CMS-855O
Enrollment & Policy Overview

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Session Overview

- Provide a comprehensive overview of how to enroll in Medicare solely to order, certify or prescribe via the CMS-855O and the PECOS equivalent
- Identify who is able to complete the CMS-855O
- Learn how to convert from ordering, certifying, prescribing only to a billing provider
CMS-855O Application

- Used to enroll in Medicare solely to order or certify items and services or prescribe Part D drugs for Medicare beneficiaries
- Can submit the CMS-855O application via:
  - Internet-based PECOS
  - Paper application
- Only one application is required (national enrollment)
- Enroll in the jurisdiction in which you are licensed
**Who Should Complete this Application**

- **Physicians**
  - Doctors of medicine or osteopathy
  - Doctors of dental surgery or dental medicine
  - Doctors of podiatry
  - Doctors of optometry

- **Eligible Professionals**
  - Physician assistants
  - Certified clinical nurse specialists
  - Nurse practitioners
  - Clinical psychologists
  - Certified nurse midwives
  - Clinical social workers
Who Should Complete this Application

- Licensed residents
- Pediatricians
- Retired physicians who are licensed
- Employed by the DVA
- Employed by the PHS
- Employed by the DOD/Tricare
- Employed by the IHS or a Tribal Organization
- Employed by the FQHC, RHC or CAH
Section 1A & B - Reason for Submitting the CMS-855O

- Enroll solely to order or certify items and services
  - imaging and clinical laboratory services
  - durable medical equipment (DME)
  - home health services
- Prescribe Part D drugs
- Claims are not submitted to Medicare for services furnished
- Does not grant billing privileges
### Section 2 - Identifying Information

- Must list legal name as it appears with the Social Security Administration
- Only need to be licensed in one State

#### SECTION 2: IDENTIFYING INFORMATION

**A. PERSONAL INFORMATION**
Your name, date of birth, and social security number must match your social security record.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Jr., Sr., M.D., etc.</th>
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<table>
<thead>
<tr>
<th>Other Name, First</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Jr., Sr., M.D., etc.</th>
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- **Type of Other Name**
  - □ Former or Maiden Name
  - □ Professional Name
  - □ Other (Describe): 

<table>
<thead>
<tr>
<th>Social Security Number (SSN)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Gender</th>
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<td>□ Male □ Female</td>
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- **Medicare Identification Number (PTAN) (if issued)**
- **National Provider Identifier (NPI) (Type 1 – Individual)**

#### B. EDUCATIONAL INFORMATION

- Medical or other Professional School (Training Institution, if non-MD)
- Year of Graduation (yyyy)

#### C. LICENSE/CERTIFICATION/REGISTRATION INFORMATION

1. **License Information**
   - □ License Not Applicable
   - **License Number**
   - **Effective Date (mm/dd/yyyy)**
   - **State Where Issued**

2. **Certification Information**
   - □ Certification Not Applicable
   - **Certification Number**
   - **Effective Date (mm/dd/yyyy)**
   - **State Where Issued**
Section 3 - Final Adverse Legal Actions

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

A. CONVICTIONS
1. Any federal or state felony convictions (as defined in 42 C.F.R. section 1001.2) within the preceding 10 years.
2. 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.
3. 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.
4. 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 1001.191 or 1001.201.
5. Any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCAIIONS OR SUSPENSIONS
1. 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.
2. Any revocation or suspension of accreditation.
3. 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 nonprocurement program.
4. Any past or current Medicare payment suspension under any Medicare and/or Medicaid billing number.
5. Any Medicare and/or Medicaid revocation of any Medicare and/or Medicaid billing numbers.

C. FINAL ADVERSE LEGAL ACTION HISTORY
If you are reporting a change in this section, check the box below and furnish the effective date.

☐ Change Effective Date (mm/dd/yyyy):

☐ You have, under any current or former name, ever had a final adverse legal action listed above imposed against you?

☐ YES—Continue Below  ☐ NO—Skip to Section 4

1. If yes, report each final adverse legal action, when it occurred, the federal or state agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the relevant final legal adverse action documents.

<table>
<thead>
<tr>
<th>FINAL ADVERSE LEGAL ACTION</th>
<th>DATE</th>
<th>TAKEN BY</th>
<th>RESOLUTION</th>
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Section 4 - Specialty Information

- Select the appropriate specialty type
- Must be licensed and meet all state requirements for the specialty selected

### A. PHYSICIAN SPECIALTY
Check your primary specialty below. Only check one (1) specialty. Physicians must meet all state requirements for the type of specialty checked.

