



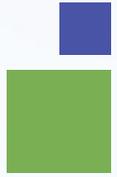
Medicare Mental Health
Workforce Coalition

Medicare 601: The Enrollment Process for Counselors and MFTs

Sponsored by the Medicare Mental Health Workforce Coalition

Nov. 17, 2023

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Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 811 5062 8256 Passcode: 869158

3

Session Evaluation / [Take Our Evaluation Survey](#) ➡ (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

[Medicare 101 Video](#)

[Medicare 201 Video](#)

[Medicare 301 Video](#)

[Medicare 401 Video](#)

[Medicare 501 Video](#)

5

Q&A: Please add your questions in the Q&A box at any time during the meeting.



Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

Centerstone

Center for Medicare Advocacy

Michael J. Fox Foundation for Parkinson's Research

National Association for Rural Mental Health

National Association of Community Health Centers

National Association of County Behavioral Health
and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America

Learning Objectives

After this webinar, attendees will be able to:

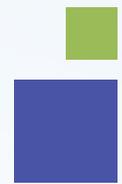
Briefly describe the 2024 Medicare Physician Fee Schedule final rule, which is the main federal policy instrument that provides guidance to Medicare health care and mental health providers on enrollment and payment policies.

Identify key differences between the proposed 2024 rule and the final rule, as well as implications for counselors, MFTs, and other stakeholders affected by the rule.

Learn how to enroll in the Medicare program and identify several resources CMS has in place to accommodate providers.

Identify next steps in the implementation of Medicare Part B coverage of MFTs and counselors and platforms with further guidance to facilitate enrollment in the Medicare program.





Jeanne L. Vance, JD

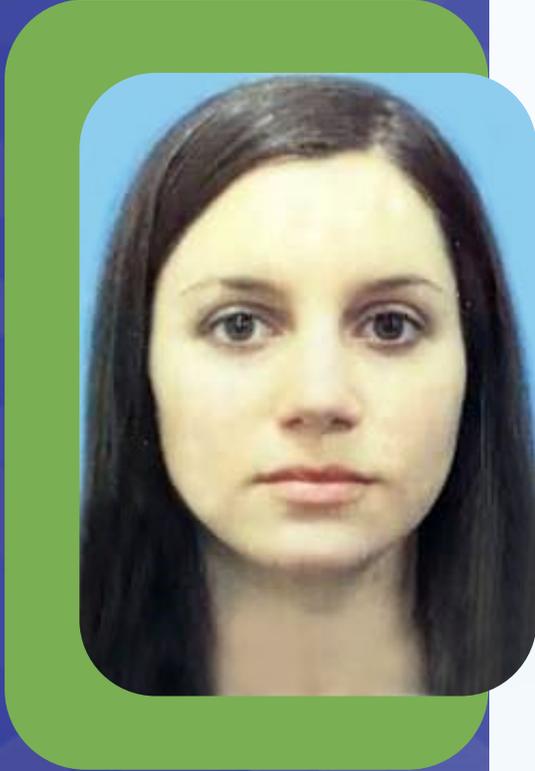


Jeanne L. Vance is a shareholder in the Corporate Group of Weintraub Tobin, where she focuses her practice on business and regulatory health care law. She has been an attorney for 29 years, with experience in business and regulatory health care law with a focus on Medicare and Medicaid provider enrollment, licensing and certification, mergers and acquisitions, contract drafting and negotiation, and health law. At Weintraub Tobin, Vance provides outside counsel regulatory support to implement large-scale corporate reorganizations, name and branding changes, and change of control transactions for California-based health care providers. She is the Chair of the American Health Law Association's Regulation, Accreditation and Payment Practice Group.

Alisha Sanders

Alisha Sanders serves as the director for the Division of Enrollment Policy and Operations within the Provider Enrollment and Oversight Group in the Center for Program Integrity at the Centers for Medicare and Medicaid Services (CMS). She is responsible for developing enrollment policies and procedures across the Medicare program and working with the Medicare Administrative Contractors and other stakeholders on provider enrollment and program integrity–related issues. Sanders has over 20 years’ experience in Medicare provider enrollment.





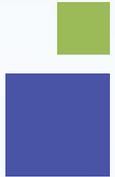
Gina Aughenbaugh, MSW

Gina Aughenbaugh, MSW, serves as a business function lead with the Provider Enrollment and Oversight Group in the Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS). She is responsible for providing operations and policy guidance related to Medicare provider enrollment. She works with multiple Medicare Administrative Contractors including Noridian Healthcare Solutions, First Coast Service Options Inc., and Novitas Solutions Inc. She also works with the National Site Visit Contractors, Deloitte SVS West PMO and Palmetto GBA. Prior to joining CMS in 2019, she was a social worker and has over 10 years of experience in the medical field. Aughenbaugh holds a bachelor of arts with a focus in community and mental health and a minor in counseling and a master of social work, both from the University at Buffalo.



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Jeanne Vance, Esq.



2024 Medicare Physician Fee Schedule



Centers for Medicare & Medicaid Services



Proposed Rule in the Federal Register on **August 7, 2023**
(see 88 Fed. Reg. 52262)

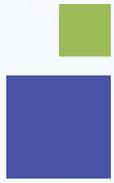


Comments submitted by the public, including the
Medicare Mental Health Care Coalition



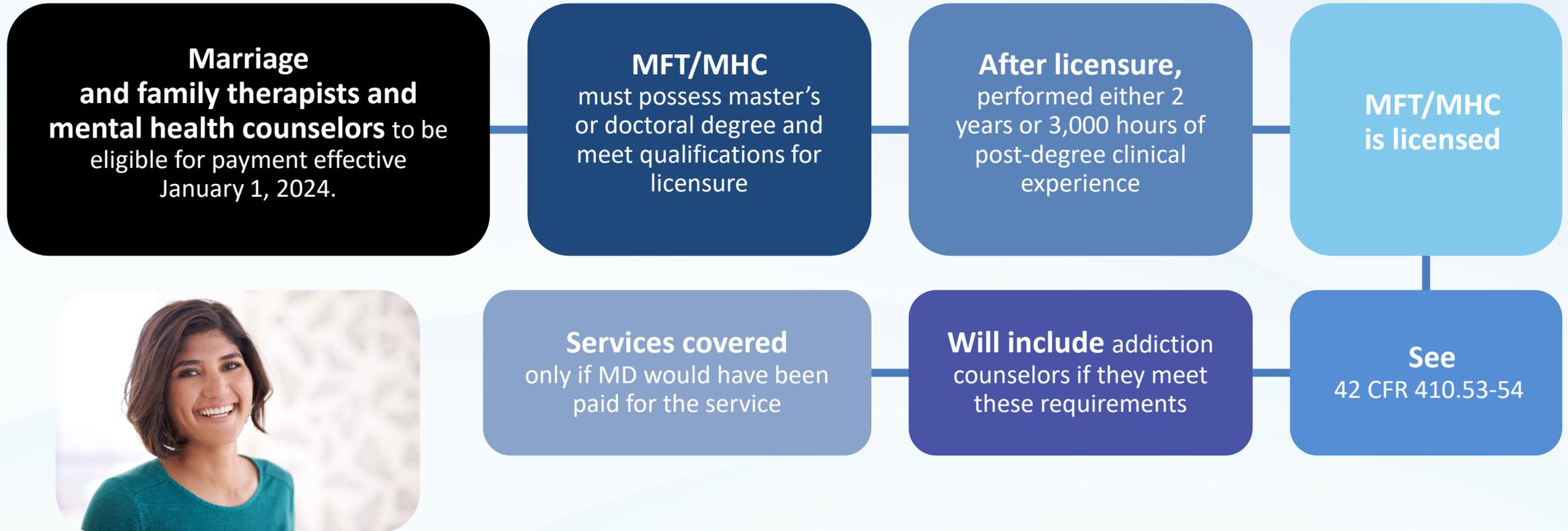
Final Medicare Physician Fee Schedule on display
November 2, 2023, to be effective January 1, 2024.





