

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 532	Date: August 1, 2014
	Change Request 8842

SUBJECT: Incorporation of Various Form CMS-855 Processing Activities into Pub. 100-08, Program Integrity Manual (PIM), Chapter 15

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to incorporate into chapter 15 of the PIM various policies involving the processing of Form CMS-855 applications.

EFFECTIVE DATE: September 2, 2014

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

IMPLEMENTATION DATE: September 2, 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	15/15/4.2.3/Mammography Screening Centers
R	15/15/5/Sections of the Forms CMS-855A, CMS-855B, and CMS-855I
R	15/15/5.2.1/Licenses and Certifications
R	15/15/5.2.2/Correspondence Address and E-mail Addresses
R	15/15/5.19.3/Interpreting Physicians
R	15/15/7/Application Review and Verification Activities
R	15/15/7.1.1/Receipt/Review of Paper Applications
R	15/15/7.1.2/Receipt/Review of Internet-Based PECOS Applications
R	15/15/7.1.3/Verification of Data/Processing Alternatives
N	15/15/7.1.3.1/Processing Alternatives – Form CMS-855B and Form CMS-855I
N	15/15/7.1.3.2/Processing Alternatives – Form CMS-855A
N	15/15/7.1.3.3/Processing Alternatives – Form CMS-855O
N	15/15/7.1.3.4/Processing Alternatives – Form CMS-855R
R	15/15/7.1.4/Requesting Missing/Clarifying Data/Documentation
R	15/15/7.1.5/Receiving Missing/Clarifying Data/Documentation
R	15/15/7.1.6/Failure to Submit Requested Data/Documentation
R	15/15/7.5/Special Program Integrity Procedures
R	15/15/15/Internet-based PECOS Applications
R	15/15/16.1/Ordering/Certifying Suppliers – Background
R	15/15/16.2/Processing Initial Form CMS-855O Submissions
R	15/15/16.3/Processing Form CMS-855O Change of Information Requests
R	15/15/16.4/Form CMS-855O Revocations

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: 532	Date: August 1, 2014	Change Request: 8842
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EFFECTIVE DATE: September 2, 2014

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IMPLEMENTATION DATE: September 2, 2014

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to incorporate into chapter 15 of the PIM various policies involving the processing of Form CMS-855 applications.

B. Policy: This CR incorporates various Form CMS-855 application processing policies into chapter 15 of the PIM.

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		
8842.1	NOTE: The contractor shall observe the changes made to Pub. 100-08, Program Integrity Manual, chapter 15, per this change request.	X	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	CEDI
		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:
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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) or Contractor Manager, as applicable.

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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15.4.2.3 - Mammography Screening Centers

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

As stated in 42 CFR §410.34(a)(2), a screening mammography is a radiological procedure “furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure.” All mammography centers must apply for and receive certification from the Food and Drug Administration (FDA), which is responsible for collecting certificate fees and surveying mammography facilities (screening and diagnostic).

The FDA provides CMS with a listing of all providers that have been issued certificates to perform mammography services. The file contains the FDA Certification Numbers of active and terminated facilities. Typically, it is transmitted to the Multi-Carrier System (MCS) on a weekly basis; the contractor accesses the file from MCS.

The supplier shall submit a copy of its FDA certificate with its application. Per 42 CFR §410.34 (a)(7)(i), the contractor may accept a “provisional” certificate.

For more information on mammography screening centers, refer to:

- §1834(c) of the Social Security Act
- 21 CFR Part 900
- 42 CFR §410.34
- Pub. 100-04, chapter 18, sections 20 through 20.8 (Claims Processing Manual)
- Pub. 100-02, chapter 15, section 280.3 (Benefit Policy Manual)

15.5 – Sections of the Forms CMS-855A, CMS-855B, and CMS-855I

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

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 15.7 through 15.7.1.6.2

Though the contractor shall follow the instructions in sections 15.5.1 through 15.5.19.7, any specific processing or verification instructions in sections 15.5.7 through 15.7.1.6.2 shall – unless stated otherwise in this chapter or in another CMS directive - take precedence over those in sections 15.5.1 through 15.5.19.7.

See sections 15.7.1.3.1 and 15.7.1.3.2 for information regarding “processing alternatives.”

15.5.2.1 – Licenses and Certifications

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The extent to which the applicant must complete the licensure or certification information in section 2 of the *Form CMS-855* depends upon the provider type involved. For instance, some *states* may require a particular provider to be “certified” but not “licensed,” or vice versa.

The provisions in this section 15.5.2.1 are subject to the “processing alternatives” described in sections 15.7.1.3.1 through 15.7.1.3.2 of this chapter.

A. *Form CMS-855B* and *Form CMS-855I*

The contractor shall verify that the supplier is licensed and/or certified to furnish services in:

- The *state* where the supplier is enrolling
- Any other *state* within the contractor’s jurisdiction in which the supplier (per section 4 of the *Form CMS-855*) will maintain a practice location.

The only licenses that must be submitted with the application are those required by Medicare or the state to function as the supplier type in question. Licenses and permits that are not of a medical nature are not required, though business licenses needed for the applicant to operate as a health care facility or practice must be submitted. In addition, there may be instances where the supplier is not required to be licensed at all in a particular state; the contractor shall still ensure, however, that the supplier meets all applicable state and Medicare requirements.

The contractor shall also adhere to the following:

- **State Surveys:** Documents that can only be obtained after *state* surveys or accreditation need not be included as part of the application. (This typically occurs with ambulatory surgical centers (ASCs) and portable x-ray suppliers.) The supplier must, however, furnish those documents that can be submitted prior to the survey/accreditation.

The contractor shall include any licenses, certifications, and accreditations submitted by ASCs and portable x-ray suppliers in the enrollment package that is forwarded to the state and/or RO.

