



News Flash - Are you ready for the new Medicare provider authentication process at Fiscal Intermediaries (FIs), Carriers, or Medicare Administrative Contractors (MACs)? Effective April 6, 2009, for all Medicare provider telephone and written inquiries to your Medicare claims processing contractors, inquirers will need to give the last five digits of the provider's tax identification number (TIN) in addition to the provider's national provider identifier (NPI) and provider transaction access number (PTAN). In addition, inquirers will only be allowed three attempts to provide the correct NPI, PTAN, and last five digits of the TIN. You can find more information about the new provider authentication requirements for Medicare inquiries to your Medicare claims processing contractors by going to the MLN Matters article related to CR 6139, located at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6139.pdf> on the CMS website.

MLN Matters Number: MM6207 **Revised**

Related Change Request (CR) #: 6207

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Implementation Date: April 27, 2009

Initial Enrollment Assignment for Federally Qualified Health Centers (FQHCs), End Stage Renal Disease (ESRD) Facilities, and Rural Health Clinics (RHCs)

Note: This article was updated on December 17, 2012, to reflect current Web addresses. This article was previously revised to add a reference to MLN Matters® article MM7350 available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM7350.pdf> for the latest provider enrollment provisions, especially with regard to the new authority to impose a temporary moratorium on the enrollment of new Medicare providers and suppliers of a particular type (or the establishment of new practice locations of a particular type) in a geographic area.

Provider Types Affected

Federally Qualified Health Centers (FQHCs), End Stage Renal Disease (ESRD) facilities, and Rural Health Clinics (RHCs) that are currently enrolled with a Fiscal Intermediary (FI) or a Medicare Administrative Contractor (MAC), and FQHCs,

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RHCs, and ESRD facilities that are planning to submit an 855 initial enrollment application.

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 6207, which describes initial enrollment policy for assignment of FOHCs, ESRD facilities, and RHCs.



CAUTION – What You Need to Know

As FOHCs, ESRD facilities, and RHCs seek to enroll in the Medicare program, they should file their enrollment applications with the legacy FI or MAC that covers the state where they are located. Exceptions to the geographic assignment rule are set forth in MM 5979, which can be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5979.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. This represents a shift from legacy-world assignment policy where there existed regional and national FIs for these distinct provider types.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA; Section 911) amended the Social Security Act (the Act; Title XVIII) to add Section 1874A (Contracts with Medicare Administrative Contractors (MACs)) which replaces the prior Medicare intermediary and carrier contracting authorities formerly found in Sections 1816 and 1842 of the Act. CMS procured the first Part A/B Medicare Administrative Contractor (A/B MAC) in 2006 and continues to award the fifteen A/B MAC contracts. The process of moving workload from legacy contractors to the MACs continues.

The MMA also repealed the provider nomination provision of the Social Security Act and replaced it with the geographic assignment rule. Generally, a provider or supplier will be assigned to the MAC that covers the state where the provider or supplier is located. Exceptions to the geographic assignment rule are described in

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MM 5979, which can be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5979.pdf> on the CMS website.

In the legacy FI environment, FQHCs, RHCs, and ESRD facilities were concentrated within the workloads of several regional and national FIs.

Most of the providers that were assigned to regional or national FIs represent “out-of-jurisdiction providers” (OJPs). An OJP is defined as a provider that is not currently serviced by the FI or MAC that covers the state where the provider is located. Regional and national Medicare contractors for FQHCs, RHCs, and ESRD facilities will not exist in the MAC environment.

FQHCs

Most FQHCs are currently within the workload serviced by National Government Services (NGS) Wisconsin. The Jurisdiction 6 MAC will absorb this workload. FQHCs in the NGS workload will be transferred to their destination MACs during the OJP migration. The destination MAC will not always be the geographic MAC.

Indian Health Service (IHS) facilities will be assigned to the Jurisdiction 4 MAC. For purposes of CR6207, “tribal FQHC” means a Medicare FQHC operated by a tribe or tribal organization under the Indian Self-Determination Act (25 USCS 40(b)) or by an Urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act (25 USCS 13). All other freestanding FQHCs, not meeting that tribal description, will be assigned to the MAC that covers the state where the facility is located.

CMS is implementing the geographic assignment rule for initial enrollment FQHCs now to avoid creating additional OJPs. An initial enrollment for an IHS FQHC will be submitted to the Jurisdiction 4 MAC. A new, non-tribal FQHC will submit its initial CMS-855A application to the FI or MAC that covers the state where the facility is located.

Some classes of FQHCs may present latent challenges for the geographic assignment rule. However, CMS will make accommodations for these providers. For example, if an initial enrollment FQHC satellite is located in the jurisdiction of a MAC other than the audit MAC, then the geographic MAC will service the claims, and the audit MAC will service the cost report.

RHCs and ESRD Facilities

RHCs and many ESRD facilities have been serviced by a limited set of regional FIs in the legacy environment. Those legacy FI workloads will be absorbed by incoming MACs. Out-of-jurisdiction RHCs and ESRD facilities will be transferred to their destination MACs during the OJP migration. An initial enrollment for a RHC or ESRD facility will be submitted to the MAC or FI that serves the state where the RHC or ESRD facility is located.

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Note: If the FOHC, RHC or ESRD facility is provider-based, it will be assigned to the FI or MAC that covers the state where the main provider is located.

Misfiled CMS 855-A Applications

If a FOHC, RHC or ESRD facility submits a CMS-855A initial application to an incorrect Medicare contractor, the receiving contractor will mail the application to the appropriate contractor and notify the provider that its application has been sent to the new contractor and that all future questions regarding the application should be directed to the new contractor.

Internet-based PECOS

FOHCs, RHCs, and ESRD facilities will not be able to use Internet-based PECOS for the filing of CMS-855A initial applications, changes of ownership, or changes of information. Only paper forms will be accepted for these transactions.

The following is a table that summarizes the changes of CR 6207:

Facility	New Enrollment Applications
FOHC	FI/MAC covering the state where they are located
RHC	FI/MAC covering the state where they are located
ESRD	FI/MAC covering the state where they are located
IHS FOHC	J4 MAC
Provider-based FOHC	FI/MAC servicing the main provider

Additional Information

The official instruction (CR 6207) issued to your Medicare contractor, regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1707CP.pdf> on the CMS website.

A listing of contractor addresses can be found at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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