CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 329	Date: March 19, 2010
	Change Request 6807

SUBJECT: Change in Provider Enrollment Timeliness Standards for Certain Paper Applications

I. SUMMARY OF CHANGES: This change request revises the timeliness standards for certain categories of CMS-855 paper applications. These include: (1) CMS-855B initial applications; (2) CMS-855I initial applications; and (3) CMS-855 change requests and reassignments.

Timeliness standards for Internet-based CMS-855 applications are not affected by this change request.

EFFECTIVE DATE: June 21, 2010
IMPLEMENTATION DATE: June 21, 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/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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/Table of Contents
R	10/2.9/Timeliness and Accuracy Standards
R	10/2.9.1/Standards for Initial Applications
R	10/2.9.1.1/Paper Applications – Timeliness
N	10/2.9.1.1.1/CMS-855A Applications
N	10/2.9.1.1.2/CMS-855I Applications
N	10/2.9.1.1.3/CMS-855B Applications Submitted by Suppliers Other Than IDTFs
N	10/2.9.1.1.4/CMS-855B Applications Submitted by IDTFs
R	10/2.9.2/Standards for Changes of Information
R	10/2.9.2.1/Paper Applications – Timeliness
R	10/3.1/Pre-Screening Process
R	10/3.1.1/Application Rejections
R	10/3.1.2/Denials for Incomplete Applications
R	10/7.1.1/Changes of Information and Complete CMS-855 Applications
R	10/7.1.2/Incomplete or Unverifiable Changes of Information

III. FUNDING:

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.

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: 329	Date: March 19, 2010	Change Request: 6807

SUBJECT: Change in Provider Enrollment Timeliness Standards for Certain Paper Applications

EFFECTIVE DATE: June 21, 2010

IMPLEMENTATION DATE: June 21, 2010

I. GENERAL INFORMATION

A. Background: This change request revises the timeliness standards for certain categories of CMS-855 paper applications. These include: (1) CMS-855B initial applications; (2) CMS-855I initial applications; and (3) CMS-855 change requests and reassignments.

Timeliness standards for Internet-based CMS-855 applications are not affected by this change request.

B. Policy: The purpose of this change request is to implement the changes outlined in the "Background" section above.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6807.1	The contractor shall process 80 percent of all initial CMS-855I applications where no contractor development is needed within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt.	X			X						
6807.2	The contractor shall process 80 percent of all initial CMS-855I applications where one developmental request is made by the contractor within 90 calendar days of receipt, 90 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.	X			X						
6807.3	The contractor shall process 70 percent of all initial CMS-855I applications where at least two developmental requests are made by the contractor within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.	X			X						
6807.4	The contractor shall note that business requirements 6807.4.1 through 6807.4.3 apply only to initial CMS-855B applications submitted by suppliers other than independent diagnostic testing facilities (IDTFs).	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6807.4.1	The contractor shall process 80 percent of all initial CMS-855B applications where no contractor development is needed within 60 calendar days of receipt and 95 percent of such applications within 90 calendar days of receipt.	X			X						
6807.4.2	The contractor shall process 80 percent of all initial CMS-855B applications where one developmental request is made by the contractor within 90 calendar days of receipt, 90 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.	X			X						
6807.4.3	The contractor shall process 70 percent of all initial CMS-855B applications where at least two developmental requests are made by the contractor within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.	X			X						
6807.5	The contractor shall process 70 percent of all initial IDTF CMS-855B applications where no contractor development is needed within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.	X			X						
6807.6	The contractor shall process 65 percent of all initial IDTF CMS-855B applications where one developmental request is made by the contractor within 90 calendar days of receipt, 75 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.	X			X						
6807.7	The contractor shall process 60 percent of all initial IDTF CMS-855B applications where at least two developmental requests are made by the contractor within 90 calendar days of receipt, 70 percent of such applications within 120 calendar days of receipt, and 80 percent of such applications within 180 calendar days of receipt.	X			X						
6807.8	The contractor shall process 80 percent of CMS-855 changes of information within 60 calendar days of receipt, 90 percent of CMS-855 changes of information within 90 calendar days of receipt, and 95 percent of CMS-855 changes of information within 120 calendar days of receipt.	X		X	X	X					
6807.9	The contractor shall pre-screen all paper CMS-855 applications within 20 calendar days after the date the application is received in the contractor's mailroom.	X		X	X	X					
6807.10	For paper CMS-855 applications, the contractor shall create a logging & tracking record in the Provider	X		X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	Enrollment, Chain and Ownership System (PECOS) no later than 20 calendar days after the date the application is received in the contractor's mailroom.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6807.11	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 one 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	X	X					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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),* include the following statement:

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

Table of Contents
(Rev.329, 03-19-10)

2.9 – Timeliness and Accuracy Standards

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

Sections *2.9.1* through *2.9.3* of this chapter address the timeliness and accuracy standards applicable to the processing of CMS-855 applications. Even though the provisions of 42 CFR §405.874(h) contain processing timeframes that are longer than those in sections *2.9.1* through *2.9.3*, the contractor shall adhere to the standards specified in sections *2.9.1* through *2.9.3.*

The processing of an application generally includes, but is not limited to, the following activities:

- *Receipt of the application in the contractor's mailroom and forwarding it to the appropriate office for review;*
- *Prescreening the application in accordance with section 3.1 of this chapter;*
- *Creating an L & T record and an enrollment record in PECOS;*
- *Verification of the application in accordance with sections 5.1 through 5.7.1 of this chapter;*
- *Requesting and receiving clarifying information in accordance with section 5.3 of this chapter;*
- *Site visit (if necessary);*
- *Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.*

2.9.1 – Standards for Initial Applications

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

For purposes of sections *2.9.1.1* through *2.9.1.4* of this *chapter*, the term "initial applications" also includes:

1. CHOW, acquisition/merger, and consolidation applications submitted by the new owner;

2. "Complete" CMS-855 applications submitted by enrolled providers: (a) voluntarily, (b) as part of any change request if the provider does not have an established enrollment record in PECOS, (c) as part of a reactivation, or (d) as part of a revalidation. (See section 7.1.1 of this manual for more information on the processing of "complete" applications.)

2.9.1.1 - Paper Applications - Timeliness

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

For purposes of sections 2.9.1.1.2 though 2.9.1.1.4 below, the term "development" has the same general meaning as that used in section 5.3 of this chapter – specifically, the need to contact the

supplier for additional information. (A prescreening letter to the provider is considered to be the first developmental request.)

2.9.1.1.1 – CMS-855A Applications

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

The contractor shall process 80 percent of CMS-855A initial applications within 60 calendar days of receipt, process 90 percent of CMS-855A initial applications within 120 calendar days of receipt, and process 99 percent of CMS-855A initial applications within 180 calendar days of receipt.

2.9.1.1.2 – CMS-855I Applications

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

The contractor shall process 80 percent of all initial CMS-855I applications where no contractor development is needed within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt.

The contractor shall process 80 percent of all initial CMS-855I applications where one developmental request is made by the contractor within 90 calendar days of receipt, 90 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.

The contractor shall process 70 percent of all initial CMS-855I applications where at least two developmental requests are made by the contractor within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.

2.9.1.1.3 – CMS-855B Applications Submitted by Suppliers Other Than IDTFs

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

(This section 2.9.1.1.3 applies only to initial CMS-855B applications submitted by suppliers other than IDTFs.)

The contractor shall process 80 percent of all initial CMS-855B applications where no contractor development is needed within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt.

The contractor shall process 80 percent of all initial CMS-855B applications where one developmental request is made by the contractor within 90 calendar days of receipt, 90 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.

The contractor shall process 70 percent of all initial CMS-855B applications where at least two developmental requests are made by the contractor within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.

2.9.1.1.4 – CMS-855B Applications Submitted by IDTFs

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

The contractor shall process 70 percent of all initial IDTF CMS-855B applications where no contractor development is needed within 90 calendar days of receipt, 80 percent of such applications within 120 calendar days of receipt, and 95 percent of such applications within 180 calendar days of receipt.

The contractor shall process 65 percent of all initial IDTF CMS-855B applications where one developmental request is made by the contractor within 90 calendar days of receipt, 75 percent of such applications within 120 calendar days of receipt, and 90 percent of such applications within 180 calendar days of receipt.

The contractor shall process 60 percent of all initial IDTF CMS-855B applications where two or more developmental requests are made by the contractor within 90 calendar days of receipt, 70 percent of such applications within 120 calendar days of receipt, and 80 percent of such applications within 180 calendar days of receipt.

