

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 323	Date: January 29, 2010
	Change Request 6748

Transmittal 321, dated December 30, 2009, is being rescinded and replaced by Transmittal 323. The only change is in the Business Requirements. CMS is clarifying policy to state that these requirements are consistent with the requirements for obtaining a Social Security Number. All other information remains the same.

SUBJECT: Verification of Legalized Status

I. SUMMARY OF CHANGES: If a newly-enrolling physician or non-physician practitioner indicates in Section 2 of his/her Medicare enrollment application (CMS-855I or Internet-based PECOS) that he/she was born in a foreign country, the contractor shall verify that the physician or non-physician practitioner is: (1) a United States citizen; (2) a legal resident of the United States, or (3) otherwise legally authorized to work in the United States. The purpose of this change request is to help ensure that all enrolling physicians and non-physician practitioners are legally authorized to perform Medicare services.

NEW/REVISED MATERIAL

EFFECTIVE DATE: MARCH 29, 2010

IMPLEMENTATION DATE: MARCH 29, 2010

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

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

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/Table of Contents
N	10/5.7.2/Verification of Legalized Status

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: For Medicare Administrative Contractors (MACs):

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

authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 323	Date: January 29, 2010	Change Request: 6748
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SUBJECT: Verification of Legalized Status

EFFECTIVE DATE: MARCH 29, 2010
IMPLEMENTATION DATE: MARCH 29, 2010

I. GENERAL INFORMATION

A. Background: If a physician or non-physician practitioner indicates in section 2 of his/her Medicare enrollment application (CMS-855I or Internet-based PECOS) that he/she was born in a foreign country, the contractor shall verify that the physician or non-physician practitioner is: (1) a United States citizen; (2) a permanent resident of the United States, or (3) otherwise legally authorized to work in the United States. Note: These requirements are consistent with the requirements for obtaining a Social Security Number.

B. Policy: The purpose of this change request is to help ensure that enrolling physicians and non-physician practitioners are legally authorized to furnish medical services to Medicare beneficiaries.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6748.1	If a physician or non-physician practitioner indicates in section 2 of the Medicare enrollment application (CMS-855I or Internet-based PECOS) that he/she was born in a foreign country, the contractor shall verify that the physician or non-physician practitioner is: (1) a United States citizen; (2) a permanent resident of the United States, or (3) otherwise legally authorized to work in the United States; said verification shall be completed in accordance with CMS procedures.	X			X					
6748.2	If the physician or non-physician practitioner is not eligible to work in the United States, Puerto Rico, or a United States Territory, the contractor shall deny the enrollment application using 42 CFR 424.530(a)(1) as the legal basis.	X			X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6748.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X						

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

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

V. CONTACTS

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

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

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

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

Section B: 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.

Medicare Program Integrity Manual

Chapter 10 - Medicare Provider/Supplier Enrollment

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5.7.2 – Verification of Legalized Status

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(Rev. 323, Issued: 01-29-10; Effective/Implementation Date: 03-29-10)

If a physician or non-physician practitioner indicates in Section 2 of his/her Medicare enrollment application (CMS-855I or Internet-based PECOS) that he/she was born in a foreign country, the contractor shall verify that the physician or non-physician practitioner is: (1) a United States citizen; (2) a permanent resident of the United States, or (3) otherwise legally authorized to work in the United States. Note: These requirements are consistent with the requirements for obtaining a Social Security Number.

If the physician or non-physician practitioner is not eligible to work in the United States, Puerto Rico, or a United States Territory, the contractor shall deny the enrollment application using 42 CFR §424.530(a)(1) as the legal basis.