CHC CREDENTIALING & ENROLLMENT… AN OVERVIEW

REVENUE CYCLE . CHC EXPERTISE
PEACE OF MIND

Agenda

- Introduction
- Credentialing/Enrollment… Why?
- NPI
- PECOS
- 855 Forms
- CMS 588
- Locum Tenens
- State Medicaid & Other Payers
- Language of credentialing
- Summary

Credentialing Myths

- Permissible to use another provider's number if…
  - Waiting for new employee to be credentialed
  - Temporary staff

- ACA made it easier to credential with payers.
- CHCs may ignore CMS exclusion databases.
- Providers don't need to be linked to their CHC.
- Re-credentialing is rarely required for most payers.
- Payers never make a mistake adjudicating applications.

Enrollment Process

- Credentialing ≠ Enrollment
  - HRSA required FTCA Primary Source Verification
- Gather (maintain) current supplemental information
  - E.g., malpractice certificate, med school degree, CV
- Payer process:
  - Primary source verification
  - Credentialing committee meet & approval
  - NPI becomes participating
- CHC process credential
  - Mostly in-house (typically part-time FTE)
    - Track via spreadsheets and manual logging of info
  - Outsource: IPA, PHO, private firm
  - Without formal process/firm… lackluster results

Top Denials…

- 3 Primary CHC denial reasons
  - Front Desk (e.g., demographics/wrong insurance)
  - Coding (e.g., medical necessity)
  - Credentialing/Enrollment issues (facility & provider)
- Where do CHCs see denials?
  - Clean claim (clearinghouse) failure
  - EOB/RA line items
  - Aggregated reports (across payers)
- Plan & process to rectify?
- Common (easy) fixes
  - Billing system updates
  - Payer data base updated with needed info

Enrollment
Tracking Current Status

- Status of current provider credentialing
  - Listing of top plans/payers
  - Listing of top providers in each plan
  - PM “tables” with providers’ payer status
  - CHC wide listing of active providers
- Periodic Audits of participation (par) status
  - CHC clinic/facility par status
  - Individual providers
  - Varies by payer (e.g., Medicaid vs. Medicare for “counselors”)
- Monthly audit of Medicare & Medicaid* exclusion databases

California: https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp
North Carolina: https://medicaid.ncdhhs.gov/providers/excluded-providers

Credentialing & Enrollment… Why?

- Credentialing: Required by facilities & FTCA
- Provider participation = Optimal payer payment
- Vetting Process for Payers
  - Avoidance of fraud
  - Tracking problem providers
- Payer care management
  - Better direct beneficiaries to certain provider types
- Payer compliance with National Committee for Quality Assurance (NCQA)
  - E.g., 98% Board Certified Doctors
- Ability to Maximize Cost Containment
  - Special Contracts/Fees with IPAs or large groups

National Provider Identifier (NPI) (1 of 5)

- Standard unique health identifier for providers
- 10-digit, numeric identifier
- Replaced all other provider identifiers
- HIPAA created National Plan & Provider Enumeration System (NPPES)
- FQHC MUST obtain NPIs ***prior*** to Medicare enrollment
- NPI Enumerator is Fox Systems
  - https://NPPES.cms.hhs.gov
  - 800-465-3203
  - customerservice@npienumerator.com

National Provider Identifier (NPI) (2 of 5)

Who needs an NPI?

Organizations	Individuals
Hospitals	Physicians
Home Health Agencies	Dentists
CHCs (e.g., FQHCs & RHCs)	Nurse Practitioners
Nursing Homes	Physician Assistants
Residential Treatment Facilities	Chiropractors
Laboratories	Clinical Psychologists
Group Practices	Clinical Social Workers
HMOs	Registered Dieticians
DME Suppliers	Nutritionists
Pharmacies	

National Provider Identifier (NPI) (3 of 5)

A NPI is…	A NPI does not….
Required for all providers and entities submitting HIPAA standard transactions (claims).	Validate that a provider is licensed or credentialed.
A unique identifier for providers, plans and employers.	Guarantee payment.
The required first step in the enrollment process.	Enroll a provider in a health plan.
A replacement for Medicare legacy numbers (UPIN).	Require a provider to submit HIPAA transactions.
An identifier that will not change and will remain with the provider for life.	Make an otherwise not covered provider a covered provider.

National Provider Identifier (NPI) (4 of 5)

- Individual providers are Type 1 entities
  - All individual providers must apply for NPIs
- CHC facilities are “Type 2” entities & NPI is required
  - Each site does NOT need an independent NPI
  - Independent sites may be considered a “subpart”
  - Subpart may require independent NPI
- Search for NPI…
  - https://npiregistry.cms.hhs.gov/