- Addiction Medicine
- Allergy/Immunology
- Anesthesiology
- Cardiac Electrophysiology
- Cardiac Surgery
- Cardiovascular Disease (Cardiology)
- Colorectal Surgery (Proctology)
- Critical Care (Intensivist)
- Dentist
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology
- General Practice
- General Surgery
- Geriatric Medicine
- Geriatric Psychiatry
- Gynecological Oncology
- Hand Surgery
- Hematology
- Hematology/Oncology
- Hospice/Palliative Care
- Infectious Disease
- Internal Medicine
- Interventional Cardiology
- Interventional Pain Management
- Interventional Radiology
- Maxillofacial Surgery
- Medical Oncology
- Nephrology
- Neurology
- Neuropsychiatry
- Neurosurgery
- Nuclear Medicine
- Obstetrics/Gynecology
- Ophthalmology
- Optometry
- Oral Surgery
- Orthopedic Surgery
- Osteopathic Manipulative Medicine
- Otolaryngology
- Pain Management
- Pathology
- Pediatric Medicine
- Peripheral Vascular Disease
- Physical Medicine and Rehabilitation
- Plastic and Reconstructive Surgery
- Podiatry
- Preventive Medicine
- Psychiatry
- Pulmonary Disease
- Radiation Oncology
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Surgical Oncology
- Thoracic Surgery
- Urology
- Vascular Surgery
- Undefined Physician Specialty
  
  (Specify): ____________________________

### B. ELIGIBLE PROFESSIONAL OR OTHER NON-PHYSICIAN SPECIALTY TYPE
If you are an eligible professional (as defined in section 1848(k)(3)(B) of the Social Security Act), check the appropriate box to indicate your specialty.

All individuals must meet specific licensing, certification, educational and work experience requirements. If you need information concerning the specific requirements for your specialty, contact your designated MAC.

Check only one of the following:

- Certified Nurse Midwife
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist

- Physician Assistant
- Qualified Audiologist
- Qualified Speech-Language Pathologist
- Registered Dietitian or Nutritional Professional
- Unlisted Practitioner Type

  (Specify): ____________________________
Section 5 - Correspondence Address

- List address where MAC can contact you directly
- It cannot be the address of a billing agency, management services organization, or the provider’s representative (e.g., attorney, financial advisor)
- It can be the provider’s home address
Section 6 - Contact Person

- Contact person is optional
  - MACs will use if additional information is needed
  - Will receive development requests and approval notification
- If no contact is listed the MAC will contact the provider directly
**Section 7: Penalties for Falsifying Information**

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<th><strong>SECTION 7: PENALTIES FOR FALSIFYING INFORMATION ON THIS APPLICATION</strong></th>
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<td><strong>This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.</strong></td>
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1. **18 U.S.C. section 1001** authorizes criminal penalties against any individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. section 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. **Section 1128E(a)(1)** of the Social Security Act authorizes criminal penalties against any individual who, “knowingly and willfully,” makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a federal health care program. The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. section 3729, imposes civil liability, in part, on any person who:
   - knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   - knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
   - conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

   The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.

4. **Section 1128A(a)(1)** of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency . . . a claim . . . that the Secretary determines is for a medical or other item or service that the person knows or should know:
   - was not provided as claimed; and/or
   - the claim is false or fraudulent.

5. This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

6. **18 U.S.C. 1343** authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false, fictitious, or fraudulent statements or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.

7. **18 U.S.C. 1347** authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both.
Section 8 - Certification Statement

- Only the individual physician or eligible professional can sign
- Must print, sign and date
  - Stamped, faxed or copied signatures are not accepted
Ordering, Certifying File

- Validate your ordering and certifying status via data.cms.gov
- CMS posts files of physicians and eligible professionals who are eligible to order or certify:
  - Ordering and Certifying File – lists the names and National Provider Identifiers (NPIs) of eligible physicians and professionals
Convert to a Billing Provider

What if I am approved to order, certify or prescribe and later wish to obtain Medicare billing privileges?

- Easiest way to convert your enrollment is through Internet-based PECOS
  - PECOS will display your existing approved enrollments and use the information to pre-populate the new application
  - Provider enters the missing information to complete the enrollment
  - You must confirm that you want to convert the existing enrollment before the new application can be submitted
Convert to a Billing Provider (cont.)

