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Enrollment Quick Takes

Authorized Official vs. Delegated Official

Completing section 9 of the 855S application or if you are using PECOS, topic Individual Control can be a bit confusing when you are unclear to who should be considered an authorized official or a delegated official. After reading this article the fog of misunderstanding should be wiped clear from your windshield.

Be advised, all authorized and delegated officials must be reported in Section 9 or topic Individual Control. Authorized and delegated officials are not location specific, but are affiliated with the company, at the tax identification number (TIN) level. Suppliers can have different individuals listed as the authorized or delegated officials under different TINs as long as they meet the respective definitions.

Authorized Official: An appointed official (i.e. CEO, CFO, general partner, chairman of the board, or 5% or greater 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 enrollment information in the Medicare program, and commit the organization to fully abide by the statutes, regulation, and program instructions of the Medicare program.

What can an authorized official do: The authorized official is the only individual that has the authority to sign the initial CMS 855S application. By this signature the authorized official agrees to notify the Medicare program contractor if any of the information on the application is incorrect or untrue. Also, the authorized official agrees to notify the NSC of any changes within 30 days of the change (Supplier Standard 2). An authorized official is the only individual that can add and remove delegated officials.

Delegated Official: Delegated officials are persons who are delegated the legal authority by the authorized official to make changes to the supplier file. A delegated official must be a W-2 employee of the supplier or an individual with 5 percent or greater direct ownership interest in, or an individual with partnership interest in the enrolling supplier. If the delegated official is the managing employee, this individual must be a W-2 employee and the NSC may request proof this individual is a W-2 employee.

What can a delegated official do: A delegated official can make changes or updates to the supplier file, such as address changes or the addition of a part owner. The delegated official may also sign and submit the CMS 855S to enroll additional locations, revalidate or reactivate an existing supplier.

What a delegated official cannot do: A delegated official may not delegate its authority to another individual. Only the authorized official may appoint someone as a delegated official. A delegated official may not sign the initial CMS 855S application for the initial location.

Revalidation Reminders

- Medicare Enrollment Fees are required for all revalidations.
- List the Provider Transaction Access Number (PTAN) for which you are revalidating in section 1B.
- Be certain that the revalidation letter you received pertains to your Part B DMEPOS PTAN.
- List all authorized and delegated officials for the organization, as well as the managing employee for the location.
- Complete all sections of the enrollment application.

★ Supplier Standard Reminder ★

Standard #9: A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service, or cell phone during posted business hours is prohibited.

Final Adverse Legal Actions

Sections 7, 8b, and 9b of the 855S application or if you are using PECOS, topics Final Adverse Legal Actions, Organization Control, and Individual Control requires you to report any adverse legal action regardless of whether any records were expunged or any appeals pending. This includes revocations from the NSC. Failure to complete these sections or omitting information when submitting applications or revalidations will result in a denial of your application. Below are reminders of what should be reported in these sections to avoid the denial of your application or revocation, if not reported on your revalidation.

Convictions

- Any federal or state felony within the preceding 10 years.
- 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 theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
- Any felony or misdemeanor conviction, under federal or state law, relating 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 felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, Revocations, or Suspensions

- Any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority.
- Any revocation or suspension of accreditation.

- Any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- Any past or current Medicare and/or Medicaid payment suspension under any Medicare and/or Medicaid billing number.
- Any Medicare and/or Medicaid revocation of any Medicare and/or Medicaid billing number.

NSC Web Form Submission

The NSC is now accepting forms of documentation via our website that do NOT require the submission of the CMS 855S application. Using the new [NSC Web Form Submission](#) page you can now submit:

- Licenses
- Supplier Audit and Compliance Unit (SACU) Supplier Responses
- Standalone Certificates of Insurance
- NPI Letters
- Surety Bonds
- Appeals (For revoked suppliers only)

These documents may be submitted unsolicited to the NSC and processed without having to submit an 855S application.

You can only submit documentation if you have a PTAN (active or revoked). Documents should be submitted in PDF format. Complete all required fields as noted by the red asterisks. **Please include a current copy of your liability insurance certificate with each submission.** (Failure in having current insurance on file will result in a request for the certificate of liability and delay processing of your request)



[NSC Hub](#) / [NSC Web Form Submission](#)

NSC Web Form Submission

The following DMEPOS enrollment information may be submitted: **Appeals, Certificates of Insurance, Licenses, NPI Letter, Responses to SACU Requests, and Surety Bonds.**

To upload any documentation to the National Supplier Clearinghouse, select the appropriate **document type** from the dropdown box below and enter the required identifying information in the fields provided. The documentation must be in PDF format. Ensure you include a copy of your current Liability Insurance Certificate, listing the NSC as the Certificate Holder.