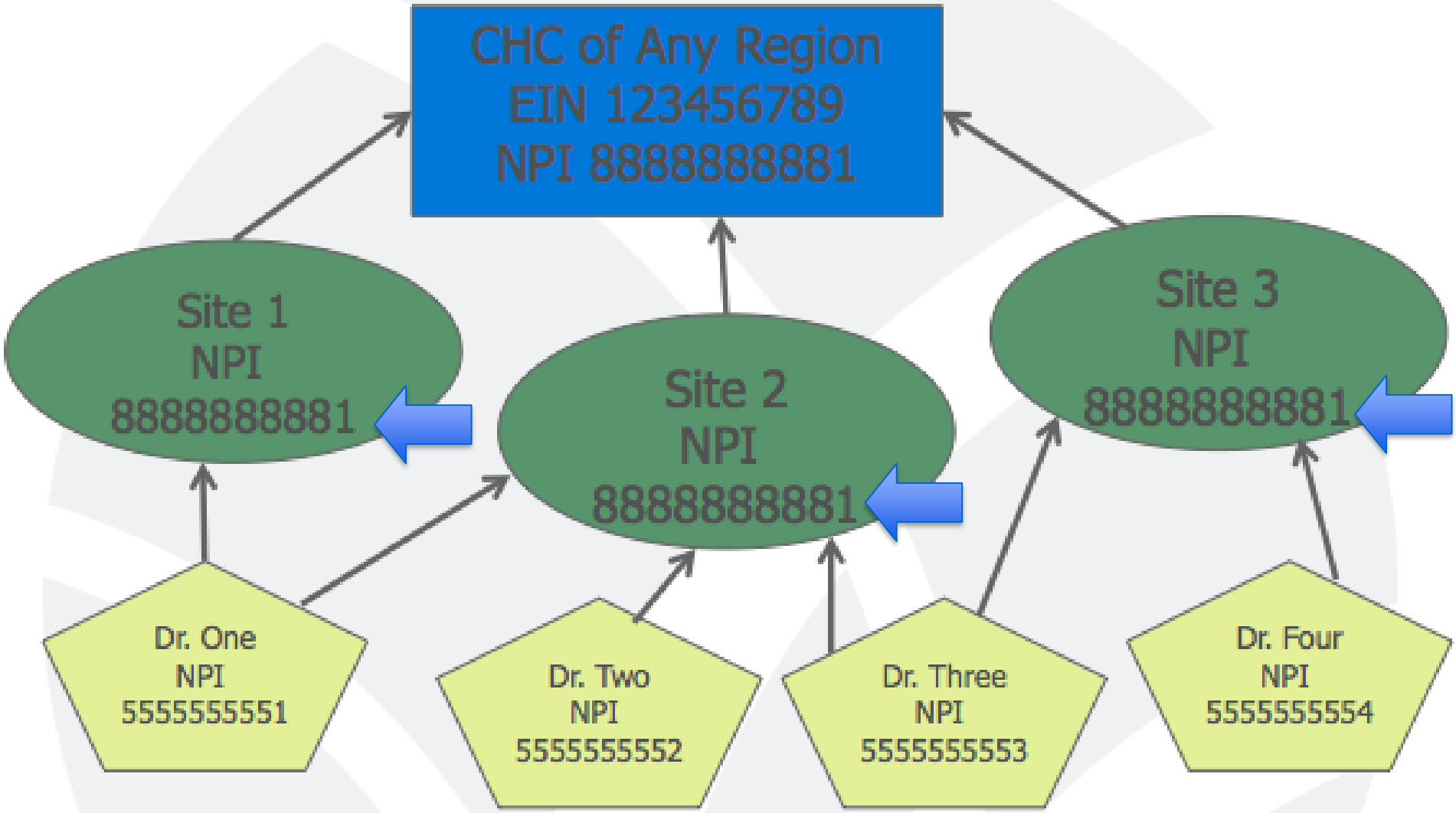
MLN Source of NPI basics:
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_InstProv_FactSheet_ICN903783.pdf

National Provider Identifier (NPI) (5 of 5)

