



News Flash – The fifth annual national administration of the Medicare Contractor Provider Satisfaction Survey (MCPSS) is now underway. If you received a letter indicating that you were randomly selected to participate in the 2010 MCPSS, CMS urges you to take a few minutes to go online and complete this important survey via a secure Internet website. Responding online is a convenient, easy, and quick way to provide CMS with your feedback on the performance of the FFS contractor that processes and pays your Medicare claims. Survey questionnaires can also be submitted by mail, secure fax, and over the telephone. To learn more about the MCPSS, please visit the CMS MCPSS website at <http://www.cms.hhs.gov/mcpss> or read the CMS Special Edition MLN Matters article, SE1005, located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE1005.pdf> on the CMS website.

MLN Matters® Number: MM6807

Related Change Request (CR) #: 6807

Related CR Release Date: March 19, 2010

Effective Date: June 21, 2010

Related CR Transmittal #: R329PI

Implementation Date: June 21, 2010

Change in Provider Enrollment Timeliness Standards for Certain Paper Applications

Provider Types Affected

This article is for all physicians, non-physician practitioners, and other suppliers submitting paper Medicare enrollment applications to carriers and A/B Medicare Administrative Contractors (A/B MAC)).

Provider Action Needed

This article, based on CR 6807, provides you with information regarding the revised provider enrollment processing timeliness standards for certain Medicare enrollment applications. These include: (1) CMS-855I initial application; (2) CMS-855B initial applications; and (3) change requests and reassignments. **Timeliness standards for Internet-based Provider Enrollment Chain and Ownership System (PECOS) enrollment applications and Part A providers are not affected by CR 6807.** Please be sure that your business office is aware of these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

While the Centers for Medicare & Medicaid Services encourages physicians and non-physician practitioners and other suppliers to submit a complete enrollment application and applicable supporting documentation at the time of filing, the revised processing standards will afford physicians, non-physician practitioners and other suppliers with additional time to respond to a Medicare contractor development requests.

Below is a summary of the timeliness standards found in CR 6807.

- Medicare contractors shall process 80 percent of all initial CMS-855I applications where no contractor development is needed within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt. (Development refers to the need for the Medicare contractor to contact the provider for additional information.) In addition, contractors shall process 80 percent of all initial CMS-855I applications where one development request is made by the contractor within 90 days of receipt; and the contractor shall process 70 percent of all initial CMS-855I applications where at least two development request are made by the contractor within 90 calendar days of receipt.
- For 855B initial applications submitted by suppliers other than independent diagnostic testing facilities (IDTFs), Medicare contractors shall process 80 percent of these applications where no contractor development is needed within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt. In addition, contractors shall process 80 percent of all initial CMS-855B applications where one development request is made by the contractor within 90 days of receipt; and the contractor shall process 70 percent of all initial CMS-855B applications where at least two development requests are made by the contractor within 90 calendar days of receipt.
- For initial 855B applications submitted by IDTFs, Medicare contractors shall process 70 percent of such applications where no contractor development is needed within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.

For additional information about provider enrollment processing timeliness standards, see the manual revision attached to CR 6807 and the Web address for accessing that CR is in the next section of this article.

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Additional Information

If you have questions, please contact your Medicare contractor at their toll-free number, which may be found at http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.

The official instruction, CR 6807, issued to your Medicare contractor regarding this change, may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R329PI.pdf> on the CMS website.

Visit the Medicare provider-supplier enrollment page, designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers at http://www.cms.hhs.gov/MedicareProviderSupEnroll/01_Overview.asp#TopOfPage on the CMS website.

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