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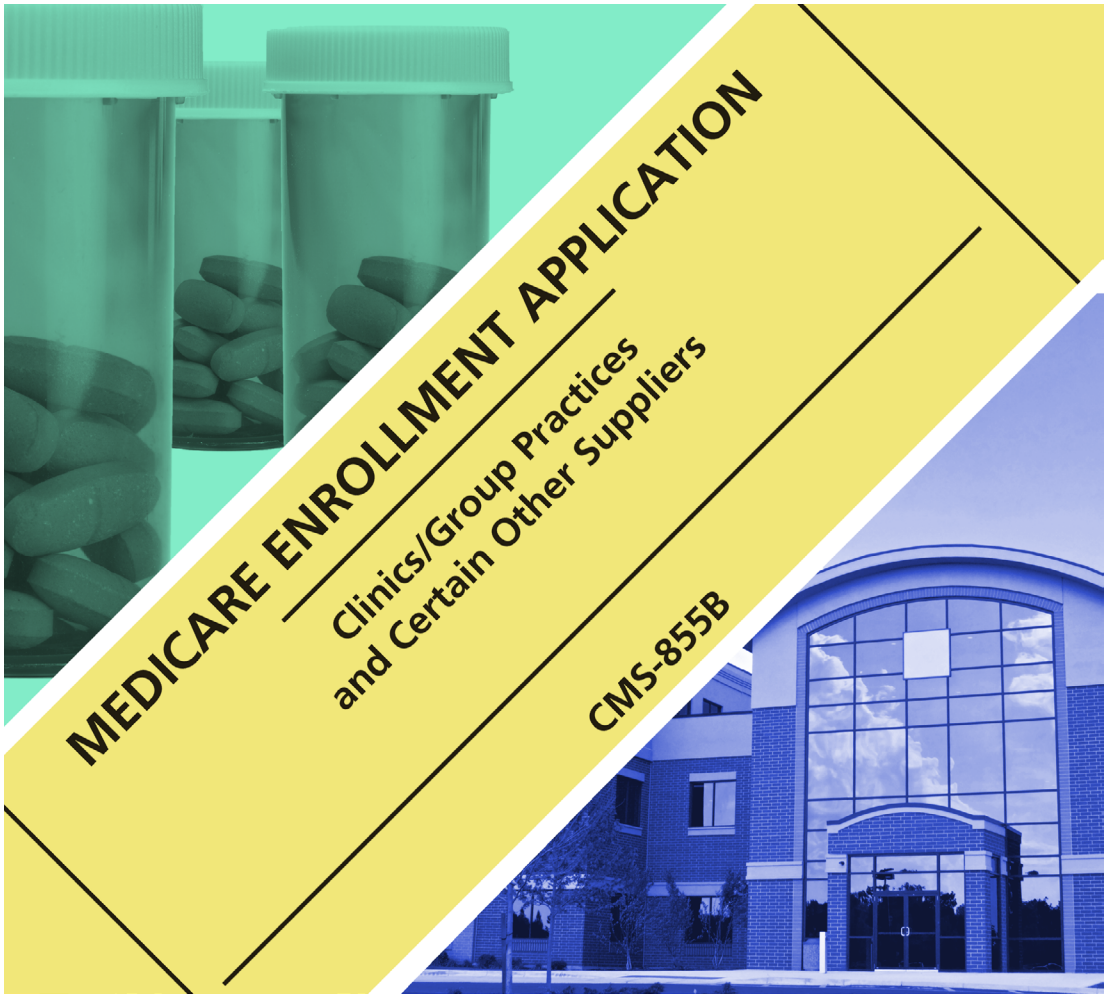
OPIOID TREATMENT PROGRAMS (OTPs) MEDICARE ENROLLMENT FACT SHEET



TARGET AUDIENCE

OTP Providers

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network

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BACKGROUND/PURPOSE

Beginning January 1, 2020, Medicare will pay Medicare-enrolled Opioid Treatment Programs (OTPs) to deliver Opioid Use Disorder (OUD) treatment services to Medicare beneficiaries. The Centers for Medicare & Medicaid Services (CMS) is now accepting and processing OTP enrollment applications. Your organization may enroll as an OTP provider if you meet certain criteria and applicable Medicare enrollment requirements.

