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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-08 Medicare Program Integrity | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 525 | Date: June 27, 2014 |
| | Change Request 8637 |

SUBJECT: Update to Form CMS-855 Application Processing Sections of CMS Pub. 100-08, Chapter 15

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to update and reorganize Pub. 100-08 Chapter 15 sections 15.7.1 through 15.7.2.2. The CR, generally speaking, merely clarifies existing Form CMS-855 application processing practices and does not add new requirements. Nonetheless, any new or revised tasks are outlined in the CR's business requirements.

EFFECTIVE DATE: July 29, 2014

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

IMPLEMENTATION DATE: July 29, 2014

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-Only One Per Row.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|--|
| R | 15/Table of Contents |
| R | 15/15.1.3/Medicare Contractor Duties |
| R | 15/15.5/Sections of the Forms CMS-855A, CMS-855B, and CMS-855I |
| R | 15/15.5.1/Basic Information (Section 1 of the Form CMS-855) |
| R | 15/15.5.2.2/Correspondence Address and E-mail Addresses |
| R | 15/15.5.13/Contact Persons |
| R | 15/15.7/Application Review and Verification Activities |
| R | 15/15.7.1/Receipt/Review of Application and Verification of Data |
| R | 15/15.7.1.1/Receipt/Review of Paper Applications |
| N | 15/15.7.1.2/Receipt/Review of Internet-Based PECOS Applications |
| N | 15/15.7.1.3/Verification of Data |
| N | 15/15.7.1.4/Requesting Missing/Clarifying Data/Documentation |
| N | 15/15.7.1.4.1/Paper Applications |
| N | 15/15.7.1.4.2/Internet-Based PECOS Applications |

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|--|
| N | 15/15.7.1.4.3/General Principles – Paper and Internet-Based PECOS Applications |
| N | 15/15.7.1.5/Receiving Missing/Clarifying Data/Documentation |
| N | 15/15.7.1.6/Failure to Submit Requested Data/Documentation |
| N | 15/15.7.1.6.1/Paper Applications |
| N | 15/15.7.1.6.2/Internet-Based PECOS Applications |
| R | 15/15.7.2/Reserved for Future Use |
| D | 15/15.7.2.1/Reserved for Future Use |
| D | 15/15.7.2.2/Requesting and Receiving Clarifying Information |
| R | 15/15.10.1.1/Changes of Information and Complete Form CMS-855 Applications |

III. FUNDING:

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 obliged 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

Attachment - Business Requirements

| | | | |
|-------------|------------------|---------------------|----------------------|
| Pub. 100-08 | Transmittal: 525 | Date: June 27, 2014 | Change Request: 8637 |
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SUBJECT: Update to Form CMS-855 Application Processing Sections of CMS Pub. 100-08, Chapter 15

EFFECTIVE DATE: July 29, 2014

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

IMPLEMENTATION DATE: July 29, 2014

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to update and reorganize Pub. 100-08 Chapter 15 sections 15.7.1 through 15.7.2.2. The CR, generally speaking, merely clarifies existing Form CMS-855 application processing practices and does not add new requirements. Nonetheless, any new or revised tasks are outlined in the CR's business requirements.

B. Policy: This CR updates and reorganizes Pub. 100-08 Chapter 15 sections 15.7.1 through 15.7.2.2. These particular sections address the processing of Form CMS-855 applications.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | |
|--------|--|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | | D M E M A C | Shared- System Maintainers | | | | Other |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | |
| 8637.1 | If the contractor suspects that a provider or supplier is attempting to circumvent an existing reenrollment bar by enrolling under a different business identity or as a different business type, the contractor shall contact its Provider Enrollment Operations Group Business Function Lead for guidance. | X | X | X | | | | | | |
| 8637.2 | As the state of birth and country of birth are optional data elements on the Form CMS-855, the contractor shall not develop for this information if it was not disclosed on the application and shall not request other contractors to update the PECOS Associate Control (PAC) ID to include this information. | X | X | X | | | | | | |
| 8637.3 | For Internet-based PECOS applications, if the contractor does not receive the certification statement in its mailroom (or via fax/e-mail) within the 15-day period and the contractor chooses to contact the provider to request the certification statement, it shall inform the provider (1) of the deadline by which the statement must be received and (2) that the provider | X | X | X | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | | |
|--------|---|----------------|---|-------|-------------|---------------------------|-------|-------|-------|-------|--|
| | | A/B MAC | | | D M E M A C | Shared-System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| | may still sign the application via e-signature. (The specific deadline in (1) lies within the contractor's discretion.) | | | | | | | | | | |
| 8637.4 | For Internet-based PECOS applications, if the provider submits an invalid certification statement the contractor shall (1) treat this as missing information and (2) develop for a correct certification statement during the pre-screening process. | X | X | X | | | | | | | |
| 8637.5 | If the provider submitted an invalid certification statement, the contractor shall still (1) enter the date of signature in the "Certification Date" box in the logging & tracking (L & T) record, and (2) change the L & T status to "In Review." (If the certification statement was undated, the contractor shall use the date that the 15-day clock expired as the date of signature.) | X | X | X | | | | | | | |
| 8637.6 | If the contractor cannot - for the following reasons - communicate with the provider to request missing information, it shall attempt one alternative means of communication: (1) the mailed letter is returned because the provider is not at that address, (2) the contractor cannot send an e-mail message because of issues with the recipient's e-mail system, and (3) the provider's fax number is repeatedly busy. | X | X | X | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|-------------|----------------|---|-------|-------------|---------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | A | B | H H H | | |
| | None | | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---------------------------------|---|
|---------------------------------|---|

