CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 689	**Date: December 9, 2016**
	Change Request 9776

SUBJECT: Clarification of Certification Statement Signature and Contact Person Requirements

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to provide clarification to the certification statement signature requirements for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) and paper applications. In addition, this CR addresses contact person requirements.

EFFECTIVE DATE: January 9, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 9, 2017

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	15/15.1/15.1.3/Medicare Contractor Duties
R	15/15.5/15.5.2.2/Correspondence Address and E-mail Addresses
R	15/15.5/15.5.13/Contact Persons
R	15/15.5/15.5.14/Certification Statement Signature Requirements
N	15/15.5/15.5.14.1/Form CMS-855I and CMS-855O Signatories
N	15/15.5/15.5.14.2/Form CMS-855R Signatories
N	15/15.5/15.5.14.3/Form CMS-855A, Form CMS-855B and Form CMS-855S Signatories
N	15/15.5/15.5.14.3.1/Authorized Officials
N	15/15.5/15.5.14.3.2/Delegated Officials
N	15/15.5/15.5.14.4/Submission of Paper and Internet-based PECOS Certification Statements
N	15/15.5/15.5.14.5/Certification Statement Development
R	15/15.5/15.5.15/Reserved for Future Use
R	15/15.5/15.5.16/Reserved for Future Use
R	15/15.7/15.7.1.1/Receipt/Review of Paper Applications
R	15/15.7/15.7.1.2/Receipt/Review of Internet-Based PECOS Applications
R	15/15.7/15.7.1.3.1/Processing Alternatives – Form CMS-855B and Form CMS-855I
R	15/15.7/15.7.1.3.2/Processing Alternatives – Form CMS-855A
R	15/15.7/15.7.1.3.3/Processing Alternatives – Form CMS-855O
R	15/15.7/15.7.1.4.1/Paper Applications
R	15/15.7/15.7.1.4.2/Internet-Based PECOS Applications
R	15/15.7/15.7.1.4.3/General Principles – Paper and Internet-Based PECOS Applications
R	15/15.7/15.7.1.5/Receiving Missing/Clarifying Data/Documentation
R	15/15.7/15.7.1.6.1/Paper Applications
R	15/15.7/15.7.1.6.2/Internet-Based PECOS Applications
R	15/15.7/15.7.5/Special Program Integrity Procedures
R	15/15.8/15.8.2/Rejections
R	15/15.10/15.10.1/Changes of Information - General Procedures
R	15/15.11/Electronic Fund Transfers (EFT)
R	15/15.15/Internet-based PECOS Applications

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/15.23/15.23.2/Release of Information
R	15/15.24/Model Letter Guidance
R	15/15.27/15.27.1.2.2/Reactivations - Deactivation for Non-Submission of a Claim
R	15/15.27/15.27.1.2.3/Reactivations – Miscellaneous Policies

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 obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-08	Transmittal: 689	Date: December 9, 2016	Change Request: 9776

SUBJECT: Clarification of Certification Statement Signature and Contact Person Requirements

EFFECTIVE DATE: January 9, 2017
**Unless otherwise specified, the effective date is the date of service.*
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I. GENERAL INFORMATION

A. Background: The certification statement found on the enrollment application must be signed by an individual who has the authority to bind the provider or supplier, both legally and financially, to the requirements set forth in 42 CFR 424.510. This person must also have an ownership or control interest in the provider or supplier, such as, the general partner, chairman of the board, chief financial officer, chief executive officer, president, or hold a position of similar status and authority within the provider or supplier organization. The signature attests that the information submitted is accurate and that the provider or supplier is aware of, and abides by, all applicable statutes, regulations, and program instructions.

B. Policy: This CR does not involve any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
9776.1	Contractors shall verify and validate all information collected on the enrollment application, provided that a data source is available.	X	X	X						NSC
9776.2	Contractors shall develop for missing information – preferably via e-mail or fax.	X	X	X						NSC
9776.3	Contractors shall accept end dates to contact persons via phone, scanned email, fax or mail from the individual provider, the Authorized or Delegated Official or a current contact person. This is an interim process until the Form CMS-855s can be updated to delete contact persons. Contractors shall document in the comment section in PECOS who requested the	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	termination, how it was requested (email, phone or fax) and when it was requested.									
9776.4	If any contact person listed on a provider or supplier's enrollment record requests a copy of their Medicare approval letter or revalidation notice, contractors shall send to the contact person via email, fax or mail.	X	X	X						
9776.5	For paper submissions, containing an invalid or missing signature, contractors shall treat this as missing information and develop for a correct certification statement – preferably via email or fax.	X	X	X						NSC
9776.6	For Internet-based PECOS submissions, contractors shall not begin processing the application prior to its receipt of the certification statement. This applies to revalidation and non-revalidation submissions.	X	X	X						NSC
9776.6.1	If the provider chooses to submit its certification statement via paper rather than through e-signature, contractors shall permit the provider to submit the certification statement via email, fax or mail.	X	X	X						NSC
9776.6.2	Contractors shall reject the L&T if the Internet-based PECOS application certification statement is not submitted within 20 calendar days of the application submission. The contractor is not required to develop. This	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	also applies to applications where multiple signatures are needed but not all have been submitted.									
9776.6.3	Contractors shall not accept signature dates prior to 120 days of the receipt date of the application.	X	X	X						NSC
9776.7	If the provider submits an invalid certification statement (paper and web) or fails to submit a certification statement (paper only), contractors shall treat this as missing information and shall develop for a correct certification statement – preferably via e-mail or fax. Contractors shall send one development request to include a list of all of the missing required data/documentation, including the certification statement.	X	X	X						NSC
9776.8	If an application is submitted via Internet-based PECOS and the provider wishes to submit a paper CMS-855 certification statement (downloaded from www.cms.gov), it should write the tracking ID on the top of the certification statement. If the provider does not list the tracking ID number on the signature page, but the contractor is able to identify which application the signature belongs to, development is not required.	X	X	X						NSC
9776.9	Contractors shall not compare the signature thereon with the same provider, authorized or delegated official's signature on file to ensure that it is the	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	same person.									
9776.9.1	Contractors shall not request the submission of a driver's license or passport to verify a signature.	X	X	X						NSC
9776.10	Contractors may accept any development requests (unrelated to an invalid certification statement) that require the submission of a newly-signed certification statement, to be submitted by the provider via mail, fax or email.	X	X	X						NSC
9776.11	When developing for missing or additional information and the provider is required to submit a newly-signed certification statement, contractors shall require only the actual signature page; the additional page containing the certification terms is not required. This also applies to the provider's initial submission of a certification statement for a particular application; such instances require the submission of only the signature page. The page containing the certification terms is not required.	X	X	X						NSC
9776.12	Contractors shall send approval letters to the contact person listed on the application via email, fax or mail. If there is no contact person on file, the approval letter shall be sent to the provider or supplier at the email address provided in the correspondence address section or to their correspondence address. Note: The National Supplier Clearinghouse shall continue to send letters to the supplier's	X	X	X						NSC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	correspondence address until their automated process can be updated to include the contact person as a recipient of the letters.									
9776.12.1	Contractors shall update their automated process used to generate approval letters to include the contact person as the recipient.	X	X	X						NSC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
9776.13	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X		

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): Joanne Lucas, 410-786-0671 or Joanne.Lucas@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

Table of Contents
(Rev.689, 12-09-16)

Transmittals for Chapter 15

15.1.3 – Medicare Contractor Duties

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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*, provided that a data source is available.*

- 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.

D. Customer Service

Excluding matters pertaining to application processing (e.g., development for missing data) and appeals (e.g., appeal of revocation), the contractor is encouraged to respond to all enrollment-related provider/supplier correspondence (e.g., emails, letters, telephone calls) within 30 business days of receipt.

