

# ACT

ASK THE CONTRACTOR  
TELECONFERENCE



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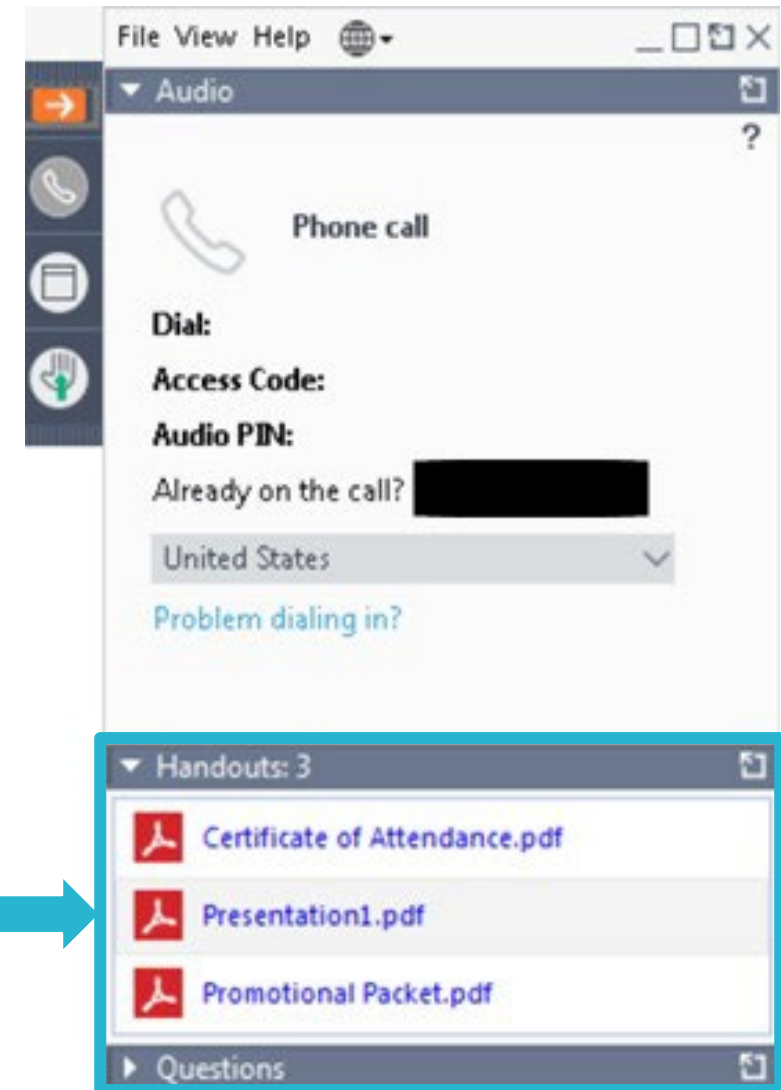
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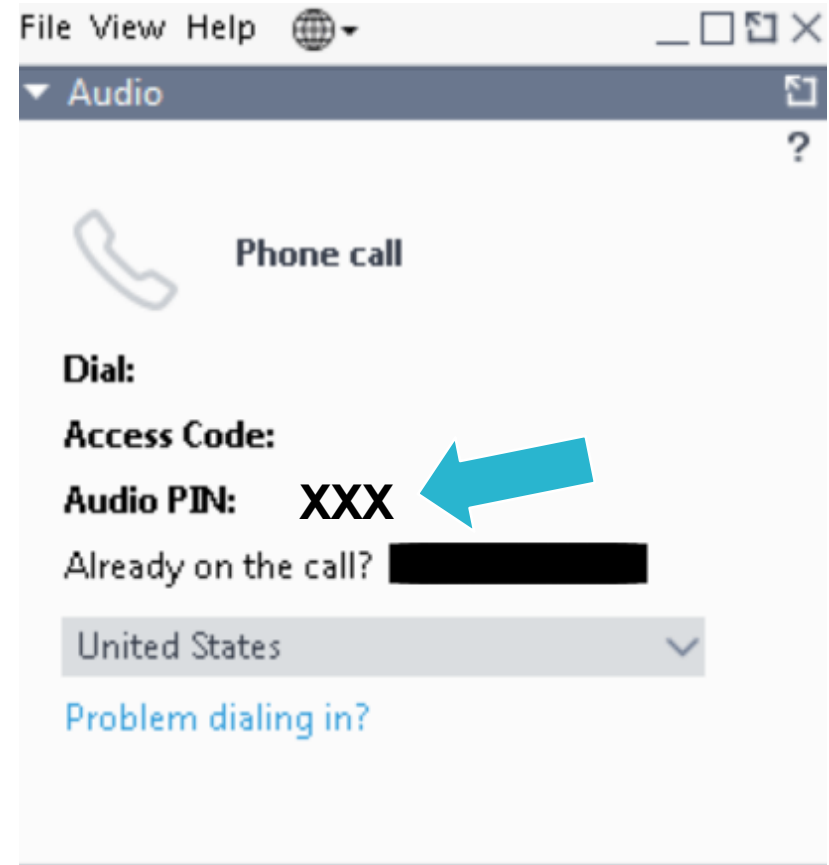