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 15 - Medicare Enrollment

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- 15.7.1.6.2 – *Internet-Based PECOS Applications*
- 15.7.2 – *Reserved for Future Use*

15.1.3 – Medicare Contractor Duties

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

The contractor *shall* adhere to *all of the instructions in* this chapter 15 (hereafter generally referred to as “this *chapter*”) *and all other CMS provider enrollment directives (e.g., Technical Direction letters)*. The contractor shall *also* assign the appropriate number of staff to the Medicare enrollment function *to ensure that all such instructions and directives - including application processing timeframes and accuracy standards - are complied with and met.*

A. Training

The contractor shall provide (1) training to new employees, and (2) refresher training (as necessary) to existing employees to ensure that each employee processes enrollment applications in a timely, consistent, and accurate manner. Training shall include, at a minimum:

- An overview of the Medicare program
- A review of *all* applicable regulations, manual instructions, and other *CMS* guidance
- A review of the contractor’s enrollment processes and procedures
- Training regarding the Provider Enrollment, Chain and Ownership System (PECOS).

For new employees, the contractor shall also:

- Provide side-by-side training with an experienced provider enrollment analyst
- Test the new employee to ensure that *he or she* understands Medicare enrollment policy and contractor processing procedures, including the use of PECOS
- Conduct end-of-line quality reviews for 6 months after training or until the analyst demonstrates a clear understanding of Medicare enrollment policy, contractor procedures, *and the proper use of PECOS.*

B. PECOS

The contractor shall:

- *Process* all enrollment actions (*e.g., initials, changes, revalidations*) through PECOS
- *Deactivate or revoke the provider or supplier’s Medicare billing privileges in the Multi-Carrier System or the Fiscal Intermediary Shared System* only if the provider or supplier is not in PECOS
- *Close* or delete any aged logging and *tracking (L & T) records older than* 120 days for which there is *no* associated enrollment application
- *Participate in user acceptance testing* for each PECOS release
- *Attend* scheduled PECOS training when requested
- *Report* PECOS validation and production processing problems through the designated tracking system for each system release

- Develop (and update as needed) a written training guide for new and current employees on the proper processing of *Form* CMS-855 applications *and* the appropriate entry of data into PECOS.

C. Validation and Processing

The contractor shall:

- Review the application to determine *whether* it is complete and that all information and supporting documentation required for the applicant's provider/supplier type has been submitted on and with the appropriate enrollment application. *Unless stated otherwise in this chapter or in another CMS directive, the provider must complete all required data elements on the Form CMS-855 via the application itself.*
- *Unless stated otherwise in this chapter or in another CMS directive,* verify and validate *all* information collected on the enrollment application
- Coordinate with State survey/certification agencies and regional offices (ROs), as needed
- Collect and maintain the application's certification statement (in house) to verify and validate Electronic Funds Transfer (EFT) changes *in accordance with the instructions in this chapter and all other CMS directives.*
- Confirm that the applicant, all individuals and entities listed on the application, and any names or entities ascertained through *other sources,* are not presently excluded from the Medicare program by the HHS Office of the Inspector General (OIG) or through *the System for Award Management.*

15.5 – Sections of the Forms *CMS-855A, CMS-855B, and CMS-855I* ***(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)***

A. Background

Sections 15.5.1 through 15.5.19.7 below discuss various *data elements* on the Form CMS-855A, Form CMS-855B, and Form CMS-855I. Not every data element on the forms is discussed *in these sections*; only those *elements* that warrant additional instructions are *mentioned.* *Nonetheless, the contractor shall – unless stated otherwise in this chapter or in another CMS directive – adhere to* all instructions in this chapter 15 in terms of the collection, processing, and verification of all data elements on the Form CMS-855 applications, regardless of whether the data element *in question* is discussed in sections 15.5.1 through 15.5.19.7.

For purposes of these sections, and unless otherwise indicated, the term “approval” includes recommendations for approval.

B. Precedence of Sections 15.5.1 through 15.5.19.7

Though the contractor shall follow the instructions in sections 15.7 through 15.7.1.6.2 of this chapter with respect to the processing of applications and validation of information, any specific processing or verification instructions in sections 15.5.1 through 15.5.19.7 shall – unless stated otherwise in this chapter or in another CMS directive – take precedence over those in sections 15.7 through 15.7.1.6.2.