15.5.2.2 – Correspondence Address and Email Addresses

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Correspondence Address

The contractor may accept a particular correspondence address if it has no reason to suspect that it does not belong to or is not somehow associated with the provider. The contractor is not required to verify the correspondence address. 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. *If the provider fails to list a correspondence telephone number and it is required for the application submission, the contractor shall develop for this information – preferably via email or fax. The contractor shall accept a particular phone number if it has no reason to suspect that it does not belong to or is not somehow associated with the provider. The contractor is not required to verify the telephone number.*

C. Email Addresses

An email address listed on the application can be a generic email address. It need not be that of a specific individual. The contractor may accept a particular email 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 email 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, email, 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 email address rather than the contact person's mailing or email address.

15.5.13 – Contact Persons

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 email) - 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, email, 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 email address rather than the contact person's mailing or email address.

The provider may have as many contact persons as it wishes. 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, email, or fax. *Currently there is no option on the CMS-855 form to delete a contact person. Therefore, contractors shall accept end dates of a contact person via phone, email, fax or mail from the individual provider, the Authorized or Delegation official, or a current contact person on file. Contractors shall document in the comment section in PECOS who requested the termination, how it was requested (email, phone or fax) and when it was requested. The addition of contact persons must still be reported via the appropriate CMS-855 form.*

- If the contractor discovers that a particular contact person qualifies as an owning or managing individual, the contractor shall develop to the provider to determine if the person should be listed in section 6 of the application.

- *With the exception of CMS-855S applications, if any contact person listed on a provider or supplier's enrollment record, requests a copy of a provider or supplier's Medicare approval letter or revalidation notice, the contractor shall send to the contact person via email, fax or mail. This excludes Certification Letters (Tie In notices), as the contractor is not responsible for generating these approvals.*

15.5.14 – *Certification Statement Signature Requirements*

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

Unless otherwise specified, the instructions in sections 15.5.14 through 15.5.14.5 apply to: (1) signatures on the paper Form CMS-855, (2) signatures on the certification statement for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) applications, and (3) electronic signatures.

15.5.14.1 - Form CMS-855I and CMS-855O Signatories

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

The enrolling or enrolled physician or non-physician practitioner is the only person who can sign the Form CMS-855I or the Form CMS-855O. (This applies to initial enrollments, changes of information, reactivations, revalidations, voluntary withdrawals, etc.) This includes solely-owned entities listed in section 4A of the Form CMS-855I. A physician or non-physician practitioner may not delegate the authority to sign the Form CMS-855I or Form CMS-855O on his/her behalf to any other person.

Note: Exceptions to the above policy may apply in the following scenarios: (1) in the case of death, an executor of the estate, may sign on behalf of the deceased provider, or (2) if an employer is terminating an employment arrangement with a physician assistant, the Authorized or Delegated Official of the organization may sign the application. These situations would only apply to change of information applications.

15.5.14.2 - Form CMS-855R Signatories

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

For Form CMS-855R initial applications, the certification statement must be signed and dated by the physician or non-physician practitioner and the authorized official or delegated official of the provider or supplier.

For Form CMS-855R applications submitted to change and/or update the provider or supplier's Medicare enrollment data, to include updates to the primary practice location or termination of a reassignment, the certification statement may be signed by either the physician or non-physician practitioner or the authorized or delegated official of the provider or supplier.

15.5.14.3 - Form CMS-855A, Form CMS-855B and Form CMS-855S Signatories

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

For Form CMS-855A, CMS-855B and CMS-855S initial applications, the certification statement must be signed and dated by an authorized official of the provider or supplier. (See section 15.1.1 and 15.5.14.3.1 of this chapter for a definition of "authorized official.").

For Form CMS-855A, CMS-855B and CMS-855S applications submitted to change, update and/or revalidate the provider or supplier's Medicare enrollment data, the certification statement may be signed and dated by the authorized or delegated official of the provider or supplier.

15.5.14.3.1 - Authorized Officials

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

*(Unless indicated otherwise below or in another CMS directive, the instructions in this section apply to (1) signatures on the paper Form CMS-855, (2) signatures on the certification statement for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) applications, and (3) electronic signatures. (**NOTE**: This section only applies to the Form CMS-855A and the Form CMS-855B.))*

An authorized official must be a 5 percent direct owner, chairman of the board, etc., of the enrolling provider with the authority to bind the provider or supplier, both legally and financially, to the requirements set forth in 42 CFR 424.510. This person must also have an ownership or control interest in the provider or supplier, such as, the general partner, chairman of the board, chief financial officer, chief executive officer, president, or hold a position of similar status and authority within the provider or supplier organization. One cannot use his/her status as the chief executive officer, chief financial officer, etc., of the provider's parent company, management company, or chain home office as a basis for his/her role as the provider's authorized official.

If an authorized official is listed as a "Contracted Managing Employee" in section 6 of the Form CMS-855 and does not qualify as an authorized official under some other category in section 6, he/she cannot be an authorized official. The contractor shall notify the provider accordingly. If the person is not listed as a "Contracted Managing Employee" in section 6 and the contractor has no reason to suspect that the person does not qualify as an authorized official, no further investigation is required. Should the contractor have doubts that the individual qualifies as an authorized official, it shall contact the official or the applicant's contact person to obtain more information about the official's job title and/or authority to bind. If the contractor remains unconvinced that the individual qualifies as an authorized official, it shall notify the provider that the person cannot be an authorized official. If that person is the only authorized official listed and the provider refuses to use a different authorized official, the contractor shall deny the application.

In addition:

1. Deletion of Authorized Official - If an authorized official is being deleted, the contractor need not obtain (1) that official's signature, or (2) documentation verifying that the person is no longer an authorized official.

2. Change in Authorized Officials - A change in authorized officials does not impact the authority of existing delegated officials to report changes and/or updates to the provider's enrollment data or to sign revalidation applications.

3. Authorized Official Not on File - If the provider submits a change of information (e.g., change of address) and the authorized official signing the form is not on file, the contractor shall ensure that: (1) the person meets the definition of an authorized official, and (2) section 6 of the Form CMS-855 is completed for that person. The signature of an existing authorized official is not needed in order to add a new authorized official. Note that the original change request and the addition of the new official shall be treated as a single change request (i.e., one change request encompassing two different actions) for purpose of enrollment processing and reporting.

4. Effective Date - The effective date in the Provider Enrollment, Chain and Ownership System for section 15 of the Form CMS-855 should be the date of signature.

5. Social Security Number - To be an authorized official, the person must have and must submit his/her social security number (SSN). An Individual Taxpayer Identification Number (ITIN) cannot be used in lieu of an SSN in this regard.

6. Identifying the Provider – As stated earlier, an authorized official must be an authorized official of the provider, not of an owning organization, parent company, chain home office, or management company. Identifying the provider is not - for purposes of determining an authorized official's qualifications - determined solely by the provider's tax identification number (TIN). Rather, the organizational structure is the central factor. For instance, suppose that a chain drug store, Company X, wants to enroll 100 of its pharmacies with the contractor. Each pharmacy has a separate TIN and must therefore enroll separately. Yet all of the pharmacies are part of a single corporate entity – Company X. In other words, there are not 100 separate corporations in our scenario, but merely one corporation whose individual locations have different TINs. Here, an authorized official for Pharmacy #76, can be someone at X's headquarters (assuming that the definition of authorized official is otherwise met), even though this main office might be

operating under a TIN that is different from that of #76. This is because headquarters and Pharmacy #76 are part of the same organization/corporation. Conversely, if #76 was a corporation that was separate and distinct from Company X, only individuals that were part of #76 could be authorized officials.