Medicare Payment to Begin for Services

Starting Jan. 1





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Background on the Medicare Physician Fee Schedule

Rate of Payment

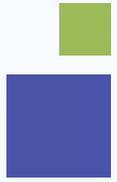
MFTs/MHCs to be paid the lesser of:

80%
of the
actual
charge

OR

75%
of the amount paid to
clinical psychologists
under the Medicare
Physician Fee Schedule





Rate of Payment

Example:

60 Minute Psychotherapy
Service 90837

How to Use the PFS Look-Up Tool:

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/how_to_mpfs_booklet_icn901344.pdf

Search the Physician Fee Schedule Data Updated: 10/01/2023

Use this search to view adjusted pricing amounts that reflect variations in pricing costs from area to area.

[Download Excel File for any Year of the PFS RVU with Conversion Factor File](#)
[Download CSV-TXT File for any Year of the PFS National Payment Amount File](#)

Select search parameters.

Year
2023

Type of Information
Pricing Information

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

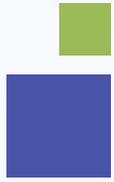
HCPCS Criteria Single HCPCS Code	HCPCS Code 90837
--	----------------------------

Modifier
All Modifiers

Select Medicare Administrative Contractor (MAC) option.

MAC Option Specific MAC	Specific MAC 0112 NORTHERN CALIFORNIA
-----------------------------------	---

Start typing or use ARROW keys to change options, ENTER key to make a selection, ESC to dismiss.



Rate of Payment

Search Results

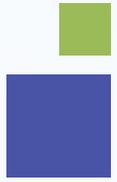
Show default columns

Show all columns

Showing 1-10 of 25

Items per page: **10** 25

HCPCS Code	Modifier	Short Description	Proc Stat	Mac Locality	Non-Facility Price	Facility Price	Non-Facility Limiting Charge	Facility Limiting Charge	Conv Fact	NA Flag for Tran: Non-FAC PE RVU
90837		Psytch w pt 60 minutes	A	0111205	\$166.82	\$142.61	\$182.25	\$155.80	33.8872	
90837		Psytch w pt 60 minutes	A	0111206	\$166.82	\$142.61	\$182.25	\$155.80	33.8872	
90837		Psytch w pt 60 minutes	A	0111207	\$166.82	\$142.61	\$182.25	\$155.80	33.8872	
90837		Psytch w pt 60 minutes	A	0111209	\$169.65	\$144.82	\$185.34	\$158.22	33.8872	

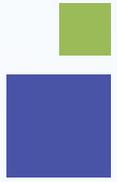


Rate of Payment

MD/psychologist rate here for non-facility price = \$166.82

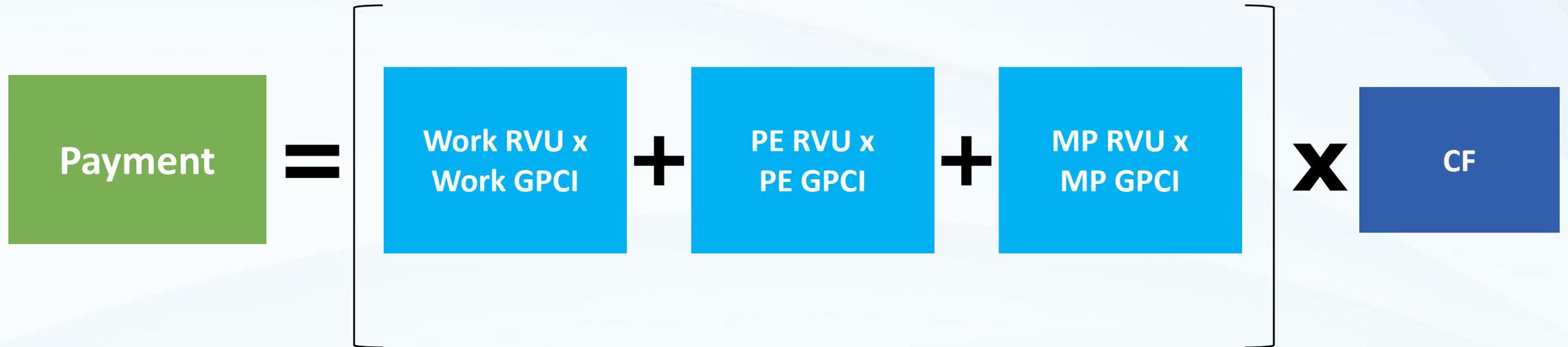
MFT/MHC rate is 75% of the psychologist rate = \$125.16

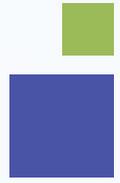
The new Medicare law requires that MFTs and MHCs ONLY provide services on an “assignment-related basis” which means practitioners may only be paid directly by Medicare as a participating provider, or collect from a beneficiary under a private contract after having opted out of the Medicare program.



Physician Fee Schedule Formula

Review of Basic Formula under MPFS for Professional Services Payment





Relative Value Units (RVU)



Work RVU—shows the Medicare PFS service's relative time and intensity.

Practice Expense RVU—shows the costs of supporting a practice (office rent, staff costs, etc.).

Malpractice RVU—shows the cost of malpractice insurance.

Geographic Practice Cost Indices (GPCI)

Each RVU is adjusted to account for geographic variations in the cost of practicing medicine in different parts of the country.



Conversion Factor:

Expressed in dollars. There is a formula for updating the conversion factor each year in the Social Security Act.



To be reimbursable under Medicare,

each of the following must be permitted under the Social Security Act for the Medicare program:



- a) The specific service is reimbursable.
- b) The method of delivery is reimbursable.
- c) The person has been approved to be a Medicare provider (enrollment).

See 42 C.F.R. 424.505.



Practitioner Choices for Now for the Provision of Outpatient Services Under Part B Medicare

1

Provide Services Under
Traditional Fee-For-Service
Medicare (Medicare
Physician Fee Schedule)

2

Provide Services to Patients
Who Are Enrolled Through
Medicare Advantage Plans



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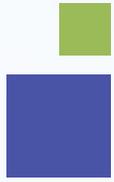
2024 Medicare Physician Fee Schedule