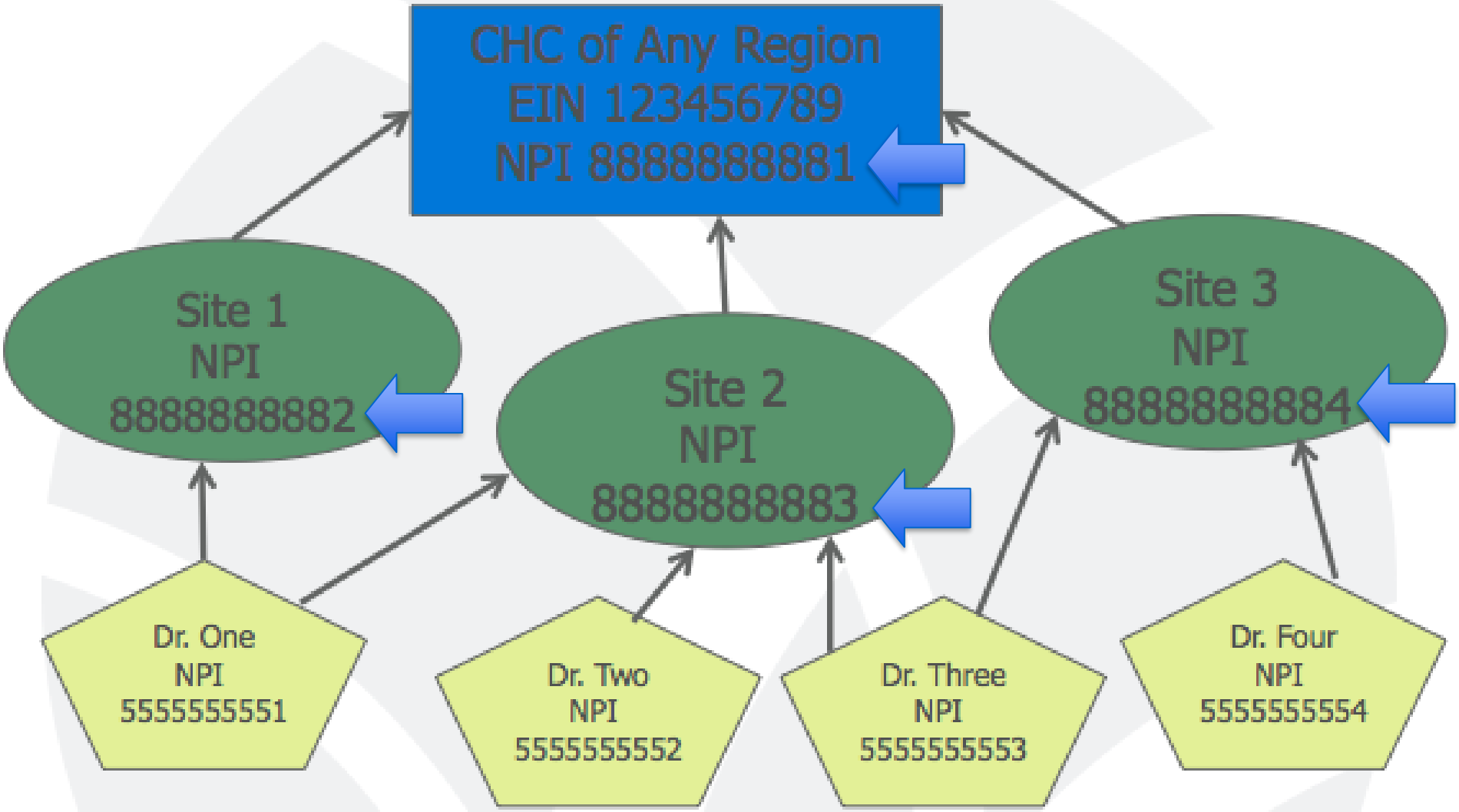
What you need to apply for an NPI…

Organizations	Individual Providers
Organization Name	Provider Name
Employer Identification Number (EIN)	SSN (or ITIN if not eligible for SSN)
Name of Authorized Official for the Organization	Provider Date of Birth
Phone Number of Authorized Official for the Organization	Country of Birth
Organization Mailing Address	State of Birth *(if Country of Birth is U.S.)*
Practice Location Address and Phone Number	Provider Gender
Taxonomy (Provider Type)	Mailing Address
Contact Person Name	Practice Location Address & Phone Number
Contact Person Phone Number and E-mail	Taxonomy (Provider Type)
	State License Information
	Contact Person Name
	Contact Person Phone Number and E-mail

NPI Sample Organization #1



NPI Sample Organization #2



Using the NPI to Enroll with Medicare

- Part A/Medicare
- Medicare participation agreement for each permanent clinic location

  NOTE: mobile does not require NPI… link to "main" clinic
- MAC assigns Provider Transaction Access Number (PTAN)
- Bill under NPI (linked to Medicare PTAN)
- Individual Providers, no PTAN for Part A, just Part B
- Part B… Two Options:
  - One NPI & One PTAN for ALL locations
  - One NPI & One PTAN for EACH location
- ANYONE can obtain NPI… regardless of credentials

Provider Enrollment, Chain & Ownership System (PECOS)

- Welcome to PECOS - https://pecos.cms.hhs.gov/pecos/login.do
- Individual & Group NPI Data Managed
  - MUST enroll & maintain own data
  - Option exists to afford someone else control
- How To… (INCREDIBLE instructional detail)
  - http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/PECOSWebScreenExample.pdf
- Why is PECOS used?
  - Submit enrollment application to Medicare
  - View & update existing enrollment & ongoing status
  - Voluntarily withdraw enrollment in Medicare

855 Forms… A Delineation

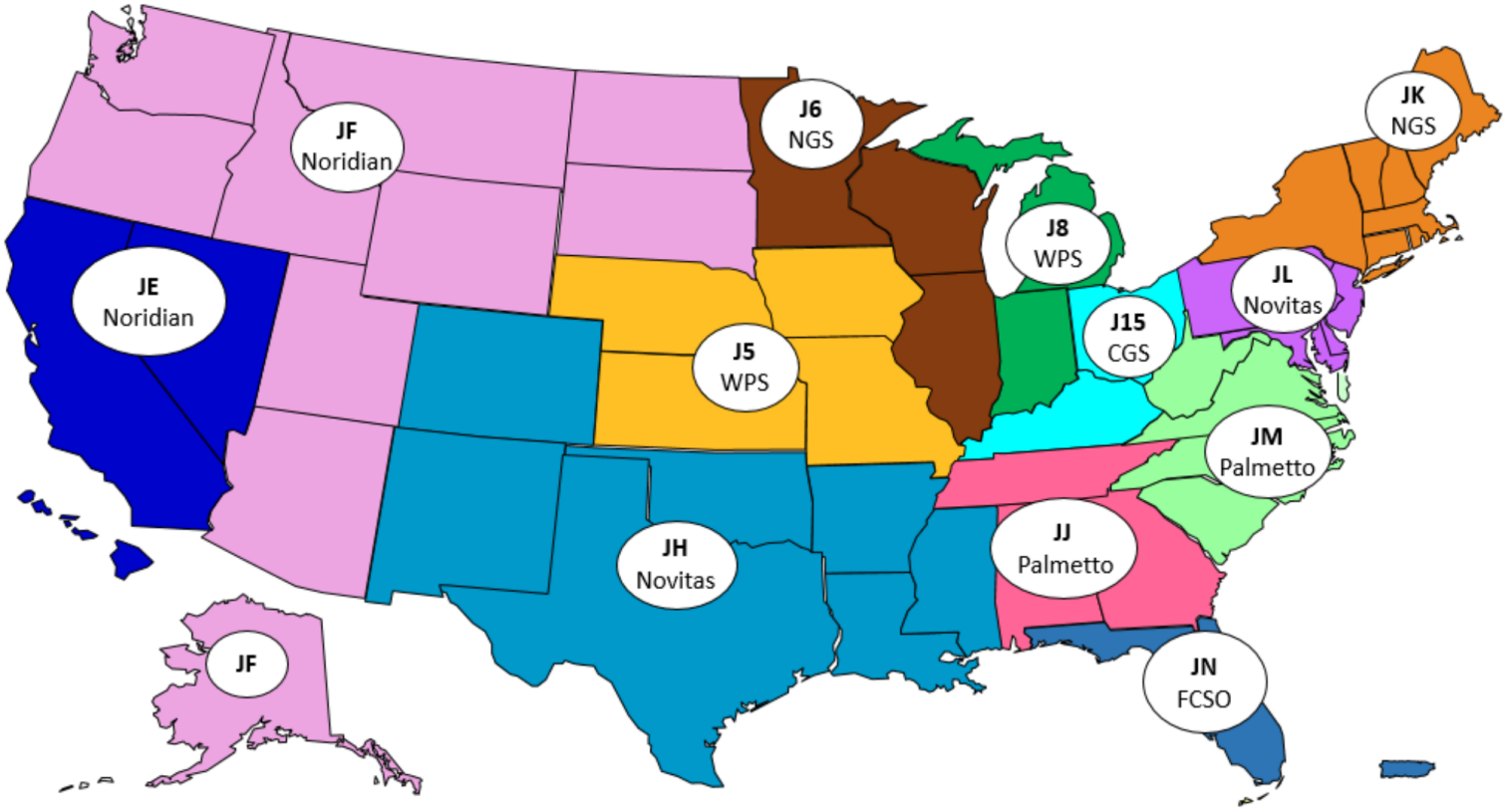
- 855-A (Part A Clinic Application)
  - Institutional Claim (Loop 2010AA, ANSI 837I, UB-04)
- 855-B (Part B Group Application)
  - FFS Claim (Loop 2010AA, ANSI 837P, CMS1500)
- 855-I (Each individual “core provider” for Part B Only)
  - FFS Claim (Loop 2310B , ANSI 837P, CMS1500)
- 855-R (Each individual “core provider” for Part B Only)
  - Re-Assignment (ANSI 837P)