15.5.1 – Basic Information (Section 1 of the Form CMS-855)

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

Unless otherwise stated in this chapter or in another CMS directive, the provider may only check one reason for submittal. Suppose a supplier is changing its tax identification number via the Form *CMS-855B.* *The*

supplier must submit two applications: (1) an initial Form CMS-855B as a new supplier, and (2) a Form CMS-855B voluntary termination. Both transactions cannot be reported on the same application.

A provider shall enroll as an initial applicant if it is:

- *Seeking to reestablish itself in the Medicare program after reinstatement from an exclusion or debarment or after the expiration of a reenrollment bar, or*
- *A hospital requesting enrollment via the Form CMS-855B to bill for practitioner services for hospital departments, outpatient locations and/or hospital clinics.*

15.5.2.2 – Correspondence Address and E-mail Addresses

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

A. Correspondence Address

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the provider is enrolled in the Medicare program. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

The contractor shall call the telephone number listed in this section to verify that the contractor can get in touch with the applicant. If an answering service appears and the contractor can identify it as the applicant's personal service, it is not necessary to talk directly to the applicant or an official thereof. The contractor only needs to verify that the applicant can be reached at this number.

B. Correspondence Telephone Number

The provider may list any telephone number it wishes as the correspondence phone number. The number need not link to the listed correspondence address. The contractor may accept this telephone number if it has no reason to suspect that it does not belong to or is not somehow associated with the provider.

C. E-mail Addresses

An e-mail address listed on the application can be a generic e-mail address. It need not be that of a specific individual. The contractor may accept a particular e-mail address if it has no reason to suspect that it does not belong to or is not somehow associated with the provider.

D. Contact Persons

Unless stated otherwise in this chapter or in another CMS directive - or unless the provider requests that the contractor communicate with only a specific individual (e.g., an authorized official) or via specific means (e.g., only via the correspondence e-mail address) - the contractor has the discretion to use the contact persons listed in section 13 of the Form CMS-855 for all written and oral communications (e.g., mail, e-mail, telephone) related to the provider's Medicare enrollment. Such communication need not be restricted to a particular enrollment application of the provider's that the contractor is currently processing. Nor is the contractor required (again, unless either CMS or the provider directs otherwise) to send certain materials to the correspondence mailing or e-mail address rather than the contact person's mailing or e-mail address.

15.5.13 – Contact Persons

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

Unless stated otherwise in this chapter or in another CMS directive - or unless the provider requests that the contractor communicate with only a specific individual (e.g., an authorized official) or via specific means (e.g., only via the correspondence address e-mail) - the contractor has the discretion to use the contact persons listed in section 13 of the Form CMS-855 for all written and oral communications (e.g., mail, e-mail, telephone) related to the provider's Medicare enrollment. Such communication need not be restricted to a particular enrollment application of the provider's that the contractor is currently processing. Nor is the contractor required (again, unless either CMS or the provider directs otherwise) to send certain materials to the correspondence mailing or e-mail address rather than the contact person's mailing or e-mail address.

The provider may have as many contact persons as it wishes.

If the contractor discovers that *a particular* contact person qualifies as an owning or managing individual, the provider shall list the person in section 6 of the application.

If multiple contact persons are listed, the contractor has the discretion to select the individual to contact unless the provider indicates otherwise via any means. In addition:

- The contractor may use multiple contact persons throughout the enrollment process; it need not use the same individual for the entire duration unless, again, the provider indicates otherwise.
- All contact persons shall be stored in PECOS and shall not be removed unless the provider requests the removal via letter, e-mail, or fax.

15.7 – Application Review and Verification Activities

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

Unless stated otherwise in this chapter or in another CMS directive:

(A) The instructions in sections 15.7 through 15.7.1.6.2 apply to:

- *The Form CMS-855A, Form CMS-855B, Form CMS-855I, and Form CMS-855R.*
- *The Form CMS-855O. However, any specific processing or verification instructions in sections 15.5.16 through 15.5.16.4 shall – unless another CMS directive dictates otherwise – take precedence over those in sections 15.7 through 15.7.1.6.2*
- *All Form CMS-855 transaction types identified in this chapter (e.g., changes of information, reassignments).*

(B) The contractor shall ensure that the provider has completed all required data elements on the Form CMS-855 (including all effective dates) and that all supporting documentation has been furnished. The contractor shall also ensure that the provider has completed the application in accordance with the instructions (1) in this chapter and in all other CMS directives and (2) on the Form CMS-855. (The instructions on the Form CMS-855 shall be read and applied in addition to, and not in lieu of, the instructions in this chapter and all other applicable CMS directives.)

(C) The contractor shall verify and validate all information furnished by the provider on the Form CMS-855.