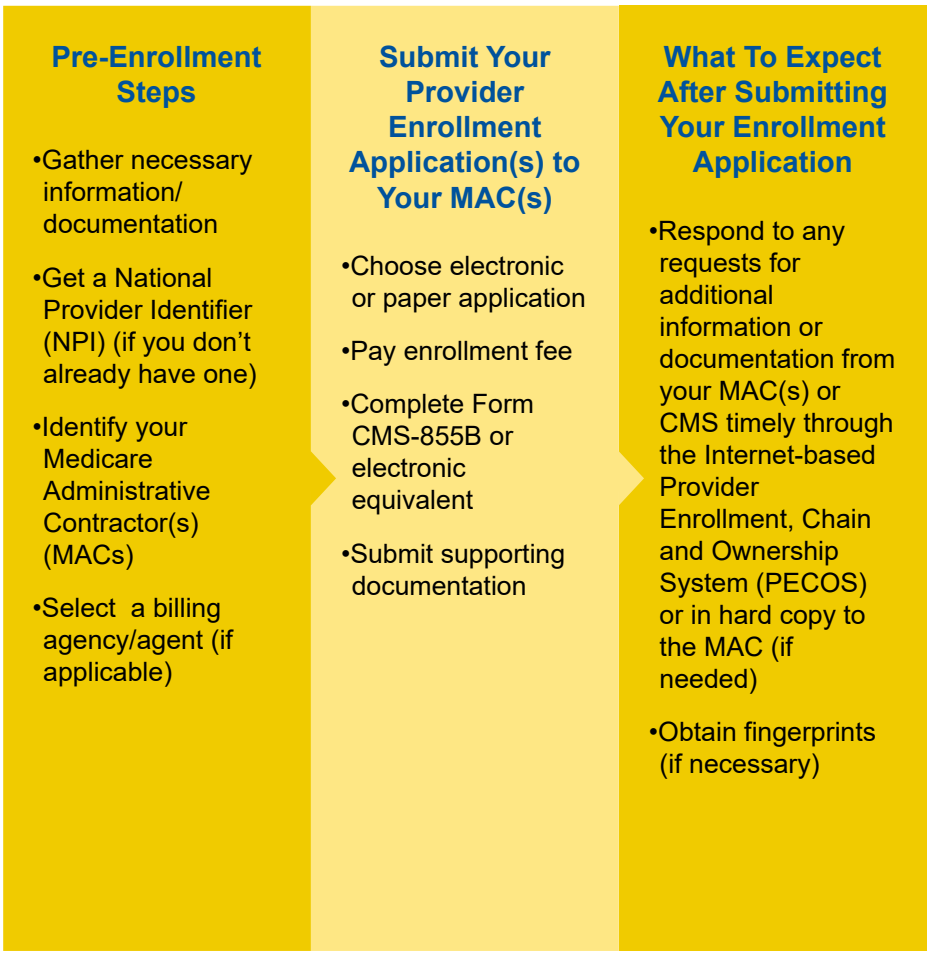
This fact sheet helps OTPs understand how to enroll in Medicare. It includes enrollment tips and where to get help along the way. For background on this new Part B benefit for Medicare beneficiaries with OUD, visit the CMS Opioid Treatment Programs Center webpage. There is also a printable enrollment checklist at the end of this document.

As an OTP, you will be a Part **B** provider.

To be eligible to enroll as an OTP service provider with Medicare, your program must have current, valid, and full certification by the Substance Abuse and Mental Health Services Administration (SAMHSA), and meet all the criteria required by SAMHSA including but not limited to: Drug Enforcement Administration (DEA) registration, State licensure, and accreditation.

Your Medicare Administrative Contractor (MAC) will verify your SAMHSA certification on the SAMHSA OTP directory and you must send your letter of certification from SAMHSA with your Medicare provider enrollment application. Please note that MACs **will not accept** applications without full SAMHSA certification and will deny applications for OTPs with “provisional” SAMHSA certification status. For information on SAMHSA certification visit: Apply for Opioid Treatment Program (OTP) Certification.

OVERVIEW OF THE OTP ENROLLMENT PROCESS



PRE-ENROLLMENT STEPS

1 Gather Necessary Information/Documentation

Before you begin the application process, make sure you have all the necessary information and documentation you need, including:

- A copy of your SAMHSA letter of certification
- A detailed organizational chart (like the one you used for your SAMHSA certification)
- Names, contact information, and Tax Identification Numbers (TINs) and/or Social Security Numbers (SSNs) for all individuals or organizations with managing control and/or ownership interest in the OTP
- Addresses and phone numbers for all practice locations of the OTP
- Copies of legal record regarding any convictions, exclusions, revocations, and suspensions associated with the OTP

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Gathering this information before you begin the process will help you to complete your enrollment more quickly.