855 Forms… Where to Submit?

- Part A (Fiscal Intermediary) vs. Part B (Carrier)
- Part A = MAC Intermediary
- All encounter rate claims
  - E.g., NGS is FI for sites existing prior to April 2009 and MAC for sites established after April 2009
- Part B = MAC/Carrier
  - All FFS questions through Part B

MAC Jurisdictions

A/B MAC Jurisdictions
as of June 2019



PECOS Required Data (1 of 2)

- Must have the following to use PECOS:
  - Active National Provider Identifier (NPI)
  - National Plan & Provider Enumeration System ID & PW
  - Personal I.D. info (e.g., Legal name with SS Admin., DOB, SSN)
  - Schooling info (School Name & Graduation year)
  - Professional license info (Medical license number, Effective date, Renewal date, & State where issued)
  - Certification info (Number, Original effective date, Renewal Date, & State where issued)
  - Specialty/secondary specialty information
  - DEA number (with info re. any final adverse actions)

PECOS Required Data (2 of 2)

- As well as…
  - Practice location information (Physical location)
  - Special Payment Information
  - Medical Record Storage Information
  - Billing Agency Information (if applicable)
  - Federal, State, and/or local (city/county) professional licenses, certifications, registrations, etc. specifically required to operate
  - EFT Transfer documentation… all 855 forms

NOTE: Detail presented to demonstrate why providers MUST manage this personally or afford incredible access to intimate personal detail.

Reasons for Returned Forms (1 of 2)

1. Missing &/or unauthorized signatures (original only)
   - Authorized = general partner, CoB, CFO, CEO, President, principal (≥ 5% equity)… or similar status
   - Delegated = Authorized to update/change data
2. 855-I not submitted with 855-R
3. Non-CMS approved applications
4. Application sent to wrong MAC
5. Outdated CMS form
6. Application received > 30 days before effective date

Original source URL no longer valid… RFRF remain the same!

https://www.cahabagba.com/part-b/enrollment-2/applications/cahaba-gba-provider-enrollment-top-reasons-for-returned-applications/

Reasons for Returned Forms (2 of 2)

1. Applications Submitted are not CMS Approved
2. Application Submitted to Incorrect MAC
3. Application Submitted > 60 Days in Advance
4. Application is Not Needed (e.g., only 855-R needed, not 855I)
5. Additional Reasons for Returned Applications
   - Submitted prior to expiration of a re-enrollment bar
   - Resubmitted before appeal period expired (denied app.)
   - Submitted before two year opt out period
   - Provider requested application be returned, not processed

Original source URL no longer valid… RFRF remain the same!

https://med.noridianmedicare.com/web/jeb/enrollment/enroll-report-changes/top-reasons-for-returns

855 FAQs

https://www.palmettogba.com/Palmetto/Providers.nsf/docsCat/Providers~JM%20Part%20B~Browse%20by%20Topic~Frequently%20Asked%20Questions?open&Cat=Credentialing

https://www.palmettogba.com/Palmetto/Providers.Nsf/docsCat/Providers~JM%20Part%20B~Browse%20by%20Topic~Provider%20Enrollment?OpenDocument&Cat=General&Click=

https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004985

CMS 855-A… Institutional

Required for Encounter Rate billing!!*

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- ***Federally Qualified Health Center (CHCs & Look-A-Likes)***
- Histocompatibility Laboratory
- Home Health Agency
- Hospice Hospital
- **Indian Health Services Facility**
- Organ Procurement Organization
- Outpatient PT &/or OT &/or SLP Services
- Religious Non-Medical Health Care Institution
- ***Rural Health Clinic***
- Skilled Nursing Facility

**All Medicare & some Medicaid!*

CMS 855-B…
Group Practice/Clinic (1 of 2)