Ancillary Services to Enhance Professional Services Also Payable



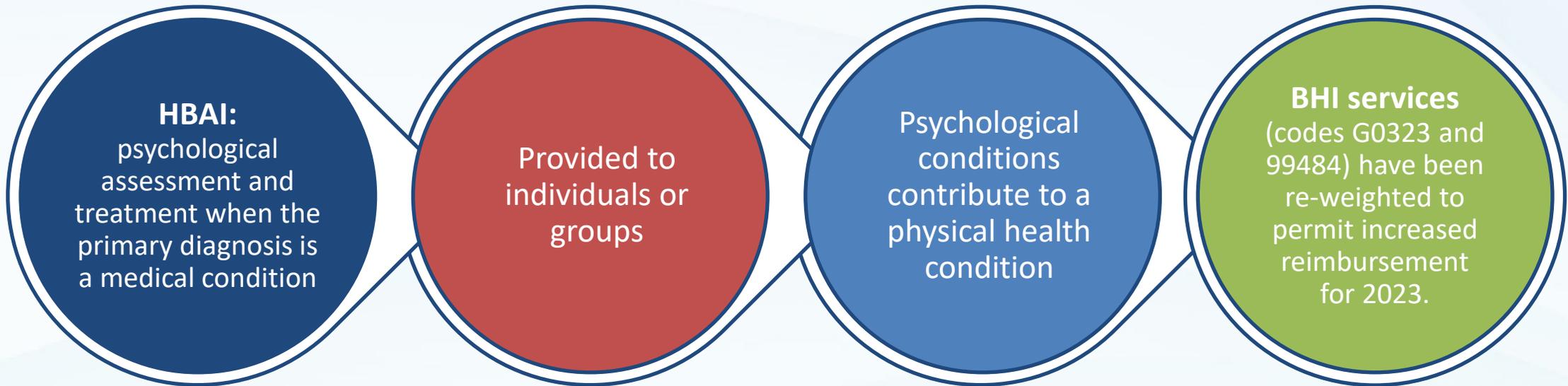
MFTs and MHCs may order diagnostic tests if the tests relate to the services for which they are providing professional services. Those diagnostic tests would then be paid for by Medicare, assuming the test is a Medicare-approved test.

42 C.F.R. 410.32



Health Behavior Assessment and Intervention Services; Behavioral Health Integration

Billable when performed by MFTs/MHCs in 2024.



MFTs/MHCs Added to Eligible Staff of Rural Health Clinics & Federally Qualified Health Centers

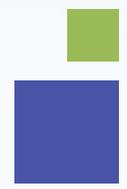
Conditions of coverage have been updated for both

FQHC: MFT/MHC services through the **Prospective Payment System** (not billed by the MFT/MHC)

RHC: MFT/MHC services paid through the **All-Inclusive Rate** (not billed by the MFT/MHC)

Same policies/supervision as for LCSWs, psychologists

Same basic eligibility requirements as for Part B suppliers



Hospice Interdisciplinary Groups May Include MFTs/MHCs

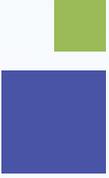
Hospices must establish IDGs to evaluate and work with the patient and their family to establish a plan of care.

As of 2024, the IDG must include:

A social worker, a marriage and family therapist, or a mental health counselor, depending on the needs and preferences of the patient.

(see 42 C.F.R. sec 418.56)



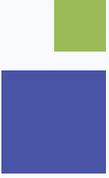


Telehealth Services

Telehealth Services by MFTs/MHC Permitted

Mobile crises codes can be billed for services delivered in any location.



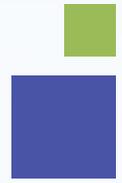


Provider Enrollment for MFTs/MHCs

Submit an application one of two ways:

- 1 Complete paper form CMS 855I (available at [cms.hhs.gov](https://www.cms.hhs.gov)) and send it to your Medicare Administrative Contractor.
- 2 Complete an electronic application via the Provider Enrollment, Chain, and Ownership System (pecos.cms.hhs.gov).

If you will practice in a group, the group will complete forms CMS 855B and 855R.



Provider Enrollment Details

Default Screening Level is “limited.” This means that unless the practitioner is personally elevated to a moderate- or high-risk screening level, it is not automatic that there will be a site visit or fingerprint-based background check. **However, practitioners should always be prepared for site visits, which can occur at any time.**

Enrollment applications may be submitted now.

Applications will not be effective until **January 1, 2024.**



42 CFR 424.518

How to reach out to Medicare Advantage plans to contract with them to provide services to their enrollees:

- Identify Medicare Advantage plans that serve your area.
- Search websites on “**provider contracting.**”

One search I did for
Alignment Health Plan: 

IN-NETWORK & OUT-OF-NETWORK PROVIDERS

CHECK ELIGIBILITY →

CURRENT PARTNERS

For any assistance or information regarding member eligibility and access to disease management information, you can use the navigation under the Provider Resources tab. You will also be able to access Alignment Health Plan’s Provider Manual to reference our policies and procedures, as well as information and assistance with Risk Adjustment Factor (RAF) coding. RAF coding is crucial to the successful documentation of your member’s acute and chronic medical conditions and to comply with the Centers for Medicare & Medicaid Services (CMS) coding requirements.

QUESTIONS?

Send your questions, inquiries, or comments to ProviderRelations@ahcusa.com. If you need to make changes to your provider network, please send an email to ProvData@ahcusa.com.

INTERESTED IN WORKING WITH US?

For contracting opportunities, please send an email to ProvContr@ahcusa.com and include:

- Provider/entity name
- Service(s) provided
- State(s) where services are provided
- County/counties where services are provided
- Contact person and information
- Letter of intent and W-9 (attachment)
- National Provider Identifier number and Counsel for Affordable Quality Healthcare number (if applicable)

Advocacy in Action

Medicare Mental Health Coalition

Comments to Proposed MPFS and Results



Comment to Proposed Rule	Outcome in Final Rule
<p>Issues Regarding Clinically Supervised Training:</p> <ol style="list-style-type: none">1. Asked for flexibility in meeting the requirement of 2 years/3,000 hours of post-degree clinically supervised training, as some practitioners may not meet this standard.2. Asked for flexibility in documenting this experience.	<p>If state licensure requires that 2 years or 3,000 hours has been achieved, there is no need to independently establish meeting the clinical supervision requirement.</p> <p>Clinical supervision that happens post-licensure does count for Medicare.</p>
<p>The ability to privately contract with Medicare beneficiaries for practitioners who opt out of Medicare was not clear.</p>	<p>This was added into the final rule.</p>
<p>Asked to include MFT/MHC recruitment into exceptions to the Medicare physician referral law to allow for funding recruitment of mental health practitioners.</p>	<p>Not included in the final rule.</p>



Advocacy in Action

Medicare Mental Health Coalition

Comments to Proposed MPFS and Results



Comment to Proposed Rule	Outcome in Final Rule
Asked to have MFTs/MHCs named in regulation that allows practitioners to supervise services and supplies performed “incident to” the services of the clinician.	This was added into the final rule.
Medicare Advantage (MA): Allow minimum network adequacy standards for the provision of mental health practitioner services to be satisfied by using MFTs and MHCs.	CMS included them in a different way. A MA plan may instead receive bonus compensation if they make certain behavioral health services available to enrollees, which includes MFTs and MHCs.
Supportive comments on many of the proposed rules.	Rules adopted largely as proposed.