7. An authorized official is an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program. An AO is not restricted to the examples of the titles outlined above but is applicable to an equivalent that is an appointed official to whom the organization has granted the legal authority to act on behalf of the organization. These additional titles could include, but are not limited to, executive directors, administrator, president, vice president. Contractors shall consider the individual's title as well as the authority granted by the organization when determining whether an individual qualifies as an AO when processing enrollment applications. If the contractor is unsure of an AO's qualifications or authority, they shall contact their provider enrollment Business Function Lead (BFL) for further clarification.

15.5.14.3.2 – Delegated Officials

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A delegated official is an individual to whom an authorized official listed in section 15 of the Form CMS-855 delegates the authority to report changes and updates to the provider's enrollment record or to sign revalidation applications. The delegated official's signature binds the organization both legally and financially, as if the signature was that of the authorized official. Before the delegation of authority is established, the only acceptable signature on the enrollment application to report updates or changes to the enrollment information is that of the authorized official currently on file with Medicare. The delegated official must be an individual with an "ownership or control interest" in (as that term is defined in §1124(a)(3) of the Social Security Act), or be a W-2 managing employee of the provider.

Section 1124(a)(3) defines an individual with an ownership or control interest as:

- *A five percent direct or indirect owner of the provider,*
- *An officer or director of the provider (if the provider is a corporation), or*
- *Someone with a partnership interest in the provider, if the provider is a partnership*

The delegated official must be a delegated official of the provider, not of an owning organization, parent company, chain home office, or management company. One cannot use his/her status as a W-2 managing employee of the provider's parent company, management company, or chain home office as a basis for his/her role as the provider's delegated official.

The contractor shall note the following about delegated officials:

1. Authority - A delegated official has no authority to sign an initial application. However, the delegated official may (i) sign a revalidation application and (ii) sign off on changes/updates submitted in response to a contractor's request to clarify or submit information needed to continue processing the provider's initial application.

2. Section 6 – Section 6 of the Form CMS-855 must be completed for all delegated officials.

3. Managing Employees - For purposes of section 16 only, the term "managing employee" means any individual, including a general manager, business manager, or administrator, who exercises operational or managerial control over the provider, or who conducts the day-to-day operations of the provider. However, this does not include persons who, either under contract or through some other arrangement, manage the

day-to-day operations of the provider but who are not actual W-2 employees. For instance, suppose the provider hires Joe Smith as an independent contractor to run its day-to-day-operations. Under the definition of "managing employee" in section 6 of the Form CMS-855, Smith would have to be listed in that section. Yet under the section 16 definition (as described above), Smith cannot be a delegated official because he is not an actual W-2 employee of the provider. Independent contractors are not considered "managing employees" under section 16 of the Form CMS-855.

4. W-2 Form – Unless the contractor requests it to do so, the provider is not required to submit a copy of the owning/managing individual's W-2 to verify an employment relationship.

5. Number of Delegated Officials - The provider can have as many delegated officials as it chooses. Conversely, the provider is not required to have any delegated officials. Should no delegated officials be listed, the authorized official(s) remains the only individual(s) who can report changes and/or updates to the provider's enrollment data.

6. Effective Date - The effective date in PECOS for section 16 of the Form CMS-855 should be the date of signature.

7. Social Security Number - To be a delegated official, the person must have and must submit his/her social security number. An Individual Taxpayer Identification Number (ITIN) cannot be used in lieu of an SSN in this regard.

8. Deletion - If a delegated official is being deleted, documentation verifying that the person no longer is or qualifies as a delegated official is not required. Also, the signature of the deleted official is not needed.

9. Further Delegation - Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the provider's Medicare data or to sign revalidation applications.

*10. Delegated Official Not on File - If the provider submits a change of information (e.g., change of address) and the delegated official signing the form is not on file, the contractor shall ensure that (1) the person meets the definition of a delegated official, (2) section 6 of the Form CMS-855 is completed for that person, and (3) an authorized official signs off on the addition of the delegated official. (**NOTE**: The original change request and the addition of the new official shall be treated as a single change request (i.e., one change request encompassing two different actions) for purpose of enrollment processing and reporting.)*

11. Signature on Paper Application - If the provider submits a paper Form CMS-855 change request, the contractor may accept the signature of a delegated official in Section 15 or 16 of the Form CMS-855.

15.5.14.4 – Submission of Paper and Internet-based PECOS Certification Statements

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Paper Submissions

A signed certification statement shall accompany the paper CMS-855 application. If the provider submits an invalid certification statement or fails to submit a certification statement, the contractor shall still proceed with processing the application. An appropriate certification statement shall be solicited as part of the development process – preferably via email or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) contains a copied or stamped signature; (d) was signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (e) for paper Form CMS-855I and Form CMS-855O submissions, someone other than the physician or non-physician practitioner signed the form, except as noted in section 15.5.14.1; or (f) missing certification statements. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the provider's

application if the provider fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation. Unless stated otherwise in this chapter or in another CMS directive:

- *The contractor shall use the development date that the 30-day clock expires as the date of signature. Once the above step is complete, 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 certification statement may be returned via scanned email, fax or mail to the contractor (as long as an original certification statement signature exist on file).*

- *Signature dates cannot be prior to 120 days of the receipt date of the application.*

- *For initial paper 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 within 30 days; obtaining the signatures of the other authorized and delegated officials is not required.*

- *For paper changes of information applications (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 15.5.14.3.1 and 15.5.14.3.2 of this chapter.*

- *The contractor is not required to compare the signature thereon with the same provider, authorized or delegated official's signature on file to ensure that it is the same person. The contractor shall not request the submission of a driver's license or passport to verify a signature.*

B. Internet-based PECOS Submissions

If the provider submits its application online and chooses to submit its certification statement via paper rather than through e-signature, it may do so by email, fax or mail (as long as an original certification statement signature exist on file). Unless stated otherwise in this chapter or in another CMS directive:

- *The contractor shall not begin processing the application prior to its receipt of the certification statement.*

- *The provider must submit the paper certification statement within 20 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 and applications where multiple signatures are required but not all have been submitted).*

- *If the contractor does not receive the certification statement in its mailroom (or via email/fax or through e-signature) within the 20-day period, the contractor shall reject the L&T (unless another CMS directive states otherwise). The contractor is not required to develop (This applies to revalidation and non-revalidation submissions).*

- *Signature dates cannot be prior to 120 days of the receipt date of the application.*

- *If the provider submits an invalid certification statement, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via email or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) contains a copied or stamped signature; (d) was signed (as reflected by the date of signature) more than 120 days prior to*

the date on which the contractor received the application); or (e) for paper Form CMS-855I and Form CMS-855O submissions, someone other than the physician or non-physician practitioner signed the form. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the provider's application if the provider fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

- *For initial Internet-based PECOS 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 within 20 days; obtaining the signatures of the other authorized and delegated officials is not required.*

- *For Internet-based PECOS changes of information applications (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 15.5.14.3.1 and 15.5.14.3.2 of this chapter.*

- *If the application is submitted via Internet-based PECOS and the provider wishes to submit a paper CMS-855 certification statement (downloaded from www.cms.gov), it should write the tracking ID on the top of the certification statement. If the provider does not list the tracking ID number on the signature page, but the contractor is able to identify which application the signature belongs to, development is not required. If the contractor is not able to identify the application through research or development due to missing contact information, the contractor shall return the signature page to the return address on the incoming envelope.*

- *The contractor is not required to compare the signature thereon with the same provider, authorized or delegated official's signature on file to ensure that it is the same person. The contractor shall not request the submission of a driver's license or passport to verify a signature.*

15.5.14.5 – Certification Statement Development
(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

If the provider submits an invalid certification statement (e.g., unsigned; undated; copied or stamped signature; signed more than 120 days of the receipt date, incorrect individual signed it; not all authorized officials signed it) or neglects to send a certification statement (paper submissions only), the contractor shall treat this as missing information and develop for a correct certification statement using the procedures outlined in this chapter. The contractor shall send a development letter to the provider – preferably via email or fax.