(D) The instructions in sections 15.7 through 15.7.1.6.2 are in addition to, and not in lieu of, all other instructions in this chapter.

In general, the application review and verification process is as follows:

- 1. Contractor receives application*
- 2. Contractor reviews application and verifies data thereon*
- 3. If (a) required data/documentation is missing, (b) data cannot be verified, and/or (3) there are data discrepancies, contractor requests missing/clarifying information from the provider.*
- 4. If applicable, contractor (a) verifies any newly furnished data, or (2) seeks additional data/clarification from provider.*
- 5. Final determination*

Sections 15.7.1 through 15.7.1.6.2 are structured so as to generally follow Steps 2 through 5 above.

15.7.1 – Receipt/Review of Application and Verification of Data **(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)**

The contractor is no longer required to pre-screen provider enrollment applications.

15.7.1.1 – Receipt/Review of Paper Applications **(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)**

A. Background

Once the application fee has been paid (if applicable), the contractor shall begin processing the application. This includes, but is not limited to:

- Ensuring that all required data elements on the application have been completed and that all required supporting documentation has been submitted*
- Submitted a valid and dated certification statement signed by an appropriate individual (e.g., the enrolling physician for Form CMS-855I applications)*
- Validating all data on and submitted with the application*
- Entering all information contained on the application into the Provider Enrollment, Chain and Ownership System (PECOS).*

The contractor may begin the verification process at any time. Also, the contractor is not required to create a PECOS logging and tracking (L & T) record within a certain specified timeframe (e.g., within 20 days after receipt of the application).

B. Other Guidelines

- 1. Acknowledgment of Receipt of Application – The contractor may, but is not required to, send out acknowledgment letters or e-mails.*
- 2. “Not Applicable” – The provider cannot write “N/A” in response to a question that requires a “yes” or “no” answer. This is considered an incomplete reply, thus warranting the issuance of a request for missing information. However, the supplier need not check “no” for questions that obviously do not apply to its supplier type. For instance, a nurse practitioner need not check “no” to question 1(a) in section 2C of the Form CMS-855I.*
- 3. Unsolicited Submission of Information - If the provider submits missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review.*

4. *Reenrollment Bar* – If the contractor suspects that a provider or supplier is attempting to circumvent an existing reenrollment bar by enrolling under a different business identity or as a different business type, the contractor shall contact CMS’ Provider Enrollment Business Function Lead (PEBFL) for guidance.

5. *State and Country of Birth* – The state of birth and country of birth are optional data elements on the Form CMS-855. As such, the contractor shall not develop for this information if it was not disclosed on the application and shall not request other contractors to update the PECOS Associate Control (PAC) ID to include this data.

6. *Photocopying Pages* - The contractor may accept photocopied pages in any Form CMS-855 it receives so long as the application contains an original signature. For example, suppose a corporation wants to enroll five medical clinics it owns. The section 5 data on the Form CMS-855B is exactly the same for all five clinics. The contractor may accept photocopied section 5 pages for these providers. However, original signatures must be furnished in section 15 of each application.

7. *White-Out & Highlighting* - The contractor shall not write on or highlight any part of the original Form CMS-855 application or any supplementary pages the applicant submits (e.g., copy of license). Provider usage of white-out is acceptable, although the contractor should contact the applicant to resolve any ambiguities. In addition, the contractor must determine whether the amount of white-out used on a particular application is within reason. For instance, if an entire application page is whited-out, the contractor should request that the page be resubmitted.

15.7.1.2 – Receipt/Review of Internet-Based PECOS Applications (Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

A. Submission of Paper Certification Statement

1. Background and Timeframe

If the provider chooses to submit its certification statement via paper rather than through e-signature, it may do so by mail, fax, or scanned e-mail. Unless stated otherwise in this chapter or in another CMS directive:

- The provider must submit the certification statement within 15 calendar days of the date on which it submitted its Internet-based PECOS application. (This applies to all Form CMS-855 Internet-based PECOS submissions, regardless of the type of transaction involved.)

- If the contractor does not receive the certification statement in its mailroom (or via fax/email) within the 15-day period, the contractor may either return the application (unless another CMS directive states otherwise) or contact the provider via any means to request the certification statement. If the contractor chooses the latter option, it shall inform the provider (1) of the deadline by which the statement must be received and (2) that the provider may still sign the application via e-signature. (The specific deadline in (1) lies within the contractor’s discretion.)

- If the provider submits an invalid certification statement (e.g., undated; incorrect individual signed it; not all authorized officials signed it), the contractor shall treat this as missing information and shall develop for a correct certification statement using – unless another CMS directive states otherwise - the procedures outlined in this chapter.

2. Switch to “In Review” and Application Returns

After – and only after – the contractor receives the provider’s certification statement and application fee (if applicable), the contractor shall: (1) enter the date of signature in the “Certification Date” box in the logging & tracking (L & T) record, and (2) change the L & T status to “In Review.” The contractor shall

not begin processing the application prior to its receipt of the certification statement and its completion of tasks (1) and (2) in the previous sentence.