2 Get an NPI

You must have a National Provider Identifier (NPI) and include it in multiple sections of the enrollment application. Some OTPs will already have a National Provider Identifier (NPI) used in billing Medicaid or other health plans. If your OTP already has an NPI, you can skip to step 3 below. Your OTP clinicians must also get NPIs for enrollment screening, claim submission, and monitoring purposes. Get your NPI **before** beginning Medicare enrollment.

There are three ways to get an NPI:

- **Electronically:** Visit the National Plan & Provider Enumeration System (NPPES) website. The link to the Identity & Access (I & A) Management System website on the right side of the NPPES log in page explains the steps to create a username and password. Once you get an I & A account, you can log in to NPPES and apply for an NPI and manage NPIs as well. You can use the same I & A account to access PECOS, the online enrollment system.

- **Paper Application:** Your OTP can complete, sign, and mail a paper application to the NPI Enumerator address on the form (Form-CMS10114, NPI Application/Update Form).

- **Via an EFIO:** You can also give permission to an Electronic File Interchange Organization (EFIO) to submit application data through the bulk enumeration process. In other words, rather than a provider or group of providers submitting a paper or web NPI application, the EFIO gets an NPI for him/her/them via the submission of an electronic file. For more information about EFIOs and submitting your NPI application through bulk enumeration, visit the EFI page on the CMS website.

Helpful Resources

- I & A Management System
- I & A System Quick Reference Guide
- NPI Paper Application
- NPPES
- NPPES FAQs
- NPPES Help

Things to know about NPIs:

- An NPI is a unique 10-digit identification number issued to health care providers.
- NPPES is the fastest way to get an NPI.
- Review the paper NPI application before using NPPES to understand the NPI application requirements.
- When applying for an NPI, select a taxonomy code that best represents your organization.
- The NPI Enumerator processes NPI applications and helps health care providers with related questions.

3 Identify Your Medicare Administrative Contractors (MACs)

MACs are contractors that process Medicare Fee-For-Service (FFS) claims (also known as Medicare Part A and Part B claims) and enrollment applications on a jurisdiction-by-jurisdiction basis. As an OTP, you are a Part B provider.

MACs also:

- Pay providers for Medicare FFS claims
- Answer providers inquiries
- Educate providers about Medicare FFS billing requirements

If your OTP offers services in more than one State and those States are in different MAC jurisdictions, complete a separate enrollment application (CMS-855B) for each MAC jurisdiction. See the MAC Website List to find your contractor by State.

Helpful Resources:

- What is a MAC
- Who are the MACs
- Learn about the A/B MAC Jurisdictions
- MAC Contact Information

4 Select a billing agency/agent (if applicable)

Many providers use a billing agent to manage billing and claims processes on their behalf. If you use a billing agency/agent, you must include that information in Section 8 of the Form CMS-855B Enrollment Application. You must choose the billing agency/agent before you submit the application. If you do not use a billing agency/agent, you will check the box to indicate that it does not apply and skip to the next section.

Contact your MAC if you have questions about enrolling in Medicare.

Some MACs have separate Part A and Part B provider enrollment phone numbers and other contact information. Opioid Treatment Programs should use the Part B contact information.

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SUBMIT YOUR PROVIDER ENROLLMENT APPLICATION

Apply Electronically or By Paper Form

You must decide if you will apply online or with a paper application. You can apply:

1. Electronically through the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). CMS recommends applying electronically, which will allow your application to be processed faster. PECOS is an online system that lets you complete most of your enrollment activities online, including submitting your enrollment application, changing existing Medicare enrollment record information, and other processes. It captures the same information as the paper application, but PECOS simplifies the enrollment process into short, easy-to-understand steps.

   There are advantages to using PECOS including:

   - Enrolling faster than paper-based enrollment
   - Providing a tailored application process in which you only give information relevant to YOUR application
   - Offering more control over your enrollment information, including reassignments
   - Making it easy to check and update your information for accuracy
   - Requiring less staff time and administrative costs to complete and submit enrollment to Medicare

OR

2. By submitting a paper enrollment application to the MAC. Complete the paper-based applications using the Medicare Enrollment Application: Clinics/Group Practices and Certain Other Suppliers (Form CMS-855B).

Helpful Resources

- CMS PECOS Information
- PECOS FAQs
- PECOS Main Page

Pay the Enrollment Fee

The Medicare enrollment application fee applies to OTP providers. You must pay the enrollment fee upon initial enrollment and revalidation (every 5 years for OTP providers). CMS considers hardship exceptions on a case-by-case basis.