Any development requests that require the submission of a newly-signed certification statement, may be submitted by the provider via scanned email, fax or mail. Only the actual signature page is required; the additional page containing the certification terms need not be submitted. This also applies to the provider's initial submission of a certification statement; such instances require the submission of only the signature page and not the certification terms.

15.5.15 *– Reserved for Future Use*
(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

15.5.16 *– Reserved for Future Use*
(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

15.7.1.1 – Receipt/Review of Paper Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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, *provided that a data source is available,*

- 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 emails.

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.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Background

1. The provider may submit their certification statement via e-signature or paper to their contractor. See section 15.5.14.4 for further instructions on certification statement submissions.

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.

If the provider submitted an invalid certification statement, the contractor shall still *proceed with processing the application*. An appropriate certification statement *shall* be solicited as part of the development process. If the certification statement was *a) unsigned; (b) undated; (c) contains a copied or stamped signature; (d) was signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); or (e) signed by someone other than the physician or non-physician practitioner (Form CMS-855I and Form CMS-855O submissions, except as noted in section* 15.5.14.1*), the contractor shall use the development date that the 30-day clock expires as the date of signature).*

Once the above step is complete, 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."

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, *provided that a data source is available*

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

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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. The applicants legal business names (LBN) or legal names
Note: If an application is submitted with a valid NPI and PTAN combination, but the LBN field is blank, an incomplete or inaccurate LBN is submitted, or the applicant includes a DBA name in section 4 of the Form CMS-855I and the contractor is able to confirm the correct LBN based on the NPI and PTAN combination provided, the contractor is not required to develop. (This also applies to Employer's Name for PA's in section 2E of the Form CMS-855I)
c. Tax identification numbers (TIN)
d. NPI-legacy number combinations in Section 4 of the Form CMS-855
Note: MACs may use the shared systems, PECOS or their provider files as a resource to determine the PTAN or NPI before developing to the provider.
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, unless stated otherwise in this chapter or any CMS directive. 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 contractor shall not develop for a correction to the form if the license information can be verified as described above.

- The above-referenced written confirmation of the supplier's status can be in the form of a letter, fax, or email, 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 *the Delivery Point Validation* 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., email, 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, email, 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.

- Medical or Professional School and Year of Graduation – If the Form CMS-855 lacks the Medical or Professional School and/or the year of graduation, but the information is disclosed in the supporting documentation submitted with the application or already exists in PECOS, no further development is needed.

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, email, or fax.

- In section 4B, if neither box is checked and no address is provided, the contractor can contact the supplier by telephone, email, 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, email 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, email or fax that said vehicles are the only ones the supplier has.

b. Form CMS-855I

- If an application is submitted with a valid NPI and PTAN combination, but the LBN field is blank, an incomplete or inaccurate LBN is submitted, or the applicant includes a DBA name in section 4 of the Form CMS-855I and the contractor is able to confirm the correct LBN based on the NPI and PTAN combination provided, the contractor is not required to develop.

- 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, email or fax.

- In section 4E, if neither box is checked and no address is provided, the contractor can contact the supplier by telephone, email 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, email 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, email or fax, or (2) contact an authorized or delegated official (or, for Form CMS-855I applications, the physician/practitioner).

- *Currently there is no option on the CMS-855 form to delete a contact person. Therefore, contractors shall accept end dates of a contact person via phone, email, fax or mail from the individual provider, the Authorized or Delegation official, or a current contact person on file. Contractors shall document in the comment section in PECOS who requested the termination, how it was requested (email, phone or fax) and when it was requested. The addition of contact persons must still be reported via the appropriate CMS-855 form.*

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.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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)
   Note: If an application is submitted with a valid NPI and OSCAR combination, but the LBN field is blank, an incomplete or inaccurate LBN is submitted, or the applicant includes a DBA name in section 4 of the Form CMS-855A and the contractor is able to confirm the correct LBN based on the NPI and OSCAR combination provided, the contractor is not required to develop.
c. All tax identification numbers (TINs)(e.g., provider, owning organization)
d. NPI-legacy number combinations in section 4 of the Form CMS-855A
   Note: MACs may use the shared systems, PECOS or their provider files as a resource to determine the PTAN or NPI before developing to the provider.
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

Note: MACs may use the shared systems, PECOS or their provider files as a resource to determine the OSCAR or NPI before developing to the provider.

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 email, 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 *the Deliver Point Validation* 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., email, telephone, fax).

2. Section 2

- Other than the TIN and the LBN, all information in section 2B1 can be captured by telephone, email, 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 email or fax.

- In section 4B, if neither box is checked and no address is provided, the contractor can contact the provider by telephone, email, 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, email 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, email 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 email 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, email, or fax.)

- If blank, data in section 7D can be collected by telephone, email or fax.

- If blank, data in section 7E can be collected by email or fax.

5. Section 8

- If the telephone number is blank, the number can be verified with the provider by telephone, email 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, email, or fax.

- If the telephone number in section 12B is blank, the number can be verified with the provider by telephone, email 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, email or fax, or (2) contact an authorized or delegated official.

- *Currently there is no option on the CMS-855 form to delete a contact person. Therefore, contractors shall accept end dates of a contact person via phone, email, fax or mail from the individual provider, the Authorized or Delegation official, or a current contact person on file. Contractors shall document in the comment section in PECOS who requested the termination, how it was requested (email, phone or fax) and when it was requested. The addition of contact persons must still be reported via the appropriate CMS-855 form.*

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.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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)
   Note: MACs may use the shared systems, PECOS or their provider files as a resource to determine the PTAN or NPI before developing to the provider.
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, unless stated otherwise in this chapter or any CMS directive. 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 email, 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 *the Delivery Point Validation* 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., email, 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.

- Medical or Professional School and Year of Graduation – If the Form CMS-855 lacks the Medical or Professional School and/or the year of graduation, but the information if disclosed in the supporting documentation submitted with the application or already exists in PECOS, no further development is needed.

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.

15.7.1.4.1 – Paper Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 email 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. *The certification statement may be submitted by the provider via scanned email, fax or mail.*

(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 email 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 email address of a contact person at the contractor site.

15.7.1.4.2 – Internet-Based PECOS Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 *may* – after switching the L & T status to "Returned for Corrections" - send an email (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 email address of a contact person at the contractor site.

15.7.1.4.3 – General Principles – Paper and Internet-Based PECOS Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 *is* the only request the contractor must make. The contractor should, of course, respond to any of the provider's telephone calls, emails, 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 emails the letter/request, or (2) sends the aforementioned Internet-based PECOS email.

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 email 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 email the letter to the provider because of issues with the recipient's email 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 email, an alternative communication includes sending an email to another listed contact person, delegated official, or authorized official.)

15.7.1.5 – Receiving Missing/Clarifying Data/Documentation

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 email. 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. *The certification statement may be submitted by the provider via scanned email, fax or mail along with the missing information.*

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, email, mail, or the Digital Data Repository (DDR), and/or (3) submit the certification statement via paper or e-signature. (The provider may submit the missing data via the applicable paper Form CMS-855 pages if it submitted its application via Internet-based PECOS). *The certification statement may be submitted by the provider via scanned email, fax or mail along with the missing information.*

C. Format of Clarifying Data

In cases where clarifying (as opposed to missing) information is requested, the contractor may accept the clarification by email, 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 email).

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 email 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). *The certification statement may be submitted by the provider via scanned email, fax or mail along with the missing information.*

Consider the following illustrations:

EXAMPLE 1: The contractor notifies the provider via an emailed letter on March 1 of a discrepancy regarding its ownership information on the Form CMS-855A. The provider emails the contractor on March 3 and explains the discrepancy. Based on this email, 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 email 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 email).