Once the contractor receives the approval letter or tie-in notice from the RO for the ASC or portable x-ray supplier, the contractor is encouraged, but not required, to contact the RO, *state* agency, or supplier for the applicable licensing and/or certification data and to enter it into PECOS.

- **Notarization:** If the applicant submits a license that is not notarized or "certified true," the contractor shall verify the license with the appropriate *state* agency. (A notarized copy of an original document has a stamp that says "official seal," along with the name of the notary public, the *state*, the county, and the date the notary's commission expires. A certified "true copy" of an original document has a raised seal that identifies the *state* and county in which it originated or is stored.)
- **Temporary Licenses:** If the supplier submits a temporary license, the contractor shall note the expiration date in PECOS. Should the supplier fail to submit the permanent license after the temporary license expiration date, the contractor shall initiate revocation procedures. (A temporary permit – one in which the applicant is not yet fully licensed and must complete a specified number of hours of practice in order to obtain the license – is not acceptable.)
- **Revoked/Suspended Licenses:** If the applicant had a previously revoked or suspended license reinstated, the applicant must submit a copy of the reinstatement notice with the application.

- **Date of Enrollment** – For suppliers other than ASCs and portable x-rays, the date of enrollment is the date the contractor approved the application. The enrollment date cannot be made retroactive. To illustrate, suppose the supplier met all the requirements needed to enroll in Medicare (other than the submission of a *Form* CMS-855I) on January 1. He sends his *Form* CMS-855I to the contractor on May 1, and the contractor approves the application on June 1. The date of enrollment is June 1, not January 1. (*NOTE: The matter of the date of enrollment is separate from the question of the date from which the supplier may bill.*)

See section 15.7.5.1, of this chapter for special instructions related to periodic license reviews and certain program integrity matters.

B. *Form* CMS-855A

Documents that can only be obtained after *state* surveys or accreditation need not be included as part of the application, nor must the data be provided in section 2 of the *Form* CMS-855A. The provider *shall*, however, furnish those documents that can be submitted prior to the survey/accreditation. *The contractor shall include all submitted licenses, certifications, and accreditations in the enrollment package that is forwarded to the state and/or RO.*

Once the contractor receives the approval letter or tie-in notice from the RO, the contractor is encouraged, but not required, to contact the RO, *state* agency, or provider for the applicable licensing and/certification data and to enter it into PECOS.

15.5.2.2 – Correspondence Address and E-mail Addresses

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

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.

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.

15.5.19.3 – Interpreting Physicians

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The applicant shall list all physicians for whose diagnostic test interpretations it will bill. This includes physicians who will provide interpretations subject to the anti-markup payment limitation as detailed in CMS Publication 100-04, chapter 1, § 30.2.9 - whether the service is provided to the IDTF on a contract basis or is reassigned.

The contractor shall ensure and document that:

- All listed physicians are enrolled in Medicare
- All interpreting physicians who are reassigning their benefits to the IDTF have the right to do so
- *The interpreting physicians listed are qualified to interpret the types of tests (codes) listed. (The contractor may need to contact another contractor to obtain this information.) If the applicant does not list any interpreting physicians, the contractor need not request additional information because the applicant may not be billing for the interpretations; that is, the physicians may be billing for the interpretation themselves.*

If an interpreting physician has been recently added or changed, the new interpreting physician must have met all of the interpreting physician requirements at the time any tests were performed.

A Form CMS-855R need not accompany a Form CMS-855B application submitted by an independent diagnostic testing facility (IDTF) that employs or contracts with an interpreting physician.

15.7 – Application Review and Verification Activities

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

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, Form CMS-855R, *and Form CMS-855O.*
- *All Form CMS-855 transaction types identified in this chapter (e.g., changes of information, reassignments).*

(B) Except for situations where a “processing alternative” applies (see sections 15.7.1.3.1 through 15.7.1.3.4 of this chapter), 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.)
- *Verify and validate all information furnished by the provider on the Form CMS-855.*

(C) 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.

15.7.1.1 – Receipt/Review of Paper Applications

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. Background

The contractor shall begin processing the application once the application fee has been paid (if applicable). This includes, but is not limited to (and subject to the processing alternatives in sections 15.7.1.3.1 through 15.7.1.3.4):

- 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” – *Unless a “processing alternative” applies*, 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.
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.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

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 **45** 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 **45**-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 **45**-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. *Subject to the processing alternatives in sections 15.7.1.3.1 through 15.7.1.3.4, processing 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 (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/*Processing Alternatives* *(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)*

A. Verification - General

1. Means of Verification

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 *on or with its application*. 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 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. However, all Social Security Numbers (SSNs) and National Provider Identifiers (NPIs) listed on the application will continue to be verified through PECOS.

2. Procedures

Unless stated otherwise in this chapter or in another CMS directive, the following principles *apply*:

(1) 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.)

(2) 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 15.7.1.4 through 15.7.1.6.2*) 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.

3. 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.

4. 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.

B. Processing Alternatives

Sections 15.7.1.3.1 through 15.7.1.3.4 outline special processing rules (“processing alternatives”) that are intended to reduce the burden on contractors and providers while simultaneously maintaining the integrity of the enrollment process. These provisions take precedence over all other instructions outlined in this chapter 15.

15.7.1.3.1– Processing Alternatives – Form CMS-855B and Form CMS-855I

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. General Processing Alternatives

The following general alternatives are applicable to all sections of the Form CMS-855B and the CMS-855I, unless otherwise specified:

1. Information Disclosed Elsewhere - If a data element on the supplier's Form CMS-855 application is missing but the information is disclosed: (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855 page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855, even if the data is identified elsewhere on the form or in the supporting documentation:

- a. Any final adverse action data requested in sections 3, 4A (Form CMS-855I only), 5B (Form CMS-855B only), and 6B of the Form CMS-855*
- b. Legal business names (LBN) or legal names*
- c. Tax identification numbers (TIN)*
- d. NPI-legacy number combinations in Section 4 of the Form CMS-855*
- e. Supplier/practitioner type (section 2A of the Form CMS-855B and section 2D of the Form CMS-855I)*

Data available on a previously submitted CMS-855 enrollment application, or information currently in PECOS, does not qualify as a processing alternative. In addition, per section 15.7.3 of this chapter, the contractor shall document in the provider file that the missing information was found elsewhere in the enrollment package.