2.9.2 – Standards for Changes of Information

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

For purposes of timeliness, the term “changes of information” also includes:

1. CHOW, acquisition/merger, and consolidation applications submitted by the old owner;

2. CMS-588 changes submitted without a need for an accompanying complete CMS-855 application;

3. CMS-855R applications submitted independently (i.e., without being part of a CMS-855I or CMS-855B package); and

4. CMS-855 voluntary terminations

2.9.2.1 - Paper Applications - Timeliness

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

The contractor shall process 80 percent of paper CMS-855 changes of information within *60* calendar days of receipt, process 90 percent of paper CMS-855 changes of information within *90* calendar days of receipt, and process 9*5* percent of paper CMS-855 changes of information within *120* calendar days of receipt. This process generally includes, but is not limited to, *the following activities:*

- Receipt of the change request in the contractor's mailroom and forwarding it to the appropriate office for review;

- Prescreening the change request in accordance with section 3.1 of this manual;

- Creating an L & T record and, if applicable, tying it to an enrollment record in PECOS;

- Verification of the change request in accordance with sections 5.1 through 5.6 of this manual, as well as the applicable instructions in sections 7.1 and 7.2 of this manual;

- Requesting and receiving clarifying information in accordance with section 5.3 of this manual;

- Supplier site visit (if necessary);

- Formal notification of the contractor's decision or recommendation (and providing the appropriate appeal rights, as necessary) for approval or denial.

3.1 – Pre-Screening Process

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

A. Paper Applications

Within 20 calendar days after the application is received in the contractor's mailroom, the contractor shall complete a "pre-screen" of the application. The purpose of the pre-screening process is to ensure that the provider, at the time the application was originally submitted:

- Completed all required data elements on the application, regardless of the materiality of the data element or whether the information furnished is correct.

- Furnished all required supporting *documentation needed* to process the requested enrollment action.

If the provider: (1) files an application with at least one missing required data element, or (2) fails to submit all required supporting documentation, the contractor shall send a letter to the provider – preferably via e-mail or fax - that contains, at a minimum, the elements listed below. (The letter must be sent within the aforementioned *20-day* period.)

- A list of all missing data or documentation;

- A request that the provider submit the data within 30 calendar *days;*

- *The* CMS Web site at which the CMS-855 forms can be found. The contractor shall instruct the provider to print out the page(s) containing the missing data; to enter the data on the

blank page; to sign and date a new, blank certification statement; and to 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.

If the only missing material is documentation (i.e., all data elements have been completed), the contractor can forgo the activities in the previous paragraph. No newly-signed certification statement is required.

- A fax number and mailing address to which the missing data or documentation can be sent.

Note that the pre-screening letter is the only request for missing information or missing documentation that the contractor must *make. Also, and as a reminder, a prescreening letter is not required if the provider submitted a complete application and all applicable supporting documentation.*

In addition:

- **Missing Information Available Elsewhere** – Even if the provider's application contains missing information that is nevertheless detected elsewhere on the form, in the supporting documentation, or on another enrollment form, the contractor must still send a pre-screening letter requesting the provider to furnish the missing data on the CMS-855.

- **Acknowledgment of Receipt** – The contractor may, but is not required to, send out acknowledgment letters.

- **"Not Applicable"** - It is unacceptable for the provider to 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 pre-screening letter based on missing information.

- **"Pending"** – "Pending" is an acceptable response, requiring no further development, in the following situations:

    - Section 2B2 of the CMS-855 - The license or certification cannot be obtained until after a State survey is performed or RO approval is granted.

    - Section 4 of the CMS-855 - The license/certification cannot be obtained (or the practice location cannot be considered fully established) until after a State survey is performed or RO approval is granted.

    - Medicare Identification Number - New enrollees who have no Medicare billing number can write "pending" in the applicable "Medicare Identification Number" boxes. (This policy, however, does not apply to NPIs.)

NOTE: "Pending" as an acceptable response does not apply to DMEPOS supplier applicants.

- **Licensure** - For certified suppliers and certified providers, there may be instances where a license may not be obtainable until after the State conducts a survey. Since the license is therefore not "required," the contractor shall not consider this to be "missing" information or documentation. (This policy does not apply to DMEPOS suppliers.)

- **Section 6** – If an authorized or delegated official is not listed in section 6 of the CMS-855, this qualifies as an incomplete application and thus triggers the need for a pre-screening letter.

- **Documentation** – The contractor shall document in the file the date on which it completed its pre-screening of the application.

- **Unsolicited Submission of Data** - If the provider later submits the missing data on its own volition (i.e., without being contacted by the contractor) prior to the date the contractor finishes prescreening, the contractor shall include this additional data in its prescreening review.

- **Relationship to the Verification Process –** It is important that the contractor review section 5.3 of this chapter for information on requesting additional (or "clarifying") information and how this is tied to the pre-screening process.