EXAMPLE 2: The contractor notifies the provider via emailed 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 email (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 emailed letter on March 1 of a discrepancy regarding its ownership information on its paper Form CMS-855A. Determining (based on the contractor's email) 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 email). 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.

15.7.1.6.1 – Paper Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 email. If the request is sent via email, 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 (*The certification statement may be submitted via scanned email, fax or mail along with the missing information)*; (4) the deadline for submission; (5) the address, fax number, and email address to which the data/certification statement can be sent; and (6) the name, phone number, and email 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.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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 email.) 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 email 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. *(The certification statement may be submitted by the provider via scanned email, fax or mail along with the missing material)* is necessary if the data must be furnished on the Form CMS-855; (4) the deadline for submission; (5) the address, fax number, and email 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 email 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.

15.7.5 – Special Program Integrity Procedures

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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

- Changes in the provider's practice location
- Change in the 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.

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.

B. Change in Special Payments Address

If the provider submits a change to its 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) 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.

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 & Oversight Group Business Function Lead (PEOG BFL) immediately; the BFL will instruct the contractor as to what, if any, action shall be taken.

15.8.2 –Rejections

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Background

In accordance with 42 CFR § 424.525(a)(1) and (2), the contractor (including the National Supplier Clearinghouse) may reject the provider's application if the provider fails to furnish complete information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation. For purposes of this policy, this includes situations in which the provider submitted an application that falls into one of the following categories and, upon the contractor's request to submit a new or corrected complete application, the provider failed to do so within 30 days of the request:

(1) The Form CMS-855 or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) certification statement: (a) is unsigned; (b) is undated; (c) contains a copied or stamped signature; (d) was signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (e) for paper Form CMS-855I and Form CMS-855O or Form CMS-855R submissions where the reassignor and/or reassignee physician/non-physician practitioner must sign the form, someone other than the required physician or non-physician practitioner signed the form*; or (f) certification statement is missing (paper submissions only).*

(2) The submitted paper application is an outdated version of the Form CMS-855.

(3) The applicant failed to submit all of the forms needed to process a reassignment package within 15 calendar days of receipt.

(4) The Form CMS-855 was completed in pencil.

(5) The wrong application was submitted (e.g., a Form CMS-855B was submitted for Part A enrollment).

(6) If a Web-generated application is submitted, it does not appear to have been downloaded from CMS' Web site.

(7) The provider sent in its application or Internet-based PECOS certification statement via fax or email when it was not otherwise permitted to do so. *(Refer to section 15.5.14.4 for scenarios when this is permitted).*

(8) The provider failed to submit an application fee (if applicable to the situation).

The applications described in (1) through (8) above shall be developed, rather than returned. For instance, if the provider submits an application completed in pencil, the contractor shall request the provider to submit a new application, either in ink or via Internet-based PECOS.

B. Timeframe

The 30-day clock identified in 42 CFR § 424.525(a) starts on the date that the contractor mails, faxes, or emails the pre-screening letter or other request for information to the provider. If the contractor makes a follow-up request for information, the 30-day clock does not start anew; rather, it keeps running from the date the pre-screening letter was sent. However, the contractor has the discretion to extend the 30-day time period if it determines that the provider or supplier is actively working with the contractor to resolve any outstanding issues.

C. Incomplete Responses

The provider must furnish all missing and clarifying data requested by the contractor within the applicable timeframe. If the provider furnishes some, but not all, of the requested data, the contractor is not required to contact the provider again to request the remaining data. It can simply reject the application at the expiration of the aforementioned 30-day period. Consider the following examples:

- The provider submits a Form CMS-855A in which section 3 is blank. On March 1, the contractor requests that section 3 be fully completed. On March 14, the provider submits a completed section 3A. However, section 3B remains blank. The contractor need not make a second request for section 3B to be completed. It can reject the application on March 31, or 30 days after its initial request was made.

- The provider submits an outdated version of the Form CMS-855B. On July 1, the contractor requests that the provider resubmit its application using the current version of the Form CMS-855B. On July 15, the provider submits the correct version, but section 4B is blank. The contractor is not required to make a follow-up request regarding section 4B. It can reject the application on July 31.

D. Creation of Logging & Tracking (L & T) Record

If the contractor cannot create an L & T record in PECOS because of missing data and the application is subsequently rejected, the contractor shall document the provider file accordingly. If the contractor is able to create an L & T record for a rejected application, it shall flip the status to “rejected” in PECOS.

E. Other Impacts of a Rejection

1. Changes of Information and Changes of Ownership (CHOWs)

a. Expiration of Timeframe for Reporting Changes - If the contractor rejects a change of information or CHOW submission per this section 15.8.2 and the applicable 90-day or 30-day period for reporting the change has expired, the contractor shall send an email to its Provider Enrollment Operations Group Business Function Lead (PEOG BFL) notifying him or her of the rejection. PEOG will determine whether the provider’s Medicare billing privileges should be deactivated under 42 CFR §424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

b. Timeframe Not Yet Expired - If the contractor rejects a change of information or CHOW submission and the applicable 90-day or 30-day period for reporting the change has not yet expired, the contractor shall send the email referred to in (1)(a) above after the expiration of said time period unless the provider has resubmitted the change request/CHOW.

c. Second Rejection, Return, or Denial – If, per (1)(b), the provider resubmits the change of information or CHOW application and the contractor either rejects it again, returns it per section 15.8.1 of this chapter, or denies it, the contractor shall send the email referred to in (1)(a) above regardless of whether the applicable timeframe has expired. PEOG will determine whether the provider's Medicare billing privileges should be deactivated under 42 CFR §424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

2. Reactivations – If the contractor rejects a reactivation application, the provider's Medicare billing privileges shall remain deactivated.

3. Revalidations – If the contractor rejects a revalidation application per this section 15.8.1, the contractor shall – unless an existing CMS instruction or directive dictates otherwise - deactivate the provider's Medicare billing privileges under 42 CFR §424.535(a)(1) if the applicable time period for submitting the revalidation application has expired. If it has not expired, the contractor shall deactivate the provider's billing privileges after the applicable time period expires unless the provider has resubmitted the revalidation application. If the provider has resubmitted the application and the contractor (1) rejects it again, (2) returns it per section 15.8.1 of this chapter, or (3) denies it, the contractor shall - unless an existing CMS instruction or directive dictates otherwise –deactivate the provider's billing privileges, assuming the applicable time period has expired.

F. Additional Rejection Policies

1. **Resubmission after Rejection** – If the provider's application is rejected, the provider must complete and submit a new Form CMS-855 (either via paper or Internet-based PECOS) and all necessary documentation.

2. **Applicability –** Unless stated otherwise in this chapter or in another CMS directive, this section 15.8.2 applies to all applications identified in this chapter (e.g., initial applications, change requests, Form CMS-855O applications, Form CMS-588 submissions, change of ownership (CHOW) applications, revalidations, reactivations).

3. **Physicians and Non-Physician Practitioners** – Prior CMS guidance instructed contractors to deny, rather than reject, incomplete applications submitted by physicians and certain non-physician practitioners. This policy no longer applies. Such applications shall be rejected if the physician or practitioner fails to provide the requested information within the designated timeframe.

4. **Notice** – If the contractor rejects an application, it shall notify the provider via letter (sent via mail or email) that the application is being rejected, the reason(s) for the rejection, and how to reapply. Absent a CMS instruction or directive to the contrary, the letter shall be sent to the provider or supplier no later than 5 business days after the contractor concludes that the provider or supplier's application should be rejected.

5. **Copy of Application** – If the contractor rejects an application, it shall either (1) keep the original application and all supporting documents, or (2) make a copy or scan of the application and documents and return the originals to the provider. If the contractor chooses the former approach and the provider requests a copy of its application, the contractor may fax or mail it to the provider.