Do not submit a CMS-855S application or any changes of information with this Web form. Any changes of information submitted with this form will not be processed. Refer to our [Change of Information Guide](#) on how to submit any other enrollment information that needs to be updated.

You can only submit documentation if you have a DMEPOS PTAN (active or revoked). If you do not have a PTAN, you will need to mail your documentation to the NSC for review.

Select the appropriate Document Type :

<ul style="list-style-type: none"> Licenses SACU Supplier Response Standalone Certificate of Insurance NPI Letter Surety Bond Appeals



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Did You Know?

NSC Application Status Tool

Don't want to pick up the phone and call the NSC to get a status of an application? Don't. You can just pull up the [NSC Application Status Tool](#) on-line and check the status of your reactivation, revalidation, and change of information. You can even get status of new applications and additional locations.

Visit: https://www4.palmettogba.com/ecx_nscast/

Surety Bond

If your surety bond with the NSC has lapsed, you are subject to revocation. The surety company sends the NSC notifications of lapse of coverage. They **rarely** send notifications of reinstatement of coverage. It is your responsibility to ensure we have received any reinstatement correspondence. Please ensure your surety bond is current. If you have a new bond or your bond has been reinstated, please notify the NSC within 30 days to avoid being revoked. You can easily submit the new bonds or reinstatements using the [NSC Web Form Submission](#) tool.

PECOS

Increasingly, DMEPOS Suppliers are recognizing the benefits of using Internet-based PECOS (Provider Enrollment, Chain and Ownership System) to submit enrollment information to the National Supplier Clearinghouse. DMEPOS suppliers can use Internet-based PECOS to enroll, revalidate, make a change in their enrollment record, view their Medicare enrollment information on file with Medicare and check on the status of a Medicare enrollment application via the internet.

Did you know?

- Since its fall 2010 implementation, Internet-based PECOS has undergone several phases that improved functionality for users
- Revalidations are easier to complete because PECOS is pre-populated with the enrollment information already on file
- You can upload your supporting documentation and e-Sign via Internet-based PECOS making your submission completely electronic
- Decreases development requests, requests for additional information for incomplete applications, accelerating the enrollment process
- Submitting information through Internet-based PECOS can significantly reduce the application completion time for you

Give Internet-based PECOS a try!

Log onto the CMS Website or Register to become a new user at: <https://pecos.cms.hhs.gov/pecos/login.do>

Go to our website for additional information and CMS Resources: <http://www.palmettogba.com/nsc> or

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html>

Ask Wendell

Q. Can I make an appointment for my site visit?

A. Site visits are unannounced and will take place during your posted hours of operation. Supplier Standard 30 requires the location to be in operation for a minimum for 30 hours per week unless exempted by supplier type. If a site inspector visits your location outside of the posted hours of operation, the inspector will attempt a subsequent site visit during the posted hours.

Q. Once received, how long do I have to complete the revalidation information?

A. The revalidation is to be submitted by the due date on the revalidation letter. The revalidation can be completed via Internet-based PECOS or download and submit a completed CMS 855S along with all required documentation. If the information is not received timely, the supplier is subject to inactivation of its billing privileges. CMS lists the records that need revalidation at <https://data.cms.gov/revalidation>. CMS sets every supplier's revalidation due-date at the end of a month, and posts the upcoming six months online.

NSC Listserv

Are you reading this Newsletter by means of your email inbox? Or have you had to pull up the NSC's website to obtain your copy?

Sign up for the **NSC Listserv** and get these benefits:

- Get notified of important updates for the NSC
- Have NSC newsletters delivered directly to your inbox
- Monthly reminders about NSC revalidations due
- Stay current on policy and procedures to maintain your active supplier status

You can sign up for the **NSC Listserv** at <https://www.palmettogba.com/listserv>

EFT Agreements

CMS 588

- **Required** with initial application or new location application only
- Changes should be submitted directly to your DME MAC
- Has to have original signature of authorized or delegated official
- **Required:** voided check, preprinted deposit slip or confirmation of account information on bank letterhead
- CMS Form 588 can be located on [CMS Website](#)



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Disclaimer: Though all publications are checked for accuracy, information is subject to change based rules on regulations. ?s call NSC- 866-238-9652.