

# Information and Updates from the NSC



July 2016

## Common Enrollment Errors

- **NSC not listed as the Certificate Holder for General Liability Insurance Policy**

The Current Certificate of General Liability Insurance should list the NSC as the certificate holder with our address of: PO Box 100142, Columbia, SC 29202. Instructions can be found in Sections 5 and 12 of the CMS-855S Medicare Enrollment Application.

- **Missing a Managing Employee**

A managing employee must be identified for each location in Section 9 of the CMS-855S Medicare Enrollment Application. A Managing Employee can serve multiple roles in the company such as a Delegated Official. A Managing Employee can also be a contracted employee. Instructions and definitions can be found in Section 9 of the CMS-855S Medicare Enrollment Application. All individuals' name(s) should be listed exactly as appears with the Social Security Administration.

- **Missing Medicare Enrollment Fees**

Section 6401(a) of the Affordable Care Act (ACA) requires the secretary to impose a fee on certain Medicare suppliers, which includes all organizations enrolling and revalidating with the NSC. The application fee is \$554 for CY2016 and can be submitted by debit card, credit card or electronic check through the Internet-based PECOS system (<https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>). The fee is required for New Locations, Additional Locations, Revalidation and Reactivations. Applications will not be processed until funds are cleared.

## Who's Authorized to be an Authorized Official?

As indicated in the CMS-855S (Section 15) and the CMS Program Integrity Manual, an authorized official (AO) means an appointed official such as a chief executive officer, chief financial officer, general partner, chairman of the board or 5% or great director 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. A delegated official, or DO, is an individual who is granted the authority by the AO to report changes and updates to the supplier's enrollment record. And while DOs are optional, if no DO is assigned, the AO(s) will be the only person(s) with the legal ability to make changes or updates to the enrollment record. The signature of a DO has the same force as that of the AO as both legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. Know the difference between AOs and DOs to avoid processing application processing delays.

## How is the effective date of my billing privileges determined?

The effective date of DMEPOS Medicare Billing Privileges is the date the application process is completed, signifying proof of compliance with all applicable standards and verification of required documents. Applications are processed in the order in which they are received, and by CMS processing guidelines. Remember, applications will not be processed until funds are cleared for enrollment fees. The application fee is \$554 for CY2016. Providers and suppliers are strongly encouraged to submit with their application a copy of their receipt of payment. This may enable the contractor to more quickly verify that payment has been made.

# Ask Wendell



**Q.** What information can be updated globally for all locations?

**A.** Suppliers can initiate PECOS to automatically update all enrollments associated with a Tax ID (global) for the following items: 1099 mailing address, Owners, Partners, Director/Officers, Authorized, and Delegated Officials, PAR Status, and hours of operation. Additionally, the NSC can update all enrollments associated with a Tax ID for managing employees, insurance, billing agencies, addresses (Pay to, Correspondence, and Revalidation Mailing), and surety bonds.

**Q.** Can you review your Medicare enrollment information on file with Medicare?

**A.** Suppliers should use Internet-based PECOS to review their enrollment information such as licensure information, PTAN status, accreditation information and ownership information. For help on using Internet-based PECOS, go to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html>.

**Q.** Are physicians exempt from site inspections?

**A.** No. Site inspections can be conducted once a supplier or a physician submits an enrollment application to the NSC and at any time after billing privileges are granted. DMEPOS suppliers must be compliant with the supplier standards and regulations as outlined in 42 CFR 524.57 (c). As site inspections are required to obtain and maintain Medicare enrollment, suppliers and physicians are encouraged to be accommodating to inspectors with regard to allowing access to files and providing requested documents.

## Provider Enrollment

T C D E L E G A T E D O N C Z  
 N O I T A C I L P P A O O J D  
 E M V S K Y L D H S I R U N E  
 M P X R W N N Y T T R R O M Z  
 E L C U A O S A A E I I R A I  
 S I B O B I N D S S T Z Y N R  
 R A E H C D I P D C Y I I A O  
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 B C L R A N C P N B B U C I T  
 M E D V D T S N J X W A M N U  
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ACCREDITATION  
 APPLICATION  
 AUTHORIZED  
 BILLING  
 BOND  
 COMPLIANCE  
 CORRESPONDENCE

DELEGATED  
 FEE  
 FINGERPRINTS  
 HOURS  
 INSPECTION  
 JURISDICTION  
 LICENSURE

MANAGING  
 PHYSICAL  
 REIMBURSEMENT  
 REMITTANCE  
 REVALIDATION  
 STANDARDS

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