



Medicare Provider Enrollment and the CMS-855 Forms: Ensuring Compliance

CMS Releases New and Revised Medicare Enrollment Forms

Webinar T2730

Tuesday, February 7, 2012
8:30 a.m. – 10:00 a.m. (CST)

Overview

On August 31, 2011, the U.S. Office of Management and Budget approved changes to the Medicare Provider-Supplier Enrollment Applications (CMS-855). The applications were updated from the 2008 versions; there is also a new CMS-855O application form. Learn strategies from an expert to ensure compliance with the changes to this regulation.

Target Audience

CEOs, COOs, CFOs and CMOs; All Coding, Billing and Claims Transaction Staff; Financial Analysts, Compliance Personnel, Accreditation and Licensing Personnel; Physicians and Non-Physician Practitioners; DME Suppliers; Clinics; Cost Report Personnel; and Other Personnel Interested in Billing Privileges with the Medicare Program

Program Topics

- Conditions for Payment (CfPs)
 - Definitions – Provider vs. Supplier
 - Claims Filing Process
 - Reassignment of Payments
 - Billing Directives
 - OIG Investigations Concerning Fraudulent Billing
 - Revalidation and Billing Credentialing
 - Opt-Out Physicians and Practitioners
- CMS-855 Forms
 - CMS-855-A
 - CMS-855-B
 - CMS-855-I
 - CMS-855-O
 - CMS-855-R
 - CMS-855-S
 - How the CMS-855 Forms Relate to Each Other
- Basic Information Requirements and Concerns
 - Who are you?
 - Where you are located?
 - Who owns you?
 - Who manages (controls) you?
 - Special Considerations
 - How Many 855s Does Your Organization Have?
- Revalidation Process
 - 5-Year Cycle
 - Notification
 - Time Frames for Completion
 - Risk Levels
 - On-Site Visits
- Addressing Organizational Support
 - NPIs
 - Provider-Based Status
 - CMS-855 Forms
 - PECOS
 - Keeping Information Up-to-Date
 - Anticipating CMS Revalidation
 - Other Related Reporting Requirements
- PECOS – Provider Enrollment, Chain and Ownership System
 - What is it?
 - How is it used?
 - Who can use it?
- Case Studies
- Future Requirements for Conditions for Payment

Objectives

At the completion of this program, the participants will be able to:

1. Discuss the Medicare enrollment process through the use of the various CMS-855 forms
2. Review the CMS Conditions for Payment (CfPs)
3. Explain the Medicare concerns surrounding billing and payment for services and supplies
4. Review the purpose and use of the six different CMS-855 forms
5. Identify the common information requirements embedded in the CMS-855 forms
6. Describe the 5-year cycle revalidation process
7. Recall how other required reporting, such as the NPIs and Provider-Based reporting connect with the Medicare enrollment
8. Recognize the need to develop organizational resources to maintain multiple CMS-855 forms
9. Explain the proper use of the Internet-based PECOS process
10. Describe current and anticipated changes for maintaining billing privileges with Medicare

11. Explain the need to establish contact with knowledgeable personnel at the Fiscal Intermediary, Carrier and/or geographic MAC

Faculty

Duane Abbey, PhD, CFP is a management consultant and president of Abbey & Abbey Consultants. For over 20 years, Duane has provided healthcare consulting services to hospitals, physicians and medical clinics. The focus of his consulting has been in the areas of compliance, payment and delivery systems. In addition to his consulting, Dr. Abbey is an invited presenter for hospital associations, medical societies and other groups. He also has published both articles and books on healthcare topics. Dr. Abbey earned his graduate degrees from the University of Notre Dame and Iowa State University.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$190 for AHA members

Registration includes **one** Internet connection and **one** telephone connection at **one** location and an unlimited number of participants from your organization in **one** listening room.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions via the e-mail provided on the registration form or if you are unable to download or open presentation materials, at least three business days prior to the event, please contact Anna Sroczyński at 501-224-7878, or via e-mail to asroczyński@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Substitution, Transfer and Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Substitutions, however, are permitted. Fax refund requests to Anna Sroczyński at 501-224-0519.

(Registration Form on Next Page)

REGISTRATION FORM

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Registration Fee **\$190 for AHA members**

Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

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