If the provider submitted an invalid certification statement, the contractor shall still complete tasks (1) and (2) above. (If the certification statement was undated, the contractor shall use the date that the 15-day clock expired as the date of signature.) An appropriate certification statement can be solicited as part of the development process.

If the contractor can determine (without having yet begun processing the application) that an application can be returned under section 15.8.1 of this chapter (e.g., Form CMS-855I was submitted more than 60 days prior to the effective date), the contractor may return the application without waiting for the arrival of the certification statement.

B. Processing of Application

After tasks (1) and (2) above have been completed, the contractor shall begin processing the application:

- Ensuring that all required data elements on the application have been completed and that all required supporting documentation has been submitted (either via paper or the Digital Data Repository (DDR))*
- Validating all data on and submitted with the application*

15.7.1.3 – Verification of Data

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

A. General Background

Unless stated otherwise in this chapter or in another CMS directive, the contractor shall verify and validate – via the most cost-effective methods available - all information furnished by the provider (1) on the Form CMS-855 and (2) via all required accompanying documentation. The general purpose of the verification process is to ensure that all of the data furnished on the Form CMS-855 is accurate.

Examples of verification techniques include, but are not limited to:

- Site visits*
- Third-party data validation sources*
- State professional licensure and certification Web sites (e.g., medical board sites)*
- Federal licensure and certification Web sites (if applicable)*
- State business Web sites (e.g., to validate “doing business as” name)*
- Yellow Pages (e.g., to verify certain phone numbers)*

The contractor shall review sections 15.5.1 through 15.5.19.7 of this chapter for information on specific verification techniques that should be used for certain CMS-855 data elements.

B. Data Elements Not Addressed in Sections 15.5.1 through 15.5.19.7

For CMS-855 data elements that are not addressed in sections 15.5.1 through 15.5.19.7 – and unless stated otherwise in this chapter or in another CMS directive - the following principles apply:

(1) The data shall, as stated above, be verified via the most cost-effective means.

(2) A data element is considered “verified” when, after attempting at least one means of validation, the contractor is confident that the data is accurate. (The contractor shall use its best judgment when making this assessment.)

(3) The contractor need only make one verification attempt (i.e., need only use one validation technique) before either:

(a) Requesting clarifying information (as described in sections 15.7.1.3 and 15.7.1.4 below) if the data element cannot be verified. (However, the contractor is encouraged to make a second attempt using a different validation means prior to requesting clarification.)

OR

(b) Concluding that the furnished data is accurate.

(4) The list of verification techniques identified in this section 15.7.1.3 is not exhaustive. If the contractor is aware of another means of validation that is as cost-effective and accurate as those listed, it is free to use such means.

C. Concurrent Reviews

If the contractor receives multiple Form CMS-855s for related entities, it can perform concurrent reviews of similar data. For instance, suppose a chain home office submits initial Form CMS-855As for four of its chain providers. The ownership information (sections 5 and 6) and chain home office data (section 7) is the same for all four providers. The contractor need only verify the ownership and home office data once; it need not do it four times – once for each provider. However, the contractor shall document in each provider’s file that a single verification check was made for all four applications.

For purposes of this requirement: (1) there must be an organizational, employment, or other business relationship between the entities, and (2) the applications must have been submitted within a few weeks of each other. As an illustration, assume that Group Practice A submits an initial Form CMS-855B on January 1. Group Practice B submits one on October 1. Section 6 indicates that Joe Smith is a co-owner of both practices, though both entities have many other owners that are not similar. In this case, the contractor must verify Mr. Smith’s data in both January and October. It cannot use the January verification and apply it to Group B’s application because: (1) the applications were submitted nine months apart, and (2) there is no evidence that the entities are related.

D. Contacting Other Contractor

During the verification process, the contractor may need to contact another Medicare contractor for information regarding the provider. The latter contractor shall respond to the former contractor’s request within three business days absent extenuating circumstances.

E. Verification via the Provider Enrollment, Chain and Ownership System (PECOS)

All SSNs and National Provider Identifiers listed on the application will continue to be verified through PECOS.

15.7.1.4 – Requesting Missing/Clarifying Data/Documentation
(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

15.7.1.4.1 – Paper Applications
(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

If (1) the provider submits an application with at least one missing required data element, (2) the provider fails to submit at least one required document, (3) submits an invalid certification statement, or (4) the contractor determines that clarification is needed regarding certain information (e.g., particular data cannot be verified or there are data inconsistencies), the contractor shall send a development letter to the provider – preferably via e-mail or fax - that contains, at a minimum, the applicable elements in (a) through (f) below. (See section 15.24 et seq. for model letters.)

(a) A list of all of the missing required data/documentation, an explanation of the certification statement's deficiencies, and/or the issues/information to be clarified.

