



NATIONAL PROVIDER ENROLLMENT CONFERENCE

59 Million Patients, **2 Million** Providers, **ONE** Mission

Clinic/Group Practice

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Session Overview



- What is a clinic/group practice
- Tips for completing your CMS-855B Application
- Common reasons for development
- Telehealth
- Adding a laboratory



What is a Clinic/Group Practice?

What is a Clinic/Group Practice?



- A group of physicians and/or non-physician practitioners who provide single or multiple types of medical specialty care within one organization (e.g., primary care)
- Physicians and/or non-physician practitioners are employed/contracted by the clinic/group practice and reassign their Medicare benefits allowing the clinic/group practice to submit claims and receive payment for the services they render
- Clinics/group practices submit the CMS-855B application to enroll, make changes or revalidate their enrollment



Tips for Completing your CMS-855B Application

Tips for Completing the CMS-855B for Clinic/Group Practice



- Ensure you have your Internal Revenue Service (IRS) document confirming your Employer Identification Number (EIN) and your Legal Business Name (LBN)
 - CP-575,
 - any federal tax department tickets, or
 - any other preprinted information from the IRS containing the provider's EIN
- Your National Provider Identifier (NPI) number
- Your CMS 588 Electronic Funds Transfer Agreement (EFT) with voided check or letter from the bank



Common Reasons for Development

Common Reasons for Development



- Legal Business Name
- Failure to Report Adverse Legal Actions
- Practice Location Addresses
- Ownership and Managing Control Roles
- Sole Owner Requirements
- Reassignments
- Physician Assistant (PA) Employer Relationships

Legal Business Name



- Section 2 (Business Information), must match your Legal Business Name (LBN) as reported to the IRS (CP-575)
- If there is another name that the provider uses (e.g., a former legal business name, “doing business as” name, etc.), then this should be listed under Other Name
- Identify the type of organizational structure, as defined by the IRS
- Enter the Tax Identification Number (TIN) on file with the IRS



Knowledge check

Reporting Adverse Legal Actions



- All applicable final adverse legal actions (ALA) must be reported, regardless of whether any records were expunged or any appeals are pending
 - *Except Medicare Payment Suspensions and/or CMS-Imposed Medicare Revocations (April 2018)*
- Report ALAs regardless of whether the adverse action occurred in a state different from that in which the provider seeks enrollment or is enrolled
- If no ALA exist, mark **No**. Do not leave this section blank



Knowledge Check

Practice Locations Addresses



- Only report practice locations within the jurisdiction of the Medicare Administrative Contractor to which you will submit the application
- Provide the specific street address as recorded by the U.S. Postal Service. P.O. Boxes are not accepted
- Be sure to include the date you saw your first Medicare patient at this location
- The practice location name shall be listed as the provider's Legal Business Name

Sections 5 & 6 – Applicable Roles Based on Organizational Structure



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Sole Proprietorship	A	N/A	N/A	N/A	N/A	N/A	A
General Partnership	M	M	A	N/A	M	M	A
Limited Partnership	M	M	A	A	M	M	A
Corporation	A	M	N/A	N/A	A	A	A
Limited Liability Company	A	M	N/A	N/A	M	M	A
Non-Profit Organization	M	M	N/A	N/A	A	A	A
Government Owned Entity	A*	N/A	N/A	N/A	M	M	A

A = Applicable & required to include

M = May be applicable; required to include if applicable to your organization

N/A = Not applicable

Sole Proprietorship



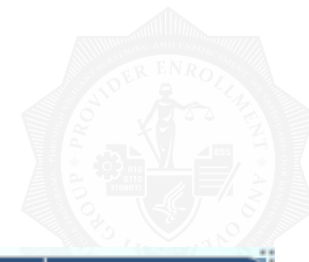
Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
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General Partnership



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
General Partnership	M	M	A	N/A	M	M	A

A = Applicable & required to include

M = May be applicable; required to include if applicable to your organization

N/A = Not applicable

Limited Partnership



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Limited Partnership	M	M	A	A	M	M	A

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Corporation



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Corporation	A	M	N/A	N/A	A	A	A

A = Applicable & required to include

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Limited Liability Company (LLC)



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Limited Liability Company	A	M	N/A	N/A	M	M	A

A = Applicable & required to include

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Non-Profit Organization



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Non-Profit Organization	M	M	N/A	N/A	A	A	A

A = Applicable & required to include

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N/A = Not applicable

Government Owned Entity



Type of Organization	Section 5 and/or 6				Officer	Director	Managing Employee
	5% or > Direct Owner	5% or > Indirect Owner	General Partner	Limited Partner			
Government Owned Entity	A*	N/A	N/A	N/A	M	M	A

A = Applicable & required to include

M = May be applicable; required to include if applicable to your organization

N/A = Not applicable



Knowledge Check

Sole Owner Requirements



- What is a sole owner?
- Sole owners complete section 4A of the CMS-855I to initially enroll in Medicare as a solely owned group
 - The MAC creates a CMS-855I, CMS-855B and CMS-855R behind the scenes
- Changes of information and revalidation can generally be submitted via the CMS-855I; however, if any information involves data not captured on the CMS-855I, the change must be made on the applicable CMS form (i.e., CMS-855B, CMS-855R)

