medicaid enrollees must enroll with Medicare to assure that services rendered will be 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 additional assistance is needed, please contact a CGS specialized provider enrollment customer service representative at 866-276-9558 and select option 3.

To successfully bill Medicare for services rendered by your organization to a Medicare enrollee, 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.

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<th>Comparison Table of Medicare Enrollment Options for Provider Agencies</th>
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If submitting the 855A or 855B, the CMS form 588, Electronic Funds Transfer Agreement must be submitted.

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 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
- CMS Guidance on Individual Practitioner Enrollment

There are TWO Methods to enroll with Medicare:

1) Using 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 B 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.
• Remember that 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:

  Part A (CMHC) CMS-855A
  J15 Part A Provider Enrollment
  CGS Administrators, LLC
  PO Box 20004
  Nashville, TN 37202

  Part B (clinic) CMS 855B, 855I, 855R
  J15 Part B Provider Enrollment
  CGS Administrators, LLC
  PO Box 20017
  Nashville, TN 37202

• Respond immediately to any requests from CGS for more information.