- Group practice/clinic submitting 837-P to MAC
  - E.g., group practices, clinics, independent laboratories, portable x-ray suppliers)”
- Fee for Service (FFS)/Part B Prof. Fee Schedule (PFS)
- Individual provider bills, but entity paid (i.e., via EIN/SSN)
- Group PTAN assigned
- PTAN not submitted claims but linked to NPI
- NPI, PTAN, & last five tax ID digits needed for claim detail & all access

CMS 855-B…
Group Practice/Clinic (2 of 2)

- PECOS used to submit initial 855-B
- PECOS Process… Education & Info
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf
- PECOS Log-In… use NPPES log-in & password
  - https://pecos.cms.hhs.gov/pecos/login.do

CMS 855-I… Individual (1 of 2)

- Anesthesiology Assistant
- Audiologist
- Certified nurse midwife (CNM)
- Certified registered nurse anesthetist (CRNA)
- Clinical nurse specialist (CNP)
- Clinical social worker (only LCSW)
- Mass immunization roster biller
- Nurse practitioner (NP)
- Occupational therapist in private practice (OT)
- Physical therapist in private practice (PT)
- Physician assistant (PA)
- Psychologist
- Clinical Psychologist
- Registered Dietitian (RD)
- Nutrition Professional
- Speech Language Pathologist (SLP)

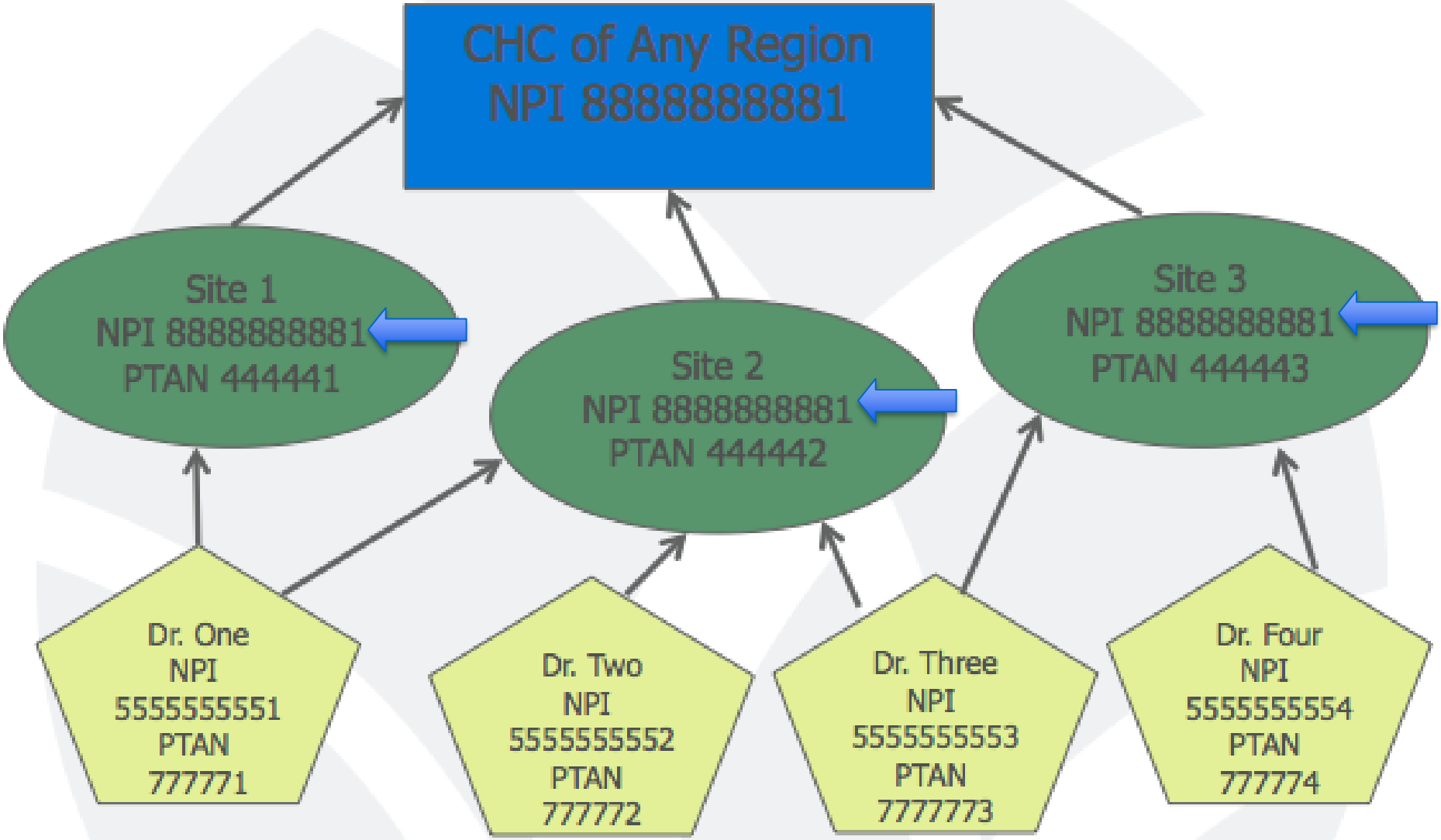
CMS 855-I… Individual (2 of 2)

- Completed for ALL individual clinicians
  - I.e., one for each provider
- PECOS Process… Education & Info
  - PECOS training “downloads” below…
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html
- PECOS Log-In (again)
  - https://pecos.cms.hhs.gov/pecos/login.do

