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# RHC Enrollment: Initials, Reportable Changes, and Updates

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## Participants will:

- Learn about the enrollment process of RHCs and providers
- Understand Medicare and Medicaid enrollment requirements
- Identify what changes need to be reported

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# Defining Provider Enrollment, Payer Enrollment, and Credentialing

- Same Thing, Different Terms -
  - The first step is to connect/enroll the individual practitioner(s), and group/clinic with the insurances & linking the two
  - The application process that involves collecting and verifying information about the provider. i.e. provider's education, training, licensure, and work history; the entity details, Tax ID, ownership, location, license, state formation documents, direct deposits info, etc.

# Defining Provider Enrollment, Payer Enrollment, and Credentialing

- Basic Steps of Payer Enrollment:
  - EACH group/clinic/facility must be enrolled (application & agreement(s))
  - EACH individual practitioner must be enrolled (application & agreement(s))
  - Group & individual are linked (application & agreement(s))
  - Contracting (commercials, MA, MCO plans)



## Payer Types

- Traditional/Straight Medicare
- Traditional/Straight Medicaid
- Commercials (i.e. BCBS, BCN, Priority Health, etc)
- MA Plans (i.e. Wellcare, Humana, Cigna, UnitedHealthcare, etc)
- MCO (Managed Care Organization) Plans (i.e. Meridian Health Plan of Michigan, McLaren Health Plan, Priority Health Choice, etc)

## Notes

- RHC reimbursement only affects traditional MCR and MCD, and MA and MCO plans
- Commercials aren't affected by RHC



## Contracting/Recontracting

- An agreement between the healthcare organization and payer organization that dedicates the terms and conditions for medical services, coverage, and payment
- Binds both parties to an agreement
- Establishes a relationship between you and your patients
- Contracting vs. Recontracting
- Recontracting as RHC is not required. When clinic changes provider type, FFS to RHC, to receive RHC reimbursement.

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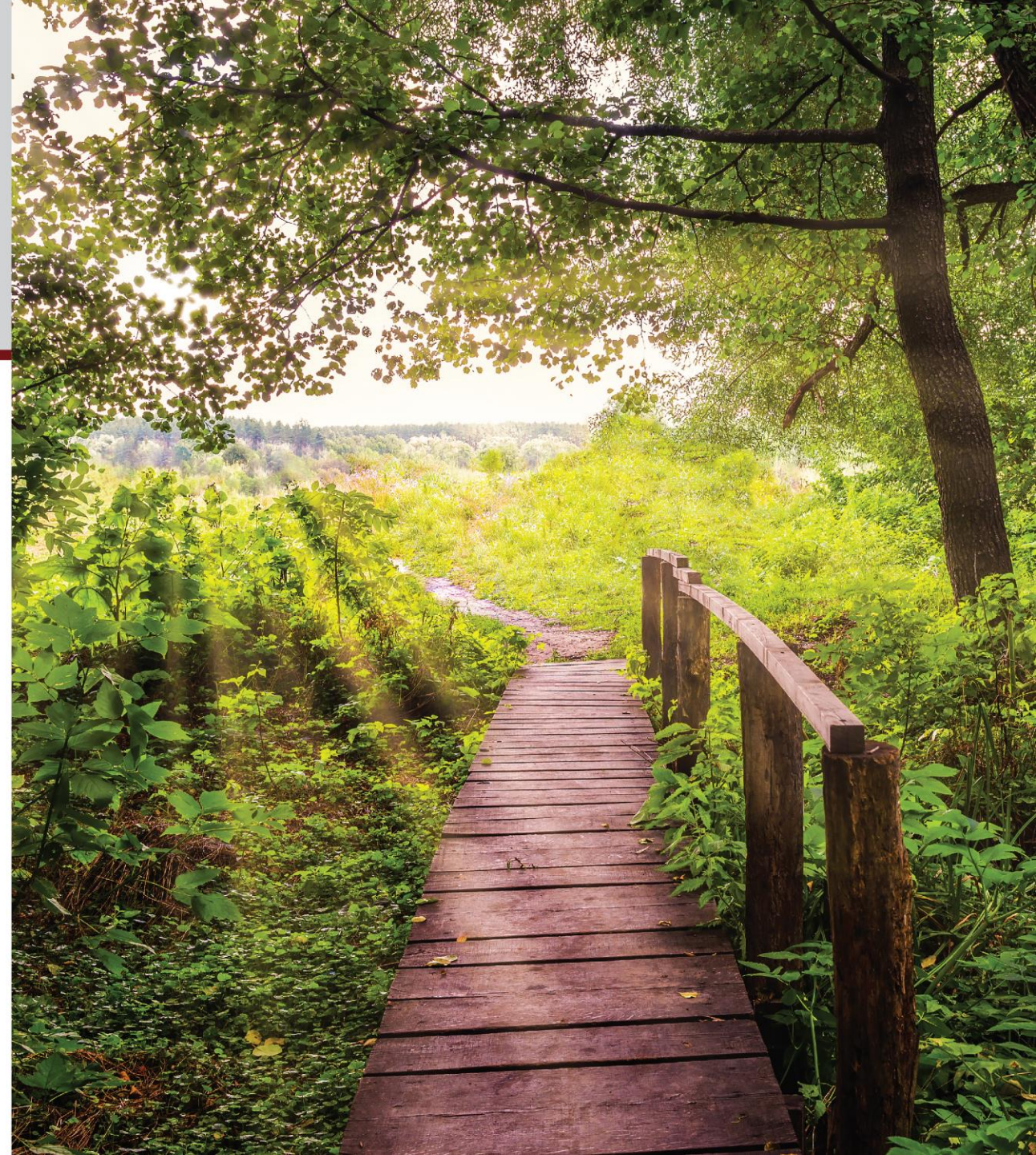
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# Basic Steps of Credentialing (Before RHC)