You can pay online through PECOS as you complete the electronic application or at https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do if you are completing a paper application.

You must have Internet Explorer version 5.5 or higher and have the most recent version of Adobe Acrobat Reader before initiating an enrollment action using Internet-based PECOS.

To pay the fee you must include:

- Your NPI
- The OTP Legal Business Name
- Type of Tax Identification Information (TIN) to be provided (choose SSN or EIN from the drop down box in PECOS or checkbox on the paper application)
- The SSN or EIN (the actual number of the type indicated above)
- The State or Territory of the OTP (use the OTP primary practice location address)
- Your MAC (identified as your Fee-For-Service contractor)

COMPLETE THE FORM CMS-855B MEDICARE ENROLLMENT APPLICATION CLINICS/GROUP PRACTICES AND CERTAIN OTHER SUPPLIERS OR ELECTRONIC EQUIVALENT

As an OTP provider, you only need to fill out sections **1-6, 8, 13, 15, 16 (optional) and 17** of the application:

Section 1: Basic Information

SECTION 1: BASIC INFORMATION
ALL APPLICANTS MUST COMPLETE THIS SECTION ***(See instructions for details.)***

A. Check one box and complete the required sections.

REASON FOR APPLICATION	BILLING NUMBER INFORMATION	REQUIRED SECTIONS

In **subsection A.** *Check one box and complete the required section*, select the reason for the application, depending on your status (new Medicare enrollee, reactivating, etc.)

SECTION 1: BASIC INFORMATION ***(Continued)***

B. Check all that apply and complete the required sections:

	REQUIRED SECTIONS
☐ Identifying Information	**1, 2** (complete only those sections that are changing), **3, 13,** and either **15** (if you are an authorized official) **or 16** (if you are a delegated official), and **6** for the signer if that authorized or delegated official has not been established for this supplier

In **subsection B.** *Check all that apply and complete the required sections*, check the following (these are the sections of the application you must complete):

- Identifying Information
- Final Adverse Actions/Convictions
- Practice Location Information, Payment Address & Medicare Record Storage Information
- Ownership Interest and/or Managing Control Information (Organizations)

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- Ownership Interest and/or Managing Control Information (Individuals)
- Billing Agency Information
- Authorized Official(s)

Section 2: Identifying Information

☐ Ambulatory Surgical Center	☐ Pharmacy
☐ Clinic/Group Practice	☐ Physical/Occupational Therapy Group in Private Practice
☐ Hospital Department(s)	☐ Portable X-ray Supplier
☐ Independent Clinical Laboratory	☐ Radiation Therapy Center
☐ Independent Diagnostic Testing Facility	☐ Other *(Specify)*:
☐ Intensive Cardiac Rehabilitation	

In **subsection A.** *Type of Supplier*, check the box for Other and write "Opioid Treatment Provider" or "OTP" in the field for Specify.

B. Supplier Identification Information

1. BUSINESS INFORMATION

Legal Business Name (not the "Doing Business As" name) as reported to the Internal Revenue Service

Tax Identification Number

In **subsection B.** *Supplier Identification Information*:

- provide the required information for item *1. Business Information*,

SECTION 2: IDENTIFYING INFORMATION *(Continued)*

2. STATE LICENSE INFORMATION/CERTIFICATION INFORMATION

Provide the following information if the supplier has a State license/certification to operate as the supplier type for which you are enrolling.

☐ State License Not Applicable

- add the SAMHSA certification information for the OTP in item *2. State License Information/Certification Information*, and
  - report the certification number, effective date, and expiration date in the same section.

You must send documentation verifying certification status, including copies of:

- SAMHSA OTP letter of full certification and
- signed and dated SAMHSA renewal letter.

3. CORRESPONDENCE ADDRESS

Provide contact information for the entity or person listed in Question 1 of this section. Once enrolled, the information provided below will be used by the fee-for-service contractor if it needs to contact you directly. This address cannot be a billing agency's address.

Mailing Address Line 1 *(Street Name and Number)*

Mailing Address Line 2 *(Suite, Room, etc.)*

In **subsection B.3.** *Correspondence Address*, include the correspondence address where we can contact you directly.

- This address cannot be a billing agency's address.

You do not have to fill-out subsections C through H; they don't apply to OTPs.

Section 3: Final Adverse Legal Actions/Convictions

SECTION 3: FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Add information about any final adverse legal actions to Section 3 of the CMS-855B application.

