

# Information and Updates from the NSC



March 2015

## 2015 Medicare Enrollment Fees

Section 6401(a) of the Affordable Care Act (ACA) requires the secretary to impose a fee on certain Medicare suppliers. The fee is to be used by the secretary to cover the cost of program integrity efforts including the cost of screening associated with provider enrollment processes, including those under section 1866(j) and section 1128J of the Social Security Act. The application fee is \$553 for CY2015 and can be submitted by debit card, credit card or electronic check through the Internet-based PECOS system. All DMEPOS suppliers completing the CMS-855S enrollment application or presenting enrollment information via Internet-based PECOS are subject to the fee for the following:

New Locations • Revalidations • Reactivations • Additional locations

Applications will not be processed until funds are cleared. For more information, contact NSC Customer Service at 866-238-9652, Monday – Friday between the hours of 9am- 5pm.

## HEY—Where’s My PTAN?

Medicare billing privileges are subject to revocation and deactivation based on supplier compliance. Medicare suppliers are required to submit claims at least once within four consecutive quarters to maintain billing privileges. Quarterly, the Pricing, Data Analysis contractor (PDAC) generates a comprehensive report of suppliers who show no record of filing a claim within the specific period. The NSC will deactivate the supplier’s billing privileges and send written correspondence to the address on file. In order to reactivate billing privileges, the supplier will need to reapply and show compliance with all standards as necessitated by the supplier type. Suppliers choosing to contest the deactivation must show proof of billing during the time period in question.

## Fingerprint-based Background Check: Online Status Tool



The fingerprint-based background requirement, implemented on August 6, 2014, is well underway and will continue to be conducted in phases. DMEPOS suppliers will receive notification of the fingerprint requirements from the NSC. If you receive notification of the fingerprint requirements, you will have 30 days from the date of the letter to be fingerprinted. Applicants should ensure the accuracy of Social Security Numbers and dates of birth provided to the NSC. The NSC will send a letter to the correspondence address of the applicant listing all 5% or greater owners who are required to be fingerprinted. ***Fingerprints should be sent to Accurate Biometrics for processing***—4849 N Milwaukee Avenue Suite 101 Chicago, Illinois 60630. Applicants may now authenticate and check the status of their fingerprint submission online by visiting [www.CMSfingerprinting.com](http://www.CMSfingerprinting.com). Inaccuracies, poor quality or typographical errors may cause fingerprint processing delays. In addition, fingerprints forwarded to the FBI for certification, will further extend the review period. Applications are not processed until the NSC receives clearance from CMS to proceed. For additional information, view MLN Matters Article SE1427 on the CMS Website—[www.cms.gov](http://www.cms.gov).

## 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.

## Ask Wendell



**Q.** What should I submit to the NSC to explain that although I am servicing multiple states, I am not providing the same products in all states and therefore not subject to the same licensure requirements across the board?

**A.** Suppliers that are not providing the same products/services in all states should submit an application cover letter explaining why a state required license is not being submitted.

**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, and PAR Status. 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.** What are the percentages of applications that are going for fingerprinting and what is the average time added to processing the applications because of this?

**A.** All new applicants are subject to fingerprinting. Response time of the individual, quality of fingerprints, or discrepancies can cause delays in processing.

## Definition of Operational

Operational means the provider or supplier has a qualified physical practice location that remains open to the public and properly staffed during posted business hours for the purpose of providing health care related services. Further, the practice location must be prepared to submit valid Medicare claims, and equipped or stocked to furnish these items or services. CMS does not consider the business to be operational if no one is available at the place of business during routine deliveries or off-site maintenance of supplies or products to Medicare beneficiaries.

Suppliers can submit enrollment information via the CMS-855S or through Internet-Based PECOS. Benefits of Internet-Based PECOS:

- Decreases development requests
- Reduces administrative burden
- Suppliers can view their enrollment record.



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