

**Department of Health and Human Services**

**DEPARTMENTAL APPEALS BOARD**

**Civil Remedies Division**

Dipti Patel, M.D.,  
(PTAN: CA115239),  
(NPI: 1891915070),

Petitioner,

v.

Centers for Medicare & Medicaid Services.

Docket No. C-14-1806

Decision No. CR3648

Date: February 12, 2015

**DECISION**

Petitioner, Dipti Patel, M.D., is a physician who applied to enroll in the Medicare program. The Centers for Medicare & Medicaid Services (CMS) granted her application, effective January 6, 2014 (with a billing date of December 7, 2013). Petitioner now challenges that effective date. For the reasons set forth below, I find that CMS appropriately granted Petitioner's enrollment effective January 6, 2014.

**Background**

By letter dated April 16, 2014, the Medicare contractor, Noridian Healthcare Solutions, approved Petitioner's Medicare enrollment, effective January 6, 2014, with a billing date of December 7, 2013. CMS Ex. 9.<sup>1</sup> Petitioner sought reconsideration to challenge that effective date. CMS Ex. 8. In a reconsidered determination dated June 30, 2014, the

---

<sup>1</sup> CMS allows physicians to bill retrospectively for up to 30 days prior to the effective date of enrollment if certain conditions are met. 42 C.F.R. § 424.521(a)(1). In its letter approving Petitioner's enrollment application, the contractor refers to this retrospective billing date as the effective date. CMS Ex. 9.

contractor denied her a new effective date, concluding that she had not provided evidence to justify a change. CMS Ex. 10. Petitioner appealed.

In email correspondence dated December 26, 2014, Petitioner asked that this case be decided on the record before me. CMS has submitted a brief (CMS Br.) and ten exhibits (CMS Exs. 1-10). Petitioner did not respond to CMS's submission, but the record includes her hearing request with one document attached (the June 30, 2014 reconsideration determination, which is also in the record as CMS Ex. 10).

## Discussion

*CMS properly determined the effective date for Petitioner's Medicare enrollment because the evidence establishes that she submitted her subsequently-approved enrollment application on January 6, 2014, and her effective date can be no earlier than the date she filed that enrollment application.*<sup>2</sup>

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.<sup>3</sup>

When CMS determines that a physician meets the applicable enrollment requirements, it grants her Medicare billing privileges, which means that the practitioner can submit claims and receive payments from Medicare for covered services provided to program beneficiaries. For physicians, 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 her 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).

---

<sup>2</sup> I make this one finding of fact/conclusion of law.

<sup>3</sup> CMS's electronic process is referred to as PECOS (Provider Enrollment, Chain, and Ownership System).

Here, Petitioner maintains that she submitted her application on October 4, 2013, but “due to the chaos” surrounding the conversion from one Medicare contractor (Palmetto) to another (Noridian) and “CMS computer system issues,” her application was lost. Hearing Request.<sup>4</sup> She submits no evidence to establish that she filed an application at that time.

The evidence establishes the following:

- On October 30, 2013, Petitioner sent, by certified mail, the signature pages for CMS Forms 855I (enrollment application for individual practitioners) and 855R (application to reassign Medicare benefits), along with supporting documents. The Medicare contractor received these submissions on November 4. CMS Ex. 1.
- In an email dated November 18, 2013, the Medicare contractor acknowledged receiving the signature pages and supporting documents, assigning them application numbers (375640620 and 375640621). The email advised that Petitioner’s earlier PECOS application had not been submitted. The contractor provided a link to PECOS and directed Petitioner to “go all the way through the application to do the FINAL SUBMISSION at the very end.” (emphasis in original). CMS Ex. 2.
- On December 4, 2013, Petitioner’s office called the contractor. According to the report of contact, the caller agreed to respond that day to the November 18 request for information (referred to as “rfi” in the report of contact). CMS Ex. 3. No evidence establishes that anyone did so then or at any other time. Having received no response, on January 13, 2014, the contractor rejected the applications (375640620 and 375640621). CMS Ex. 5.

CMS may reject a prospective supplier’s enrollment application if, within 30 calendar days of the contractor’s request, it fails to furnish complete information. 42 C.F.R. § 424.525(a)(1). I have no authority to review a rejected enrollment application. 42 C.F.R. § 424.525(d).

- In the meantime, on January 6, 2014, the Medicare contractor received by mail another CMS Form 855R, signed by Petitioner, asking to reassign her Medicare benefits to Provider Resources Group, Inc. The contractor assigned a new application number (39323546). CMS Ex. 4.
- By email dated February 4, 2014, the contractor acknowledged receiving the application, but directed Petitioner to submit, within 30 calendar days, Form 855I and some additional certification statements for Form 855R. CMS Ex. 6.

---

<sup>4</sup> In presenting her case at the reconsideration level, she claimed that she submitted the application on October 3, 2013. CMS Ex. 8 at 2.