15.10.1 – Changes of Information - General Procedures

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

Unless otherwise specified in this chapter or another CMS directive, if an enrolled provider is adding, deleting, or changing information under its existing tax identification number, it must report the change using the applicable Form CMS-855. Letterhead is not permitted.

The provider shall (1) furnish the changed data in the applicable section(s) of the form, and (2) sign and date the certification statement. In accordance with 42 CFR §424.516(d) and (e), the timeframes for providers to report changes to their Form CMS-855 information are as follows:

A. Physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives; clinical social workers; clinical psychologists; registered dietitians or nutrition professionals; and organizations (e.g., group practices) consisting of any of the categories of individuals identified in this paragraph.): The following changes must be reported within 30 days:

- A change of ownership
- A final adverse action
- A change in practice location

All other informational changes involving the providers listed in this section 15.10.1(A) must be reported within 90 days.

B. All providers and suppliers other than (1) those listed in section 15.10.1(A); (2) suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS); and (3) independent diagnostic testing facilities (IDTFs): Any change of ownership, including a change in an authorized or delegated official, must be reported within 30 days. All other informational changes involving the providers listed in this section 15.10.1(B) must be reported within 90 days.

The reporting requirements for IDTFs can be found in 42 CFR §410.33(g)(2) and in section 15.5.19.1(A)(2) of this chapter. Reporting requirements for DMEPOS suppliers can be found in 42 CFR §424.57(c)(2)).

In addition:

- **Unsolicited Additional Information** - Any new or changed information that a provider submits prior to the date the contractor finishes processing a previously submitted change request is no longer considered to be an update to that change request. Rather, it is considered to be and shall be processed as a separate change request. The contractor may process both changes simultaneously, but the change that was submitted first shall be processed to completion prior to the second one being processed to completion.

- **Unavoidable Phone Number or Address Changes** – Unless CMS specifies otherwise, any change in the provider's phone number or address that the provider did not cause (i.e., area code change, municipality renames the provider's street) must still be updated via the Form CMS-855.

- **Notifications** – For changes of information that do not require Regional Office approval (e.g., Form CMS-855I changes; Form CMS-855B changes not involving ambulatory surgical centers or portable x-ray suppliers; minor Form CMS-855A changes), the contractor shall (1) furnish written, email, or telephonic confirmation to the provider that the change has been made, and (2) document (per section 15.7.3 of this chapter) in the file the date and time the confirmation was made. If, however, the transaction only involves an area code/ZIP Code change, it is not necessary to send confirmation to the provider that the change has been processed.

15.11 – Electronic Fund Transfers (EFT)

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. General Information

If a provider does not have an established enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) and wants to change any of its EFT information (e.g., bank routing number), it must submit a complete Form CMS-855 before the contractor can effectuate the change. With the exception of the situation described in section (B) below, it is immaterial whether the provider or the bank was responsible for triggering the changed data.

Under 42 CFR §424.510(d)(2)(iv) and §424.510(e):

- All providers (including Federal, State and local governments) enrolling in Medicare must use EFT in order to receive payments. Moreover, any provider not currently on EFT that (1) submits any change to its existing enrollment data or (2) submits a revalidation application must also submit a Form CMS-588 and thereafter receive payments via EFT.

- If a provider is already receiving payments via EFT and is located in a jurisdiction that is undergoing a change of Medicare contractors, the provider must continue to receive payments via EFT. However, the change in contractors does not require the provider to submit a new Form CMS-588 unless CMS states otherwise.

B. Verification

Providers and suppliers may submit a Form CMS-588 via paper or through PECOS. In either case, the contractor shall ensure that:

- The information submitted on the Form CMS-588 is complete and accurate.

- The provider/supplier submitted (1) a voided check or (2) a letter from the bank verifying the account information.

- The routing number and account number matches what was provided on the Form CMS-588.

- The signature is valid. (**NOTE:** For electronic Form CMS-588 submissions, the provider can either e-sign the form or submit a written signature via the paper Form CMS-588. *Paper signatures may be submitted by email, fax or mail (as long as an original Form CMS-588 or Form CMS-855 signature exist on file for the same individual*).

Once the Form CMS-588 has been processed, the 588 form will be printed and delivered to the contractor's financial area along with the voided check and letter from the bank verifying account information, for proper processing of the EFT information. If this information cannot be verified and the provider fails to timely respond to a developmental request, the contractor shall reject the Form CMS-588 and, if applicable, the accompanying Form CMS-855.

C. Miscellaneous Policies

1. Banking Institutions - All payments must be made to a banking institution. EFT payments to non-banking institutions (e.g., brokerage houses, mutual fund families) are not permitted.

If the provider's bank of choice does not or will not participate in the provider's proposed EFT arrangement, the provider must select another financial institution.

2. Verification - The contractor shall ensure that all EFT arrangements comply with CMS Publication 100-04, chapter 1, section 30.2.5.

3. Sent to the Wrong Unit - If a provider submits an EFT change request to the contractor but not to the latter's enrollment unit, the recipient unit shall forward it to the enrollment staff, which shall then process the change. The enrollment unit is responsible for processing EFT changes. As such, while it may send the original EFT form back to the recipient unit, the enrollment unit shall keep a copy of the EFT form and append it to the provider's Form CMS-855 in the file.

4. Bankruptcies and Garnishments – If the contractor receives a copy of a court order to send payments to a party other than the provider, it shall contact the applicable RO's Office of General Counsel.

5. Closure of Bank Account – If a provider has closed its bank/EFT account but will remain enrolled in Medicare, the contractor shall place the provider on payment withhold until an EFT agreement (and Form CMS-855, if applicable) is submitted and approved by the contractor. If such an agreement is not submitted within 90 days after the contractor learned that the account was closed, the contractor shall commence revocation procedures in accordance with the instructions in this chapter. The basis for revocation would be §424.535(a) due to the provider's failure to comply with the EFT requirements outlined in §424.510(e)(1) and (e)(2).

6. Reassignments – If a physician or non-physician practitioner is reassigning all of his/her benefits to another supplier and the latter is not currently on EFT, neither the practitioner nor the reassignee needs to submit a Form CMS-588. This is because (1) the practitioner is not receiving payment directly, and (2) accepting a reassignment does not qualify as a change of information request. If, however, the group later submits a change of information request and is not on EFT, it must submit a Form CMS-588.

7. Final Payments – If a non-certified supplier (e.g., physician, ambulance company) voluntarily withdraws from Medicare and needs to obtain its final payments, the contractor shall send such payments to the provider's EFT account of record. If the account is defunct, the contractor can send payments to the provider's "special payments" address or, if none is on file, to any of the provider's practice locations on record. If neither the EFT account nor the aforementioned addresses are available, the provider shall submit a Form CMS-855 or Form CMS-588 request identifying where it wants payments to be sent.

8. Chain Organizations - Per CMS Publication 100-04, chapter 1, section 30.2, a chain organization may have payments to its providers be sent to the chain home office. However, any mass EFT changes (involving large numbers of chain providers) must be submitted and processed in the same fashion as any other change in EFT data. For instance, if a chain has 100 providers and each wants to change its EFT account to that of the chain home office, 100 separate Form CMS-588s must be submitted. If any of the chain providers have never completed a Form CMS-855 before, they must do so at that time.

15.15 – Internet-based PECOS Applications

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

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

Refer to section 15.5.14 for the certification statement and signature requirements.

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, emails) 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.