- FFS Credentialing:
  - Enroll with all payers as Fee For Service (FFS) so that billing can occur. Tip: Call insurance(s) to find out how long enrollment process takes. Each payer is different and has varying requirements.
    - Enroll group (all payers)
    - Enroll Individual (all payers)
    - Link the two (all payers but part A)
    - Contract with payers (MA, MC0, Commercial)
    - Enrollment can take up to 180 days

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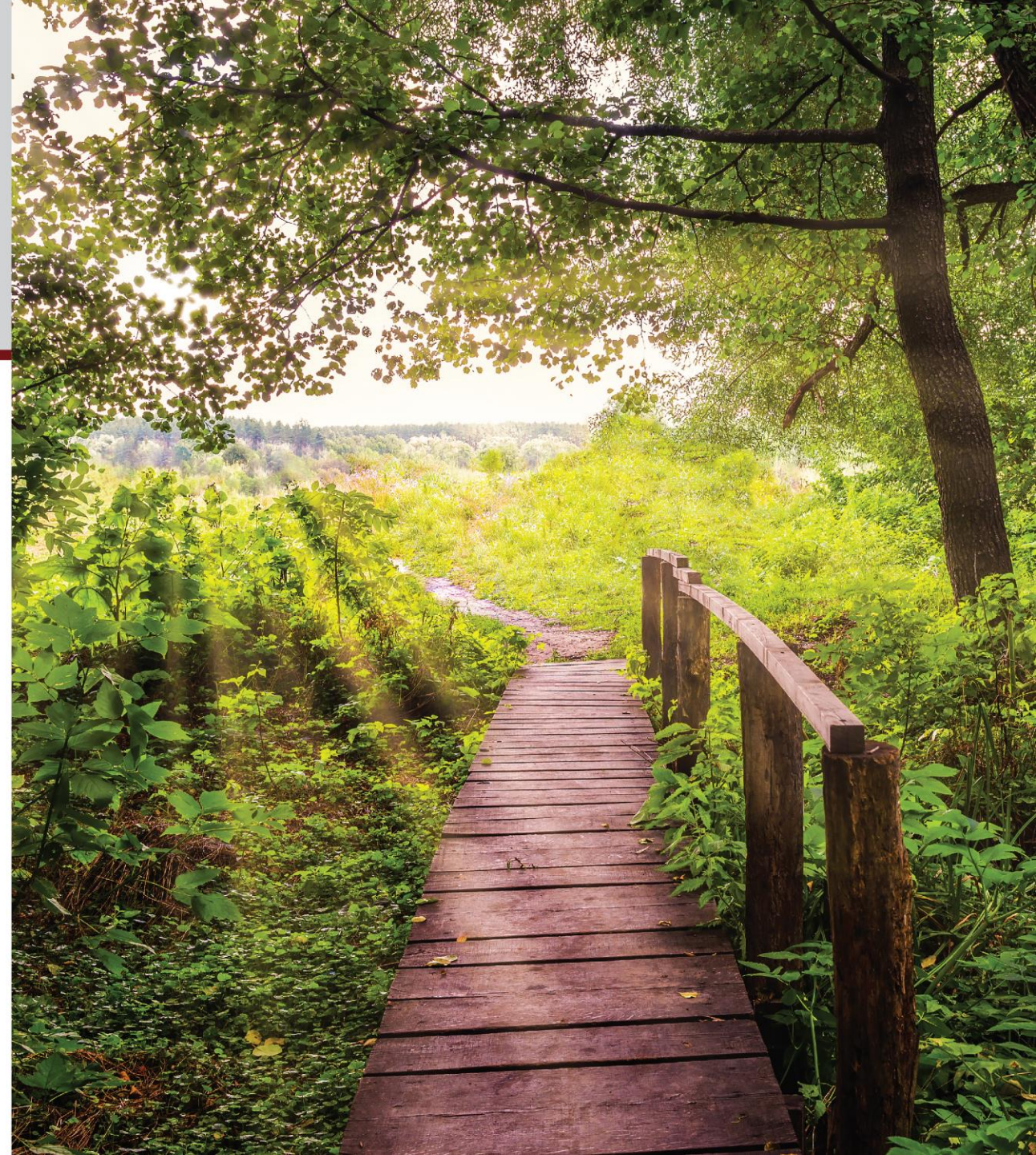




# Steps of RHC Enrollment (Certification)

- Medicare Application
  - May need RHC only NPI (type 2)
- State Applications
- Survey
- Receive CCN
- Medicaid
- Rate Setting
- Lengthy process

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# Initial RHC Medicare Enrollment Requirements (Part A)

- Identity & Access System (I&A). Create account.
- NPES (National Plan & Provider Enumeration System) to apply for an NPI (National Provider Identifier)
- How to apply (paper or PECOS) CMS855A + CMS588 (New enrollee)
- Timeline of paper vs PECOS (Provider Enrollment Chain & Ownership System)
  - Varies per MAC
  - PECOS: Initials – 95% must be processed within 15 days
  - Paper: initials – 95% must be processed within 30 days
- Pay application fee, \$709



- Entity type details
- IRS letter
- State information documents/articles
- Fiscal year end
- NPI
- Clinic location details (address, phone #)
- Board of Directors
- Direct/indirect owner(s)
- Managing or owning organization
- Medical director

- Managing employee (day to day operations)
- Authorized official
- CLIA
- Correspondence address
- Payment address
- Adverse legal history
- Billing agency
- EFT & Void check/bank letter
- Lending relationship
- 501(c) (3)
- Organizational chart
- Application receipt (\$709)



