



Enhancing Enrollment Application Experience

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Optimizing Provider Enrollment with Noridian

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Agenda

- Introduction
- Paper Submission
 - Common Errors
- Online Submission (PECOS)
 - Benefits
 - Common Errors
- Tips and Tricks to Enhancing Enrollment Application Experience
- Resources (up next)

What You've Heard

- Medicare Part A/B Revalidation
- Submitting Your Applications Online
 - I&A
 - PECOS

The logo for Noridian Healthcare Solutions, featuring the word "noridian" in a bold, blue, lowercase sans-serif font. A white diagonal line cuts through the letters 'o' and 'r'.

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Paper Application Submission

How can I get my paper application through the system
the first time?

The Application

- Wrong/Missing Applications
 - Old Applications (cms.hhs.gov)
 - Revalidation/Revalidation Reactivations
 - 855I's with 855R's sometimes
 - 855I without 855R
 - 855B without 855R
 - 855R for a Physician Assistant

The Application

- Applications that we can't read
 - Hand written
 - Too small of font
 - Crossed out information

The Application

- Sections of the 855A or 855B
 - Section 2
 - Legal Business Name—must match the IRS form and NPPES
 - Section 4
 - Type 2 NPI and every location
 - Section 6
 - At least one managing employee
 - Contracted vs W-2
 - Authorized or delegated officials
 - Board of Directors for all corporations
 - Section 15/16 (signatures)

The Application

- Sections of the 855I
 - Section 2
 - Name—must match what is on file with SSA and NPES
 - Other names
 - Section 4
 - Sole owner/sole proprietor sections of the 855I
 - Type 2 or Type 1 NPI
 - Section 6
 - Board of Directors for all corporations
 - If the only member of the board is the owner then no section 6 is needed
 - Section 15 (signatures)

Special Application Type

- 855I Sole Owner
 - Section 4
 - Legal Business Name
 - Type 2 NPI
 - What sections?
 - 855I Sole Proprietor
 - Different than sole owner
 - What NPI to use?

Section 4

SECTION 4: BUSINESS INFORMATION

- If you do **NOT** have a private practice but you reassign **ALL** of your benefits to an entity, check this box and only complete section 4F.
NOTE: You will also need to complete a CMS-855R (Reassignment of Medicare Benefits) for each entity that you reassign benefits.
- If you **DO** have a private practice and you also reassign **ANY** of your benefits to an entity, check this box and complete sections 4A – 4F.
- If you **DO** have a private practice and **ONLY** render services in your own private practice, check this box and complete sections 4A – 4E.

NOTE: For the purposes of this section of this application, an entity is defined as an individual, private practice, group/clinic, or any organization to which you will reassign your Medicare benefits.

Section 4

A. PRIVATE PRACTICE BUSINESS INFORMATION

Business Structure Information

Identify how your business is registered with the IRS.

Proprietary Non-Profit (Submit IRS Form 501(c)(3)) Disregarded Entity (Submit IRS Form 8832)

For the purposes of section 4A, if you are| a:

- Professional Corporation, complete 4A1 and 4A2
- Professional Association, complete 4A1 and 4A2
- Limited Liability Company (LLC), including a single member LLC, complete 4A1 and 4A2
- Sole proprietor/Sole proprietorship, complete 4A3

NOTE: If you fill out section 4A1, you must also fill out section 4F to reassign your individual benefits to your private practice.

1. Corporations, Associations and Limited Liability Company (LLC)

If your private practice is established as a professional corporation, professional association or limited liability company, including single member LLCs and you are the sole owner and will bill Medicare through this business entity, complete this section with information about your business entity.

NOTE: If you are filling out section 4A, you do not need to complete a form CMS-855R to reassign your benefits as a practitioner to your business entity.

Legal Business Name as Reported to the Internal Revenue Service	Tax Identification Number
Medicare Identification Number (PTAN) (if issued)	NPI (Type 2 – Organization)

Section 4

3. Sole Proprietor/Sole Proprietorship

To qualify for this payment arrangement, you:

- Must be a sole proprietor;
- You must use **either** your EIN or SSN for all Medicare payments;
- Cannot be reassigning all of your Medicare payments, and
- Must submit a copy of your IRS for CP-575 showing the Legal Business Name (LBN) and EIN, if applicable.

- If you want your Medicare payments to be paid under your SSN, check this box and continue to section 4B.
- If you are a sole proprietor and you want Medicare payments to be paid under your EIN, please check this box and fill in the EIN information below. Continue to section 4B.