15.23.2 – Release of Information

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

On October 13, 2006, CMS published System of Records Notice for the Provider Enrollment, Chain and Ownership System (PECOS) in the Federal Register. Consistent with this notice, once the provider has submitted an enrollment application (as well as after it has been enrolled), the contractor shall not release – either orally or in writing - provider-specific data to any *outside* person or entity*, unless specified otherwise in this chapter*. (Provider-specific data includes, but are not limited to, owners/managers, adverse legal history, practice locations, group affiliations, effective dates, etc.) Examples of outside persons or entities include, but are not restricted to, national or state medical associations or societies, clearinghouses, billing agents, provider associations, or any person within the provider's organization other than the provider's authorized official(s) (section 15 of the CMS-855), delegated official(s) (section 16), contact persons (section 13), or authorized surrogate users. The only exceptions to this policy are:

- A routine use found in the aforementioned System of Records applies.

- The provider (or, in the case of an organizational provider, an authorized or delegated official): (1) furnishes a signed written letter on the provider's letterhead stating that the release of the provider data is authorized, and (2) the contractor has no reason to question the authenticity of the person's signature. The letter can be mailed, faxed, or emailed to the contractor.

- The release of the data is specifically authorized in some other CMS instruction or directive.

(These provisions also apply in cases where the provider requests a copy of any Form CMS-855 paperwork the contractor has on file.)

It is recommended that the contractor notify the provider of the broad parameters of the aforementioned policy as early in the enrollment process as possible.

In addition:

- When sending emails, the contractor shall not transmit sensitive data, such as social security numbers or employer identification numbers.

- The contractor may not send PECOS screen printouts to the provider.

- The contractor shall not send an individual's provider transaction access numbers (PTAN) to a group or organization (including the group's authorized or delegated official). If a group/organization needs to know an individual provider's PTAN, it must contact the provider directly for this information or have the individual provider request this information in writing from the contractor. If the individual provider requests his/her PTAN number, the contractor can mail it to the provider's practice location. The contractor should never give this information over the phone.

- *With the exception of CMS-855S applications, if any contact person listed on a provider or supplier's enrollment record, requests a copy of a provider or supplier's Medicare approval letter or revalidation notice, the contractor shall send to the contact person via email, fax or mail. This excludes Certification Letters (Tie In notices), as the contractor is not responsible for generating these approvals.*

15.24 – Model Letter Guidance

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Format Requirements

All letters sent by contractors to providers and suppliers shall consist of the following format:

- The CMS logo (2012 version) displayed per previous CMS instructions.
- The contractor's logo shall be displayed however the contractor deems appropriate. There are no restrictions on font, size, or location. The only restriction is that the contractor's logo must not conflict with the CMS logo.
- All text, with the exception of items in the header or footer, shall be written in Times New Roman 12 point font.
- All dates in letters, except otherwise specified, shall be in the following format: month dd, yyyy (e.g., January 26, 2012).

Any exceptions to the above must be approved by the contractor's CMS Provider Enrollment & Oversight Group Business Function Lead (PEOG BFL).

Letters shall contain fill-in sections as well as static, or "boilerplate" sections. The fill-in sections are delineated by words in brackets in italic font in the model letters.

- The contractor shall populate the fill-in sections with the appropriate information such as primary regulatory citation and specific denial and revocation reasons, names, addresses, etc.
- The fill-in sections shall be indented ½ inch from the normal text of the letter.
- All specific or explanatory (not primary CFR citations) reasons shall appear in **bold type.**
- There may be more than one primary reason listed.
- The static sections shall be left as-is unless there is specific guidance for removing a section (e.g., removing a CAP section for certain denial and revocation reasons; removing State survey language for certain provider/supplier types that do not require a survey). If there is no guidance for removing a static section, the contractor must obtain approval from its PEOG BFL to modify or remove such a section.

The following do not require PEOG BFL approval:

- Placing a reference number or numbers between the provider/supplier address and the salutation.
- Appropriate documents attached to specific letters as needed.
- Placing language in any letter regarding self-service functions such as the Provider Contact Center Interactive Voice Response (IVR) system and Electronic Data Interchange (EDI) enrollment process.

The contractor shall use the following model letter formats. Unless as stated otherwise in this chapter, any exceptions to these formats must be approved by the contractor's PEOG BFL.

The above format, with the exception of static and fill-in sections, shall also be used for "as needed" letters (such as letters for individual provider or supplier circumstances).

B. Sending Letters

1. The contractor shall issue approval letters within 5 business days of approving the enrollment application in PECOS.

2. *The approval letter shall be sent to the contact person listed on the application via scanned email, fax or mail. If there is no contact person on file, the approval letter shall be sent to the provider or supplier at the email or mailing address provided in the correspondence address section.*

3. For all applications other than the Form CMS-855S, the contractor shall send development/approval letters, etc., to the contact person if one is listed; otherwise, the contractor may send the letter to the provider or supplier at the email or mailing address provided in the correspondence address or special payments address sections. The National Supplier Clearinghouse shall continue to send letters to the supplier's correspondence address until their automated process can be updated to include the contact person as a recipient of the letters.

15.27.1.2.2 – Reactivations - Deactivation for Non-Submission of a Claim

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

To reactivate its billing privileges, a provider or supplier deactivated for non-billing must recertify that its enrollment information currently on file with Medicare is correct. This section discusses this requirement.

A. All of Provider's Data in Enrollment Record Is Correct

1. General Requirements

If all of the data in the provider or supplier's enrollment record is correct, the provider must submit to the contractor: (a) a hard copy print-out of its PECOS Web enrollment data, (b) a hard copy Form CMS-855 certification statement signed and dated by the enrolled individual practitioner or, as applicable, the provider or supplier's authorized or delegated official, (c) the claim data described in section 15.27.1.2.3(B) of this chapter, and (d) a letter certifying as to the data's accuracy. The letter must:

(i) Be on the provider or supplier's letterhead.

(ii) List the provider or supplier's birth name or legal business name, doing business as name (if applicable), National Provider Identifier, and the Provider Transaction Access Number(s) (PTAN) in the provider or supplier's enrollment record to be reactivated.

(iii) Must state that the provider is seeking to reactivate his/her/its billing privileges.

(iv) Be signed and dated by the enrolled individual practitioner or, as applicable, the provider or supplier's authorized or delegated official (who must be the same person who signed the Form CMS-855 certification statement).

(v) Contain the following language:

For Individual Practitioners

"I, _____, certify that all of the information contained in Medicare enrollment record (the record's PAC ID number) is truthful and accurate. I understand that by this statement and by my signature below, I am bound by all of the terms and conditions of the attached, signed Form CMS-855 certification statement and agree to abide by them."

For Authorized/Delegated Officials

"I, _____, in my capacity as an authorized or delegated official of (Provider/Supplier), certify on behalf of (Provider/Supplier) that all of the information contained in (Provider/Supplier's) Medicare enrollment record (the record's PAC ID number) is truthful and accurate. I understand that by this statement and by my signature below, (Provider/Supplier) is bound by all of the terms and conditions of the attached, signed Form CMS-855 certification statement and agrees to abide by them."

As explained in section 15.27.1.2.2(A), a separate Form CMS-855 certification statement and letter must be submitted with each PECOS enrollment record the provider or supplier seeks to have reactivated. The certification statement and letter should be attached to the PECOS Web printout to which it applies. All such "reactivation certification packages" (RCPs) must be submitted via mail. They cannot be faxed or emailed.

2. Contractor Processing

Upon receipt of an RCP, the contractor:

- Shall ensure that it is complete and contains all of the elements identified in (A)(1) above.

If the RCP is in any way deficient or incomplete, the contractor shall develop for the missing/incomplete information or documentation consistent with existing procedures (e.g., requesting the submission of a revised letter). Examples of a deficient RCP include, but are not limited to, the following: (1) the package is missing the printout, certification statement, or letter; (2) the letter does not contain the required language or contains verbiage that offsets the required language; (3) the certification statement or letter is signed by an individual who is not on record as an authorized or delegated official; (4) the certification statement or letter is undated; (5) the letter refers to the incorrect PAC ID number. The contractor may reject the RCP if the provider fails to furnish the requested material within 30 days of the request.