(b) A request that the provider submits the missing data/documentation, clarification, and/or revised certification statement within 30 calendar days.

(c) Unless the only data that is missing is documentation, a request that the provider submit an appropriately signed and dated certification statement, which will cover both the submission of any missing data as well as any deficiencies associated with the original certification statement.

(A new certification statement is not required if the only missing material is documentation or if the clarification to be provided does not require any changes to the provider's Form-855 application.)

(d) If missing data is involved, the CMS Web site at which the CMS-855 forms can be found. The contractor shall instruct the provider to (1) print out the page(s) containing the missing data; (2) enter the data on the blank page; (3) sign and date a new, blank certification statement; and (4) send it to the contractor. (As an alternative, the contractor can fax the blank page(s) and certification statement to the provider.) The provider need not furnish its initials next to the data element(s) in question.

(Step (d) is not needed if the only missing material is documentation.)

(e) An e-mail address, fax number, and mailing address to which the missing/clarifying data/documentation/correct certification statement can be sent to the contractor.

(f) The name, phone number, and e-mail address of a contact person at the contractor site.

15.7.1.4.2 – Internet-Based PECOS Applications
(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

If the contractor determines that (1) required data/documentation are missing, (2) clarification is needed (e.g., certain data cannot be verified), and/or (3) the certification statement is invalid, the contractor shall – after switching the L & T status to "Returned for Corrections" - send an e-mail (via PECOS Internet) to the provider containing:

(a) A list of all missing data/documentation, information to be clarified, and/or certification statement issues;

(b) A request that the provider submit the data/materials in question within 30 calendar days; and

(c) The name, phone number, and e-mail address of a contact person at the contractor site.

The contractor shall not attempt to contact the provider for the missing/clarified information and/or valid certification statement prior to sending the e-mail referenced above, though the contractor is free to make a follow-up contact with the provider after sending the e-mail.

15.7.1.4.3 – General Principles – Paper and Internet-Based PECOS Applications **(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)**

When requesting missing/clarifying information/documentation and/or or requesting a valid certification statement, the contractor shall adhere to the following:

A. Only One Request Needed – *This the only request the contractor must make. The contractor should, of course, respond to any of the provider’s telephone calls, e-mails, etc., resulting from the request. Yet the contractor need not – on its own volition – make an additional request unless the contractor uncovers missing data (or data that must be clarified) that it failed to detect prior to sending the original development letter.*

To the extent possible, the contractor should avoid contacting the provider for missing/clarifying data/documentation until it has attempted to validate all of the data on the application. This will obviate the need to contact the provider each time the contractor discovers an issue.

B. Commencement of Timeframe – *The 30-day clock referred to above commences when the contractor, as applicable: (1) mails, faxes, or e-mails the letter/request, or (2) sends the aforementioned Internet-based PECOS e-mail.*

C. Telephonic Requests

Unless otherwise stated in this chapter or in another CMS directive, telephonic requests for missing/clarifying data/documentation are generally not permitted for paper or Internet-based PECOS applications; it is important that requests for information or clarification be formalized in writing. However, in cases where CMS permits telephonic requests for such data, the contractor shall adhere to the following:

- *A telephonic request is made when the contractor: (1) speaks with an appropriate provider official, or (2) leaves a message either with an appropriate official’s staff (e.g., his/her executive assistant) or with an appropriate official’s voice mail service. In situation (2), the contractor shall leave the name, telephone number, and e-mail address of an appropriate individual at the contractor site who the official can contact; otherwise, the contact does not qualify as a legitimate request for clarification.*

- *When leaving a message, the contractor shall also state that the requested data/clarification must be furnished within 30 days.*

- *Telephone requests shall be made on weekdays between 9 am and 5 pm of the provider’s time zone.*

- *The 30-day clock begins on the date (1) of the telephone conversation with the appropriate official, or (2) the message is left.*

D. Inability to Contact Provider - *If the contractor cannot, for the reasons listed below, communicate with the provider to request information/documentation, it shall attempt one alternative means of communication:*

- *The mailed letter is returned because the provider is not at that address*

- *The contractor cannot e-mail the letter to the provider because of issues with the recipient’s e-mail system.*

- *The provider's fax number is repeatedly busy*

If an alternative communication also cannot be completed for one of the above reasons, the contractor need not make another attempt to obtain the data and may reject the application once the applicable 30-day period expires. However, it is strongly advised that the contractor make a third attempt to contact the provider prior to taking this step, especially if it appears that the provider is otherwise acting in good faith. (The contractor shall document each attempt to contact the provider.)

(With respect to e-mail, an alternative communication includes sending an e-mail to another listed contact person, delegated official, or authorized official.)