Provider Enrollment

Medicare Mental Health Workforce Coalition

November 17, 2023

Presented by

Gina Aughenbaugh
Health Insurance Specialist

Division of Enrollment Policy & Operations
Provider Enrollment & Oversight Group
Centers for Medicare & Medicaid Services

Overview



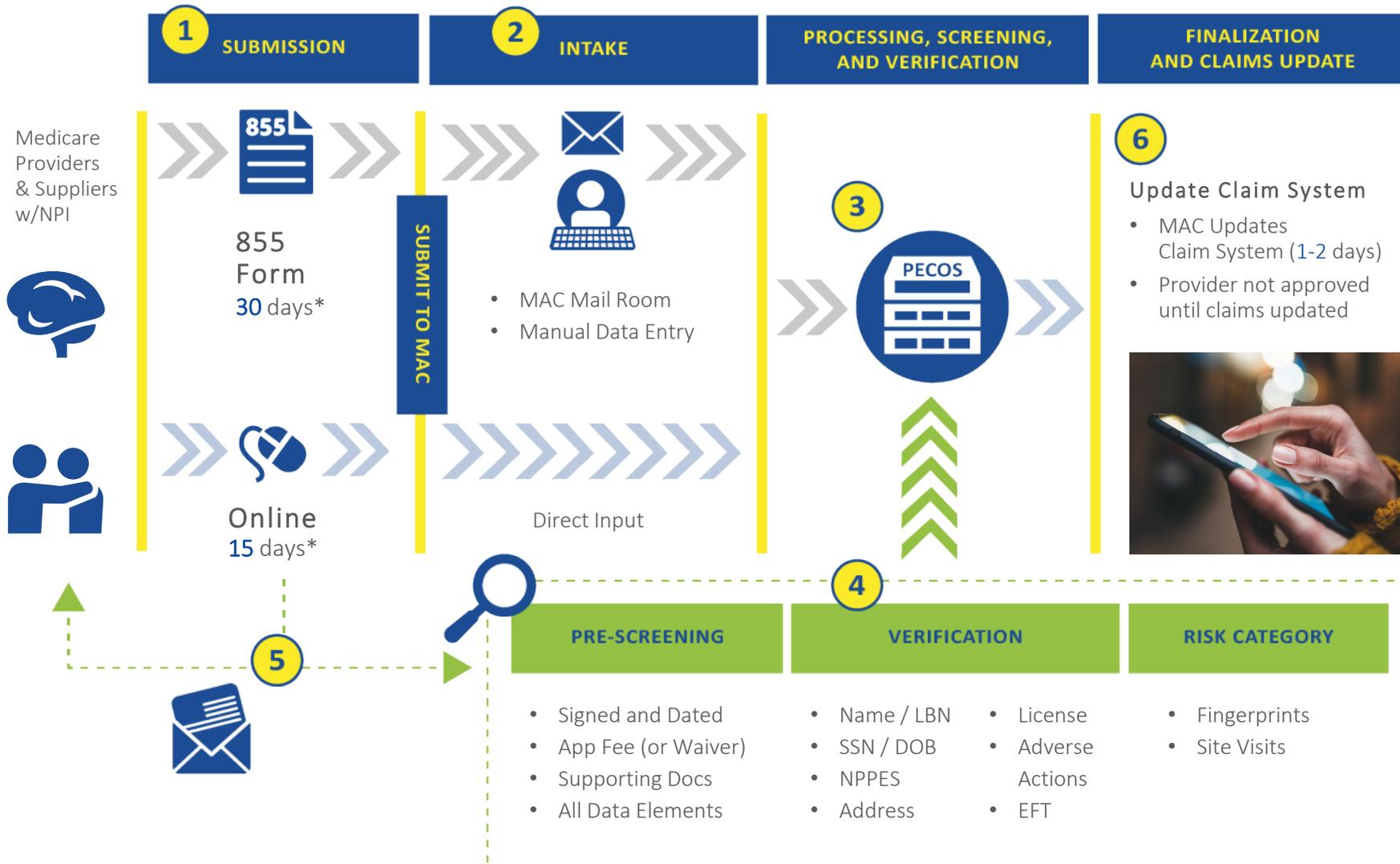
- Provider Enrollment Overview
- PECOS Walkthrough
- Q&A Session





How Enrollment Works

How Enrollment Works



Mental Health Counselors & Marriage and Family Therapists

- Effective January 1, 2024
- **Requirements:**
 - Master's or doctoral degree qualifies for license
 - Licensed and/or certified by state in which services are furnished
 - 2 years or 3,000 hours of clinical supervision
 - Meets other requirements set by the Secretary
- MFTs/MHCs can begin submitting applications now
- FAQs posted at <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>





PECOS Walkthrough

PECOS Homepage



Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* **User ID**

* **Password**

LOG IN

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

Questions? [Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must register for an NPI [before enrolling with Medicare.](#)

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

[E-Sign your PECOS application](#) - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

- Existing users can log in to PECOS using their current credentials
- New users will need to *Register for a user account*



My Associates



System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

- There are no notifications at this time.

Manage Medicare and Account Information

MY ASSOCIATES >>

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT >>

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER >>

- View All Applications requiring revalidation
- Start or continue revalidation application



Create a New Application



My Associates

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

! IMPORTANT:

If you are responding to a request for Revalidation, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION



Application Questionnaire



Application Questionnaire

(*) Red asterisk indicates a required field.

Healthcare Services Rendered

* Please select the option that best represents the healthcare service rendered for this application.

- Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)
- Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility, Sole Owner of a Professional Association (PA), Professional Corporation (PC), or Limited Liability Corporation (LLC))
- Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- Medicare Diabetes Prevention Program Supplier (MDPP)
- Individual Physician or Non-Physician Practitioner (including Sole Owner of a Professional Association (PA), Professional Corporation (PC), or Limited Liability Corporation (LLC))
- Eligible Ordering, Certifying, and Prescribing Physicians, and Other Eligible Professionals

Note: Select this option only if any of the following applies to the applicant:

1. The applicant, or any organization employing the applicant, will not send claims to a Medicare contractor for any service furnished by the applicant.
2. The applicant, or any organization employing the applicant, sends claims through a Medicare managed care plan.

[NEXT PAGE](#)

- MFTs and MHCs should select the “Individual Physician or Non-Physician Practitioner” option
- If you are enrolling a group, select “Clinics/Group Practices”



Application Questionnaire



- Select the option that best matches your scenario



Application Questionnaire (*) Red asterisk indicates a required field.

Applicant Description

Please read through all the descriptions and then choose the one that best matches your situation.

* I am applying as a:

- Sole Owner of a PA, PC or LLC**
 - You are the only owner of a business, set up as a corporation, through which you give healthcare services.
 - Your business is *legally separate* from your personal assets.
- Self-Employed/Sole Proprietor**
 - You give *all* your healthcare services from a facility that you own, lease or rent.
 - You are the only owner of a business that gives healthcare services.
 - You and your business are *legally one and the same*. You are personally responsible for any of the business's financial obligations.
 - You report the business's income and losses on your personal tax return.
- Group Member Only**
 - You give *all* your healthcare services as an employee of a group practice or clinic.
 - You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
- Group Member and is Self-Employed**
 - You give *some* healthcare services as an employee of a group practice or clinic.
 - You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
 - You also give *some* healthcare services from a facility that you own, lease or rent.
 - The income you make through self-employment is part of your personal assets.
- Disregarded Entity**
 - You are the only owner of a business, set up as a corporation, through which you give healthcare services.
 - You and your business are considered *legally one and the same*.