2. Licenses

In situations where the supplier is required to submit a copy of a particular professional or business license, certification, registration, or degree but fails to do so, the contractor need not obtain such documentation from the provider if the contractor can verify the information independently. This may be done by: (1) reviewing and printing confirming pages from the applicable state, professional, or school Web site, (2) requesting and receiving from the appropriate state, professional, or educational body written confirmation of the supplier's status therewith, or (3) utilizing another third-party verification source. Similarly, if the provider submits a copy of the applicable license, certification, registration or degree but fails to complete the applicable section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms described above.

- The above-referenced written confirmation of the supplier's status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.*
- This exception only applies to those documents that traditionally fall within the category of licenses, registrations, certifications, or degrees. It does not apply to items such as adverse action documentation, paramedic intercept services documents, etc. Furthermore, the exception is moot in cases where: (1) a particular license/certification is not required by the state, or (2) the license/certification has not been obtained because a state survey has not yet been performed (i.e., for certified suppliers).*

3. City, State, and ZIP Code - If an address (e.g., correspondence address, practice location) lacks a city or state, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the zip + four from either the U.S. Postal Service or Finalist in PECOS.

4. Inapplicable Questions - 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.

5. Clinical Laboratory Improvement Act (CLIA) and Drug Enforcement Agency (DEA) - CLIA and DEA certificates need not be submitted if the applicable CLIA and DEA information was furnished on the Form

CMS-855. Likewise, if the aforementioned certificates are furnished but the applicable Form CMS-855 sections are blank, no further development is needed.

6. Practice Locations - Each practice location is to be verified. However, there is no need to separately contact each location on the application. Such verification can be done via the contact person listed on the application; the contact person's verification shall be documented in the provider file pursuant to section 15.7.3 of this chapter.

B. Sectional Processing Alternatives

The processing alternatives in this subsection B are in addition to, and not in lieu of, those in subsection A.

1. Section 1 (Form CMS-855B and Form CMS-855I)

With the exception of: (1) the voluntary termination checkbox, (2) the effective date of termination, and (3) physician assistant and reassignment data in section 1A of the Form CMS-855I, any blank data/checkboxes in section 1 can be verified through any means chosen by the contractor (e.g., e-mail, telephone, fax).

2. Section 2

a. Form CMS-855B

- All information in section 2B1 (with the exception of the TIN and LBN) can be captured by telephone, fax, e-mail, or Web site.*
- If the contractor is aware that a particular state does not require licensure/certification and the "Not Applicable" boxes are not checked in section 2A2, no further development is needed.*

b. Form CMS-855I

- If blank, "Type of Other Name" and "Gender" can be captured orally.*
- If the contractor is aware that a particular state does not require licensure/certification and the "Not Applicable" boxes are not checked in section 2A, no further development is needed.*
- In section 2D1, if the supplier uses a checkmark, an "X," or other symbol to identify his/her primary and secondary specialties (as opposed to a "P" or "S"), no additional development is needed.*
- When processing a non-physician practitioner's (NPP) application, the contractor need not automatically request a copy of the NPP's degree or diploma (if it is not submitted) if his or her education can be verified through other authorized means; requesting a copy of the degree or diploma should only be done if educational information cannot otherwise be verified.*

3. Section 4

a. Form CMS-855B

- In section 4A, the type of practice location checkboxes need not be completed if the type of location is apparent to the contractor. The contractor can confirm the information via telephone, e-mail, or fax.*
- In section 4B, if neither box is checked and no address is provided, the contractor can contact the supplier by telephone, e-mail, or fax to confirm the supplier's intentions. If the "special payments" address is indeed the same as the practice location, no further development is needed. If, however,*

the supplier wants payments to be sent to a different address, the address in 4B must be completed via the Form CMS-855.

- In section 4E, if the “Check here” box is not checked and no address is provided, the contractor can contact the supplier by telephone, e-mail or fax to confirm the supplier’s intentions. If the base of operations address is the same as the practice location, no further development is needed. If the supplier indicates that the base of operations is at a different location, the address in 4E must be completed via the Form CMS-855.*
- In section 4F, if the vehicle certificates are furnished but the applicable Form CMS-855 sections are blank, the contractor can verify via telephone, e-mail or fax that said vehicles are the only ones the supplier has.*

b. Form CMS-855I

- In section 4C, the type of practice location checkboxes need not be completed if the type of location is apparent to the contractor; the contractor can confirm the information via telephone, e-mail or fax.*
- In section 4E, if neither box is checked and no address is provided, the contractor can contact the supplier by telephone, e-mail or fax to confirm the supplier’s intentions. If the “special payments” address is the same as the practice location, no further development is needed. If, however, the supplier wants payments to be sent to a different address, the address in 4E must be completed via the Form CMS-855.*

4. Section 8 (Form CMS-855B and Form CMS-855I) - If the telephone number is blank, the number can be verified with the supplier by telephone, e-mail or fax. If the section is blank, including the check box, no additional development is necessary.

5. Section 13 (Form CMS-855B and Form CMS-855I)

- If this section is completely blank, the contractor need not develop for this information and can simply contact an authorized or delegated official (or, for Form CMS-855I applications, the physician/practitioner).*
- If neither box is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor can either: (1) develop for this information by telephone, e-mail or fax, or (2) contact an authorized or delegated official (or, for Form CMS-855I applications, the physician/practitioner).*

6. Section 16 (Form CMS-855B)

The telephone number can be left blank. No further development is needed.

