ENROLLMENT & CERTIFICATION ROADMAP
FOR INSTITUTIONAL PROVIDERS
KNOW THE POINTS OF CONTACT

The Enrollment & Certification Roadmap pertains to the certification of Deemed and Non-Deemed ASCs, ESRDs, FQHCs, HHAs, Hospices, Hospitals, OPTs and non-deemed CMHCs, CORFs, SNFs and PXR providers and suppliers. The conversion of CAHs and REHs, and the certification of OPOs, RHC, RNCHI (CMS Boston), facilities located in US territories, and IHS and Tribal facilities will remain with the CMS locations.

1 THE MAC REVIEWS THE APPLICATION

Step 1 Processing Time (Varies by Submission Method):
Paper: Approximately 65 days.
Web: Approximately 30 days.
A certified provider's CMS-855 application is required to go through a multistep review process. Medicare Administrative Contractors (MACs) are responsible for the initial review of the application. This step consists of intake, screening, verification, fingerprints (if applicable), and a referral to the State Agency (SA) for further review. If the provider has not received a referral letter notifying them that their application has been referred to the SA/Accrediting Organization (AO), or other correspondence from the MAC, the provider may contact the MAC for a status. The MACs are the primary point of contact for status updates.

2 THE STATE AGENCY (SA) PROCESSES THE APPLICATION

Step 2 Processing Time: Approximately 45 days once a complete packet is received by the SA, including survey requirements. This may vary by SA. Budget limits for each program may dictate what the SA is able to process.
With the MAC's initial review complete, the SA (or an AO, if applicable) will review the application received from the MAC. The provider will receive a referral letter when the application is forwarded from the MAC to the SA or AO for review, which includes the contact information for the SA/AO. The SA reviews the application for further compliance and state required actions (e.g., certification survey).
Note: Step 2 will vary by application type:
- **Initials**: If there is AO involvement, the AO will conduct their review and send their response directly to the SA, who then notifies the MAC.
- **Changes of Ownership & Changes of Information**: Either the SA or the AO may send notification to the MACs to continue processing.

The SAs are the primary point of contact for status updates.

3 THE MAC REVIEWS THE APPLICATION

Step 3 Processing Time (Varies if a site visit is required):
Site visit not required: Approximately 10 days
Site visit required: Approximately 45 days
The MAC is notified by the SA/AO once their review is complete. Within 10 days of receipt of this notification from the SA/AO, the MAC will either: (1) send the application to CMS Provider Enrollment or, if required, (2) order a provider enrollment site visit. If a site visit is required, the MAC will send the application to CMS Provider Enrollment after the results are received. The MACs are the primary point of contact for status updates.

4 CMS PROVIDER ENROLLMENT REVIEWS THE APPLICATION

Step 4 Processing Time: Approximately 30 days
MACs will send the application to CMS Provider Enrollment for review. CMS Provider Enrollment will assign the CMS Certification Number (CCN) and effective date, execute the provider agreement, and update the national certification database. When the application is at this step, the provider can contact CMS via the Medicare provider enrollment mailbox.

5 THE MAC ISSUES THE FINAL APPROVAL NOTIFICATION

Step 5 Processing Time: Approximately 3-10 days
Once approval is received from CMS Provider Enrollment, the MAC will send the provider the final approval letter with copies to the SA/AO. The letter will include the provider enrollment and certification information, including the signed provider agreement. Providers should carefully review the final letter as it contains specific information, such as the time frames for any further actions required by the provider and the relevant contact information. At this step, the MAC is the primary point of contact.

Who To Contact:

Medicare Administrative Contractor (MAC)
- General application status
- Development for additional information
- Status of the final letter or requesting copies
- Status of applications returned to the MAC by the SA/AO
- General provider enrollment issues or questions

Contact:
https://www.cms.gov/medicare/provider-enrollment-and-certification/medicare providersupenroll/downloads/contact_list.pdf

State Agency (SA)
When the MAC has referred the application to the SA:
- Status of licensure Scheduling Survey
- Status of application referred to the SA
- Status of initial application survey
- Status of state survey
- Plan of corrections for surveys conducted by the State

Contact:
Refer to the notification letter from the MAC

Accrediting Organization (AO)
- Status of survey when the provider seeks a deeming option in lieu of SA survey

Contact:
https://www.cms.gov/medicare/provider-enrollment-and-certification/survey certificationgeninfo/downloads/accrediting-organization-contacts-for-prospective-clients-.pdf

Provider Enrollment at CMS
- Non-response from MAC or SA on prior inquiries
- Status requests

Contact:
MedicareProviderEnrollment@cms.hhs.gov