- You must report all applicable final adverse legal actions, regardless of whether any records were expunged or any appeals are pending.
- If you report any adverse legal actions, send copies of related or supporting documentation including notifications, resolutions, and reinstatement.

What are Final Adverse Legal Actions?

Final adverse legal actions may include convictions, exclusions, revocations, and suspensions. Section 3 of the CMS-855B application includes more information about the specific actions that may constitute final adverse legal actions.

Section 4: Practice Location Information

If you are applying to Medicare for the first time, check Add for each location and include the following information specific to that location:

Practice Location Name *("Doing Business As" name if different from Legal Business Name)*

Practice Location Street Address Line 1 *(Street Name and Number – NOT a P.O. Box)*

Practice Location Street Address Line 2 *(Suite, Room, etc.)*

City/Town	State	ZIP Code + 4

In s**ubsection A.** *Practice Location Information*, you must:

- provide practice Location Name ("Doing Business As" name if different from Legal Business Name),

If you see patients in more than one practice location, you will complete Section 4A for each location.

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- enter Street address, telephone number and other applicable contact information of the practice location,
- enter your NPI,
- leave the Medicare Identification Number blank (it is assigned after your enrollment application is approved), and
- check other health care facility and write in "Opioid Treatment Program" or "OTP"

SECTION 4: PRACTICE LOCATION INFORMATION ***(Continued)***

B. Where do you want remittance notices or special payments sent?
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE
DATE *(mm/dd/yyyy)*			

In **subsection B.** *Where do you want remittance notices or special payments sent?*, you must:

- select Add and
- include the address to which we should send remittance notices and special payments.

Storage Facility Address Line 1 *(Street Name and Number)*

Storage Facility Address Line 2 *(Suite, Room, etc.)*

City/Town	State	ZIP Code + 4

In **subsection C.** *Where do you keep patients' medical records?*, you must:

- select Add,
- furnish the effective date (this is the date you started seeing patients), and
- enter the address(es) of medical record storage facility(ies).

SECTION 4: PRACTICE LOCATION INFORMATION ***(Continued)***

D. Rendering Services in Patients' Homes
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE
DATE *(mm/dd/yyyy)*			

If applicable, in **subsection D.** *Rendering Services in Patients' Homes*, you will provide information for all locations where health care services are rendered in patients' homes. You must:

- select Add,

- furnish the effective date (this is the date you started seeing patients),
- provide locations (city/town, State, and ZIP) for all locations where services are rendered in patients' homes.

If services are provided in home for an entire State, simply check the box for "Entire State of" and enter the name of the State.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE
DATE *(mm/dd/yyyy)*			

Check here ☐ and skip to Section 4F if the "Base of Operations" address is the same as the "Practice Location" listed in Section 4A.

Street Address Line 1 *(Street Name and Number)*

Street Address Line 2 *(Suite, Room, etc.)*

If applicable, in **subsection E.** *Base of operations address for Mobile or Portable Suppliers (Location of Business Office or Dispatcher/Scheduler)*, you will provide information about the base of operations location from where personnel are dispatched, where mobile/portable equipment is stored, and when applicable, where vehicles are parked when not in use. You must:

- select Add,
- furnish the effective date (this is the date you started seeing patients), and
- add the address of the location.

If the Base of Operations address is the same as the Practice Location listed in Section 4A, check the box to skip to section 4F.

CHECK ONE FOR EACH VEHICLE	TYPE OF VEHICLE *(van, mobile home, trailer, etc.)*	VEHICLE IDENTIFICATION NUMBER
☐ CHANGE ☐ ADD ☐ DELETE		
Effective Date:		
☐ CHANGE ☐ ADD ☐ DELETE		

If applicable, in **subsection F.** *Vehicle Information*, you will prove information about any vehicles in which mobile health care services are rendered. You must:

- select Add,
- furnish the effective date (this is the date you started seeing patients),
- identify the type of vehicle, and
- provide the Vehicle Identification Number (VIN).

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If services are provided in selected cities/towns, provide the locations below. Only list ZIP codes if you are not servicing the entire city/town.

CITY/TOWN	STATE	ZIP CODE

If applicable, in **subsection G.** *Geographic Location for Mobile or Portable Suppliers Where the Base of Operations and/or Vehicle Renders Services*, you will provide the city/town, State, and ZIP Code for all locations where mobile and/or portable services are rendered. You must:

- select Add,
- furnish the effective date (this is the date you started seeing patients), and
- provide locations (city/town, State, and ZIP) for all locations.