[PREVIOUS PAGE](#) [NEXT PAGE](#)

Application Questionnaire



My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

Applicant Identification Information

First Name: Performance

Last Name: Testing1

Social Security Number (SSN): XXX-XX-XXXX

Date of Birth: 01/01/XXXX

[← PREVIOUS PAGE](#)

[NEXT PAGE →](#)



Application Questionnaire



My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

State/Territory Where Healthcare Services Rendered

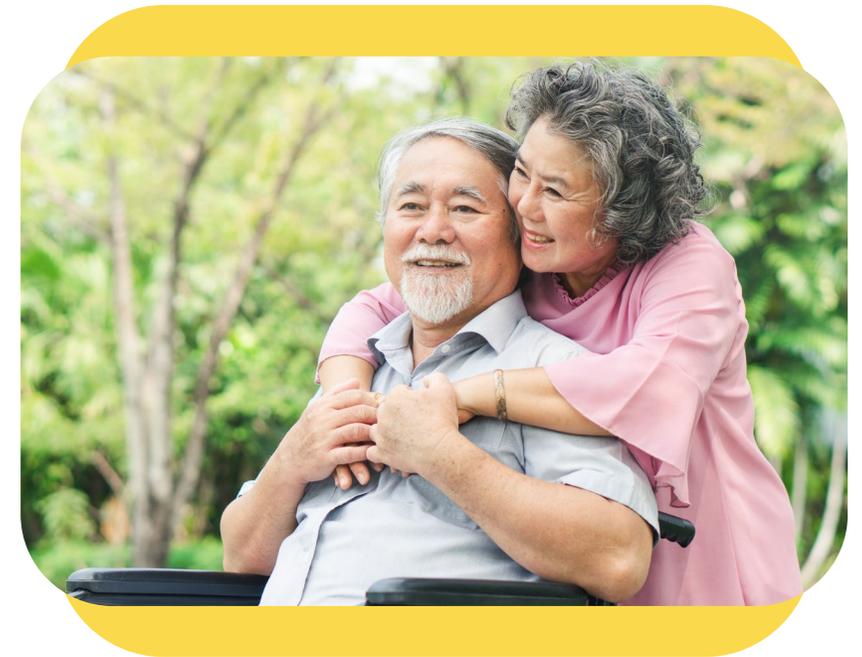
Please select a single state/territory where the applicant renders healthcare services.

* State/Territory

MARYLAND ▼

◀ PREVIOUS PAGE

NEXT PAGE ▶



Application Questionnaire



My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Primary Medicare Services Rendered

Note: A separate application is required for each primary healthcare service rendered.

* Please select the primary Medicare Services rendered by the applicant.

Part B Physician Specialties

Select Physician Specialty

Part B Non-physician Specialties

Select Non-Physician Specialty

- Select Non-Physician Specialty
- ANESTHESIOLOGY ASSISTANT
- CERTIFIED CLINICAL NURSE SPECIALIST (CNS)
- CERTIFIED NURSE MIDWIFE (CNM)
- CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)
- CLINICAL PSYCHOLOGIST
- CLINICAL SOCIAL WORKER
- MARRIAGE AND FAMILY THERAPIST**
- MASS IMMUNIZATION ROSTER BILLER
- MENTAL HEALTH COUNSELOR
- NURSE PRACTITIONER
- OCCUPATIONAL THERAPIST IN PRIVATE PRACTICE
- PHYSICAL THERAPIST IN PRIVATE PRACTICE
- PHYSICIAN ASSISTANT
- PSYCHOLOGIST BILLING INDEPENDENTLY
- QUALIFIED AUDIOLOGIST
- QUALIFIED SPEECH LANGUAGE PATHOLOGIST
- REGISTERED DIETITIAN OR NUTRITION PROFESSIONAL
- UNDEFINED NON-PHYSICIAN TYPE (SPECIFY)



Application Questionnaire



My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Entity Receiving Benefits Enrollment Status

To avoid delays in processing this application, please ensure an enrollment application for the Entity Receiving Benefits has been submitted or will be submitted. The Entity Receiving Benefits must also be enrolled in the Medicare program.

* Would you like to continue?

Yes

No

[PREVIOUS PAGE](#)

[NEXT PAGE](#)



Confirm Submission Reason



Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). A reassignment of all benefits exists with this application.

The application is for:

Name	Social Security Number (SSN)	Practitioner Specialty	State
Performance Testing1	XXX-XX-XXXX	MENTAL HEALTH COUNSELOR	MARYLAND

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION >>

- Confirm the reason for the application is correct before starting the application



Completing the Application



- Complete all topics listed
- The “Begin Submission” button will not be enabled until all topics are complete



Topic View | **Fast Track View** | **Error/Warning Check 8**

Enrollment ID: I11092023000008
PacID: A009938369I11092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

Reports
Select the hyperlink to view the Application being edited:
[View Application being edited](#)

Topics
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.
This application is collecting the following topics:

Completed	Topics
—	Personal Identifying Information more information about Personal Identifying Information
✓	Practitioner Specialty more information about Practitioner Specialty
—	Reassignment more information about Reassignment
—	Mailing Address more information about Mailing Address
—	License, Certification, and DEA Information more information about License and Certification Information
—	Final Adverse Legal Actions more information about Final Adverse Legal Actions
—	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
—	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION

Personal Identifying Information



Topic View | **Fast Track View** | **Error/Warning Check 8**

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PacID: A009938369I11092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

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—	License, Certification, and DEA Information more information about License and Certification Information
—	Final Adverse Legal Actions more information about Final Adverse Legal Actions
—	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
—	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION

Personal Identifying Information (*) Red asterisk indicates a required field.

Individual Information

First Name: PERFORMANCE [EDIT NAME](#)

Middle Name

Last Name: TESTING1

Suffix
Select Suffix

Credentials (M.D., D.O., etc.)

Date of Birth: 01/01/XXXX

Social Security Number (SSN): XXX-XX-XXXX

Are you accepting new Medicare Patients?
 Yes
 No

NEXT PAGE



Reassignment



Topic View | **Fast Track View** | **Error/Warning Check 8**

Enrollment ID: I11092023000008
PaCID: A009938369I11092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

Reports
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[View Application being edited](#)

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—	License, Certification, and DEA Information more information about License and Certification Information
—	Final Adverse Legal Actions more information about Final Adverse Legal Actions
—	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
—	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

Note:

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BEGIN SUBMISSION

Reassignment of Benefits (Group/Organization)

(*) Red asterisk indicates a required field.

Information of Group/Organization Receiving Benefits from Applicant

* **Effective Date of Information**
01/01/2024
MM/DD/YYYY

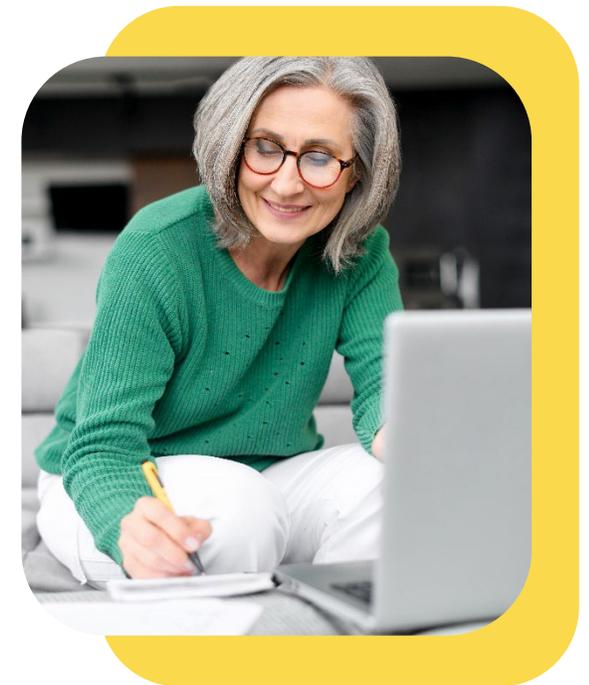
* **Legal Business Name**
Medical Center LLC

* **Tax Identification Number (TIN)**
XX-XXXXXXX
XX-XXXXXXX

* **National Provider Identifier (NPI)**
XXXXXXXXXX
10 Digits

PREVIOUS PAGE | **NEXT PAGE**

- The entity receiving reassigned benefits must be enrolled in Medicare



Mailing Address



Topic View | **Fast Track View** | **Error/Warning Check 8**

Enrollment ID: 111092023000008
PacID: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

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—	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
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Note:

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BEGIN SUBMISSION

Mailing Address (*) Red asterisk indicates a required field.