- If submitting via paper
  - Submit a complete CMS-855I application to your MAC
  - The MAC will voluntarily withdraw the CMS-855O enrollment

- As a billing provider you also have the ability to order, certify and prescribe if you are of a specialty type that can perform those services
Resources

- SE1305 – Ordering and certifying requirements
- SE1434 – Prescriber enrollment requirements
- Medicare Provider-Supplier Enrollment website
- Medicare Program Integrity Manual – Chapter 15, section 15.16
Opt-Out Policy
Overview

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Provider Enrollment Manager

September 2017
Session Overview

- What it means to opt-out
- Who can opt-out
- How to properly opt-out
- The impacts of opting-out
Opt-Out of Medicare

- Physicians/practitioners who do not wish to enroll in the Medicare program may “opt-out”

- What this means:
  - The physician/practitioner nor the beneficiary submits a bill and is reimbursed by Medicare for services rendered (beneficiary pays out-of-pocket)
  - A private contract is signed between the physician/practitioner and the beneficiary
  - The physician/practitioner submits an affidavit to Medicare to opt-out of the program
Who Can Opt-Out

❖ **Physicians:**
  ▪ Doctors of medicine or osteopathy
  ▪ Doctors of dental surgery or dental medicine
  ▪ Doctors of podiatry
  ▪ Doctors of optometry

❖ **Non Physician Practitioners:**
  ▪ Physician assistants
  ▪ Nurse practitioners
  ▪ Clinical nurse specialists
  ▪ Certified registered nurse anesthetists
  ▪ Certified nurse midwives
  ▪ Clinical psychologists
  ▪ Clinical social workers
  ▪ Registered dietitians
  ▪ Nutrition professionals
Requirements of a Private Contract

- Must be in writing and signed by beneficiary and the physician/practitioner
- Identify whether the physician/practitioner is excluded from Medicare
- Beneficiary accepts full responsibility for payment of all services furnished by the physician/practitioner
- Beneficiary agrees not to submit a claim to Medicare or to ask the physician/practitioner to submit the claim
- Beneficiary is aware that they have the right to obtain Medicare-covered items and services from physicians/practitioners who have not opted out of Medicare
- Be made available to CMS upon request
Filing an Opt-Out Affidavit

- A standard CMS form is not available
- Some MACs have a form available on their website
- Must be filed with all MACs who have jurisdiction over the claims the physician/practitioner would have otherwise filed with Medicare
Filing an Opt-Out Affidavit

- Must include identifying information:
  - Legal name
  - Medicare specialty
  - Social Security Number
  - Address
  - Telephone number
  - PTAN (if assigned)
  - NPI

- Must be signed by the physician/practitioner
Filing an Opt-Out Affidavit

- It must include various statements to which the physician/practitioner must agree; for example:
  - Will only provide services to Medicare beneficiaries through private contracts
  - Will not submit claims to Medicare for any services furnished, except for emergency or urgent care services
  - May not receive direct or indirect Medicare payment for services that are furnished to Medicare beneficiaries
  - Identify the physician/practitioner sufficiently so that the MAC can ensure that no payment is made during the opt-out period
Effective Date of an Opt-Out Affidavit

- Affidavit must be filed no later than 10 days after entering into the first private contract with a Medicare beneficiary.
- Opt-out period last for 2 years and begins the date the affidavit is signed.
- Affidavits signed on or after June 16, 2015 will automatically renew every two years.
  - Physicians/practitioners are no longer required to file renewal affidavits to continue their opt-out status.
Terminating Opt-Out Affidavit

- Cannot terminate early unless opting out for the first time and within 90 days after the effective date of the opt-out period.
- At the end of the 2 year period you can cancel by notifying all MACs in writing at least 30 days prior to the start of the next opt-out period.
Impacts of Opting-Out

- May not receive direct or indirect Medicare payment for services furnished to Medicare beneficiaries
  - Traditional Medicare fee-for-service
  - Under a Medicare Advantage plan

- May order or certify items and services or prescribe Part D drugs for Medicare beneficiaries
  - NPI
  - Date of Birth
  - Social Security Number
  - Confirmation if an Office of Inspector General (OIG) exclusion exists
Resources

- **SE1311** - Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries

- **Medicare Program Integrity Manual** - Chapter 15, section 15.14.7