

## **Behavioral Health Redesign Brief:**

### **Serving Medicare Beneficiaries?**

### **Enroll in the Federal Medicare Program.**

Beginning January 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.

**Comparison Table of Medicare Enrollment Options for Provider Agencies**

	Clinic/Group Practice Form 855B	Community Mental Health Center Form 855A
Qualifications	Covers a variety of health care specialties and employed practitioners	Requires core services including: <ul style="list-style-type: none"> <li>• 24/7 emergency psychiatric services;</li> <li>• Medicare defined partial hospitalization, day treatment or psychosocial rehabilitation;</li> <li>• Screening enrollees for admission to state mental health hospitals.</li> </ul>
Type of Approval	Medicare Enrollment	Medicare Certification
Length of time for 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

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.  
<http://www.cgsmedicare.com/help/index.html>