Previously Entered Address Information
Select an address or enter a new address in the fields below:
[Select address]

Correspondence Address (Domestic)
Note: The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

* Country
[United States]

Attention:
[]

* Address Line 1
[7500 Security Blvd]

Address Line 2
[]

* City
[Baltimore]

* State/Territory
[MARYLAND]

* ZIP Code +4
[21244] [] [] []
XXXXX XXXXX

Telephone x Extension
[410-786-1000] x []
10 digits without special characters included

Fax
[]
10 digits without special characters included

E-mail Address
[lester@gmail.com]

- Must be an address where Medicare can contact you directly



License, Certification, and DEA



Topic View | **Fast Track View** | **Error/Warning Check 8**

Enrollment ID: I11092023000008
PacID: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

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—	Final Adverse Legal Actions more information about Final Adverse Legal Actions
—	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
—	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

Note:

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BEGIN SUBMISSION

License, Certification, and DEA Information (*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about licenses, certifications and Drug Enforcement Agency (DEA) registration information. [more information about State License, Certification Information and DEA Registration Information](#)

* Does the applicant have a state license, certification or DEA registration?
 Yes
 No

ADD INFORMATION

Active License Information

You have indicated that the applicant has a state license, certification or DEA registration. Please click the "Add Information" button or change the answer to the question above.

Active Certification Information

You have indicated that the applicant has a state license, certification or DEA registration. Please click the "Add Information" button or change the answer to the question above.

DEA Registration Information

You have indicated that the applicant has a state license, certification or DEA registration. Please click the "Add Information" button or change the answer to the question above.



Final Adverse Legal Actions



[Topic View](#) | [Fast Track View](#) | [Error/Warning Check 8](#)

Enrollment ID: 111092023000008
PacID: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Reports

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[View Application being edited](#)

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—	Organization Control more information about Organization Control
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—	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION

Final Adverse Legal Actions (*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about final adverse legal actions imposed against the applicant. [more information about Final Adverse Legal Actions](#)

* Has a final adverse legal action ever been imposed against an applicant under any current or former name or business entity?

Yes

No

Final Adverse Legal Actions That Must be Reported

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

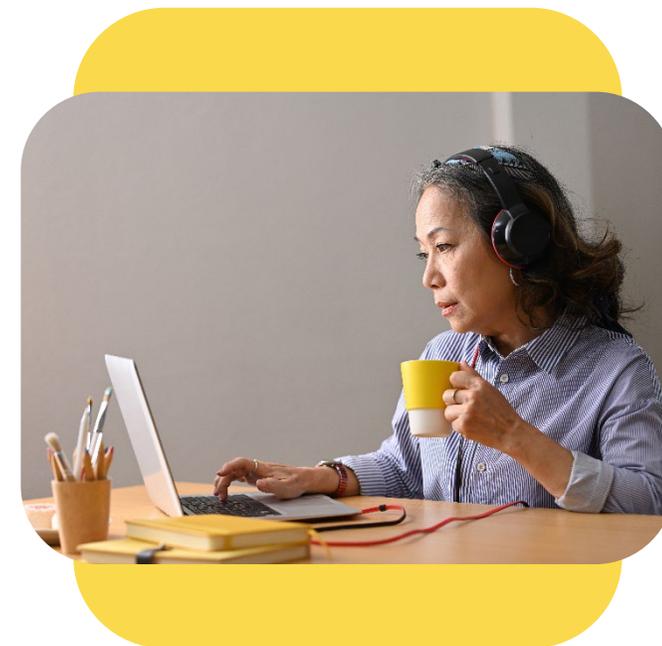
NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension'. Previously reported 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

- Any federal or state felony conviction(s) by the provider, supplier, or any owner or managing employee of the provider or supplier.
- Any crime, under Federal or State law, which received a sentence of deferred adjudication, adjudication withheld, stay of adjudication, withholding of judgment, or order of deferral - regardless of whether the court dismissed the case upon completion of probation, and regardless of whether the felony was reduced to a misdemeanor.
- Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
- Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
- Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.
- Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

- Any current or past revocation, suspension, or voluntary surrender of a medical license in lieu of further disciplinary action.
- Any current or past revocation or suspension of accreditation.
- Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).
- Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- Any other current or past Federal Sanctions (A penalty imposed by a Federal governing body (e.g. Civil Monetary Penalties (CMP))).
- Any Medicaid exclusion, enrollment suspension, payment suspension.



Contact Person



- Used for questions that may arise during application processing
- Can be the individual provider or a designee



Topic View | **Fast Track View** | **Error/Warning Check** 8

Enrollment ID: 111092023000008
PaclD: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application
Practitioner is Enrolling in Medicare for the First Time

Reports
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Note:

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BEGIN SUBMISSION

Contact Person (*) Red asterisk indicates a required field.

Contact Name

Relationship/Affiliation to Provider/Supplier:

Other (Specify)

* First Name

Middle Name

* Last Name

NEXT PAGE

Begin Submission



[Topic View](#)
[Fast Track View](#)
[Error/Warning Check 1](#)

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

[BEGIN SUBMISSION](#)

Enrollment ID: 111092023000008
PacID: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Reports

Select the hyperlink to view the Application being edited:
[View Application being edited](#)

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

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Completed	Topics
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✓	Final Adverse Legal Actions more information about Final Adverse Legal Actions
✓	Organization Control more information about Organization Control
✓	Contact Person more information about Contact Person
✓	Required and/or Supporting Documentation more information about Required and/or Supporting Documentation

[Topic View](#)
[Fast Track View](#)
[Error/Warning Check 1](#)

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

[BEGIN SUBMISSION](#)

Enrollment ID: 111092023000008
PacID: A009938369111092023000008
Web Tracking ID: T110920230000005
Individual Provider NPI:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

Warnings were found for this enrollment application. Please review the warnings listed below and verify that the information entered is correct.

Verification of this information is optional; the submission process may continue without verification of this information.

Topic	Warning
Reassignment	Reassignment of Benefits exist that are missing a primary and/or secondary practice location. It is recommended that a primary and secondary practice location be specified, but are not required.



Signatures



Select Signatories

(*) Red asterisk indicates a required field.

Signatories for accepting a Reassignment(s)

You must identify the Authorized Signer for the party receiving reassigned benefits. An email will be sent to the authorized signer(s) notifying them that their signature is required for Reassignment.

Medical Center LLC

Please select the Authorized Signer:

IQBAL FARUQUI ▼

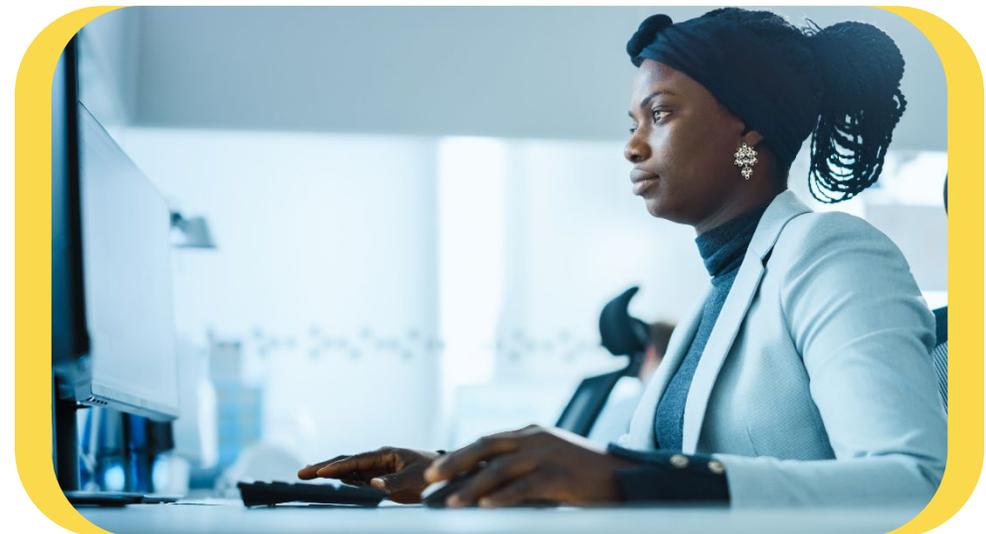
-Please select authorized signer Org

IQBAL FARUQUI

BRENDA NICHOLS

NEXT PAGE >

- An Authorized Official (AO) or Delegated Official (DO) of the group is required to sign
- An email is sent to the AO or DO requesting their signature



Signatures



Manage Signatures

(*) Red asterisk indicates a required field.

