

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 358	Date: October 28, 2010
	Change Request 7174

SUBJECT: Indian Health Service (IHS) Facilities and Tribal Provider's Use of Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

I. SUMMARY OF CHANGES: IHS facilities and tribal providers seeking to initially enroll in the Medicare program or submit changes of information may utilize Internet-based PECOS.

EFFECTIVE DATE: November 29, 2010

IMPLEMENTATION DATE: November 29, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/15.4.1.9/Indian Health Services (IHS) Facilities

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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SUBJECT: Indian Health Service (IHS) Facilities and Tribal Provider's Use of Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

EFFECTIVE DATE: November 29, 2010

IMPLEMENTATION DATE: November 29, 2010

I. GENERAL INFORMATION

A. Background: Currently IHS facilities and tribal providers are permitted to enroll in Medicare Part A and B using the paper enrollment process only. Internet-based PECOS routes enrollment applications to the correct Medicare contractor based on the provider/supplier type and their practice location but it is not currently designed to route IHS and tribal enrollment applications to Trailblazer Health Enterprises, LLC (TrailBlazer), the single designated Medicare contractor responsible for enrolling this provider type. For this reason, IHS facilities and tribal providers have not been able to use Internet-based PECOS.

B. Policy: The change request is establishing an interim process to allow IHS facilities and tribal providers to utilize Internet-based PECOS.

The IHS facilities and tribal providers seeking to initially enroll in the Medicare program or submit changes of information may utilize Internet-based PECOS. If IHS facilities or tribal providers choose to use Internet-based PECOS, they will be responsible for mailing to TrailBlazer Health Enterprises, LLC. (TrailBlazer), the designated Medicare contractor, the following:

- A cover letter to indicate they are seeking to enroll as an IHS facility or tribal provider or updating their current enrollment information;
- The Internet-based PECOS certification statement; and
- Any other applicable supporting documentation.

If the IHS facility or tribal provider sends this information to a Medicare contractor other than Trailblazer, that contractor shall forward the information directly to Trailblazers at one of the following addresses:

Part A Provider Enrollment
TrailBlazer Health Enterprises, LLC
Provider Enrollment
P.O. Box 650458
Dallas, TX 75265-0458

Part B Provider Enrollment
TrailBlazer Health Enterprises, LLC
Provider Enrollment
P.O. Box 650544
Dallas, TX 75265-0544

Upon receipt of the cover letter, the PECOS certification statement and supporting documentation, TrailBlazer, within 10 calendar days, shall request the PECOS development team transfer the Internet-based PECOS enrollment application from the designated State carrier or A/B MAC to Trailblazers, via Share Point. Trailblazer shall also notify the carrier or A/B MAC involved of their request so that no further action on the Web-generated logging and tracking (l&t) record is taken.

This interim process shall remain in effect until PECOS system changes are implemented to route all electronic enrollment applications received by IHS facilities and tribal providers directly to Trailblazers.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

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	
7174.1	Contractors (TrailBlazers) shall accept initial enrollment applications and changes of information received by IHS facilities and tribal providers submitted via Internet-based PECOS.										TrailBlazers
7174.2	Contractors (TrailBlazers) shall, within 10 calendar days of receiving the cover letter, PECOS generated certification statement, and all supporting documentation, request the PECOS development team transfer the Internet-based PECOS enrollment application from the designated State carrier or A/B MAC to Trailblazers, via Share Point.										TrailBlazers
7174.2.1	Contractors shall forward the cover letter, PECOS generated certification statement and all supporting documentation to TrailBlazers, if this information is incorrectly sent to them by the IHS facility or tribal provider.	X		X	X						
7174.3	Contractors (TrailBlazers) shall process IHS and tribal providers applications as normal per the instructions in Pub. 100-08, chapter 15.										TrailBlazers

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	
7174.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMMattersArticles/ shortly	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 H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671 or Sandra.Olson, Sandra.Olson@cms.hhs.gov, 410-783-1325

Post-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671 or Sandra.Olson, Sandra.Olson@cms.hhs.gov, 410-783-1325

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers, use only one of the following statements:

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

Section B: *For Medicare Administrative Contractors (MACs), include the following statement:*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

15.4.1.9 - Indian Health Services (IHS) Facilities

(Rev.358, Issued: 10-28-10, Effective: 11-29-10, Implementation: 11-29-10)

A. General Background Information

For purposes of provider enrollment only, there are several types of IHS facilities: (1) those that are wholly owned and operated by the IHS, (2) facilities owned by the IHS but tribally operated, and (3) facilities totally owned and operated by a tribe, though under the general IHS umbrella. When an IHS facility wishes to enroll with the fiscal intermediary, it may either check: (a) “Indian Health Services Facility”, or (b) the specific provider type it is. For instance, if an IHS hospital is involved, the provider may check “Indian Health Services Facility” or “Hospital” on the application - or perhaps both. Even if it only checked “Hospital,” the LBN or DBA Name will typically contain some type of reference to Indian Health Services; as such, the intermediary will know it is dealing with an IHS facility.

The overwhelming majority of IHS facilities on the Part A side are either hospitals, SNFs, CAHs, or ESRD facilities. The contractor processes IHS applications in the same manner (and via the same procedures) as it would with a hospital, SNF, etc. (This also applies to procedures for PECOS entry.)

As for CCN numbers, the IHS facility uses the same series that its concomitant provider type does. In other words, an IHS hospital uses the same CCN series as “regular” hospitals; an IHS CAH utilizes the same series as regular CAHs; and so forth.

For additional general information on IHS facilities, see Pub. 100-04, chapter 19. For information regarding the appropriate contractor jurisdiction for incoming Part A IHS facility applications, see Pub. 100-04, chapter 1, section 20.

B. IHS Enrollment

Effective September 1, 2010, IHS facilities and tribal providers seeking to initially enroll in the Medicare Program or submit a change of information may utilize Internet-based PECOS or use the paper form CMS-855 enrollment application.

If IHS facilities or tribal providers choose to use Internet-based PECOS, they will be responsible for mailing to TrailBlazer Health Enterprises, LLC. (TrailBlazer), the designated Medicare contractor, the following:

- A cover letter to indicate they are seeking to enroll as an IHS facility or tribal provider or updating their current enrollment information;*
- The Internet-based PECOS certification statement; and*
- Any other applicable supporting documentation.*

If the IHS facility or tribal provider sends this information to a Medicare contractor other than Trailblazer, that contractor shall forward the information directly to Trailblazers at one of the following addresses:

*Part A Provider Enrollment
TrailBlazer Health Enterprises, LLC
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P.O. Box 650458
Dallas, TX 75265-0458*

*Part B Provider Enrollment
TrailBlazer Health Enterprises, LLC
Provider Enrollment
P.O. Box 650544
Dallas, TX 75265-0544*

Upon receipt of the cover letter, the PECOS certification statement and supporting documentation, TrailBlazer, within 10 calendar days, shall request the PECOS development team transfer the Internet-based PECOS enrollment application from the designated State carrier or A/B MAC to Trailblazers, via Share Point. Trailblazer shall also notify the carrier or A/B MAC involved of their request so that no further action on the Web-generated logging and tracking (l&t) record is taken.

This interim process shall remain in effect until PECOS system changes are implemented to route all electronic enrollment applications received by IHS facilities and tribal providers directly to Trailblazers.