If services are provided for an entire State, simply check the box for "Entire State of" and enter the name of the State.

Sections 5: Ownership Interest and/or Managing Control Information (For Organizations)

Add information about organizational ownership and managing control to Section 5 of the CMS-855B application.

- Report all organizations with ownership and managing control of the OTP.

A. Organization with Ownership Interest and/or Managing Control—Identification Information

☐ Not Applicable

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE
DATE *(mm/dd/yyyy)*			

Check all that apply:

☐ 5 Percent or More Ownership Interest ☐ Partner ☐ Managing Control

In **subsection A.** *Organization with Ownership Interest and/or Managing Control – Identification Information:*

- add the legal business name, address, phone number, TIN, NPI, and effective date.

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SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ORGANIZATIONS) ***(Continued)***

B. Final Adverse Legal Action History
If reporting a change to existing information, check "Change," provide the effective date of the change, and complete the appropriate fields in this section.

☐ Change
Effective Date:_____

In **subsection B.** *Final Adverse Legal Action History:*

- add any final adverse legal action history if your **organization** fits this category.

Section 6: Ownership Interesting and/or Managing Control Information (For Individuals)

Add information about individual ownership and managing control to Section 6 of the CMS-855B application, including the Program Sponsor and Medical Director.

SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) ***(Continued)***

A. Individuals with Ownership Interest and/or Managing Control—Identification Information
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE

In **subsection A.** *Individuals with Ownership Interest and/or Managing Control – Identification Information:*

- add the full name, date and place of birth, Social Security Number (SSN), NPI, relationship with provider, and effective date.

SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) ***(Continued)***

B. Final Adverse Legal Action History
Complete this section for the individual reported in Section 6A above. If reporting a change to existing information, check "change," provide the effective date of the change and complete the appropriate fields in this section.

☐ Change
Effective Date:_____

In **subsection B.** *Final Adverse Legal Action History:*

- add final adverse legal action history if an **individual** fits this category.

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Section 8: Billing Agency Information

SECTION 8: BILLING AGENCY INFORMATION

A billing agency is a company or individual that you contract with to prepare and submit your claims. If you use a billing agency, you are responsible for the claims submitted on your behalf.

☐ **Check here if this section does not apply and skip to Section 13.**

If you choose to use one, you must include information about your billing agency or billing agent (if an individual) including:

- legal business/individual name as reported to the Social Security Administration (SSA) or Internal Revenue Service (IRS),
- date of birth (if individual),
- "Doing Business As" (DBA) name (if applicable),
- Tax Identification Number (TIN) or Social Security Number (SSN),
- street address, city/town, State, ZIP code +4, and
- telephone number, fax number (if applicable), and email address.

If you do not use a billing agency/agent, check the box to indicate that it does not apply and skip to the next section.

Section 13: Contact Person

SECTION 13: CONTACT PERSON

If questions arise during the processing of this application, the fee-for-service contractor will contact the individual shown below. If the contact person is either an authorized or delegated official, check the appropriate box below.

☐ Contact an Authorized Official listed in Section 15.

Add information about the Contact Person to Section 13 of CMS-855B application. You must provide:

- contact person's full name, phone number, and address.

Section 15 Certification Statement

SECTION 15: CERTIFICATION STATEMENT

An **AUTHORIZED OFFICIAL** means an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.

An **Authorized Official (AO)** can:

- enroll the organization in the Medicare Program legally,
- commit the organization to abide by all Medicare Program statutes, regulations, and program instructions, and
- appoint **Delegated Official(s) (DOs)** (optional).

Add information for your selected AO(s) to Section 15 of the CMS-855B application. You must provide:

- full name, phone number, title/position, address, and signature of the officials.

Section 16: Delegated Official (Optional)

A. 1ST Delegated Official Signature
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	☐ CHANGE	☐ ADD	☐ DELETE
DATE *(mm/dd/yyyy)*			

- A DO can't delegate their authority to another individual.
- Add the information listed below to the CMS-855B application for a DO (optional):
  - full name, phone number, title/position, address, and signature of the officials.

Section 17: Supporting Documents

SECTION 17: SUPPORTING DOCUMENTS

This section lists the documents that, if applicable, must be submitted with this enrollment application. If you are newly enrolling, or are reactivating or revalidating your enrollment, you must provide all applicable documents. For changes, only submit documents that are applicable to that change.