B. Internet-Based PECOS Applications

The prescreening process, as described in section 3.1.1, must be completed within 15 calendar days for Internet-based applications.

3.1.1 – Application Rejections

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

(This section 3.1.1 does not apply to the following individuals and organizations that are submitting an initial application, a change request, or a reassignment:

1. Physicians
2. Physician assistants
3. Nurse practitioners
4. Clinical nurse specialists
5. Certified registered nurse anesthetist
6. Certified nurse-midwife
7. Clinical social worker
8. Clinical psychologist
9. Registered dietitian or nutrition professional
10. Physician or non-physician practitioner organizations (e.g., group practices) consisting of the individuals identified in 1 through 9 above (e.g., physician clinic).)

In accordance with 42 CFR §424.525(a)(1) and (2), respectively, the contractor (Including the NSC) may reject the provider's application if the provider fails to furnish complete information

on the enrollment application, including all supporting documentation, within 30 calendar days from the date of the contractor's request for the missing information or documentation.

The 30-day clock identified in 42 CFR §424.525(a) starts on the date that the contractor mails, faxes, or e-mails the pre-screening letter 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.

NOTE: 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.

The contractor shall also note the following with respect to rejections:

- **PECOS** – The contractor (with the exception of the NSC) shall create an L & T record *for paper CMS-855 applications no later than 20 calendar days after receipt of the application in the contractor's mailroom.* If the contractor rejects the application and was unable to create an L & T record due to missing data, the contractor shall document the provider file accordingly. If the contractor was able to create the L & T record but rejected the application, the contractor shall flip the status to "rejected" in PECOS.

- **Resubmission after Rejection** – If the provider's application is rejected, the provider must complete and submit a new CMS-855 and all supporting documentation.

- **Appeals** – The provider may not appeal a rejection of its enrollment application.

- **Policy Application –** Unless stated otherwise in this chapter, the policies contained in this section 3.1 apply to all CMS-855 applications identified in sections 2.1 and 2.2 above (e.g., changes of information, reassignments). Thus, suppose an enrolled provider submits a CMS-588. If any information is missing from the form, the contractor shall send a pre-screening letter to the provider.

NOTE: The NSC only collects the CMS-588 for initial DMEPOS supplier enrollment applications (CMS-855S). The NSC does not have to include the CMS-588 in any prescreening letter to a DMEPOS supplier that is not initially applying for a Medicare billing number.

- **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 within the applicable time period, the contractor is not required to contact the provider again to request the rest of the information. *It can simply reject the application at the expiration of the aforementioned 30-day period.*

- **Notice of Rejection** – If the contractor rejects the application under this section 3.1.1, it shall notify the provider via letter or e-mail that the application is being rejected, the reason(s) for the rejection, and how to reapply. The contractor is free to keep the original application on file after rejection. If the provider requests a copy of its application, the contractor may fax it to the provider.

To summarize, if - during the pre-screening process - the contractor finds that data or documentation is missing, it shall send a pre-screening letter to the provider within *the applicable 15-day (Internet-based PECOS applications) or 20-day (paper applications).* The provider must furnish all of the missing material or documentation within the applicable timeframe. If the provider fails to do so, the contractor may reject the application.

3.1.2 – Denials for Incomplete Applications

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

(This section 3.1.2 only applies to the following individuals and organizations that are submitting an initial application, a change request, or a reassignment:

1. Physicians
2. Physician assistants
3. Nurse practitioners
4. Clinical nurse specialists
5. Certified registered nurse anesthetist
6. Certified nurse-midwife
7. Clinical social worker
8. Clinical psychologist
9. Registered dietitian or nutrition professional
10. Physician and non-physician practitioner organizations (e.g., group practices) consisting of the individuals identified in 1 through 9 above (e.g., physician clinic).)

In accordance with 42 CFR §424.530(a)(1), the contractor may deny the provider's application if the provider fails to furnish complete information on the enrollment application, including all supporting documentation, within 30 calendar days from the date of the contractor's request for the missing information or documentation.

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.

Note that the concept of "rejection" is no longer applicable to an initial application, reassignment, or change request that is submitted by any of the individuals or organizations identified in 1 through 10 above. Such applications must be denied, not rejected.

The contractor shall also note the following with respect to denials for the submission of incomplete applications:

- **PECOS** – The contractor shall create an L & T record *for paper CMS-855 applications no later than 20 calendar days after receipt of the application in the contractor's mailroom.* If the contractor denies the application and was unable to create an L & T record due to missing data, the contractor shall document the provider file accordingly. If the contractor was able to create the L & T record but denied the application, the contractor shall flip the status to "denied" in PECOS.

