



Change in Provider Enrollment Timeliness Standards for Certain Paper Applications – JA6807

Related CR Release Date: March 19, 2010

Date Job Aid Revised: March 24, 2010

Effective Date: June 21, 2010

Implementation Date: June 21, 2010

Key Words MM6807, CR6807, R329PI, Enrollment, Timeliness

Contractors Affected

- Medicare Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Provider types affected are all physicians, non-physician practitioners, and other suppliers submitting paper Medicare enrollment applications to carriers and A/B MACs.



- Change Request (CR) 6807 informs providers that the provider enrollment processing timeliness standards for certain Medicare enrollment applications have been revised.
- These include CMS-855I initial application, CMS-855B initial applications, and change requests and reassignments.
- Timeliness standards for Internet-based Provider Enrollment Chain and Ownership System enrollment applications and Part A providers are not affected by CR6807.

CMS-855I Applications

Provider Needs to Know...

- Medicare contractors will 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.
- Contractors will process 80 percent of all initial CMS-855I applications where one

development request is made by the contractor within 90 days of receipt.

- The contractor will process 70 percent of all initial CMS-855I applications where at least two development requests are made by the contractor within 90 calendar days of receipt.

CMS-855B Applications

- For 855B initial applications submitted by suppliers, other than independent diagnostic testing facilities (IDTFs), Medicare contractors will 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.
- Contractors will process 80 percent of all initial CMS-855B applications where one development request is made by the contractor within 90 days of receipt.
- The contractor will 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 will 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.

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.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLNMArticles/downloads/MM6807.pdf> on the CMS website.

The official instruction (CR6807) issued regarding this change may be found at <http://www.cms.gov/Transmittals/downloads/R329PI.pdf> on the CMS website. For additional information about provider enrollment processing timeliness standards, providers should see the manual revision attached to CR6807.

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