

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0165	Date: December 14, 2007
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PROGRAM AREA: CMS-855

SUBJECT: Clarification of Standards for Processing CMS-855 Enrollment Applications

APPLIES TO: Contractor Specific

I. SUMMARY OF DOCUMENT: This change request adds chapter 10: (1) timeliness standards for the processing of CMS-855 Web-based applications, and (2) standards for processing CMS-855 paper and Web-based applications in an accurate fashion. CMS emphasizes that the subject change request is limited strictly to the incorporation into chapter 10 of the standards identified in the previous sentence. Further guidance as to the specific steps involved in processing Web-based applications - including the question of when the processing clock commences - will be addressed in a separate CMS change request.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/Table of Contents
R	10/1.2/CMS-855 Medicare Enrollment Applications
R	10/2/Timeliness and Accuracy Standards
R	10/2.1/Standards for Initial Applications
N	10/2.1.1/Paper Applications - Timeliness
N	10/2.1.2/Paper Applications - Accuracy
N	10/2.1.3/Web-Based Applications - Timeliness
N	10/2.1.4/Web-Based Applications - Accuracy
R	10/2.2/Standards for Changes of Information
N	10/2.2.1/Paper Applications - Timeliness
N	10/2.2.2/Paper Applications - Accuracy
N	10/2.2.3/Web-Based Applications - Timeliness
N	10/2.2.4/Web-Based Applications - Accuracy

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Tim Hill, 410-786-5448/Director, Office of Financial Management
Agency POC	Frank Shelan, 410-786-1302/OFM/PIG/DPSE

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	Change Request
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: [include the citation of what statute or regulation is being interpreted. If not applicable, indicate N/A]

Attachment - Business Requirements

Pub. 100-08	Transmittal:	Date:	Change Request: 5854
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SUBJECT: Clarification of Standards for Processing CMS-855 Enrollment Applications

Effective Date: 30 days from issuance

Implementation Date: 30 days from issuance

I. GENERAL INFORMATION

A. Background: This change request chapter 10: (1) timeliness standards for the processing of CMS-855 Web-based applications, and (2) standards for processing CMS-855 paper and Web-based applications in an accurate fashion. CMS emphasizes that the subject change request is limited strictly to the incorporation into chapter 10 of the standards identified in the previous sentence. Further guidance as to the specific steps involved in processing Web-based applications – including the question of when the processing clock commences - will be addressed in a separate CMS change request.

B. Policy: The purpose of this change request is to add the above-referenced standards to chapter 10. Note that the timeliness standards for processing paper CMS-855 initial applications remain the same.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5854.1	The contractor shall process 98 percent of paper CMS-855 initial applications in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.1.1 of chapter 10) and all other applicable CMS directives.	X		X	X	X					
5854.2	The contractor shall process 90 percent of CMS-855 Web-based initial applications within 45 calendar days of receipt, process 95 percent of CMS-855 Web-based initial applications within 60 calendar days of receipt, and process 99 percent of CMS-855 Web-based initial applications within 90 calendar days of receipt.	X		X	X	X					
5854.3	The contractor shall process 98 percent of CMS-855 Web-based initial applications in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in business requirement 5854.2) and all other applicable CMS directives.	X		X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5854.4	The contractor shall process 98 percent of paper CMS-855 changes of information in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.2.1 of chapter 10) and all other applicable CMS directives.	X		X	X	X					
5854.5	The contractor shall process 90 percent of CMS-855 Web-based changes of information within 45 calendar days of receipt, process 95 percent of CMS-855 Web-based changes of information within 60 calendar days of receipt, and process 99 percent of CMS-855 Web-based changes of information within 90 calendar days of receipt.	X		X	X	X					
5854.6	The contractor shall process 98 percent of CMS-855 Web-based changes of information in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.2.3 of chapter 10) and all other applicable CMS directives.	X		X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact: Frank Whelan, (410) 786-1302, frank.whelan@cms.hhs.gov

Post-Implementation Contact: Frank Whelan, (410) 786-1302, frank.whelan@cms.hhs.gov

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare administrative contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Program Integrity Manual

Chapter 10 - Healthcare Provider/Supplier Enrollment

Table of Contents *(Rev.)*

- 2 – Timeliness *and Accuracy* Standards
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 - 2.1.2 – *Paper Applications - Accuracy*
 - 2.1.3 – *Web-Based Applications - Timeliness*
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 - 2.2 – *Standards for Changes of Information*
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 - 2.2.4 – *Web-Based Applications - Accuracy*

1.2 – CMS-855 Medicare Enrollment Applications

(Rev.)