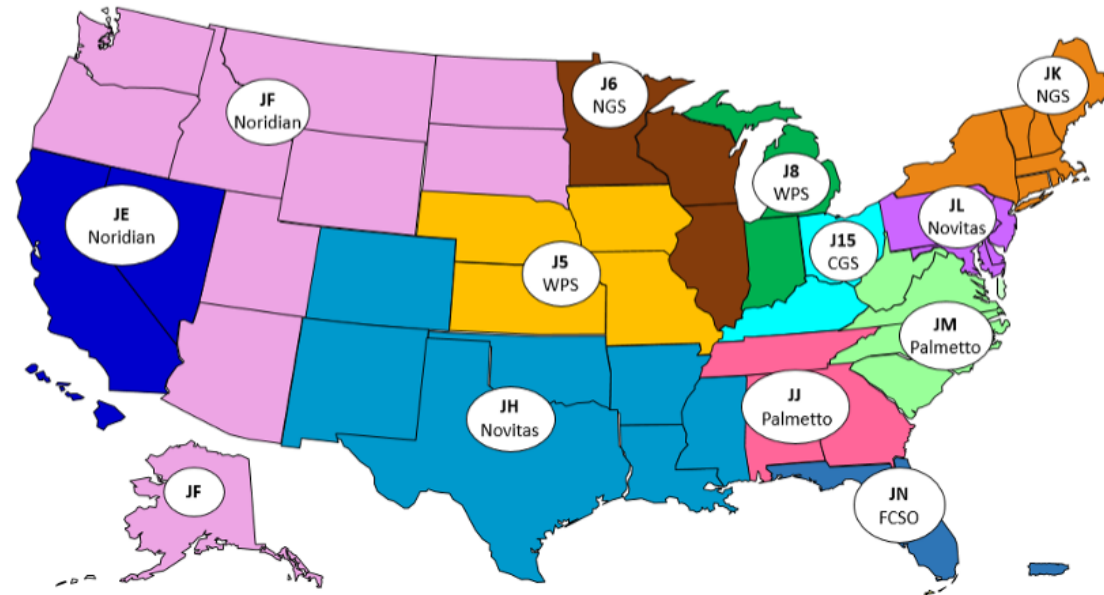
# Part A Application Process

- Submit an application to Medicare Administrative Contractor (MAC)
- MAC will respond usually within 2 weeks
- Development letter – clinic must respond within 30 days or less
- Initial approval letter usually received within 30 to 60 days
- Submit State applications (CMS29, CMS1561A, OCR AOC Clearance, other forms may be needed)
- Some States require license, CON, letter of reviewability, or exemption
- Survey
- CMS Certification Number (CCN)
- Medicaid enrollment
- Rate
- Bill as an RHC



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## A/B MAC Jurisdictions



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## Medicare Administrative Contractors (MACs)

| MAC Jurisdiction | Processes Part A & Part B Claims for the following states/territories:   | MAC   |
|------------------|--|---|
| DME A            | Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont  | Noridian Healthcare Solutions, LLC                            |
| DME B            | Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin  | CGS Administrators, LLC                                       |
| DME C            | Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands   | CGS Administrators, LLC                                       |
| DME D            | Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands   | Noridian Healthcare Solutions, LLC                            |
| 5                | Iowa, Kansas, Missouri, Nebraska   | Wisconsin Physicians Service Government Health Administrators |
| 6                | Illinois, Minnesota, Wisconsin<br><b>**HH + H for the following states:</b> Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Wisconsin and Washington  | National Government Services, Inc.                            |
| 8                | Indiana, Michigan  | Wisconsin Physicians Service Government Health Administrators |
| 15               | Kentucky, Ohio<br><b>**HH + H for the following states:</b> Delaware, District of Columbia, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming  | CGS Administrators, LLC                                       |
| E                | California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands   | Noridian Healthcare Solutions, LLC                            |
| F                | Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming   | Noridian Healthcare Solutions, LLC                            |
| H                | Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi  | Novitas Solutions, Inc.                                       |
| J                | Alabama, Georgia, Tennessee  | Palmetto GBA, LLC   |
| K                | Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont<br><b>**HH + H for the following states:</b> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont   | National Government Services, Inc.                            |
| L                | Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)  | Novitas Solutions, Inc.                                       |
| M                | North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)<br><b>**HH + H for the following states:</b> Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas | Palmetto GBA, LLC   |
| N                | Florida, Puerto Rico, U.S. Virgin Islands  | First Coast Service Options, Inc.                             |