You must upload (in PECOS) or send (hard copy via mail with your application) the following supporting documentation:

- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., IRS form CP 575) provided in Section 2. (NOTE: This information is needed if the applicant is enrolling their professional corporation, professional association, or limited liability corporation with this application or enrolling as a sole proprietor using an Employer Identification Number.)
- Completed Form CMS-588, for Electronic Funds Transfer Authorization Agreement. (NOTE: If a supplier already receives payments electronically and is not making a change to its banking information, the CMS-588 is not required.)
- A copy of your letter of certification from SAMHSA, with your certification number and expiration date.
- A copy of a signed and dated renewal letter from SAMHSA

OTPs require full certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) and accreditation by a SAMHSA-approved accrediting body. Applications with "provisional" certification status will be denied.

For more information, please visit SAMHSA's Certification of Opioid Treatment Programs (OTPs) webpage.

Mandatory for All Providers

Mandatory for OTPs

Mandatory, If Applicable

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- An organizational chart that shows the name and title of key personnel of the OTP and the name of any central administration or larger organizational structure to which the program is responsible. The organizational chart shall report all managing employees, including the medical director and program sponsor. This may be the same chart you used to get SAMHSA certification.
- A Form CMS-1561 Provider Agreement signed and dated by an authorized or delegated official of the OTP
  - The signature must be handwritten or digitally signed.
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes.)
- Statement in writing from the bank. If Medicare payment due a supplier of services is being sent to a bank (or similar financial institution) with whom the supplier has a lending relationship (that is, any type of loan), then the supplier must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.
- Copy(s) of all final adverse action documentation (e.g., notifications, resolutions, and reinstatement letters).
- Copy of an attestation for government entities and tribal organizations.

Help with Submitting

CMS has an External User Services (EUS) help desk (see "EUS Customer Portal" link below). This resource supports people with I & A, PECOS, and other system questions. Keep in mind, the help desk may not be able to give specific information about the Opioid Treatment Program.

Helpful Resources

- EUS Customer Portal
- SAMHSA Certification for Opioid Treatment Programs
- Opioid Treatment Programs
- "Who Should I Call?" CMS Provider Enrollment Assistance Guide

OTPs are mandatory participating providers and required under law to accept assignment for all services rendered to Medicare beneficiaries. Because assignment must be accepted, the automatic advantages of participation will be received.

Mandatory for All Providers

Mandatory for OTPs

Mandatory, If Applicable

WHAT TO EXPECT AFTER SUBMITTING YOUR ENROLLMENT APPLICATION

MAC Review of Enrollment Application

MACs take approximately 45 days to review submitted applications, but it may take longer if you use the paper application. Additionally, MACs may send development requests when they need more information or need you to take action. MACs may ask you to submit fingerprints for individuals who have a 5% or greater direct/indirect ownership, as a partner of an OTP provider when:

- Initially enrolling
- Substance Abuse and Mental Health Services Administration (SAMHSA) certified after October 23, 2018.

You should reply quickly to avoid enrollment delay or denial. To avoid these development requests and additional delays, make sure you complete all information and requirements before you submit your application.

CMS will initiate an observational site visit for initial enrollment, revalidation, and when you add a practice location.

Approval and Billing

Your MAC will notify you when they approve or deny your application. The MAC will send you a copy of the provider agreement (also signed by CMS), along with the enrollment approval letter. Once your MAC approves your enrollment application, your billing effective date is the later of the date the MAC received your application or the date you began delivering services at a new practice location. You can get a retrospective billing date for up to 30 days prior to the effective date but no earlier than January 1, 2020.

Your MAC will also issue your OTP a Provider Transaction Access Number (PTAN). A PTAN is a Medicare-only number issued to providers by MACs upon enrollment to Medicare. When a MAC approves enrollment and issues an approval letter, the letter will include your assigned PTAN.

- You must use your NPI to bill the Medicare program and your PTAN to authenticate your OTP to use your MAC's self-help tools such as the Interactive Voice Response (IVR) phone system, internet portal, on-line application status, etc.
- You should generally only use your PTAN with your MAC.

The NPI and the PTAN are related to each other for Medicare purposes. If you have relationships with one or more medical groups or practices or with multiple Medicare contractors, MACs usually assign separate PTANS. Together, the NPI and PTAN identify your OTP in the Medicare Program. CMS maintains both the NPI and PTAN in PECOS, the national provider and supplier enrollment system.

Denied Enrollment

- If your MAC denies your enrollment due to non-compliance, you can submit a corrective action plan (CAP) within 30 days.
- MACs determine if the CAP sufficiently addresses the issue.