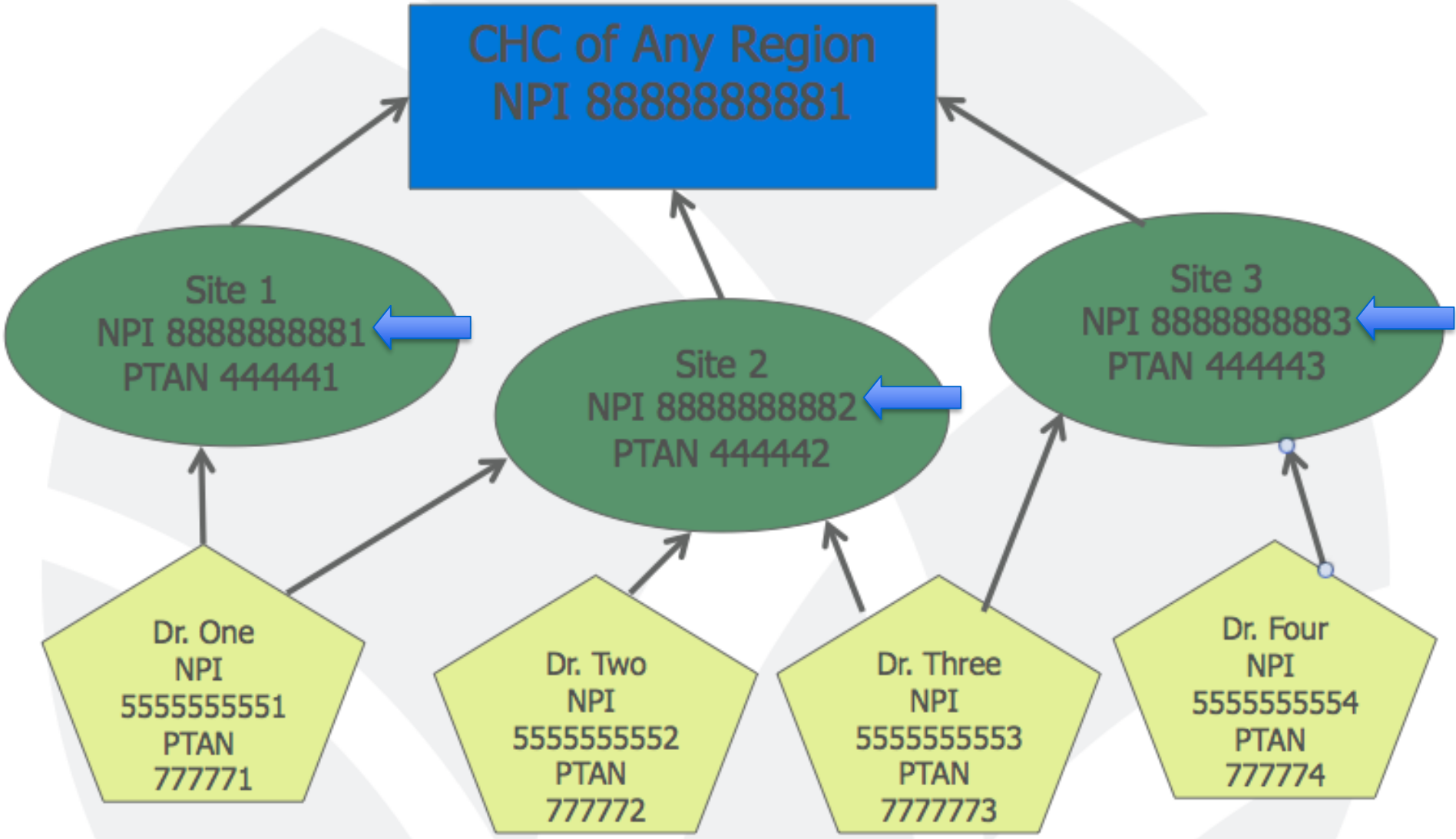
CMS 855-R… Professional

- 855-R = Reassignment
- Completed via PECOS
- Used with 855-I
- Averts tax liability for individual providers
- Linked to corporate data from 855-B
- Allows clinicians to work for > one practice
- EFT Requisite (CMS form 588)