- **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 within the applicable time period, the contractor is not required to contact the provider again to request the rest of the information.

- **Documentation** – The contractor shall document in the file the date on which it completed its pre-screening of the application.

To summarize, if - during the pre-screening process - the contractor finds that data or documentation is missing, it shall send a pre-screening letter the provider within *the applicable 15-day (Internet-based PECOS applications) or 20-day (paper applications)* pre-screening period. The provider must furnish all of the missing material or documentation within the applicable timeframe. If the provider fails to do so, the contractor must deny the application.

7.1.1 – Changes of Information and Complete CMS-855 Applications

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

A provider must submit a complete CMS-855 application if it: (1) submits any change request, and (2) does not have an established enrollment record in PECOS. (For purposes of this requirement, the term "change request" includes EFT changes.) It is immaterial: (1) whether the provider, bank, or other party (e.g., change in bank name via merger; local government changes the street name) was responsible for triggering the changed data, or (2) the signer of the change request or EFT form already has a signature on file with the contractor.

If the contractor receives a change request from a provider that is not in PECOS, the contractor shall not return the application/change request. It shall simply develop for the entire application in accordance with the procedures described in sections 3.1 and 5.3 of this manual; the contractor, in other words, shall treat the transaction as a request for additional information. Consistent with existing policies for requesting additional data, the provider has *30* calendar days from the date of the contractor's request to furnish the entire CMS-855 application. During this period, the contractor should "hold" (i.e., not process) the change request until the entire application arrives; no L & T record shall be created in PECOS at this point.

If the provider fails to submit a complete application within the aforementioned *30*-day period, the contractor shall abide by the instructions in section 7.1.2 of this manual.

If the provider does submit the application, the contractor shall process it in full accordance with all of the instructions in this manual. This includes:

- Processing the complete application within 60 calendar days of receipt. Assume the contractor received the change request on March 1. It requested a complete application from the provider on March 10 and received it on April 1. The contractor in this scenario has until June 1 to process the complete CMS-855.
- Verifying all data elements on the CMS-855, just as it would with an initial enrollment application. The contractor shall not approve the change request until all data on the CMS-855

has been validated. Moreover, the provider must submit all supporting documentation with the application.

- Creating an L & T record and enrollment record in PECOS prior to approving the change request. (This is an exception to the general rule that an L & T record must be created no later than *20 calendar days* after the contractor received the application.) The transaction should be treated as an initial enrollment in PECOS; internally, the contractor shall treat it as a change of information. As the completed application will presumably incorporate the changed data reported on the initial CMS-855 change request, the contractor shall not take two separate counts (one initial and one change request) for the transaction.

7.1.2 - Incomplete or Unverifiable Changes of Information

(Rev. 329, Issued: 03-19-10, Effective: 06-21-10. Implementation: 06-21-10)

Certain changes of information cannot be processed to completion: (1) due to the provider's failure to furnish requested clarifying data, (2) because the information on the application cannot be appropriately verified, or (3) the provider does not have an established enrollment record in PECOS and fails to submit a complete CMS-855 in response to the contractor's request. In such cases, the contractor shall abide by the instructions in this section 7.1.2.

A. Provider is in PECOS

Assume that a provider submits a CMS-855 change of information and: (1) fails to timely respond to the contractor's request for additional or clarifying information, or (2) the contractor is otherwise unable to validate the new information. In this circumstance, the contractor obviously shall reject the change request in accordance with section 3.1 of this manual; however, the contractor shall also deactivate the provider's Medicare billing privileges if the information in question is of such materiality that the contractor cannot determine whether the provider still meets all applicable requirements for maintaining enrollment in the Medicare program. (For instance, if the data involves a change in the provider's lone practice location and the contractor cannot verify the validity of the new site, this clearly raises questions as to the provider's continued compliance with Medicare requirements.) Note that the deactivation letter can, if the contractor wishes, be combined with the rejection notice into a single letter.

B. Provider is Not in PECOS

As stated in sections 7.1.1 and 8 of this manual, if a provider does not have an established enrollment record in PECOS and wants to change any of its existing enrollment of EFT information, it must submit a complete *Medicare enrollment application* before the contractor can effectuate the change. If the provider refuses to or otherwise fails to submit the completed form within the applicable *30*-day period, the contractor shall request that the provider revalidate its Medicare enrollment information per 42 CFR § 424.515.