The Medicare enrollment applications (CMS-855I, CMS-855R, CMS-855B, CMS-855A and CMS-855S) are forms issued by CMS and approved by OMB. *(When available, the forms can be accessed through the Provider Enrollment, Chain and Ownership System's (PECOS) Web-based enrollment process, which is based off of the information collected on the CMS-855 forms.)* The forms collect general information about providers, suppliers, and DMEPOS suppliers in order to:

- Ensure that the applicant is qualified and eligible to enroll in the Medicare program.
- Help determine the proper amount of Medicare payment.

The five forms are distinguished as follows:

- CMS-855I - This form should be completed by individual practitioners, including physicians and non-physician practitioners, who render Medicare Part B services to Medicare beneficiaries. (This includes a physician or practitioner who: (1) is the sole owner of a professional corporation, professional association, or limited liability company, and (2) will bill Medicare through this business entity.)
- CMS-855R - An individual who renders Medicare Part B services and seeks to reassign his or her benefits to an eligible entity should complete this form for each entity eligible to receive reassigned benefits. The person must be enrolled in the Medicare program as an individual prior to reassigning his or her benefits.
- CMS-855B - This application should be completed by a supplier organization (e.g., ambulance company) that will bill Medicare for Part B services furnished to Medicare beneficiaries. It is not used to enroll individuals.
- CMS-855A - This application should be completed by institutional providers (e.g., hospital) that will furnish Medicare Part A services to Medicare beneficiaries.
- CMS-855S – This application should be completed by DMEPOS suppliers. The NSC is responsible for processing this type of enrollment application.

A separate application must be submitted for each provider/supplier type. For example, a physician who wishes to bill as a DMEPOS supplier must submit two separate applications.

When a prospective provider or supplier contacts the contractor to obtain a CMS-855 application, the contractor shall furnish:

- The CMS Web site at which the applications can be accessed (www.cms.hhs.gov/MedicareProviderSupEnroll);
- Notification of any supporting documentation required for the applicant's provider/supplier type;
- The Electronic Funds Transfer Authorization Agreement (CMS-588);
- The Electronic Data Interchange (EDI) agreement;
- The Medicare Participating Physician or Supplier Agreement (CMS-460), with an explanation of the purpose of the agreement and how it differs from the actual enrollment process. (This only applies to carriers.)
- The contractor's address, so that the applicant knows where to return the completed application;
- If the applicant is a certified supplier or provider, notification that the applicant should contact the State agency for any state-specific forms and to begin preparations for a State survey. (This does not apply for those certified entities, such as FQHCs, that do not receive a State survey.) The notification can be given in any manner the contractor chooses.

2 – Timeliness *and Accuracy* Standards ***(Rev.)***

Sections 2.1 through 2.3 of this manual *address the timeliness and accuracy standards applicable to the* processing of CMS-855 applications.

2.1 – *Standards for Initial Applications* ***(Rev.)***

For purposes of sections 2.1.1 through 2.1.4 of this manual, the term “initial applications” also includes:

1. *CHOW, acquisition/merger, and consolidation applications submitted by the new owner;*
2. *“Complete” CMS-855 applications submitted by enrolled providers: (a) voluntarily, (b) as part of any change request if the provider does not have an established enrollment record in PECOS, (c) as part of a reactivation, or (d) as part of a revalidation. (See section 7.1.1 of this manual for more information on the processing of “complete” applications.)*

2.1.1 - Paper Applications - Timeliness (Rev.)

