

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 191	Date: MARCH 23, 2007
	Change Request 5285

SUBJECT: Provider/Supplier Enrollment Approval Letters

I. SUMMARY OF CHANGES: Adding requirement to include National Provider Identifier to the provider/supplier Medicare enrollment approval letter.

NEW / REVISED MATERIAL

EFFECTIVE DATE: APRIL 2, 2007

IMPLEMENTATION DATE: MAY 23, 2007

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: R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/6.1.1/Non-Certified Suppliers and Individual Practitioners

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 191	Date: March 23, 2007	Change Request: 5285
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SUBJECT: Provider/Supplier Enrollment Approval Letters

Effective Date: April 2, 2007

Implementation Date: May 23, 2007

I. GENERAL INFORMATION

A. Background: In order to inform Part B suppliers about their Provider Transaction Access Number (PTAN), CMS is requiring that contractors include a reference to the National Provider Identifier (NPI) and the assigned PTAN in all provider enrollment approval letters.

B. Policy: As a part of Medicare’s implementation of the NPI, CMS is requiring contractors to include the approved NPI/s/ and PTAN/s/ in all letters informing suppliers that their enrollment has been approved. The letter shall instruct suppliers to use the NPI on all claims submitted to Medicare and to use the PTAN as an identifier on all inquiries made via the interactive voice response system. Development and use of the PTAN for inquiries is explained in CR 5061 and CR 5089.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B	D M E	F I	C A R E R	D M R C	R E H R I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5285.1	Contractors shall add the approved NPI/s/ and the assigned PTAN/s/ to the provider enrollment approval letter. All PTANs issued to a supplier, including PTANs assigned to group members, shall be included with in the approval letter.	X			X							NSC
5285.2	Contractors shall add language to the provider enrollment approval letter instructing suppliers to use their NPI on all claims submitted to Medicare beginning May 23, 2007.	X			X							NSC
5285.3	Contractors shall add language to the provider enrollment approval letter instructing suppliers how to use their assigned PTAN/s/ for inquiries using the IVR.	X			X							NSC

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I	C A R E R	D M R C	R E R I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
5285.4	Contractor shall add language to the provider enrollment approval letter reminding suppliers to update the National Plan and Provider Enumeration System when enrollment information changes.	X			X							NSC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I	C A R E R	D M R C	R E R I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
	None.											

IV. SUPPORTING INFORMATION

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:

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): Allen Gillespie, 410-786-5996, Allen.Gillespie@cms.hhs.gov

Post-Implementation Contact(s): Allen Gillespie, 410-786-5996, Allen.Gillespie@cms.hhs.gov

VI. FUNDING

A. For TITLE XVIII Contractors, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work. The contractor is not obligated to incur costs in excess of the amounts specified 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.

6.1.1 - Non-Certified Suppliers and Individual Practitioners

(Rev. 191, Issued: 03-23-07; Effective Date: 04-02-07; Implementation Date: 05-23-07)

Medicare fee for service (FFS) contractors, including A/B Medicare administrative contractors and the National Supplier Clearinghouse, shall notify all suppliers regarding the disposition of their CMS-855 enrollment application. If the FFS contractor approves a supplier's enrollment, except for ambulatory surgical centers and portable x-ray suppliers, the contractor shall notify the applicant with a letter that their enrollment has been approved. The letter shall include both the National Provider Identifier (NPI) that has been approved to bill the Medicare program and the Provider Transaction Access Number (PTAN) that has been assigned to the supplier as an identifier for inquiries.

The approval letter should provide instructions on how suppliers should use the assigned PTAN whenever they have to use the contractor interactive voice response (IVR) system for inquiries concerning claims status, beneficiary eligibility, check status or other supplier related IVR transactions. CR 5061 and CR 5089 provide further guidance on the issuance and use of the PTAN.

In addition to instructing suppliers to use their NPI on electronic claim submissions, carriers shall include language reminding suppliers to update the National Plan Provider Enumeration System whenever their information changes.

For claims submitted by physicians and non-physicians prior to the date of enrollment, the carrier shall follow the instructions in Pub. 100-04, chapter 1, section 70, with respect to the claim filing limit. Payments cannot be made for services furnished prior to the date the applicant is appropriately licensed. For initial enrollment, the carrier should use the date that the supplier started practicing at the practice location as the date it can begin submitting claims.