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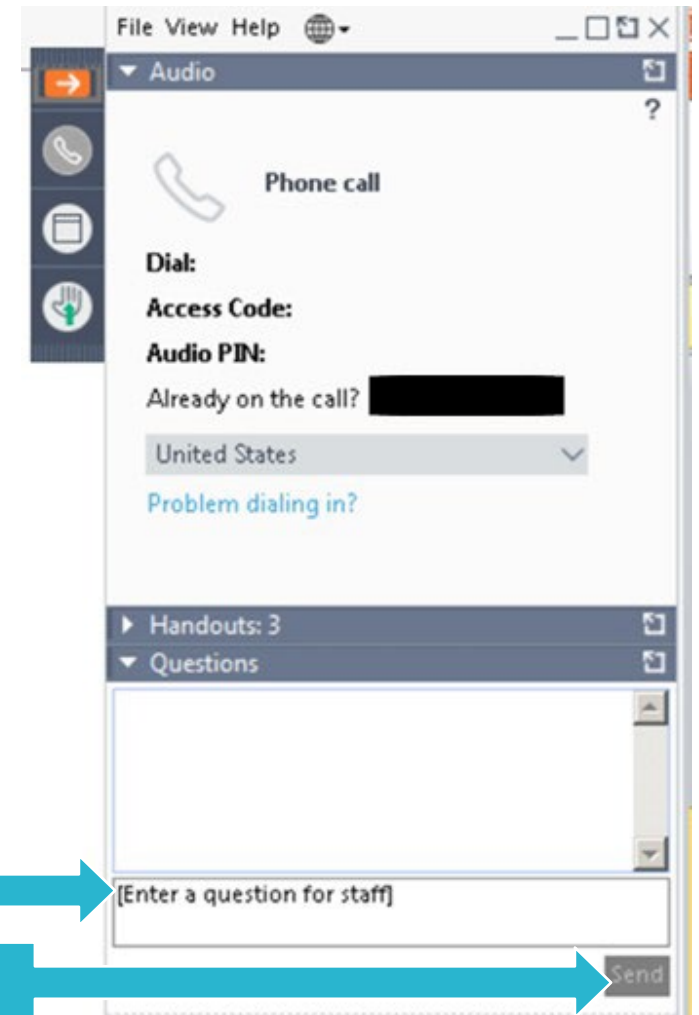




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# Ask the Contractor Teleconference



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J15 Provider Outreach & Education

June 23, 2021



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## **Provider Enrollment**

Updates and Reminders

# Disclaimer

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This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.



# Agenda

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Today we will discuss:

- COVID Updates
- Enrollment Process
- Resources





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## **COVID Updates**

# Public Health Emergency

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- The Public Health Service Act was used to declare a public health emergency (PHE) in the entire United States on January 31, 2020, effective January 27, 2020.
- The PHE was renewed on:
  - April 21, 2020;
  - July 23, 2020;
  - October 2, 2020;
  - January 7, 2021; and
  - April 15, 2021
- A listing of waivers (<https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>) are in effect, as of March 01, 2020, through the end of the emergency declaration.

# Revalidation

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The Centers for Medicare & Medicaid Services (CMS) temporarily ceased the revalidation efforts for all Medicare providers and suppliers.

- During the COVID-19 PHE, CMS will not issue any new revalidations notices, deactivate providers who fail to respond to revalidation requests, or update the Medicare Revalidation Tool, with new revalidation due dates.
- If the provider's revalidation shows "TBD" or their revalidation has already been submitted for this cycle, the Medicare contractors cannot accept the revalidation. It will be returned.
- Upon lifting the public health emergency, CMS will resume revalidation activities.