7. Attachment 1 (Form CMS-855B)

In section D, the “Land,” “Air,” and “Marine” boxes need not be checked (or developed) if the type of vehicle involved is clear.

8. Attachment 2 (Form CMS-855B)

In section E, the telephone number of the supervising physician can be left blank. No further development is needed.

15.7.1.3.2 – Processing Alternatives – Form CMS-855A

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. General Processing Alternatives

The following general alternatives are applicable to all sections of the Form CMS-855A, unless otherwise specified:

1. Information Disclosed Elsewhere – If a data element on the provider’s Form CMS-855A application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855A page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855A, even if the data is identified elsewhere on the form or in the supporting documentation:

- a. Any final adverse action data requested in sections 3, 5B and 6B of the Form CMS-855A
- b. All legal business names (LBNs)(e.g., provider, chain home office)
- c. All tax identification numbers (TINs)(e.g., provider, owning organization)
- d. NPI-legacy number combinations in section 4 of the Form CMS-855A
- e. Provider type
- f. The following data in sections 2F, 2G and 2H:
 - “Doing business as” name
 - Effective dates of sale/transfer/consolidation
 - Checkbox in section 2F indicating whether seller will accept assets/liabilities
 - Names of units with separate legacy numbers/NPIs;
 - All NPIs and legacy numbers

Data that is available on a previously submitted Form CMS-855A application or in PECOS cannot be used for purposes of this “Information Disclosed Elsewhere” exception. Also, per section 15.7.3 of this chapter, the contractor shall document in the provider file that the missing information was found elsewhere in the enrollment package.

2. Licenses - In situations where the provider is required to submit a copy of a particular professional or business license, certification, or registration but fails to do so, the contractor need not obtain such documentation from the provider if the contractor can verify the information independently. This may be done by: (1) reviewing and printing confirmation pages from the applicable state web site, (2) requesting and receiving from the appropriate state body written confirmation of the provider’s status therewith, and (3) using any other third-party verification source. Similarly, if the provider submits a copy of the applicable license, certification, or registration but fails to complete the appropriate section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms above.

- The above-referenced written confirmation from a state body of the provider’s status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.
- This exception only applies to those documents that traditionally fall within the category of licenses, registrations, or certifications. It does not apply to items such as adverse action documentation, bills of sale, etc. Furthermore, the exception is moot in cases where: (1) a particular license/certification is not required by the state, or (2) the license/certification has not been obtained because a state survey has not yet been performed.

3. City, State, and ZIP Code - If an address (e.g., correspondence address, practice location) lacks a city or state, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the “zip + four” from either the U.S. Postal Service or Finalist in PECOS.

B. Sectional Processing Alternatives

The processing alternatives in this subsection B are in addition to, and not in lieu of, those in subsection A.

1. Section 1

With the exception of (1) the voluntary termination checkbox and (2) the effective date of termination, any blank data/checkboxes in section 1 can be verified through any means chosen by the contractor (e.g., e-mail, telephone, fax).

2. Section 2

- Other than the TIN and the LBN, all information in section 2B1 can be captured by telephone, e-mail, fax, or a Web site.
- If the contractor is aware that a particular state does not require licensure/certification and the “Not Applicable” boxes in section 2B2 are not checked, no further development is needed.
- With respect to sections 2F, 2G, and 2H, if the old/new owner’s current contractor is not listed, the contractor can research this data on its own or obtain it from the provider by any means.

3. Section 4

- In section 4A, if the “type of practice location” checkbox is blank, the contractor can confirm the information via e-mail or fax.
- In section 4B, if neither box is checked and no address is provided, the contractor can contact the provider by telephone, e-mail, or fax to confirm the provider’s intentions. If the provider replies that the “special payments” address is the same as the practice location, no further development is needed. If, however, the provider wants payments to be sent to a different address, the address in 4B must be completed via the Form CMS-855A.
- In section 4D, if the “Check here” box is not checked and no address is provided, the contractor can contact the provider by telephone, e-mail or fax to confirm the provider’s intentions. If the provider replies that the base of operations address is the same as the practice location, no further development is needed. If the provider indicates that the base of operations is at a different location, the address in 4D must be completed via the Form CMS-855A.
- In section 4E, if the vehicle certificates are furnished but the applicable CMS-855A sections are blank, the contractor can verify via telephone, e-mail or fax that said vehicles are the only ones the provider has.

4. Section 7

- If all of section 7 is blank (including the check box just above section 7A), no additional development is necessary.
- If the provider indicates that it is part of a chain but the checkboxes in section 7A are blank, the contractor can verify the type of transaction involved via e-mail or fax.

- In section 7B, if the person is also listed with complete information in section 6A (e.g., the individual's Social Security Number (SSN) is listed in section 6A1), only the individual's first and last name need be listed in section 7B.
- In section 7C, if the entity is also listed with complete information in section 5A, the company's legal business name is the only data that must be listed in section 7C. (If blank, the cost report date, the home office's contractor, and the chain number can be developed by phone, e-mail, or fax.)
- If blank, data in section 7D can be collected by telephone, e-mail or fax.
- If blank, data in section 7E can be collected by e-mail or fax.

5. Section 8

- If the telephone number is blank, the number can be verified with the provider by telephone, e-mail or fax.
- If all of section 8 is blank (including the check box), no additional development is necessary.

6. Section 12

- If it is obvious that the entity is not enrolling as a home health agency (HHA), the checkbox above section 12A can be left blank.
- If the entity is an HHA:
 - If section 12A1 or 12A3B is blank, the data can be verified by telephone, e-mail, or fax.
 - If the telephone number in section 12B is blank, the number can be verified with the provider by telephone, e-mail or fax.

