

Medicare Provider Enrollment Process

Introduction

AAAs should think strategically before requesting their own Medicare provider number (as opposed to partnering with an existing Medicare provider). Once organizations (including AAAs) become official Medicare providers, they are subject to periodic audits and other compliance requirements from the applicable Centers for Medicare and Medicaid Services (CMS) fiscal intermediary (also known as CMS Medicare Administrative Contractor (MAC).

Also, please note that an organization that only provides DSMT cannot obtain a Medicare provider number. Organizations must provide at least one other Medicare Part B service in order to obtain a Medicare number. Medical Nutrition Therapy (MNT) is an eligible primary service that will enable a program to obtain a Medicare billing number with DSMT as a secondary service. Providing both MNT and DSMT also establishes a viable cash flow that can cover costs of providing these services.

The following steps are suggestions for completing the required forms to obtain a Medicare provider number. They are geared toward non-profit AAAs that provide Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Training (DSMT).

Steps/Instructions

The applicant (e.g., the AAA) must complete and submit (to the applicable MAC) the following four (4) application documents:

- A. 855B
<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855b.pdf>
- B. 855i
<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855i.pdf>
- C. 855R
<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855r.pdf>
- D. 588
<http://www.cms.gov/apps/files/aco/cms588.pdf>

The primary application is the 855B, which indicates which organization will bill Medicare to provide MNT using employed or contracted Registered Dietitians. The 855B (the “Clinics/Group Practice” application) is required whenever an

organization is going to provide a covered Part B service using employed personnel in a non-facility setting.

How/Where to Submit Forms

Submit the completed forms to the Provider Enrollment division of the CMS Medicare Administrative Contractor (MAC) for your specific state.

Organizations requesting a Medicare provider number have the option of using:

- The internet-based Provider Enrollment, Chain and Ownership System (PECOS). OR
- Standard 855 paper enrollment.

Using internet-based PECOS is easy. Internet-based PECOS allows physicians and non-physicians to enroll, make changes in their enrollment, or view their Medicare enrollment information.

Internet-based PECOS has the following benefits:

- Faster than paper-based enrollment.
- Scenario-driven application process.
- Built-in help screens.

Additional information about Internet-based PECOS is available at the following link:

http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp

You can find the specific Part B Medicare Administrative Contractor (MAC) applicable to your specific geographic area using the following link:

<http://www.cms.gov/medicare-coverage-database/indexes/contacts-part-b-medicare-administrative-contractor-index.aspx?bc=AgAAAAAAAAAAA&>

Additional Information

The applicant should also pay attention to the following key provisions, by form number:

CMS Form 855B

SECTION 1: BASIC INFORMATION

- A. Apply as a new enrollee to Medicare
- B. Check all that apply

SECTION 2: IDENTIFYING INFORMATION

- A. Type Of Supplier
Under “Type of Supplier” select “Clinic/Group Practice”. A group practice includes an organization that employs professionals that provide eligible Medicare Part B services. Your organization is going to provide Medical Nutrition Therapy and employ registered dietitian(s) to provide the service, so you are considered a Clinic/Group Practice by Medicare, even if that is not how you may view your AAA.
- B. Supplier Identification Information
1. BUSINESS INFORMATION
Enter the information specific to your organization
 2. STATE LICENSE INFORMATION/CERTIFICATION INFORMATION
Most States do not require a special State license to provide MNT. However, if your program is licensed to provide DSMT from either AADE or ADA, you would list the license information for DSMT in this section.
 3. CORRESPONDENCE ADDRESS
The CMS contractor/intermediary will send correspondence about your application to a specific address. It is important that you enter this address accurately (mailing and email address) and check for mail frequently.
- C. Hospitals Only
Do not complete this section
- D. Comments/Special Circumstances
Include the following comments, as applicable:

“As an organization, we will provide medical nutrition therapy as our primary Medicare Part B services to Medicare Beneficiaries. We will have a primary location and multiple satellite locations where we will provide individual and group nutrition education throughout our community.”

If your program is an accredited DSMT program at the time you submit this application, then you should add an additional statement such as:

“Our organization will provide diabetes self-management training (DSMT) as a secondary service to eligible Medicare beneficiaries.

[Insert your organization’s name] was accredited by [specify which organization accredited your program – ADA or AADE].

Certification information: [insert from your certificate]

Certification number ___[insert from your certificate]_

State issued___[insert from your certificate]

Effective Date__[insert from your certificate];

Expiration Date__[insert from your certificate]_.

(Make sure that you also include a copy of the certificate along with the CMS Form 855B.)

E. Not Applicable

F. Not Applicable

G. Not Applicable

H. Not Applicable

SECTION 3: FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

Complete as necessary.

SECTION 4: PRACTICE LOCATION INFORMATION

A. Practice Location Information

1. List all of the information for your primary site. Under the practice location description section, select "Group practice office/clinic"
2. For each satellite location, i.e., Senior center, etc., complete a separate page 16.

List the address.

For "Is this practice location a:", check "Other health care facility".

Next to "(Specify)", list the type of facility. For example, based on the earlier example, you would fill in "Senior Center"

B. Where do you want remittance notices or special payments sent?

1. Check "ADD" and fill in the effective date for the address you input in Section 4A above.
2. Check whether your "Special Payments" address is the same or different from the address in Section 4A and if it is different, fill out the address.

C. Where do you keep patients' medical records?

1. Check "ADD" and fill in the effective date.
2. List your primary location for medical record storage. If using electronic medical records (EMR), list the primary location of your facility.
3. If you have a second location, list it.

D. Rendering Services in Patients' Homes

Not Applicable

E. Base of Operations Address for Mobile or Portable Suppliers

Not Applicable

F. Vehicle Information

Not Applicable

- G. Geographic Location for Mobile or Portable Suppliers ...
Not Applicable

SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION

- A. Organization with Ownership Interest and/or Managing Control
 - 1. You must complete this section . If the organization maintains managing control of itself, then list the organization information in this section.
 - 2. The effective date will be the date of incorporation.
- B. Final Adverse Legal Action History
Complete this section if applicable

SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

- A. Individuals with Ownership Interest and/or Managing Control
 - a. Complete with at least one managing control individual.
 - b. Select their relationship with the supplier (your organization) as applicable.
- B. Final Adverse Legal Action History
Self-explanatory

SECTION 7: FOR FUTURE USE

Not Applicable

SECTION 8: BILLING AGENCY INFORMATION

Check the box if this section does not apply.

If you have a current contract with a Medicare billing company, complete the rest of this section.

SECTIONS 9 – 12

Not Applicable

SECTION 13: CONTACT PERSON

List the primary contact person and contact information for any questions regarding this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION

Read this very carefully. There is nothing to fill out.

SECTION 15: CERTIFICATION STATEMENT

- A. Additional Requirements for Medicare Enrollment
Read the certification statements carefully
- B. 1st Authorized Official Signature
Person must be authorized to sign on behalf of the organization.
- C. 2nd Authorized Official Signature

CMS Form 588:

CMS Form 588 is to establish authorization for electronic funds transfer (EFT) services. EFT is the method that CMS routes payments to the organization. Fill it out carefully. You will not receive payment if you do not supply accurate information.

CMS Forms 855i & 855R

CMS Forms 855i and 855R are required for the registered dietitian that will be working with the organization. The 855i registers the dietitian with Medicare and the 855R authorizes CMS to pay the organization for professional services rendered to Medicare beneficiaries by the registered dietitian, as an employee of your organization.

CMS Form 855i

Complete Sections 1 – 4b, with the exception of 4a (do not complete section 4a)

CMS Form 855R

Complete all sections.