Name: PERFORMANCE TESTING1 TIN: XXX-XX-XXXX
Web Tracking ID: T11092023000005 NPI:

PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

Note: Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

Note: Encrypted or .TIFF signature files cannot be appended to the MER PDF. Links will be provided in the MER PDF to download the encrypted or .TIFF signature files separately. If you wish to append the signature files to the MER PDF, please upload unencrypted PDF signature files.

Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents.**

Please select a signature method for each signer:

Name: IQBAL FARUQUI
SSN: XXX-XX-XXXX
* Signature Method for IQBAL FARUQUI: Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Electronic
 Upload

* Email Address

* Confirm Email Address

Name: PERFORMANCE TESTING1 [You]
SSN: XXX-XX-XXXX
* Signature Method for PERFORMANCE TESTING1:
 E-Sign (Sign Now)
 Upload

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

Sign Now

- Applications can be signed electronically or a signature document uploaded



Signatures

A screenshot of the Medicare Enrollment application form for Providers and Suppliers. The form is titled "Medicare Enrollment for Providers and Suppliers" and includes sections for "Review and Sign Your Document", "E-Signature Instructions", "Terms and Conditions", and a certification statement. The certification statement is highlighted with a red border in the image.

for Falsifying Information on this Enrollment Application, as stated in Section 14 of this application. I am aware that falsifying information may result in fines and/or imprisonment. If I undertake supervisory responsibility at any additional IDTFs, I understand that it is my responsibility to notify this IDTF at that time.

2. I am not acting as a Supervising Physician for the CPT-4 and/or HCPCS codes reported in this Attachment.

* Do you accept the Terms and Conditions?

Yes, I have read and agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.



Submission



Submission Page

(*) Red asterisk indicates a required field.

Contact and Processing

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Note: It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

Note: Encrypted or .TIFF signature files cannot be appended to the MER PDF. Links will be provided in the MER PDF to download the encrypted or .TIFF signature files separately. If you wish to append the signature files to the MER PDF, please upload unencrypted PDF signature files.

* Fee-For-Service Contractor

NOVITAS SOLUTIONS, INC. ▼

APPLY

NOVITAS SOLUTIONS, INC.
 PROVIDER ENROLLMENT SERVICES
 P.O. BOX 3157
 MECHANICSBURG, PA 17055-1836

Required and/or Supporting Documents:

Note: Expand for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
---	------------------------------	----------

Certification Statement for Individual Practitioners [PDF] [View and Print \[PDF\]](#)

Note : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.

Form CMS-855R, Authorization Statement for Reassignment of Medicare Benefits [View and Print \[PDF\]](#)

Note : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.

Required Documentation	Delivery Method	Comments
------------------------	-----------------	----------

Optional Documentation	Delivery Method	Comments
------------------------	-----------------	----------

Copy of Business Licenses, Certifications and/or Registrations Unspecified

Other Documentation requested by your Medicare Contractor(s) Unspecified

Note: Documents in PDF format require the Adobe Acrobat Reader® . If you experience problems with PDF documents, please download the latest version of the Reader® .

PREVIOUS PAGE

COMPLETE SUBMISSION



Submission Confirmation



Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember:

- If you selected to electronically sign this application, an e-mail containing the PIN and Web Tracking ID have been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.
- If you selected to upload the signature for any Authorized Signer(s) for this application, and have not done so yet, please navigate to the My Enrollments page, find this application, and select the Manage Signatures option to upload a signature document, or change your signature method.
- Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.
- Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.
- Include the Tracking ID or a copy of this page when you mail supporting documentation to your Medicare Contractor.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
- When submitting an application with Electronic Funds Transfer (EFT) information, please include a voided check or confirmation of account information on bank letterhead.
- Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.

Enrollment Tracking Information

Applicant Name: PERFORMANCE TESTING1

Tracking ID: T110920230000005

Reassignment Tracking ID: T111320230000000

Submitted Date: MON - NOVEMBER 13 2023 09:00:27 AM EST

Submitted By: Performance Testing 1

Contact Email(s):

FAKEEMAIL@GMAIL.COM

Reason(s) for submission:

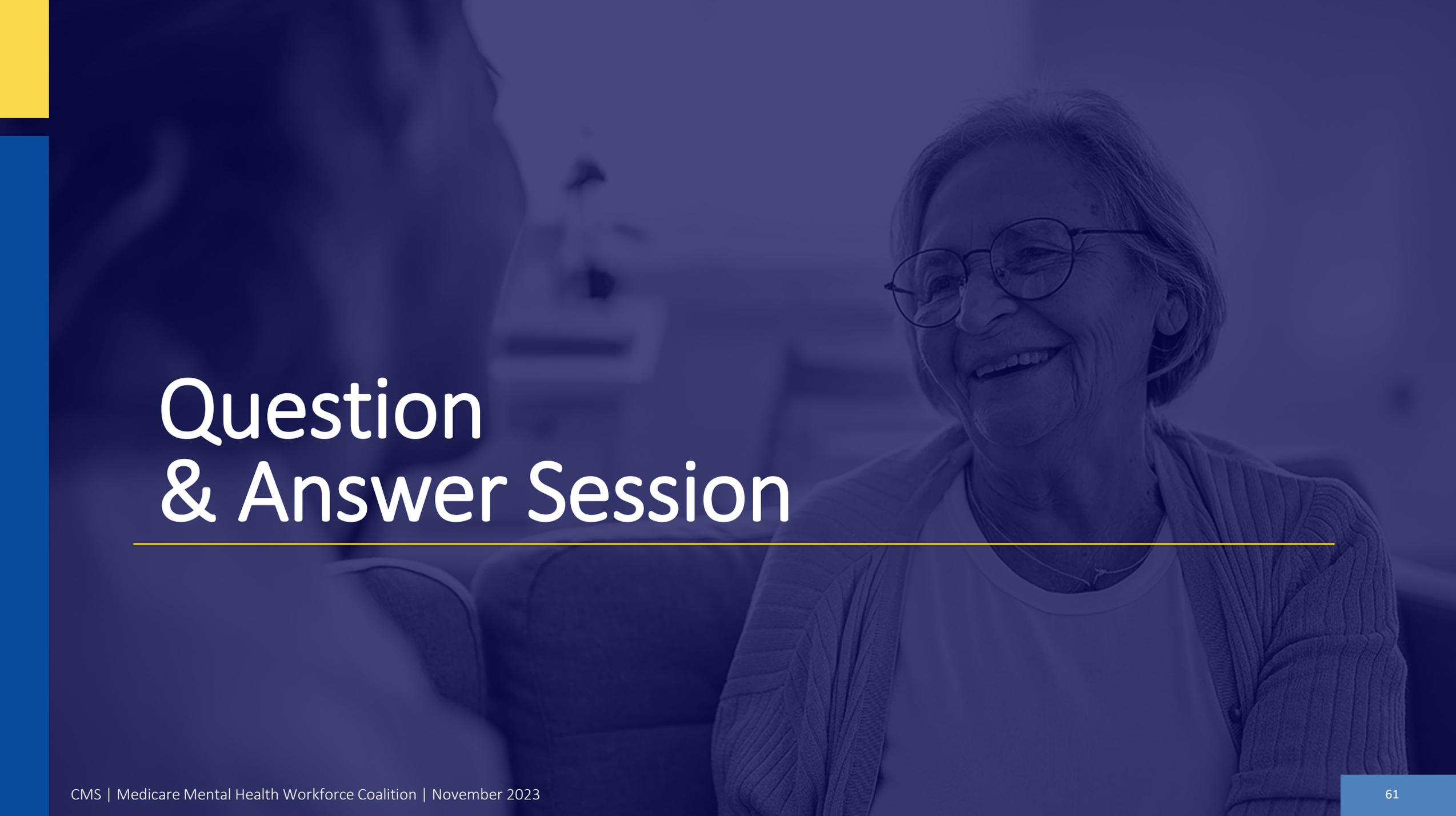
- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