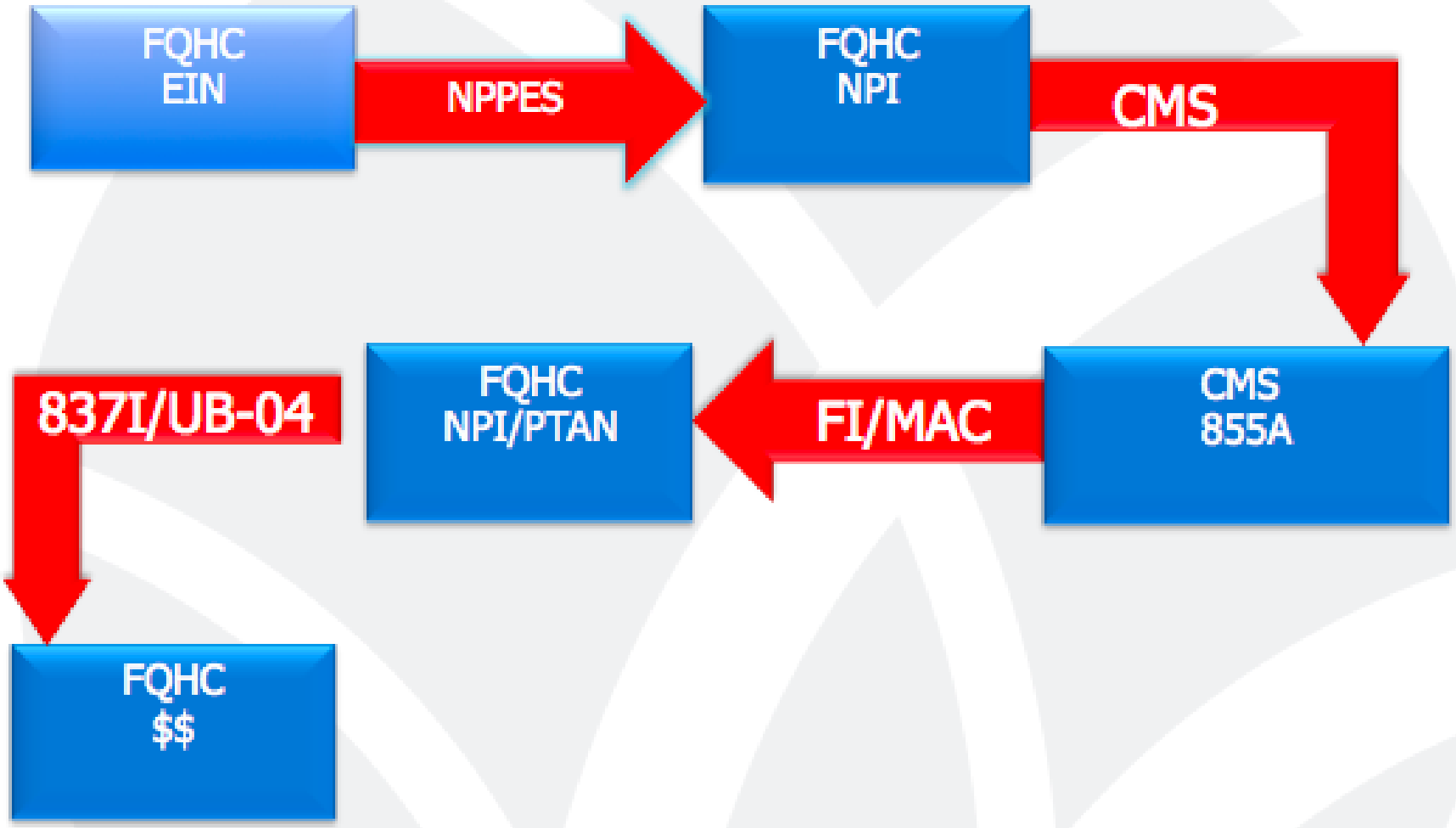
NPI & PTAN- Part A (1 of 2)



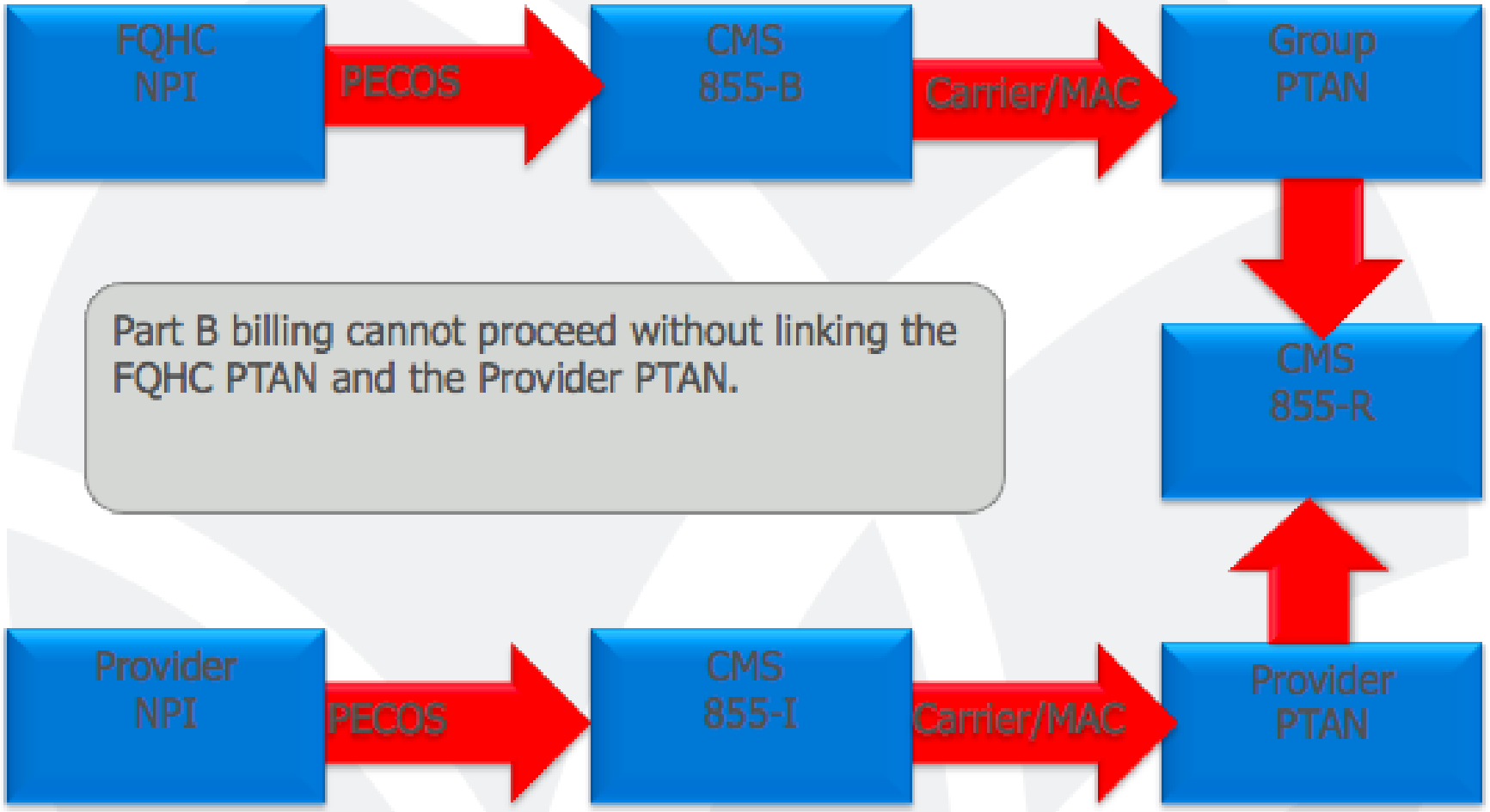
NPI & PTAN- Part A (2 of 2)