7. Section 13

- If this section is completely blank, the contractor need not develop for this information and can simply contact an authorized or delegated official.
- If neither box is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor may either (1) develop for this information by telephone, e-mail or fax, or (2) contact an authorized or delegated official.

8. Sections 15 and 16

The telephone number can be left blank. No further development is needed.

15.7.1.3.3 – Processing Alternatives – Form CMS-855O

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. General Processing Alternatives

The following general alternatives are applicable to all sections of the Form CMS-855O, unless otherwise specified:

1. Information Disclosed Elsewhere - If a data element on the supplier's Form CMS-855O application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting

documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855O page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855O, even if the data is identified elsewhere on the form or in the supporting documentation:

- a. Any final adverse action data requested in section 3*
- b. Legal names*
- c. Tax identification number (TIN)*
- d. NPI-legacy number combinations in section 2 (if applicable)*
- e. Data in section 1B*

Data available on a previously submitted Form CMS-855 enrollment application, or information currently in PECOS, does not qualify as a processing alternative. In addition, per section 15.7.3 of this chapter, the contractor shall document in the provider file that the missing information was found elsewhere in the enrollment package.

2. Licenses

In situations where the supplier is required to submit a copy of a particular professional or business license, certification, registration, or degree but fails to do so, the contractor need not obtain such documentation from the provider if the contractor can verify the information independently. This may be done by: (1) reviewing and printing confirming pages from the applicable state, professional, or school web site, (2) requesting and receiving from the appropriate state, professional, or educational body written confirmation of the supplier's status therewith, or (3) utilizing another third-party verification source. Likewise, if the provider submits a copy of the applicable license, certification, registration or degree but fails to complete the applicable section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms above.

- The above-referenced written confirmation of the supplier's status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.*
- This exception only applies to those documents that traditionally fall within the category of licenses, registrations, certifications, or degrees such as adverse action documentation. Furthermore, the exception is moot in cases where a particular license/certification is not required by the state.*

3. City, State, and ZIP Code - If a particular address lacks a city or state, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the zip + four from either the U.S. Postal Service or Finalist in PECOS.

4. Drug Enforcement Agency (DEA) - DEA certificates need not be submitted if the applicable DEA information was furnished on the CMS-855. Similarly, if the aforementioned certificates are furnished but the applicable CMS-855 sections are blank, no further development is needed.

B. Sectional Processing Alternatives

The processing alternatives in this subsection B are in addition to, and not in lieu of, those in subsection A.

1. Section 1

With the exception of the voluntary termination checkbox, any blank data/checkboxes in section 1 can be verified through any means chosen by the contractor (e.g., e-mail, telephone, fax).

2. Section 2

- *If blank, “Type of Other Name” and “Gender” can be captured orally.*
- *If the contractor is aware that a particular state does not require licensure/certification and the “Not Applicable” boxes are not checked in section 2C, no further development is needed.*
- *When processing a non-physician practitioner’s (NPP) application, the contractor need not automatically request a copy of the NPP’s degree or diploma (if it is not submitted) if his or her education can be verified through other authorized means; requesting a copy of the degree or diploma should only be done if educational information cannot otherwise be verified.*

3. Section 4

If the supplier uses a checkmark, an “X,” or other symbol to identify his/her primary and secondary specialties (as opposed to a “P” or “S”), no additional development is needed.

4. Section 6

If this section is completely blank, the contractor need not develop for this information and can simply contact the physician or practitioner.

15.7.1.3.4 – Processing Alternatives – Form CMS-855R

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

All data elements in sections 1, 2, 3, and 4 must be completed via the CMS-855R.

Regarding section 5:

- *If this section is completely blank, the contractor need not develop for this information and can simply contact the party that submitted the form (e.g., the enrolling physician).*
- *If a contact person is listed, any other missing data (e.g., address, e-mail) can be captured via telephone.*

15.7.1.4 – Requesting Missing/Clarifying Data/Documentation

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The procedures in sections 15.7.1.4.1 through 15.7.1.4.3 are subject to the processing alternatives identified in sections 15.7.1.3.1 through 15.7.1.3.4 of this chapter.

15.7.1.5 – Receiving Missing/Clarifying Data/Documentation

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The procedures in this section 15.7.1.5 are subject to the processing alternatives identified in sections 15.7.1.3.1 through 15.7.1.3.4 of this chapter.

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.

For 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 *Form* CMS-855 pages if it submitted its application via Internet-based PECOS.)

C. 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 *Form* 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.

D. 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.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The instructions in sections 15.7.1.6.1 and 15.7.1.6.2:

- Apply unless another CMS directive or instruction states otherwise.
- Are subject *to the processing alternatives identified in sections 15.7.1.3.1 through 15.7.1.3.4 of this chapter.*

15.7.5 – Special Program Integrity Procedures

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

This section contains additional verification procedures that the contractor shall utilize when processing the following transactions:

- Changes in the provider's practice location
- Changes in the provider's correspondence or special payment address
- On the Form CMS-588, changes in the provider's bank name, depository routing transit number, or depository account number
- Revalidations and Form CMS-855 Reactivations

The instructions in this section 15.7.5 are in addition to, and not in lieu of, all other verification instructions contained in this chapter and in other CMS directives. Also, unless otherwise stated, section 15.7.5 applies to the Form CMS-855A, Form CMS-855B and Form CMS-855I.

The signature comparison requirements stated below are not necessary if the Form CMS-855 or Form CMS-588 change request, reactivation, or revalidation was submitted with an electronic signature.

A. Change in Practice Location Address

In cases where a provider submits a Form CMS-855 request to change its practice location address, the contractor shall undertake the following activities:

1. Contact the location currently associated with the provider in the Provider Enrollment, Chain and Ownership System (PECOS) or the Multi-Carrier System (MCS) to verify that the provider is no longer there and did in fact move.
2. Request that the provider fax to the contractor a copy of a phone bill/power bill or other documentation containing the business's new legal business name (LBN) or doing business as (DBA) name and its new address.