Employer Identification Number (EIN)

The Application

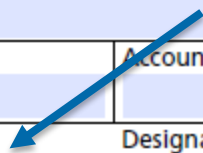
- Sections of the 855R
 - Section 2
 - Include the PTAN(s) that you want the provider reassigned to
 - New group? Type “pending”
 - Signatures
 - 6B has to be the AO/DO on file

The Application

- CMS 588 (EFT form)
 - Sole Proprietors need the SSN on the EFT form and not the EIN
 - Legal Business Name (LBN)
 - On the form
 - On the check
 - No DBAs
 - Check information
 - Sole proprietors account is only in the provider's name
 - Don't use a PO Box for the addresses on the EFT

CMS 588 EFT Form

PART II: ACCOUNT HOLDER INFORMATION		
Provider/Supplier/Indirect Payment Procedure (IPP) Biller Legal Business Name		
Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)		
Account Holder's Street Address		
Account Holder's City	Account Holder's State	Account Holder's Zip Code
Tax Identification Number (TIN)	Designate TIN	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> SSN (enrolling as an individual) OR <input type="radio"/> EIN (enrolling as a group/organization/corporation)	



Financial Institution Routing Number (must be 9 digits)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Provider's/Supplier's/IPP Entity's Account Number with Financial Institution (include all zeroes)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Your Bank Name
MEMO _____
9 Digit Routing Number Your Account Number Check Number

Supporting Documentation

- IRS documentation
- CMS 588 EFT
 - Voided check or Letter from Bank
 - Needs to have LBN and type of account
- CMS 460—Participation Agreement
- Diploma
- National Certification
- NPPES matching

IRS Forms

CP 575

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0025

Date of this notice: 03-21-2006
Employer Identification Number:
XX-XXXXXXX
Form: 55-4
Number of this notice: CP 575 A

004769.275365.0000.001 2 MB 0.563 1010
|-----|

Applicants Legal Business Name
Street Address/PO Box
City, State ZIP

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN **XX-XXXXXXX**. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2006
Form 1120	03/15/2007
Form 940	01/31/2007

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 556, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

If you believe your yearly employment taxes will be \$1,000 or less for the tax year (average annual wages of \$4,000 or less), please contact us on 1-800-829-0115. You will be required to file Form 944, Employer's Annual Federal Tax Return, rather than Form 941, Employer's Quarterly Federal Tax Return. This return will be due annually, on January 31, following the end of the tax year. You can pay your tax liability annually when you file your return, or you may choose to make more frequent deposits to reduce the balance due with your annual return. If you use a Reporting Agent or Tax Practitioner, inform him or her of your Form 944 filing requirement. If your annual liability rises to \$2,500 or more, you will be required to make deposits. If you do not make the required deposits, you may be subject to penalties and/or interest. Please refer to Publication 15 (Circular E), Employer's Tax Guide, for deposit requirements and for more details on the Form 944 annual filing program.

IRS Forms

Tax Coupon

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

EIN **XX-XXXXXX 0A1212**

Applicants Legal Business Name
Street Address/PO Box
City, State ZIP

941	945	1st Quarter
990-C	1120	End Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	1042	
940		62


FOR BANK USE IN MICR ENCODING

Telephone number _____

Federal Tax Deposit Coupon
Form 8109 (Rev. 11-2008)

IRS Forms

147C

 Department of the Treasury
Internal Revenue Service

STOP 6700 ANNEX 1 (ENTITY TPR)
KANSAS CITY MO 64999

In reply refer to: 0916705372
Mar. 07, 1996 LTR 147C
XX-XXXXXX 0000 00 000
00166

Applicants Legal Business Name
Street Address/PO Box
City, State ZIP

Employer Identification Number: XX-XXXXXX
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Jan. 17, 1996.

This letter confirms that your employer identification number (EIN) as shown on our records is XX-XXXXXX and your name as shown on our records is Applicants Legal Business Name. Please attach a copy of this letter to a copy of the "B" Notice you received and return both items to the payer(s) who requested verification of your EIN.

Whenever you write, please include your telephone number, the hours you can be reached, and this letter. You also may want to keep a copy of this letter for your records.

Your telephone number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.