Medicare Contractor(s)

Medicare Contractor(s):The identified contractors are responsible for processing electronically submitted and mailed materials for this enrollment application. If you have more than one contractor, you will need to submit all certification statements and supporting documentation to each contractor.

NOVITAS SOLUTIONS, INC.
PROVIDER ENROLLMENT SERVICES
P.O. BOX 3157
MECHANICSBURG PA 17055-1838





Question & Answer Session



Questions and Answers



Supervision Requirements



Questions and Answers



Questions and Answers



Do I need 2 years of supervision prior to enrolling in Medicare?

What documentation should I submit to verify I meet the clinical supervision requirements?

Most licenses require 3,000 hours of supervised clinical experience before you can apply for licensure. So if you have been licensed, shouldn't that count as documentation that you already completed the supervision requirement?

Questions and Answers



Questions and Answers



What type of post-degree and/or licensure clinical supervised experience is necessary?
Does the clinical supervised experience need to be under a formal supervisor?

What type of review will providers be subject to if they are licensed by states where the 2 years or 3,000 hours of post-degree clinical supervised experience is not part of obtaining licensure?

Will the MACs automatically deny providers who are unable to produce one of these statements?

Will the MACs accept a provider's attestation as sufficient evidence of having met the post-degree clinical supervised experience requirement?



Questions and Answers



Questions and Answers

We are learning that some MACs are accepting enrollment applications but informing practitioners that the applications will not be approved until January 1st if they have been accepted.

There may be some confusion on accepting vs. approval by providers. Has there been any communication between CMS with MACs about their ability to accept applications vs. approving them?





Are MFT and MHC associates, interns, and students eligible to enroll as Medicare-eligible providers?

Can an MFT or MHC bill Medicare if they are under supervision and treating a Medicare beneficiary?



Questions and Answers

■
■

Questions and Answers



Opt-Out Issues

What does it mean to opt out of Medicare?

- <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/manage-your-enrollment#opt-out>

If I opt out of Medicare, is that choice final and permanent, or can it be reversed later?

Can a practitioner who has applied and been accepted as a Medicare provider change their mind?

Questions and Answers





Questions and Answers



I was told that if providers ‘opt out’ of Medicare, they will no longer be eligible for enrollment as ‘in network’ with the insurance company; in other words, they will be unpaneled. Is this true?

Do providers have to reapply if they are already in a Medicare Advantage network?

When can providers begin submitting the opt out affidavits to the MACs?

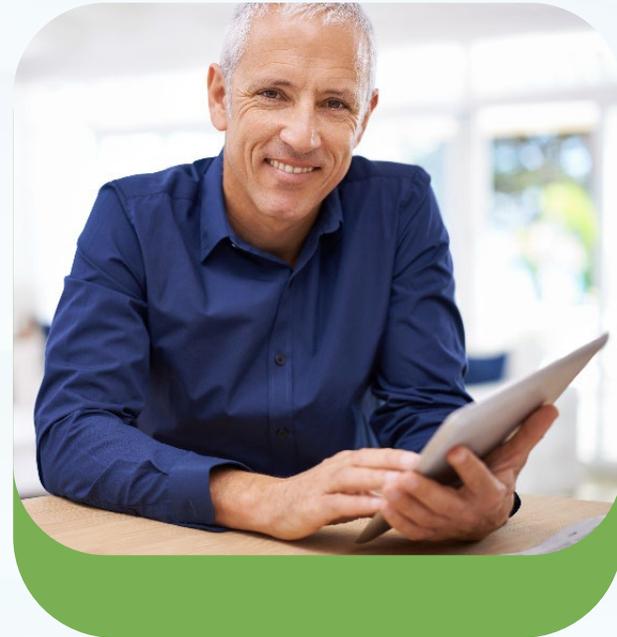
Will providers need to submit any additional documentation such as proof of licensure with the affidavits?

Questions and Answers



Reassigning Medicare Benefits

Questions and Answers



What does it mean to reassign your Medicare benefits?

How do I report a reassignment on the CMS-855I?

- <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855b.pdf>



Questions and Answers



Questions and Answers



I render services in a private practice and as an employee of a group.

How do I report this in PECOS or on the paper CMS-855I?

Can I practice independently as an MFT/MHC but also be an owner of a group?

My group is currently enrolled with a PTAN we use to bill for Licensed Clinical Social Worker (LCSW) services. Do we need a new PTAN to bill for MFT/MHC services as part of the group?



Questions and Answers





Questions and Answers



Can I work for a rural health clinic and federally qualified health center and be paid by Medicare?

Are MFT and MHC services excluded from consolidated billing requirements under the skilled nursing facility prospective payment system (SNF PPS)?



Telehealth and Provider Location Issues

Questions
and Answers

Questions and Answers



Can I perform telehealth services to patients located in another state?

- <https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>

If I am reassigning Medicare benefits to an organization/group, will I and the organization/group need to be enrolled in the same state?

- <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM8545.pdf>



If approved through the enrollment process in one state, would a provider be able to provide services in more than one state?

If a provider relocated to another state next year, how would this process work?

Questions and Answers

Does CMS require a physical office location or can fully telehealth providers participate in the Medicare program?



Questions and Answers



Revalidation



Questions and Answers

Questions and Answers



What does it mean to revalidate?

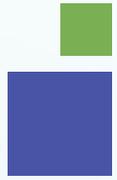
How are providers notified when it's time to revalidate?

- <https://data.cms.gov/tools/medicare-revalidation-list>

What happens if I don't revalidate on time?

Resources





Critical Resources on Medicare Part B Coverage of Counselors and MFTs

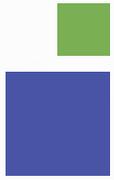
Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>
- **The Medicare Learning Network:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnngeninfo>
- **Web-based Training:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- **Becoming a Medicare Provider (World of Medicare):**
<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>
- **Weekly Email Newsletter for Medicare Providers:**
<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>





Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued



Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

<https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf>

Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

Medicare Beneficiary Handbook:

<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>

Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Key Steps to Becoming a Medicare Provider

1. Register in the [I&A](#) System
2. Get an [NPI](#)
3. Enter information into [PECOS](#)
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)





Medicare Mental Health
Workforce Coalition

**Thank you
for attending!**