**\*\*Also Processes Home Health and Hospice claims**



## MCO Enrollment as RHC

- Must have RHC CCN letter to enroll/re-contract as RHC
- States are required to make RHCs whole to their rate
- Processing timeline varies per payer, but can be very lengthy
- Recommendation is to reach out to payer to find out when you may submit the RHC application and ask for turn around time

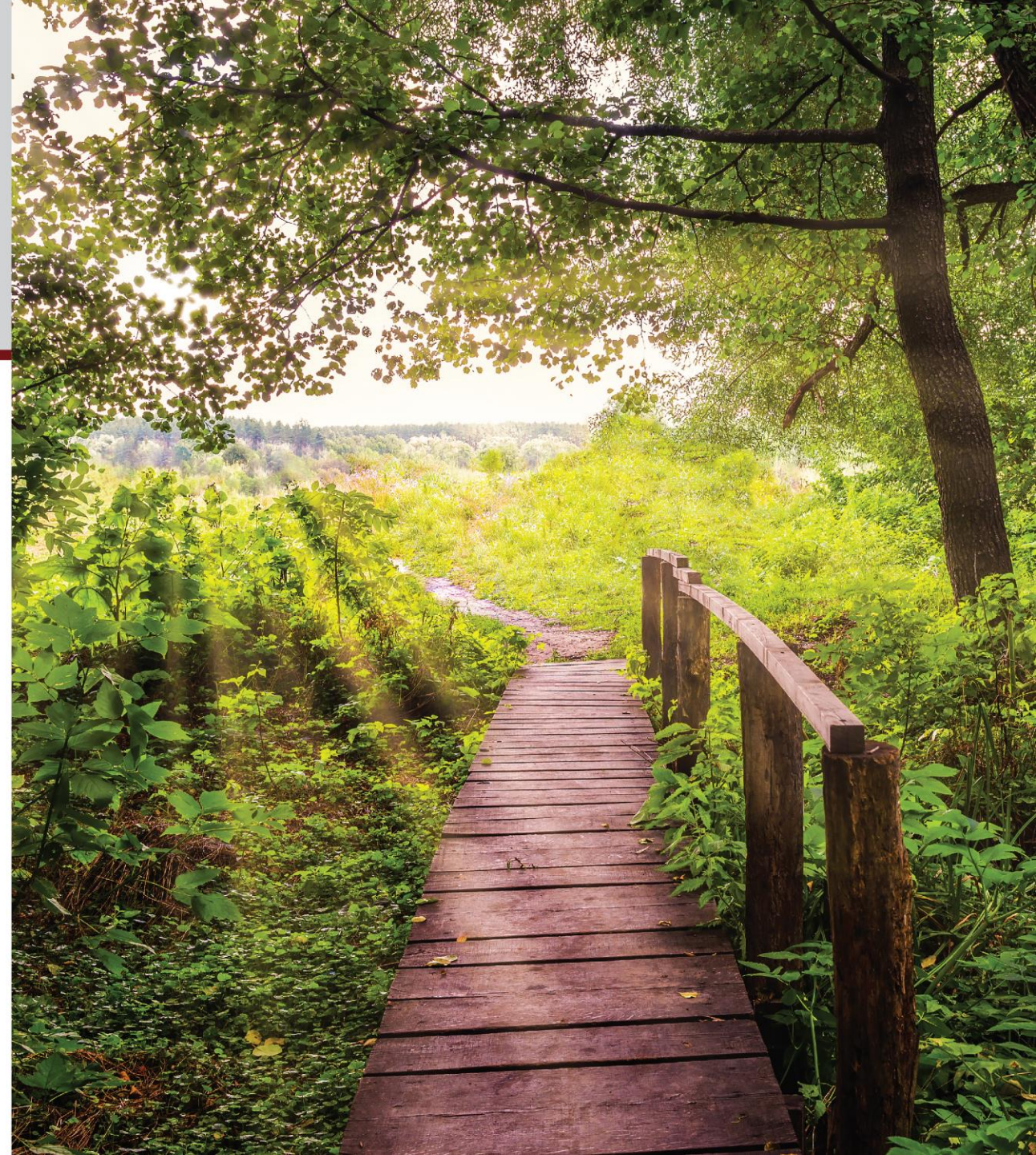
## MA Enrollment as RHC

- Require enrollment/recontract
- Update MA with new rate letter (annually)