Sincerely yours,

Manager, Entity Control Unit III

Enclosure(s):
Copy of this letter


IRS Forms

501 (c)(3)

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752858406
Mar. 26, 2018 LTR 4168C 0
000000 00
00015752
BODC: TE

50 S MAIN


035630

Employer ID Number:
Form 990 required: Y

Dear _____

This is in response to your request dated Mar. 15, 2018, regarding your tax-exempt status.

We issued you a determination letter in FEBRUARY 1984, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

The Verifications

- Address Verifications
- License Verifications
- DEA Verifications

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Questions?

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PECOS Application Submission

How can I get my PECOS application through the system the first time?

The Application

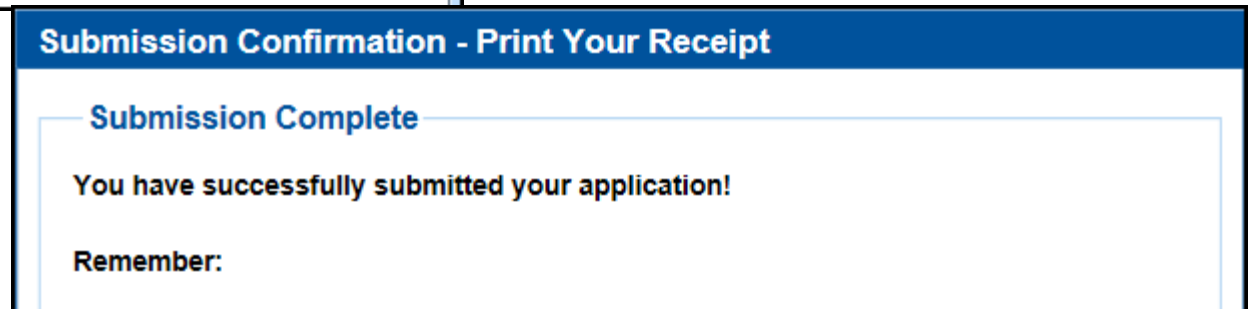
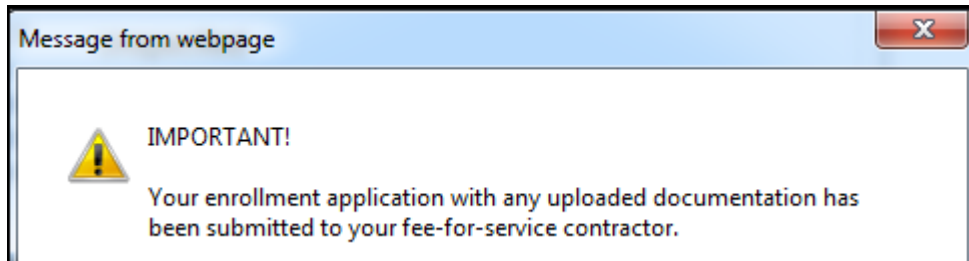
- Issues with paper are almost non-existent with Web applications
 - Need to answer the questions right on the questionnaire or choose the right reason for the change
 - Instead of using the “edit” feature for a new location, use the “add” and “delete”
 - Sole owners are still a little tricky
 - Need to submit an application for the corporation and the individual

The Application

- Still need signatures—either e-sign or upload (can't fax them)
- Still need to make sure the LBN matches on everything you enter
 - EFT
 - Voided Check
 - NPPES
- Need to submit a reassignment with a group application

The Application

- Click through the submission until you get the “congratulations” message



The Supporting Documentation

Can be uploaded into the application before submission

- IRS documentation
- CMS 588 EFT
 - Voided check
 - Letter from Bank
- CMS 460—Participation Agreement
- Diploma
- National Certification

The Verifications

- Address Verifications
- License Verifications
- DEA Verifications

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Questions?

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Tips and Tricks

What Enrollment Enhancements will benefit
the experience?

Use the Resources

- Website <https://med.noridianmedicare.com/>
- Enrollment on Demand (EoD)
 - Lists of supporting documentation for each specialty
 - Special application types and their requirements
 - Webinar registrations for training on PECOS and other special topics
 - Links to other resources

Don't Forget

- Sign the applications—both web and paper
- Web applications--go all the way through to submission to Noridian

Don't Forget

- Include Supporting Documentation
 - Diploma
 - National Certifications
 - IRS
 - Voided Check
- Understand what you are trying to accomplish with the application

Don't Forget

- Respond to the requests for corrections.
 - Include the application or tracking number with everything you fax
- Respond early
 - Don't wait for the due date to respond to the requests—if you are missing something this can cause the application to be rejected

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What's Next? Resources

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Questions?