

Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Mostafa Elyaman, M.D.,
(PTAN: HP005Z)
(NPI: 1780814913)

Petitioner,

v.

Centers for Medicare & Medicaid Services

Docket No. C-14-526

Decision No. CR3245

Date: May 28, 2014

DECISION

Petitioner, Mostafa Elyaman, M.D., is a physician who applied for enrollment in the Medicare program. The Centers for Medicare and Medicaid Services granted his application, effective October 15, 2013 (with a billing date of September 15, 2013). Petitioner now challenges that effective date. CMS has moved for summary judgment, which Petitioner has not opposed.¹

For the reasons set forth below, I grant CMS's motion.² I find that CMS appropriately granted Petitioner's enrollment effective October 15, 2013.

¹ Moreover, because neither party has proposed any witnesses, an in-person hearing would serve no purpose. *See* Acknowledgment and Pre-hearing Order at 5-6 (¶¶ 8-10).

² With its motion and brief in support (CMS Br.), CMS submitted 18 exhibits (CMS Exs. 1-18). Petitioner submitted his hearing request with four documents (P. Exs.).

Discussion

*CMS properly determined the effective date for Petitioner's Medicare enrollment, because the evidence establishes that he submitted his subsequently-approved enrollment application on October 15, 2013, and his effective date can be no earlier than the date he filed that enrollment application.*³

To receive Medicare payments for services furnished to program beneficiaries, a Medicare supplier must be enrolled in the Medicare program. 42 C.F.R. § 424.505. “Enrollment” is the process used by CMS and its contractors to: 1) identify the prospective supplier; 2) validate the supplier’s eligibility to provide items or services to Medicare beneficiaries; 3) identify and confirm a supplier’s owners and practice location; and 4) grant the supplier Medicare billing privileges. 42 C.F.R. § 424.502. To enroll in Medicare, a prospective supplier must complete and submit an enrollment application. 42 C.F.R. §§ 424.510(d)(1), 424.515(a). An enrollment application is either a CMS-approved paper application or an electronic process approved by the Office of Management and Budget. 42 C.F.R. § 424.502.

When CMS determines that a physician meets the applicable enrollment requirements, it grants him Medicare billing privileges, which means that he can submit claims and receive payments from Medicare for covered services provided to program beneficiaries. For physicians and nonphysician practitioners, the effective date for billing privileges “is the *later* of the date of filing” a subsequently approved enrollment application or “the date an enrolled physician . . . first began furnishing services at a new practice location.” 42 C.F.R. § 424.520(d) (emphasis added).

If a physician meets all program requirements, CMS allows him to bill retrospectively for up to “30 days prior to their effective date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries.” 42 C.F.R. § 424.521(a)(1).

Here, Petitioner Elyaman is a physician working for a Florida group practice, Absolute Quickcare, LLC. On February 26, 2013, he filed an enrollment application (form CMS-855B) with the Medicare contractor, First Coast Service Options, Inc. CMS Ex. 1. Shortly thereafter, however, the practice withdrew his application, explaining that it had submitted the wrong one. CMS Ex. 4 at 2, CMS Ex. 5.

Months later, Petitioner submitted a new application (form CMS-855I), which First Coast received on October 15, 2013. CMS Ex. 6 at 2-34, CMS Ex. 7. In an accompanying

³ I make this one finding of fact/conclusion of law.