# Application Fee

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- Effective January 1, 2021, the 2021 calendar year application fee is \$599 for institutional providers that are:
  - Initially enrolling in the Medicare, Medicaid, or the Children's Health Insurance Program (CHIP);
  - Revalidating their Medicare, Medicaid, or CHIP enrollment; or
  - Adding a new Medicare practice location.
- This fee is required with any of the above-mentioned Medicare enrollment application submitted on or after January 1, 2021, through December 31, 2021.
- CMS has defined an institutional provider as any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (*except physician and non-physician practitioner organizations*), CMS-855S, or CMS-20134 or associated Internet- based PECOS enrollment application.
- **NOTE:** *CMS has waived the application fee during the public health emergency.*

# Provider Enrollment Telephone Hotline

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Telephone hotline created for providers and suppliers to initiate provisional temporary Medicare billing privileges or address provider enrollment flexibilities questions.

- **Toll-Free number:** 1.855.769.9920 (available Monday–Friday, 7:00 a.m. – 4:00 p.m. Central Time) for Part A, Part B, and Home Health & Hospice



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## **Enrollment Process**

# Applications

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- Providers submitting enrollment applications (CMS-855, CMS-20134, and CMS- 588) via mail or through the Medicare Provider Enrollment, Chain and Ownership System (PECOS). We encourage providers to do their Medicare enrollment online with PECOS.
  - PECOS applications are processed more quickly than paper applications.
  - Tailored so that providers only supply information that is relevant to their application.
  - CMS provides step-by-step YouTube tutorials for online applications.
  - Support is available to help with questions such as registration, access, and application fees.
- Medicare Provider Enrollment, Chain, and Ownership System:  
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

# Benefits of Using PECOS

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With PECOS providers can:

- Submit an initial Medicare enrollment application
- View or change your enrollment information
- Track your enrollment application through the web submission process
- Add or change a reassignment of benefits
- Submit changes to existing Medicare enrollment information
- Reactivate an existing enrollment record
- Withdraw from the Medicare Program
- Submit a Change of Ownership (CHOW) of the Medicare-enrolled provider



# Paper Enrollment Application Forms

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Paper enrollment applications are accepted for providers who are not able to apply online using PECOS. The Provider Enrollment Interactive Help Tool is available for help with completing the form(s) correctly and identify supporting documentation needed to complete the enrollment process.

- Part A: <https://www.cgsmedicare.com/parta/enrollment/helptool/index.html>
- Part B: <https://www.cgsmedicare.com/partb/enrollment/helptool/index.html>
- Home Health & Hospice:  
<https://www.cgsmedicare.com/hhh/enrollment/helptool/index.html>

# What to Expect When Enrolling

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- The CGS *What to Expect When Enrolling* job aid gives providers a detailed overview of what to expect during the enrollment process, which explains:
  - Receipt of application - CGS will send an acknowledgment letter;
  - Review application;
    - *If additional information is needed for the application, CGS will initiate a development request.*
  - Reconcile; and
  - Resolve - final letter to provider
- What to Expect When Enrolling  
[https://www.cgsmedicare.com/enrollment/pdf/what\\_to\\_expect\\_when\\_enrolling.pdf](https://www.cgsmedicare.com/enrollment/pdf/what_to_expect_when_enrolling.pdf)

# CGS Processing Time

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- The Average Provider Enrollment Applications Processing Time is a tool published by CGS; providers can view the average time it takes to process clean applications.
- On an average, clean web applications are processed in 15 days or less. Clean paper applications are processed in less than 30 days.
  - Part A  
[https://www.cgsmedicare.com/medicare\\_dynamic/cyctime/j15a/j15a.aspx](https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15a/j15a.aspx)
  - Part B  
[https://www.cgsmedicare.com/medicare\\_dynamic/cyctime/j15b/j15b.aspx](https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15b/j15b.aspx)
  - Home Health & Hospice  
[https://www.cgsmedicare.com/medicare\\_dynamic/cyctime/j15hhh/j15hhh.aspx](https://www.cgsmedicare.com/medicare_dynamic/cyctime/j15hhh/j15hhh.aspx)