B. Change in Correspondence or Special Payments Address

If the provider submits a change to its correspondence or special payments address, the contractor shall *contact* the individual physician/practitioner (for Form CMS-855I changes), an authorized or delegated official (for Form CMS-855A and Form CMS-855B changes), or the contact person listed in section 13 (for Form CMS-855A, Form CMS-855B, and Form CMS-855I changes) to verify the change. Hence, if the contractor cannot reach, as applicable, the individual physician/practitioner or an authorized or delegated official, it shall confirm the change with the contact person.

C. Change of EFT Information

If the provider submits a Form CMS-588 request to change the bank name, depository routing transit number, or depository account number, the contractor shall *contact* the individual physician/practitioner (for Form CMS-855I enrollees), an authorized or delegated official on record (for Form CMS-855A and Form CMS-855B enrollees), or the section 13 contact person on record (for Form CMS-855A, Form CMS-855B, and Form CMS-855I enrollees) to verify the change. Hence, if the contractor cannot reach, as applicable, the individual physician/practitioner or an authorized or delegated official, it shall confirm the change with the contact person.

D. Revalidations and Form CMS-855 Reactivations

When processing a revalidation or Form CMS-855 reactivation application, the contractor shall – unless another CMS directive instructs otherwise - *the contractor shall abide by the instructions in subsections A and B above, respectively*, if the (a) practice location address or (b) correspondence/special payment address on the application is different than that which is currently associated with the provider in PECOS or MCS

E. Reassignment of All Benefits

If a physician or non-physician practitioner who is currently reassigning all of his or her benefits attempts to enroll as a sole proprietorship or the sole owner of his or her professional corporation, professional association, or limited liability company, the contractor shall *call* the old practice location to determine if the physician or non-physician practitioner is still employed there; if he or she is not, contact the practitioner to verify that he or she is indeed attempting to enroll as a sole proprietorship or sole owner and request that he/she fax to the contractor a copy of his/her driver's license.

F. Potential Identity Theft or Other Fraudulent Activity

In conducting the verification activities described in this section 15.7.5, if the contractor believes that a case of identity theft or other fraudulent activity likely exists (e.g., physician or practitioner indicates that he or she is not establishing a new practice location or changing his or her EFT information, and that the application submitted in his/her name is false), the contractor shall notify its *CMS Provider Enrollment Business Function Lead* immediately.

15.15 – Internet-based PECOS Applications

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

This section furnishes guidance to contractors on the proper handling and processing of *Form* CMS-855 applications submitted via the Internet (hereinafter referred to as "Internet-based PECOS" applications). Unless otherwise stated:

- The instructions in this section 15.15 apply only to Internet-based PECOS applications.
- *The instructions in sections 15.7 through 7.1.6.2 of this chapter take precedence over those in this section 15.15.*

A. General Background Information

The principal logging and tracking (L & T) statuses for PECOS Internet applications that are not in a final status are:

- Received;
- In Review;
- Returned for Corrections;
- Corrections Received;
- Review Complete; and
- Application in Process.

The submission of a PECOS Internet application will immediately place the L & T record into a “Received” status.

B. Certification Statement

If the provider fails to submit a signed and dated certification statement to the contractor within 45 calendar days of the date on which it submitted its Internet-based PECOS application to the contractor, the contractor may – but is not required to - reject the application. (For purposes of this policy, the certification statement must be received by the contractor’s provider enrollment unit by the 45th day.) The 45-day rule applies to all CMS-855 PECOS Internet applications, regardless of the transaction involved.

For initial PECOS Internet applications (as the term “initial” is defined in section 15.6.1 of this chapter), it is only necessary that the dated signature of at least one of the provider’s authorized officials be on the certification statement that must be sent in by the 45th day; obtaining the signatures of the other authorized and delegated officials shall be done through the normal application development process. For PECOS Internet changes of information (as the term “changes of information” is defined in section 15.6.2 of this chapter), if the certification statement is signed by an individual who is not on file with the contractor as being an authorized or delegated official of the provider, the contractor may accept the certification statement but shall develop for information on the person in question in accordance with sections 15.5.15 and 15.5.16 of this chapter.

If the provider submits: (1) an undated certification statement, or (2) a certification statement on which the Web Tracking ID does not match that in PECOS, the contractor shall treat it as a non-submission; while it is recommended that the contractor contact the provider to request a signed/correct certification statement, it is not required. (This requirement applies to any *Form* CMS-855 transaction, including requests for additional/clarifying information.)

If the contractor elects to contact the provider to request a dated/valid certification statement, the contractor may give the provider an additional 15 days (or, for that matter, any additional time beyond the initial 45-day period) to submit the new certification statement. In determining whether to accept an untimely certification statement, the contractor shall take into account factors such as: (1) the degree of the provider’s cooperation, (2) the time it took for the certification statement to be transferred from the contractor’s main mailroom to the provider enrollment department, and (3) the number of days by which the provider missed the 45-day deadline.

C. Application Returns

If the contractor can determine (without actively processing the application) that an application can be returned under section 15.8.1 of this chapter (e.g., was submitted more than 30 days prior to the effective date), the contractor shall return the application without waiting for the arrival of the certification statement.

D. Switch to “In Review” Status

After – and only after - it receives and accepts the provider’s certification statement, the contractor shall: (1) enter the date of signature into the “Certification Date” box in the L & T record, and (2) change the L & T status to “In Review.” The contractor, in other words, shall not initiate any application verification activities prior to its receipt and acceptance of the certification statement and its completion of tasks (1) and (2) in the previous sentence.