15.7.1.5 – Receiving Missing/Clarifying Data/Documentation **(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)**

A. Requirement to Furnish All Missing/Clarifying Material

The provider must furnish all missing/clarifying data/documentation requested by the contractor within the 30-day timeframe. Whether the provider furnished all the information is a decision resting solely with the contractor. Should the provider furnish some (but not all) of the requested data/clarification within the specified time period, the contractor need not contact the provider again to request the remaining information. For instance, suppose the contractor requested missing data in sections 3, 4, and 5 of the Form CMS-855A. The provider only furnished the section 3 data. The contractor may reject the application without attempting another contact.

NOTE: *With Internet-based PECOS applications, the provider may mail its paper certification statement and its documentation separately. They need not be sent in the same package.*

B. Format of Furnishing Missing Data

1. Paper Applications

Unless stated otherwise in this chapter or in another CMS directive, the provider shall: (1) provide the missing/clarification information (excluding documentation) on the applicable Form CMS-855 page(s) and (2) submit the missing material via mail, fax, or scanned e-mail. A newly signed and dated certification statement must accompany the Form CMS-855 page(s) containing the missing data – unless the only missing information is supporting documentation, in which case no new certification statement is needed.

2. Internet-Based PECOS Applications

Unless stated otherwise in this chapter or in another CMS directive, the provider may (1) submit the missing information by entering it into PECOS, (2) submit the missing documentation via fax, e-mail, mail, or the Digital Data Repository (DDR), and/or (3) submit the certification statement via paper or e-signature. (The provider cannot submit the missing data via the applicable paper CMS-855 pages if it submitted its application via Internet-based PECOS.)

B. Format of Clarifying Data

In cases where clarifying (as opposed to missing) information is requested, the contractor may accept the clarification by e-mail, fax, or letter. If the provider furnishes the clarification via telephone, the contractor shall – unless another CMS directive states otherwise - request that the provider furnish said clarification in writing (preferably via e-mail).

If the provided clarification ultimately requires the provider to change or alter data that must be reported on the paper or Web Form CMS-855, the contractor shall instruct the provider via a follow-up e-mail or fax to submit the revised data on the applicable Form CMS-855 page or via Internet-based PECOS and to

furnish a new certification statement. The provider must submit the revised data and new certification statement within 30 days of the original request for clarification (rather than 30 days from the date of the follow-up request to provide the data via the CMS-855).

Consider the following illustrations:

EXAMPLE 1: *The contractor notifies the provider via an e-mailed letter on March 1 of a discrepancy regarding its ownership information on the Form CMS-855A. The provider e-mails the contractor on March 3 and explains the discrepancy. Based on this e-mail, the contractor determines that the provider must correct its ownership data in section 5 of its Form CMS-855A. The contractor sends a follow-up e-mail to the provider on March 7 instructing the provider to do so. The provider must submit the revised data on the Form CMS-855 (with a new certification statement) by March 31 (not April 6, or 30 days from the date of the follow-up e-mail).*

EXAMPLE 2: *The contractor notifies the provider via e-mailed letter on March 1 of a discrepancy regarding its ownership information on the Form CMS-855A. The provider telephones the contractor on March 6 and explains the discrepancy to the contractor's satisfaction. Although the discrepancy does not require the provider to make any revisions to its Form CMS-855A, the contractor shall request that the provider furnish its explanation in writing no later than 30 days from its March 1 e-mail (or March 31), not 30 days from the date of its March 6 request for the written explanation.*

EXAMPLE 3: *The contractor notifies the provider via e-mailed letter on March 1 of a discrepancy regarding its ownership information on its paper Form CMS-855A. Determining (based on the contractor's e-mail) that the ownership information it provided was incorrect, it submits a revised section 5 of its Form CMS-855A to the contractor with a new certification statement but without any accompanying explanation of the change (e.g., no accompanying letter or e-mail). The contractor receives the revised section 5 on March 12. If the contractor determines that the discrepancy has been resolved via the revised submission, it is not required to contact the provider for an accompanying written explanation. (This is because the clarification was furnished in writing via the CMS-855 itself.) If, however, the contractor would like a written explanation or otherwise needs clarification about the submission, it may request that a written explanation be submitted no later than March 31.*

C. Maintenance of Received Material

The contractor shall maintain all missing/clarifying information or documentation received (including new certification statements) in the provider file. Storage can be electronic or via hard copy, but it must be in an otherwise easily accessible format.

15.7.1.6 – Failure to Submit Requested Data/Documentation (Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

The instructions in sections 15.7.1.6.1 and 15.7.1.6.2 apply unless another CMS directive or instruction states otherwise.