The contractor shall process 80 percent of paper CMS-855 initial applications within 60 calendar days of receipt, process 90 percent of paper CMS-855 initial applications within 120 calendar days of receipt, and process 99 percent of paper CMS-855 initial applications within 180 calendar days of receipt. This process generally includes, but is not limited to:

- Receipt of the application in the contractor's mailroom and forwarding it to the appropriate office for review;*
- Prescreening the application in accordance with section 3.1 of this manual;*
- Creating an L & T record and an enrollment record in PECOS;*
- Verification of the application in accordance with sections 5.1 through 5.6 of this manual;*
- Requesting and receiving clarifying information in accordance with section 5.3 of this manual;*
- Supplier site visit (if necessary);*
- Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.*

2.1.2 - Paper Applications - Accuracy (Rev.)

The contractor shall process 98 percent of paper CMS-855 initial applications in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.1.1 above) and all other applicable CMS directives.

2.1.3 - Web-Based Applications - Timeliness (Rev.)

The contractor shall process 90 percent of CMS-855 Web-based initial applications within 45 calendar days of receipt, process 95 percent of CMS-855 Web-based initial applications within 60 calendar days of receipt, and process 99 percent of CMS-855 Web-based initial applications within 90 calendar days of receipt. This process generally includes, but is not limited to:

- *Receipt of the provider's certification statement in the contractor's mailroom and forwarding it to the appropriate office for review;*
- *Verification of the application in accordance with sections 5.1 through 5.6 of this manual;*
- *Requesting and receiving clarifying information in accordance with section 5.3 of this manual;*
- *Supplier site visit (if necessary);*
- *Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.*

2.1.4 - Web-Based Applications - Accuracy (Rev.)

The contractor shall process 98 percent of CMS-855 Web-based initial applications in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.1.3 above) and all other applicable CMS directives.

2.2 – Standards for Changes of Information (Rev.)

For purposes of timeliness, the term “changes of information” also includes:

- 1. CHOW, acquisition/merger, and consolidation applications submitted by the old owner;*
- 2. CMS-588 changes submitted without a need for an accompanying complete CMS-855 application;*
- 3. CMS-855R applications submitted independently (i.e., without being part of a CMS-855I or CMS-855B package);*
- 4. CMS-855 voluntary terminations*

2.2.1 - Paper Applications - Timeliness ***(Rev.)***

The contractor shall process 80 percent of paper CMS-855 changes of information within 45 calendar days of receipt, process 90 percent of paper CMS-855 changes of information within 60 calendar days of receipt, and process 99 percent of paper CMS-855 changes of information within 90 calendar days of receipt. This process generally includes, but is not limited to:

- Receipt of the change request in the contractor's mailroom and forwarding it to the appropriate office for review;*
- Prescreening the change request in accordance with section 3.1 of this manual;*
- Creating an L & T record and, if applicable, tying it to an enrollment record in PECOS;*
- Verification of the change request in accordance with sections 5.1 through 5.6 of this manual, as well as the applicable instructions in sections 7.1 and 7.2 of this manual;*
- Requesting and receiving clarifying information in accordance with section 5.3 of this manual;*
- Supplier site visit (if necessary);*
- Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.*

2.2.2 – Paper Applications - Accuracy ***(Rev.)***

The contractor shall process 98 percent of paper CMS-855 changes of information in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.2.1 above) and all other applicable CMS directives.

2.2.3 - Web-Based Applications - Timeliness ***(Rev.)***

The contractor shall process 90 percent of CMS-855 Web-based changes of information applications within 45 calendar days of receipt, process 95 percent of CMS-855 Web-based changes of information within 60 calendar days of receipt, and process 99 percent

of CMS-855 Web-based changes of information within 90 calendar days of receipt. This process generally includes, but is not limited to:

- Receipt of the provider's certification statement in the contractor's mailroom and forwarding it to the appropriate office for review;*
- Verification of the change request in accordance with sections 5.1 through 5.6 of this manual, as well as the applicable instructions in sections 7.1 and 7.2 of this manual;*
- Requesting and receiving clarifying information in accordance with section 5.3 of this manual;*
- Supplier site visit (if necessary);*
- Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.*

2.2.4 - Web-Based Applications - Accuracy (Rev.)

The contractor shall process 98 percent of CMS-855 Web-based change of information applications in full accordance with all of the instructions in chapter 10 (with the exception of the timeliness standards identified in section 2.2.3 above) and all other applicable CMS directives.