
CMS Manual System

Pub. 100-08 Medicare Program Integrity

Transmittal 88

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Date: November 26, 2004

CHANGE REQUEST 3528

SUBJECT: Timeframes for Processing 855 Enrollment Applications

I. SUMMARY OF CHANGES: This change will remove the additional 15 days to complete an enrollment record for a change of information.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: December 27, 2004

IMPLEMENTATION DATE: December 27, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	10/27/Provider Enrollment, Chain and Ownership System (PECOS)

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 88	Date: November 26, 2004	Change Request 3528
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SUBJECT: Timeframes for Processing 855 Enrollment Applications

I. GENERAL INFORMATION

A. Background: According to change request (CR) 2855, dated November 28, 2003, carriers were given instructions that allowed an addition 15 days to process a change of information to provide time to create an enrollment record. This requirement will remove the additional 15 days.

B. Policy: The policy as written in chapter 10, section 15, process any request for change that is not with an initial enrollment within 45 days of receipt or sooner 90 percent of the time. Process 99 percent of these type of applications within 60 days of receipt.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3528.1	Instructions as addressed in chapter 10 of the Program Integrity Manual, Pub. 100-08, will once again become effective, and all carriers shall abide by them. Carriers shall process any request for change that is not with an initial enrollment within 45 days of receipt or sooner 90 percent of the time. Process 99 percent of these type of applications within 60 days of receipt.			X						

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
CR 2855	Remove

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: December 27, 2004</p> <p>Implementation Date: December 27, 2004</p> <p>Pre-Implementation Contact(s): Patti Snyder, (410) 786-5991</p> <p>Post-Implementation Contact(s): Patti Snyder, (410) 786-5991</p>	<p>Medicare contractors shall implement these instructions within their current operating budgets.</p>
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Medicare Program Integrity Manual

Chapter 10 - Healthcare Provider/Supplier Enrollment

Table of Contents
(Rev. 88, 11-26-04)

27 - Provider Enrollment, Chain and Ownership System (PECOS)

Section 27 - Provider Enrollment, Chain and Ownership System (PECOS)

(Rev. 88, Issued: 11-26-04, Effective: 12-27-04, Implementation: 12-27-04)

The primary purpose of provider enrollment is to ensure that only qualified providers and suppliers obtain billing privileges. Secondly, CMS uses provider/supplier enrollment data to obtain information about payment and mailing instructions so that claims are processed and payments are made correctly. The enrollment process must balance two needs: (1) The need to make the process as administratively simple as possible and reduce the burden on qualified, legitimate individuals and businesses seeking to bill the Medicare program, and (2) The need for sufficient scrutiny to provide an effective deterrent against unqualified individuals and detect them if they attempt enrollment.

All healthcare providers/suppliers who wish to seek Medicare payment for covered services must enroll in the Medicare program. Suppliers must complete the applicable Form(s) CMS-855 and must meet other requirements. The PECOS will capture all the enrollment information contained on Form CMS-855, identify relationships between Medicare suppliers, log and track each enrollment application, perform inquiries, and produce reports. The PECOS monitors each enrollment application from the time the Medicare enrollment form is received, until the Medicare contractor completes its function. Also, PECOS is the system that will be used to update enrollment information and communicate with the Claims Processing Systems.

Changes of Information

Since PECOS is not being pre-populated with supplier information, when you receive a change of information from a currently enrolled supplier and there is no PECOS record, you will have to create an enrollment record in PECOS so that the updated information can be entered once the change is verified. This will require keying in certain data elements to begin populating the system. Populating PECOS with existing data maintained/housed in the Provider Enrollment System (PENS)/ViPS Medicare System (VMS), and Provider Enrollment System (PES)/Multi-Carrier System (MCS), for currently enrolled suppliers, allows you to input and process the new updated information, and to track and report your workload.

Upon receipt of Form CMS-855 B or I with a change of information, you will have to create an "enrollment record" in PECOS for the supplier in order to process the updated information. To create an enrollment record you must enter the minimum amount of data needed for PECOS to establish an approved enrollment record. All of the data elements required to satisfy an enrollment record in PECOS are identified in the Release 3 User's Guide.

To create an enrollment record you shall use the transitory data base, if available. Since that data should be current, it can be entered into PECOS without further validation. The enrollment record should be put in a pending status until you are able to populate all the mandatory data fields. The PECOS will not allow an enrollment record to be placed in an approved status unless the mandatory PECOS fields are completed.

Prior to changing the record to an approved status you must follow the normal validation process in verifying the information that is being changed. Once validated, you must input the new information into PECOS. Once the changed information is verified and entered into

PECOS, and the Enrollment Exception Report indicates no problem, the pending enrollment record should be changed to an approved status.

Supplier Submits an Entire Form CMS-855 in Conjunction With a Change of Information

If a supplier submits an entire Form CMS-855 in conjunction with a change of information, you must enter all of the data from the new application into PECOS. However, only the new/changed information has to be validated.

Adding a Member to an Existing Group:

1. If Form CMS-855 is not on file - This requires the group to submit Form CMS-855B with Form CMS-855R. Form CMS-855B should be processed like an initial enrollment record. Form CMS-855R cannot be processed until the group's enrollment record has been put in approved status.

2. If Form CMS-855 is on file - You must create an enrollment record for the group from existing information, then associate the new member.

For all currently existing groups that are adding new members, it is not necessary to re-associate all current members in PECOS at this time.

For Form CMS-855Rs received for individuals already enrolled with Medicare, but not in PECOS, an approved enrollment record for the individual must be established in PECOS prior to processing Form CMS-855R.

If Form CMS-855R is received, along with Form CMS-855I, Form CMS-855I must be processed and put into an approved status before Form CMS-855R can be processed.

Changes Not Generated Through a CMS-855I, B, or R

You will also receive updates/changes of information to the status of a physician or supplier that are not generated for submission of an 855I, B, or R. These include, but are not limited to, change in participation status during open enrollment period, sanctions, updates from UPIN registry such as date of death notice, railroad retirement board request, etc. When these changes happen you must update the record in PECOS so that the claims system can be updated. To do this you must create an L&T record for the change and then update the enrollment record. When there is no enrollment record in PECOS you should follow the same steps described above for creating an enrollment record to process CMS-855I, B, or R changes of information.

Time Frame for Application Processing

Carriers shall process all change of information as written in section 15 – Time Frame for Application Processing.