15.7.1.6.1 – Paper Applications (Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

If, in the contractor's view, the provider failed to submit all of the requested data/documentation and/or a valid certification statement (either as a correction to the original certification statement or as part of a request for missing data), the contractor may:

- *Reject the application if the 30-day period has elapsed,*
- *Wait until the 30-day period has elapsed and then reject the application, or*

- *Make a second request for the outstanding missing/clarifying data/documentation and/or an appropriate certification statement. (The request can be made via mail, fax, or e-mail. If the request is sent via e-mail, it need not be in the form of a letter.) The contractor may establish its own deadline for the provider's submission of the remaining data or the certification statement, though it must be at least 7 business days from the date of this second request. In making the request, the contractor must specify: (1) the date of the original request/development letter and the material that was requested therein; (2) the data that is still missing or must be clarified; (3) that a newly-signed certification statement is necessary if the data must be furnished on the Form CMS-855; (4) the deadline for submission; (5) the address, fax number, and e-mail address to which the data/certification statement can be sent; and (6) the name, phone number, and e-mail address of an appropriate contact person at the contractor site.)*

While the contractor is not required to make a second request if the provider fails to timely and fully respond to the development letter, the contractor is encouraged to make an additional request if: (1) it appears that the provider is making a good-faith effort to comply with the development letter and/or (2) the provider furnished most of the requested data. For instance, suppose the contractor requested 5 pieces of missing information. The contractor timely submitted 4 of them and furnished a signed (though undated) certification statement. Since the provider appears to be acting in good faith, the contractor is encouraged to continue working with the provider.

If the provider fails to fully respond to a second request, the contractor may either: (1) reject the application if the original 30-day period has elapsed, (2) wait until the 30-day period has elapsed and then reject the application, or (3) make a third request using the procedures described above.

15.7.1.6.2 – Internet-Based PECOS Applications **(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)**

If, in the contractor's view, the provider failed to submit all of the requested data/documentation and/or failed to submit a valid certification statement (either as a correction to the original certification statement or as part of a request for missing data), the contractor may:

- *Reject the application if the 30-day period has elapsed,*
- *Wait until the 30-day period has elapsed and then reject the application, or*
- *Make a second request for the outstanding missing/clarifying data/documentation and/or an appropriate certification statement. (The request shall be made via PECOS e-mail.) The contractor can establish its own deadline for the provider's submission of the remaining data, though it must be at least 7 business days from the date of the request. In making the request, the contractor shall specify: (1) the date of the original development e-mail and the material that was requested therein; (2) the data that is still missing or needs to be clarified; (3) that a newly-signed certification statement (either via Internet-based PECOS or paper) is necessary if the data must be furnished on the Form CMS-855; (4) the deadline for submission; (5) the address, fax number, and e-mail address to which the documentation or certification statement can be sent (though the provider should be encouraged to use e-signature and the DDR); and (6) the name, phone number, and e-mail address of an appropriate contact person at the contractor site.*

While the contractor is not required to make a second request if the provider fails to timely and fully respond to the development letter, the contractor is encouraged to make an additional request if: (1) it appears that the provider is making a good-faith effort to comply with the development letter and/or (2) the provider furnished most of the requested data.

If the provider fails to fully respond to a second request, the contractor may either: (1) reject the application if the original 30-day period has elapsed, (2) wait until the 30-day period has elapsed and then reject the application, or (3) make a third request using the procedures described above.

15.7.2 – *Reserved for Future Use*

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

15.10.1.1 – Changes of Information and Complete Form CMS-855 Applications

(Rev.525, Issued: 06-27-14, Effective: 07-29-14, Implementation; 07-29-14)

A provider must submit a complete Form CMS-855 application if it (1) submits any change request, and (2) does not have an established enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS). (For purposes of this requirement, the term “change request” includes electronic funds transfer (EFT) changes.) It is immaterial (1) whether the provider or another party (e.g., local government changes street name) was responsible for triggering the changed data; or (2) the signer of the change request or EFT form already has a signature on file with the contractor.

If the contractor receives a change request from a provider that is not in PECOS, the contractor shall develop for the entire application in accordance with the procedures described in this chapter (i.e., the contractor shall treat the transaction as a request for additional information). Consistent with existing policies for requesting additional data, the provider has 30 calendar days from the date of the contractor’s request to furnish a complete Form CMS-855. During this period, the contractor should “hold” (i.e., not process) the change request until the entire application arrives; no logging and tracking (L & T) record shall be created in PECOS at this point.

If the provider fails to submit a complete application within the aforementioned 30-day period, the contractor shall follow the instructions in section 15.10.1.2(B) of this chapter.

If the provider submits the application, the contractor shall process it in accordance with the instructions in this chapter and all other applicable CMS directives. This includes:

- Processing the complete application consistent with the timeframes for initial applications in section 15.6.1 of this chapter.
- Ensuring that all data elements on the Form CMS-855 have been validated, as it would with an initial enrollment application. The contractor shall not approve the change request until all data on the complete Form CMS-855 has been validated.
- Creating an L & T record and enrollment record in PECOS prior to approving the change request. *(The receipt date should be the date on which the complete application was received, not the date on which the initial change request was received.)* The transaction should be treated as an initial enrollment in PECOS; internally, the contractor shall treat it as a change of information. As the complete application will presumably incorporate the changed data reported on the original Form CMS-855 change request, the contractor shall not take two separate counts (one initial and one change request) for the transaction.