- Shall review all names listed in the provider's enrollment record against the Medicare Exclusion Database (MED) and the System for Award Management (SAM).

- Shall ensure that the provider is still appropriately licensed and/or certified (e.g., the contractor can check State Web sites).

- Consistent with section 15.19.2.4 of this chapter, shall perform a site visit if the provider is in the moderate or high screening category.

The contractor need not prescreen the RCP.

If the contractor determines that (1) the RCP complies with the requirements of this section 15.27.1.2.2(A), (2) remains appropriately licensed and/or certified, (3) none of the names in the provider or supplier's enrollment record are excluded or debarred, (4) the provider (if in the moderate or high screening category) is operational per the site visit, and (5) for HHAs, the provider has undergone a new State survey or accreditation, the contractor may reactivate the provider's Medicare billing privileges in accordance with existing procedures. If the contractor determines that any of these criteria are not met, it shall deny the reactivation application in accordance with existing procedures. (Rejection is appropriate, however, if the provider does not adequately respond to the contractor's developmental request.) If the contractor believes that a denial ground other than the aforementioned exists, it shall contact its CMS Provider Enrollment Business Function Lead (PEBFL) for guidance.

B. Some of Provider's Data in Enrollment Record Is Incorrect

1. General Requirements

If any data in the provider or supplier's enrollment record is incorrect, the provider must submit to the contractor: (a) a hard copy print-out of its PECOS Web enrollment data, (b) applicable hard-copy page(s) of the Form CMS-855 containing the corrected information (e.g., new section 8 reporting a change to the billing company address), (c) a certification statement signed and dated by the enrolled individual practitioner or, as applicable, the provider or supplier's authorized or delegated official, (d) the claim data described in section 15.27.1.2.3(B) of this chapter, and (e) a letter certifying as to the rest of the enrollment data's accuracy. The letter must:

(i) Be on the provider or supplier's letterhead.

(ii) List the provider or supplier's birth name or legal business name, doing business as name (if applicable), NPI, and PTAN(s).

(iii) Must state that the provider is seeking to reactivate his/her/its billing privileges.

(iv) Be signed and dated by the enrolled individual practitioner or, as applicable, the provider or supplier's authorized or delegated official (who must be the same person who signed the Form CMS-855 certification statement).

(v) Contain the following language:

For Individual Practitioners

"I, _____, certify that - with the exception of (list the data elements that are currently incorrect and are being updated via the submitted Form CMS-855 pages) - all of the information currently contained in Medicare enrollment record (the record's PAC ID number) is truthful and accurate. I understand that by this statement and by my signature below, I am bound by all of the terms and conditions of the attached, signed Form CMS-855 certification statement and agree to abide by them."

For Authorized/Delegated Officials

"I, _____, in my capacity as an authorized or delegated official of (provider/supplier), certify on behalf of (provider/supplier) that - with the exception of (list the data elements that are currently incorrect and are being updated via the submitted Form CMS-855 pages) - all of the information contained in (provider/supplier's) Medicare enrollment record (the record's PAC ID number) is truthful and accurate. I understand that by this statement and by my signature below, (provider/supplier) is bound by all of the terms and conditions of the attached, signed Form CMS-855 certification statement and agrees to abide by them."

As explained in section 15.27.1.2.2(B), a separate Form CMS-855 certification statement and letter must be submitted with each PECOS enrollment record the provider or supplier seeks to have reactivated. The certification statement and letter should be attached to the PECOS Web printout to which it applies. All RCPs must be submitted via mail. They cannot be faxed or emailed.

2. Contractor Processing

Upon receipt of an RCP, the contractor:

- Shall ensure that it is complete and contains all of the elements identified in (B)(1) above.

If the RCP is in any way deficient or incomplete, the contractor shall develop for the missing/incomplete information or documentation consistent with existing procedures (e.g., requesting the submission of a revised letter). Examples of a deficient RCP include, but are not limited to, the following: (1) the package is missing the printout, certification statement, or letter; (2) the letter does not contain the required language or contains verbiage that offsets the required language; (3) the letter does not identify the information in the

enrollment record that is incorrect; (4) the certification statement or letter is signed by an individual who is not on record as an authorized or delegated official; (5) the certification statement or letter is undated; (6) the letter refers to the incorrect PAC ID number. The contractor may reject the RCP if the provider fails to furnish the requested material within 30 days of the request.

- Shall review all names listed in the provider's enrollment record against the MED and the SAM.

- Shall ensure that the provider is still appropriately licensed and/or certified (e.g., the contractor can check State Web sites).

- Consistent with section 15.19.2.4 of this chapter, shall perform a site visit if the provider is in the moderate or high screening category.

- Process the changed information in accordance with the instructions in this chapter. The entire RCP transaction (including the changed data) shall, however, be processed as a revalidation.

The contractor need not prescreen the RCP.

If the contractor determines that (1) the RCP complies with the requirements of this section 15.27.1.2.2(B), (2) remains appropriately licensed and/or certified, (3) none of the names in the provider or supplier's enrollment record are excluded or debarred, (4) the provider (if in the moderate or high screening category) is operational per the site visit, (5) all of the changed information can be processed to approval, and (6) for HHAs, the provider has undergone a new State survey or accreditation, the contractor may reactivate the provider's Medicare billing privileges in accordance with existing procedures. If the contractor determines that any of these criteria are not met, it shall deny the reactivation application in accordance with existing procedures. (Rejection is appropriate, however, if the provider does not adequately respond to the contractor's developmental request.) If the contractor believes that a denial ground other than the aforementioned exists, it shall contact its (PEBFL) for guidance.

C. PECOS Web Printout

If the provider or supplier cannot produce a printout of the applicable PECOS Web enrollment record (e.g., provider has no enrollment record in PECOS) or cannot otherwise submit a valid RCP, it must submit a complete Form CMS-855 application in order to reactivate its Medicare billing privileges.

15.27.1.2.3 – Reactivations – Miscellaneous Policies

(Rev.689, Issued: 12-09-16, Effective: 01-09-17, Implementation: 01-09-17)

A. Full Enrollment Applications

1. For providers that were deactivated for non-billing, the provider may submit a complete Form CMS-855 enrollment application in lieu of an RCP. The application may be submitted via paper or PECOS Web.

2. For Form CMS-855 reactivation applications, the timeliness requirements in sections 15.6.1 et seq., pertaining to initial enrollment applications apply. The contractor shall – unless a CMS instruction directs otherwise - validate all of the information on the application just as it would with an initial application.

3. Unless stated or indicated otherwise:

- The term "Form CMS-855 revalidations" as used in this chapter 15 only includes Form CMS-855 revalidation applications. It does not include RCPs.

- The term "revalidation" as used in this chapter 15 includes Form CMS-855 revalidation applications and RCPs.

B. Claims

For RCP submissions, the provider must also furnish a copy of a claim that it plans to submit upon the reactivation of its billing privileges. Alternatively, the provider may include in its RCP letter the following information regarding a beneficiary to whom the provider has furnished services and for whom it will submit a claim: (1) beneficiary name, (2) health insurance claim number (HICN), (3) date of service, and (4) phone number.

C. Development

If the initial RCP is incomplete or inadequate and the contractor initiates development procedures, the following principles apply:

- The provider may submit the requested documentation to the contractor via *scanned email, fax or mail*.

- If there are deficiencies in the RCP letter, the provider must submit (1) a new letter, and (2) a newly-signed and dated certification statement *(The certification statement may be submitted by the provider via scanned email, fax or mail)*. The provider cannot mark-up the previous letter and resubmit it.