After changing the L & T status to “In Review,” the contractor shall review the Application Data Report (ADR), and shall commence all applicable validation activities identified in this chapter. (The ADR is only available for printing when the L & T record is in one of the following statuses: “In Review,” “Returned for Corrections,” or “Corrections Received.”)

E. Transferral of Data into PECOS

Once the contractor ties the L & T record to the enrollment record, the contractor shall begin the process of transferring the data into PECOS by accepting or rejecting the various data elements. The contractor shall note that: (1) it cannot undo any transfer of information into PECOS, and (2) once the L & T is tied to the enrollment record, the application cannot be returned to the provider for corrections.

F. Miscellaneous Instructions

NOTE: *The contractor is advised of* the following:

- **Deletion of Erroneous Record** - The contractor shall only delete an erroneously created L & T record by: (1) moving the L & T record to a status of “Rejected,” and (2) using an L & T status reason of “Deleted.”
- **Gatekeeper/Enrollment Screens** - The Gatekeeper and Enrollment screens are only used in the case of *Form* CMS-855 initial enrollment PECOS Internet submissions.
- **Post-Processing Recordkeeping** - After processing a particular PECOS Internet transaction, the contractor shall maintain in the provider’s file: (1) a copy of the final version of the ADR, (2) all submitted certification statements and applicable supporting documents, and (3) documentation of all contacts with the provider (e.g., phone calls, e-mails) per section 15.7.3 of this chapter.
- **State Agencies** - In situations described in this chapter in which the contractor is required to submit a copy of the provider’s paper *Form* CMS-855 to the state agency, the contractor shall send a copy of the ADR in lieu of the *Form* CMS-855 if the provider sent in its application via the Internet.

15.16.1 – Ordering/Certifying Suppliers – Background

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. Who Can Order/Certify

Generally, depending upon state law, the following physicians and non-physician practitioners are permitted to order or certify items or services for Medicare beneficiaries:

- Doctors of medicine or osteopathy
- Doctors of dental surgery or dental medicine
- Doctors of podiatry
- Doctors of optometry
- Physician assistants

- Certified clinical nurse specialists
- Nurse practitioners
- Clinical psychologists
- Certified nurse midwives
- Clinical social workers

Most physicians and non-physician practitioners enroll in Medicare so they can receive reimbursement for covered services to Medicare beneficiaries. However, some physicians and non-physician practitioners who are not enrolled in Medicare via the Form CMS-855I may wish to order or certify items or services for Medicare beneficiaries. These individuals can become eligible to do so by completing the Form CMS-855O via paper or the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) process.

NOTE: It is important to observe that physicians and non-physician practitioners that complete the Form CMS-855O do not and will not send claims to a Medicare contractor for services they furnish. They are not afforded Medicare billing privileges for the purpose of submitting claims to Medicare directly for services that they furnish to beneficiaries. Such persons may be:

- Employed by the Department of Veterans Affairs (DVA)
- Employed by the Public Health Service (PHS)
- Employed by the Department of Defense (DOD) Tricare
- Employed by the Indian Health Service (IHS) or a tribal organization
- Employed by a federally qualified health center (FQHC), rural health clinic (RHC), or critical access hospital (CAH)
- Licensed residents and physicians in a fellowship (see subsection B)
- Dentists, including oral surgeons
- Pediatricians

B. CMS Final Rule 6010-F

CMS-6010-F was published in the Federal Register on April 27, 2012. It set forth and/or reiterated several policies including, but not limited to, the following:

1. Residents (as defined in 42 CFR § 413.75 and which includes interns and fellows) who are enrolled in an accredited graduate medical education program in a state that licenses or otherwise enables such individual to practice or order these items or services may enroll in Medicare to order and certify.
2. To order and certify for Medicare items and services, a provider or supplier must be enrolled in either PECOS or the Medicare contractor's legacy system.
3. The ordering/certifying provisions of the final rule only apply to items of durable medical equipment, prosthetics, orthotics and supplies, imaging and clinical laboratory services, and home health services.

An interim final rule – CMS-6010-IFC, which was published in the Federal Register on May 5, 2010 – used the terms “refer” and “referring,” rather than “certify” and “certifying.” The April 27, 2012 final rule stated that the latter two terms should be used instead of “refer” and “referring.”

15.16.2 – Processing Initial Form CMS-855O Submissions

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

The instructions in sections 15.7 through 7.1.6.2 of this chapter take precedence over those in sections 15.16.2 and 15.16.3.

A. Receipt

Upon receipt of an initial Form CMS-855O (or - for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) submissions - a certification statement), the contractor shall *create* a logging & tracking (L & T) record.

NOTE: The physician/non-physician practitioner need not submit a Form CMS-460, a Form CMS-588, or an application fee with *his or her* Form CMS-855O.

Section 15.8.1 of this chapter outlines the reasons for which the contractor may immediately return a Form CMS-855O. If the contractor determines that one or more of these reasons applies, it *may* return the form in accordance with the instructions outlined in that section.

B. Verification

Unless stated otherwise in *this chapter or in another CMS directive*, the contractor shall verify all of the information on the Form CMS-855O. This includes, but is not limited to:

- Verification of the individual's name, date of birth, social security number, and National Provider Identifier (NPI).
- Verification that the individual meets the requirements for his/her supplier type. (The contractor reserves the right to request that the individual submit documentation verifying his or her professional licensure, credentials, or education.)
- Verification that the individual is of a supplier type that can legally order or certify.
- Reviewing the Medicare Exclusion Database (MED) and *System for Award Management (SAM)* to ensure that the individual is not excluded or debarred.

If, at any time during *the* verification process, the contractor needs additional or clarifying information from the physician/non-physician practitioner, it shall follow existing CMS instructions for obtaining said data (e.g., sending a developmental letter). The information must be furnished to the contractor within 30 calendar days of the contractor's request.