855-A… A graphic display



855-B, 855-I, 855-R… A graphic display



CMS 588 Form & ECS Agreement

- Electronic Fund Transfer (EFT)
  - https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms588.pdf
  - Requisite for ANY Medicare participating provider
  - NO EXCEPTIONS
- Electronic Claim Submission (ECS) Agreement
  - With 855 Approval, MAC is defined in notice
  - Contact clearinghouse for correct ECS forms
  - ECS Agreement unique for each MAC
    - Clearinghouse completes their ECS data
    - CHC updates NPI, PTAN, address, etc.

Direct submission option may exist but NOT recommended!*

Revalidation (1 of 2)

- ACA requires revalidation ≤ 5 years
- Catalyst
  - Prevent fraud
  - Providers not notifying Medicare of changes
  - Providers/suppliers enrolled prior to PECOS not captured
- All providers revalidated
- $586 (2019) for each institutional provider (not individuals)
- Do not revalidate until notification from MAC
- MUST respond within 60 days
- Sample revalidation letter:
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/SampleRevalidationLetter.pdf

Revalidation (2 of 2)

- Update data through PECOS or complete the 855
- Sign the certification statement
- Pay fee via: https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1
- Able to request for a hardship waiver of the fee
- DO NOT submit waiver request without a payment
- Mail supporting documents/certification statement to MAC
- Revalidation list: https://data.cms.gov/revalidation

Locum Tenens at CHCs

- https://www.merriam-webster.com/dictionary/locum%20tenens :
  - "One filling an office for a time or temporarily taking the place of another —used especially of a doctor or clergyman."
  - Medicare Part B Services Only

- *At CHCs… ONLY works for Part B FFS*
  - Part A… employed (W-2) or contracted (1099)... 837-I

  ******NOT standard across commercial or Medicaid******

- Strict guidelines; Specifically, MCPM Ch. 1, Section 30.2.11*
  - Only Medicare FFS & Only for 60 days

*https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c01.pdf

“Incident To” at CHCs

- *At CHCs… ONLY works for Part B FFS*
- Services rendered by staff without billable NPI
- In FFS, avoids NPP pay cuts (65-85% of PFS)
- Billable provider “within shouting distance”
- Not used for “yet to be enrolled” or non-par staff
- “Supervising” is OK, right? *(Who & why?)*
- Primary care exception? Limited & prefect rules
- FQHC Manual says “OK”
  - Face-to-face core provider only

MCPM Ch. 12: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf
MBPM Ch. 13: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf

Medicaid & Commercial Payers

- Similar to aforementioned Medicare enrollment process
- Varies dramatically state to state
- Use on-line vs. paper when able
- For all payers (including Medicare)
  - PAY ATTENTION TO DEADLINES/TIMELINES
  - Keep time-dated diary of events
  - Maintain contact names & phone/email
  - Copy EVERYTHING before sending
  - Original signatures only
  - Send any paper CERTIFIED MAIL only
  - Utilize Credentialing Verification Organization, if able

Summary

- Use PECOS and Other Electronic Filing Options
- Maintain Current Listing of Providers and Locations
- Know Re-Credentialing Timelines
- Educate Clinicians and Billing Team
- Track and report – Continuous improvement
- Commit to Educate (Top down)

Questions

Acronyms & Definitions (1 of 2)

CCN	CMS Certification Number	Formerly the Medicare Provider Number or the OSCAR. The CCN for Part A providers is a six-digit number; the first two digits identify the state; the last four digits identify the type of facility.
CMS	Center for Medicare & Medicaid Services	A branch of the U.S. Department of Health and Human Services. CMS is the federal agency which administers Medicare, Medicaid, and the Children's Health Insurance Program.
FI	Fiscal Intermediary	A private insurance company that serve as the federal government's agents in the administration of the Medicare Part A program, including the payment of claims. The carrier is a similar entity that is responsible for Medicare Part B claims operations.
HIPAA	Health Insurance Portability & Accountability Act	The 1996 federal regulation that enacted national standards for the use and disclosure of Protected Health Information (PHI). Also mandated uniform identifiers for plans, providers and employers and standardized EDI and code sets.
MAC	Medicare Administrative Contractor	A new contracting entity awarded through a competitive process responsible for providing core claims processing operations for both Part A and Part B.

Acronyms & Definitions (2 of 2)

NPI	National Provider Identifier	The NPI is a 10-digit, intelligence free numeric identifier (10 digit number). The NPI replaced health care provider identifiers including Medicare legacy IDs for claim submission.
NPPES	National Plan & Provider Enumerator System	A system managed by CMS to collect identifying information on health care providers and assign each a unique **National Provider Identifier (NPI)**.
PECOS	Provider Enrollment, Chain and Ownership System	A national database of Medicare provider, physician, and supplier enrollment information. PECOS is used to collect and maintain the data submitted on CMS 855 enrollment forms.
PTAN	Provider Transaction Access Number	Formerly the Medicare legacy number. PTANs are still issued but used for authentication purposes and to identify the provider and location of service.
UPIN	Unique Provider Identification Number	Previously, a unique identifier issued by Medicare for claims payment purposes. UPIN has been replaced by the NPI.