# Final Steps of Enrollment

- Set up electronic claims, remittance and payment
  - Electronic Data Interchange (EDI)
    - RHCs use UB-04 for Medicare
  - Electronic Remittance Advice, 835 form
  - Electronic Funds Transfer





# Traditional Medicaid Enrollment Requirements

- When to apply
  - Each state handles differently. I.e. retro date or application receipt
- How to apply
  - Online portal or paper application. In Michigan – Champs
  - Need RHC CCN letter (now issued by MAC)
  - Enroll RHC
  - Practitioners are normally already enrolled and only need to be link. Check with State first
  - Timeframe varies by State, by analyst workload, by development(s). Typically within 4-6 months.
  - Tip: RHC enrollment tends to take longer than a FFS group
  - Rate setting – contact auditor. May be set automatically. May require projected report

# Reportable Changes

- Medicare reporting requirements
- Types of reportable changes
  - Anything changing that was reported to Medicare/payer
    - Final adverse legal actions (convictions, exclusions, revocations, suspensions)
    - Board of directors, Owner
    - Practice relocation
    - Stock transfer
    - Phone #, suite #, correspondence or remittance address
    - Geographic location of mobile unit
    - Medical records storage location
    - Managing employee
    - Medical director
    - Billing agency
    - Contact person
    - Authorized or delegated official
    - Bank account



# Medicare Enrollment Updates

- New Electronic Funds Transfer (EFT)
  - Form CMS-588
  - Revised form instructions for clarity
  - Removed authorized or delegated official title element
  - Added box for reporting chain home office number
  - Effective May 1, 2024, must use revised form
  - Revision date at bottom – 11/23
  - After May 1, previous version will be returned

# Medicare Enrollment Updates

- New revised form CMS855A
  - CMS revised providers using the form CMS855A
  - Revised form instructions to include information on private equity company (PEC) or real estate investment trust (REIT) ownership
  - Revision date at bottom – 9/23
  - After December 17, 2023, previous version will be returned
  - [MLN Fact Sheet](#)

# Medicare Enrollment Updates

- New stay of enrollment
  - Implementation date of 6/3/24
  - New provider enrollment status called “Stay of Enrollment”
  - Updates Medicare Program Integrity Manual, Chapter 10
  - Pause while applicable CMS forms (ACF) submitted
  - Preliminary status representing pause in enrollment
  - MCR # will be paused up to 60 days
  - [MLN Matters: Stay of Enrollment](#)
  - [CMS Manual System](#)



# Revalidation

- Payers require every 3-5 years after initial enrollment or last revalidation
- Revalidate only when notified
- [Check Medicare's revalidation search list](#)
- Medicare will return unsolicited revalidation applications if received more than seven months prior to due date
- Notifications include mailed letters, emails, phone calls
- No response will result in a hold or deactivation of Medicare billing privileges and claims payment interruption

# Resources

- [MLN Booklet – Information for Rural Health Clinics](#)
- [Medicare Program Integrity Manual Chapter 10 Medicare Enrollment](#)
- [MLN Education Tool – Medicare Provider Enrollment](#)
- [I&A System Quick Reference Guide](#)
- [I&A Management System Sign-in](#)
- [NPPES](#)
- [Medicare Enrollment Application Fee](#)
- [WPS EDI](#)

# Resources

- [Medicare Contact List](#)
- [CMS Regional Rural Health Coordinators](#)
- [State of Michigan RHC Licensing and Regulatory Affairs](#)
- [State of Michigan Vendor Registration SIGMA 4 \(for brand new entities\)](#)
- [State of Michigan CHAMPS](#)
- [OCR AOC](#)





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