C. Disposition

Upon completion of its review of the form, the contractor shall approve, deny, or reject it.

Grounds for denial are as follows:

- The supplier is not of a type that is eligible to use the Form CMS-855O.
- The supplier is not of a type that is eligible to order or certify items or services for Medicare beneficiaries.
- The supplier does not meet the licensure, certification or educational requirements for his or her supplier type.
- The supplier is excluded per the MED and/or debarred per the *SAM*.

If the contractor believes that another ground for denial exists for a particular submission, it should contact its *CMS Provider Enrollment Business Function Lead* for guidance.

The Form CMS-855O *may* be rejected if the supplier fails to furnish all required information on the form within 30 calendar days of the contractor's request to do so. (This includes situations in which information was submitted, but could not be verified.) The basis for rejection shall be 42 CFR § 424.525(a).

When denying or rejecting the Form CMS-855O submission, the contractor shall: (1) switch the PECOS record to a "denied" or "rejected" status (as applicable), and (2) send a letter to the supplier notifying him or her of the denial or rejection and the reason(s) for it. The letter shall follow the formats outlined in sections 15.24.22 (rejections) and 15.24.23 (denials) of this chapter. Denial letters shall be sent via certified mail. Rejection letters shall be sent by mail or e-mail. (**NOTE:** A denial triggers appeal rights. A rejection does not.)

If the Form CMS-855O is approved, the contractor shall: (1) switch the PECOS record to an "approved" status, and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the approval. The letter shall follow the format outlined in section 15.24.21 of this chapter.

E. Miscellaneous

NOTE: The contractor shall observe the following:

1. The supplier shall be treated as a non-participating supplier (or "non-par").
2. If the supplier is employed by the DVA, the DOD, or the IHS, he or she – for purposes of the Form CMS-855O - need only be licensed or certified in one State. Said State need not be the one in which the DVA or DOD office is located.
3. Nothing in sections 15.16.2 through 15.16.4 affects any existing CMS instructions regarding the processing of opt-out affidavits.
4. Suppliers cannot submit an abbreviated version of the Form CMS-855I in lieu of the Form CMS-855O.
5. The effective date of enrollment shall be the date on which the contractor received the paper form or Web-based certification statement in its mailroom.
6. If the supplier's Form CMS-855O has been approved and he or she later wants to obtain Medicare billing privileges, he or she must voluntarily withdraw his or her Form CMS-855O enrollment prior to receiving Medicare billing privileges. (The supplier, of course, must complete the Form CMS-855I in order to receive Medicare billing privileges.)

15.16.3 – Processing Form CMS-855O Change of Information Requests

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

A. Receipt

Upon receipt of a Form CMS-855O change of information request (or - for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) change requests - a certification statement), the contractor shall *create* a logging and tracking (L & T) record.

Section 15.8.1 of this chapter outlines the reasons for which the contractor may immediately return a Form CMS-855O. If the contractor determines that one or more of these reasons applies, it *may* return the change request via the instructions outlined in that section.

Suppliers who are enrolled in Medicare via the Form CMS-855I may not report changes to their enrollment information via the Form CMS-855O. They must use the Form CMS-855I. Similarly, suppliers whose Form CMS-855O submissions have been approved must use the Form CMS-855O to report information changes; they cannot use the Form CMS-855I for this purpose.

B. Verification

Unless stated otherwise in *this chapter or in another CMS directive*, the contractor shall verify the new information that the supplier furnished on the Form CMS-855O. (This includes checking the supplier against the Medicare Exclusion Database and the *System for Award Management (SAM)*.) If, at any time during *the* verification process, the contractor needs additional or clarifying information, it shall follow existing CMS instructions for obtaining said data (e.g., sending a developmental letter). The information must be furnished to the contractor within 30 calendar days of the contractor's request.

C. Disposition

Upon completion of its review of the change request, the contractor shall approve, deny, or reject the submission. The principal ground for denial will be that the new information was furnished, but could not be verified. If the contractor believes that another ground for denial exists with respect to a particular submission, it should contact its *CMS Provider Enrollment Business Function Lead (PEBFL)* for guidance.

The change request *may* be rejected if the supplier failed to furnish all required information on the form within 30 calendar days of the contractor's request to do so. The basis for rejection shall be 42 CFR § 424.525(a).

When denying or rejecting the change request, the contractor shall: (1) switch the PECOS record to a "denied" or "rejected" status (as applicable), and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the denial or rejection and the reason(s) for it.

If the change request is approved, the contractor shall (1) switch the PECOS record to an "approved" status, and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the approval.

15.16.4 – Form CMS-855O Revocations

(Rev.532, Issued: 08-01-14, Effective: 09-02-14, Implementation: 09-02-14)

If the contractor determines that grounds exist for revoking the supplier's Form CMS-855O enrollment, it shall:

- Switch the supplier's Provider Enrollment, Chain and Ownership System (PECOS) record to a "revoked" status,
- End-date the PECOS record, and
- Send a letter via certified mail to the supplier stating that his or her Form CMS-855O enrollment has been revoked. The letter shall follow the format outlined in section 15.24.24 of this chapter.

Grounds for revoking the supplier's Form CMS-855O enrollment are as follows:

- The supplier is no longer of a type that is eligible to order or certify.
- The supplier no longer meets the licensure, certification or educational requirements for his or her supplier type.
- The supplier is excluded per the Medicare Exclusion Database (MED) and/or debarred per the *System for Award Management (SAM)*.

For purposes of the Form CMS-855O only, the term "revocation" effectively means that:

- The supplier may no longer order or certify Medicare services based on his or her having completed the Form CMS-855O process.
- If the supplier wishes to submit another Form CMS-855O, he or she must do so as an initial applicant.

There are appeal rights associated with the revocation of a supplier's Form CMS-855O enrollment.