Reassignments



- At least one reassignment (CMS-855R) must be submitted with the CMS-855B to establish a clinic/group practice
- MAC will develop if a CMS-855R is not received
- Failure to respond to development could impact the Medicare effective date
- The individual must be enrolled in the Medicare program as an individual prior to reassigning his or her benefits to the clinic/group practice
- If the individual is not enrolled, the CMS-855I application is also required



Knowledge Check

PA Employer Relationships



Establishing a PA Employer Relationship

- Physician Assistants (PAs) do not reassign their benefits
- PAs complete section 2E of the CMS-855I to associate to a clinic/group practice
- The clinic/group practice must be enrolled to add the employee
- MAC affiliates PA to employer's TIN and will develop for which employer PTANs to link PA

Terminating a PA Employer Relationship

- PA completes section 2F of CMS-855I or clinic/group practice completes section 2G of CMS-855B

Tax Identification Changes



- If a provider is changing its tax identification number, the transaction is treated as a brand new enrollment

- Provider must submit two applications:
 - A CMS-855B to initially enroll as a new provider, and
 - A CMS-855B to voluntarily terminate the existing enrollment



Telehealth

Telehealth Reassignments

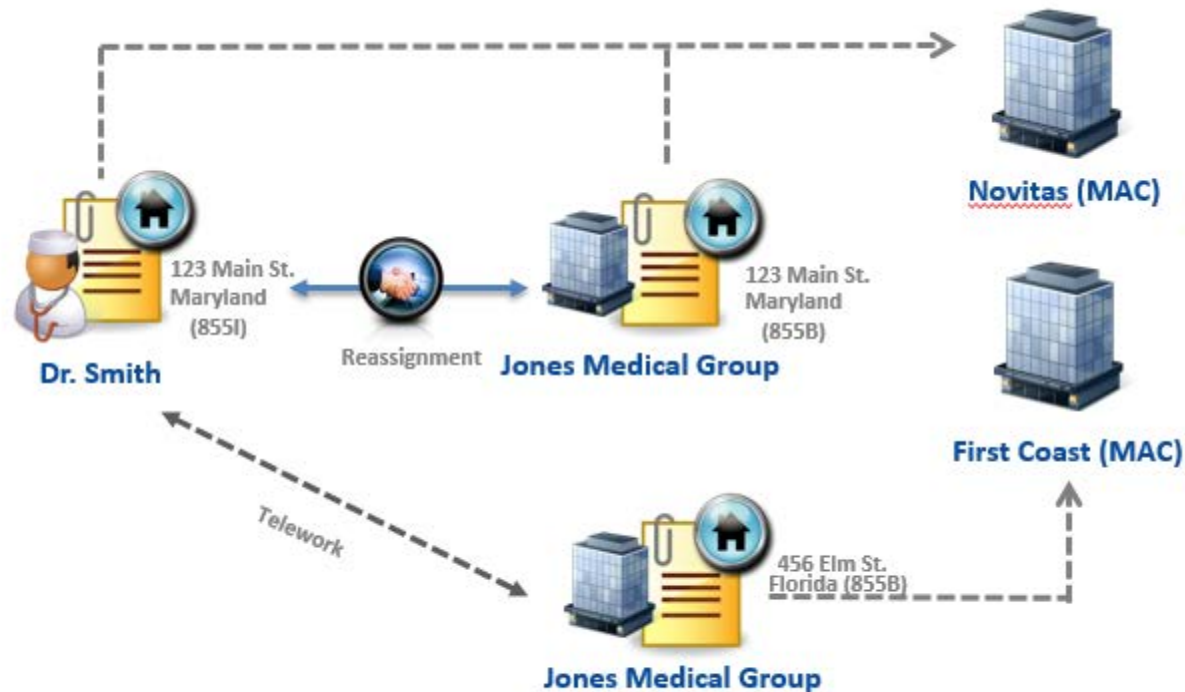


- The reassignee (entity) must enroll in the contractor jurisdictions in which (1) it has its own practice location(s), and (2) the reassignor (physician) has his or her practice location(s)
- In Case (2), the reassignee:
 - Shall identify the physician's practice location as its practice location on its Form CMS-855B.
 - In Section 4A of its CMS-855B it shall select the practice location type as "Other health care facility" and specify "Telemedicine location."
 - Need not be licensed/authorized to perform services in the reassignor's state

Enrollment Arrangements - Telehealth



MM8545 | Inter-jurisdictional





Adding a Laboratory

Adding a Laboratory



- Regulations implementing CLIA are codified under 42 CFR Part 493
- All laboratories must obtain a CLIA certificate to operate and to be eligible for payment under Medicare and Medicaid
- Include the CLIA number and/ or radiology certification number for each location as well as attach a copy of the certifications
- Site visits for independent CLIA lab



Knowledge Check



Questions?



Thank You

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Centers for Medicare & Medicaid Services