# Clock Stoppage

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- The processing timeliness clock temporarily stops if a dependent application is needed to continue processing an already submitted application. For example:
  - *CMS-855R is needed to complete a reassignment, when only a CMS-855I is received.*
  - *Electronic Funds Transfer Form (CMS-588) needed*
- Medicare contractors will apply the clock stoppage when the development is issued and will resume the timeliness clock when the development is received.
- A few more examples of when the processing timeliness clock temporarily stops. Complete listing located in Chapter 10, of the CMS Medicare Program Integrity Manual, Section 10.5:
  - Waiting for a final sales agreement (e.g., CHOW, acquisition/merger)
  - Site visits not completed timely



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## **Provider Enrollment Resources & Tools**

# Provider Enrollment Resources & Tools CGS

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## Common Reasons for Delays in Processing

- CGS provides monthly data showing the most common errors for online PECOS and paper CMS-855 applications. We encourage providers to review, to ensure their applications are submitted correctly.
- Examples of processing delays for 2021:
  - Lack of Signature
    - Applications submitted without signature of the provider or authorized official.
  - CMS 588 EFT Agreement
    - A pre-printed voided check or written letter from the bank verifying the bank account information is required to be submitted with the CMS 588 EFT Agreement. If you are submitting a letter from the bank, the letter must identify the type of account (checking or savings) and be signed by a Bank officer/representative.

# Provider Enrollment Resources & Tools

## CGS

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### Common Reasons for Delays in Processing

- CMS-855A, CMS-855B, CMS-855I, CMS-855O
  - Adverse Legal History – This is required for all initial enrollment, change of information or revalidation applications. Section must be completed, regardless if there is an adverse action to report.
- CMS 855A – (Part A and HHH) or CMS-855B (Part B)
  - Section 6A and 6B: Ownership Interest and/or Managing Control Information

# Provider Enrollment Resources & Tools CGS

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Additional resources and tools to help the provider community with Medicare enrollment.

- PECOS – resources & access
- Applications and Forms – download CMS applications forms, information regarding authorized and delegated officials, interactive help tool
- Revalidation – information to help with revalidation process
- Tools, Tracking, and Resources – status checker, CMS resources, application processing time
- FAQs – frequently asked questions concerning enrollment



# Provider Enrollment Resources & Tools CGS

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View all available resources and tools on our Provider Enrollment web page:

- Part A Provider Enrollment,  
<https://www.cgsmedicare.com/parta/enrollment/index.html>
- Part B Provider Enrollment,  
<https://www.cgsmedicare.com/partb/enrollment/index.html>
- Home Health & Hospice Provider Enrollment,  
<https://www.cgsmedicare.com/hhh/enrollment/index.html>

# Provider Enrollment Resources & Tools CMS

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The CMS has resources and tools available for providers who want to enroll in the Medicare program or is already enrolled.

- CMS Provider Enrollment and Certification,  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification>
  - Become a Medicare Provider or Suppliers
  - Ordering and Certifying
  - Enrollment Applications
  - Find Your Taxonomy Code
  - Manage Your Enrollment
- CMS Program Integrity Manual, Medicare Enrollment  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c10.pdf>

## Contact CGS

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CGS is here to help with your enrollment questions. Our Provider Enrollment Customer Service line is available at the numbers and times listed below. Select Option 3 to speak with a representative.

- Part A : 866.590.6703, 8:00 a.m. – 5:00 p.m. (EST),  
<https://www.cgsmedicare.com/parta/index.html>
- Part B: 866.276.9558, 8:00 a.m. – 5:00 p.m. (EST),  
<https://www.cgsmedicare.com/partb/index.html>
- Home Health & Hospice: 877.299.4500, 8:00 a.m. – 4:30 p.m. (CT),  
<https://www.cgsmedicare.com/hhh/index.html>

# STAY CONNECTED

## CHECK OUT OUR WEBSITE:

<https://www.cgsmedicare.com/>



## GET EVEN MORE RESOURCES:

- CMS MLN Web page: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo>. This includes the MN Connects, MLN articles, and more.
- Electronic Mailing List page at: <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Electronic-Mailing-Lists>
- CMS e-mail updates at: [https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic\\_id=USCMS\\_7819](https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819)

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Be sure to give your feedback for today's session.

Use your Android or iPhone to scan the QR Code below to take our survey.



<https://qr-creator.com/d/802754759>