Changes to Your Application

- You must update any changes in ownership and/or adverse legal action history within 30 days of the change.
- You must make all other changes within 90 days of the change.

Identify Your EDI Contractor

In preparation for billing, you should identify the contractor responsible for your Electronic Data Interchange (EDI) connectivity. For further information on the level of support available by the contractor to entities that exchange Medicare Health Insurance Portability and Accountability Act (HIPAA) EDI transactions, refer to the Medicare Parts A/B and DME EDI Help Lines. You must have this information before you begin billing Medicare.

EDI is the automated transfer of data in a specific format following specific data content rules between a health care provider and Medicare, or between Medicare and another health care plan. In some cases, that transfer may take place with the assistance of a clearinghouse or billing service that represents a provider of health care or another payer.

OTP ENROLLMENT PROCESS CHECKLIST

Before beginning the enrollment process, ensure your OTP has FULL certification with SAMHSA. MACs will deny Medicare provider enrollment applications for OTPs with provisional SAMHSA certification or in the process of obtaining certification.

Pre-Enrollment Steps:

- ☐ Gather necessary information/documentation
- ☐ Get an NPI (unless OTP already uses NPI for Medicaid billing)
- ☐ Identify your MAC(s)
- ☐ Select a billing agency/agent (if applicable)

Submitting Your Provider Enrollment Application:

- ☐ Choose electronic (recommended) or paper-based enrollment
- ☐ Pay the enrollment fee
- ☐ Complete the Form CMS-855B electronic equivalent via PECOS or the form in hard copy for all appropriate MAC jurisdictions
- ☐ Send supporting documentation

What to Expect After Submitting Your Enrollment Application:

- ☐ Allow at least 45 days for your MAC(s) to review the application(s)
- ☐ Reply quickly to any requests for additional information or documentation
- ☐ If you are approved:
  - ☐ prior to January 1, 2020, you can begin furnishing and billing Medicare for OTP services starting January 1, 2020
  - ☐ OR after January 1, 2020, you can begin furnishing and billing Medicare for OTP services on or after the date the MAC received your application
- ☐ If denied, submit a corrective action plan within 30 days
- ☐ Update any changes in ownership and/or adverse legal action history within 30 days, and all other changes within 90 days
- ☐ Identify your EDI contractor

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
A/B MAC Jurisdictions	https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-MAC-Jurisdiction-Map-Oct-2017.pdf
Apply for Opioid Treatment Program (OTP) Certification	https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply
Certification of Opioid Treatment Programs (OTPs)	https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs
CMS Fingerprinting Instruction Website	https://www.cmsfingerprinting.com
CMS Opioid Treatment Program Centers	https://www.cms.gov/Center/Provider-Type/Opioid-Treatment-Program-Center.html
CMS PECOS Information	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html
Contact Your MAC	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Electronic Billing & EDI Transactions	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html
Electronic File Interchange (EFI)	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/efi.html
External User Services (EUS) for Medicare Providers	https://eus.custhelp.com
Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf
Form CMS-855B Enrollment Application	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf
Form CMS-1561 Provider Agreement	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf
Hardship Exceptions	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Internet-Based-PECOS-FAQs-Fact-Sheet-ICN909015.pdf
Identity & Access (I & A) Management System	https://nppes.cms.hhs.gov/IAWeb/warning.do
I & A System Quick Reference Guide	https://nppes.cms.hhs.gov/IAWebContent/Quick_Reference_Guide.pdf
Internet-based Provider Enrollment, Chain and Ownership System (PECOS)	https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

FOR MORE INFORMATION ABOUT...	RESOURCE
MAC Website List	https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html
Medicare Enrollment Application Fee	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html
Medicare Parts A/B and DME EDI Help Lines	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Downloads/EDIHelplines.pdf
National Provider Identifier (NPI) Application/Update Form	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf
National Plan & Provider Enumeration System (NPPES)	https://nppes.cms.hhs.gov
NPPES FAQs	https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html
NPPES Help	https://nppes.cms.hhs.gov/webhelp/index.html
OTP FAQs	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/OTP-FAQs.html
PECOS FAQs	https://pecos.cms.hhs.gov/pecos/help-main/faq.jsp
SAMHSA	https://www.samhsa.gov/
SAMHSA OTP Directory	https://dpt2.samhsa.gov/treatment/
What is a MAC	https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html
Who are the MACs	https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html
"Who Should I Call?" CMS Provider Enrollment Assistance Guide	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/CMSProviderEnrollmentAssistanceGuide.pdf

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