

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11839</b>	<b>Date: February 9, 2023</b>
	<b>Change Request 12780</b>

**SUBJECT: First Policy Change Request Regarding Implementation of the Provider Enrollment, Chain and Ownership System (PECOS) 2.0**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update parts of Chapter 10 in Publication (Pub.) 100-08, Program Integrity Manual, with policies concerning the implementation of PECOS 2.0.

**EFFECTIVE DATE: April 21, 2023**

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

**IMPLEMENTATION DATE: June 19, 2023**

***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-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	10/Table of Contents
R	10/10.3/Medicare Enrollment Forms – Information, Processing, and PECOS 2.0
R	10/10.3/10.3.1/CMS-855 Series Enrollment Forms: Information and Processing
R	10/10.3/10.3.1.1/Form CMS-855A – Medicare Enrollment Application for Institutional Providers
R	10/10.3/10.3.1.1.1/Section 1 (Basic Information) - Form CMS-855A
R	10/10.3/10.3.1.1.2/Section 2 (Identifying Information) - Form CMS-855A
R	10/10.3/10.3.1.1.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855A
R	10/10.3/10.3.1.1.4/Section 4 (Practice Location Information) - Form CMS-855A
R	10/10.3/10.3.1.1.5/Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855A
R	10/10.3/10.3.1.1.6/Section 7 (Chain Home Office Information) - Form CMS-855A
R	10/10.3/10.3.1.1.7/Section 8 (Billing Agency Information) - Form CMS-855A
R	10/10.3/10.3.1.1.8/Section 12 (Special Requirements for Home Health Agencies) - Form CMS-855A
R	10/10.3/10.3.1.1.9/Sections 13 and 14 (Contact Person and Penalties for Falsifying Information) - Form CMS-855A
R	10/10.3/10.3.1.1.10/Certification Statement - Form CMS-855A
R	10/10.3/10.3.1.1.13/Additional Form CMS-855A Processing Information
R	10/10.3/10.3.1.1.14/Form CMS-855A Processing Alternatives
R	10/10.3/10.3.1.2/Form CMS-855B – Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers
R	10/10.3/10.3.1.2.1/Section 1 (Basic Information) - Form CMS-855B
R	10/10.3/10.3.1.2.2/Section 2 (Identifying Information) - Form CMS-855B
R	10/10.3/10.3.1.2.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855B
R	10/10.3/10.3.1.2.4/Section 4 (Practice Location Information) – Form CMS-855B

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	10/10.3/10.3.1.2.5/Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855B
R	10/10.3/10.3.1.2.6/Sections 8, 13, and 14 (Billing Agencies, Contact Persons, and Penalties for Falsifying Information) - Form CMS-855B
R	10/10.3/10.3.1.2.7/Certification Statement - Form CMS-855B
R	10/10.3/10.3.1.2.10/Additional Form CMS-855B Processing Information
R	10/10.3/10.3.1.3/Form CMS-855I – Medicare Enrollment Application for Physicians and Non-Physician Practitioners
R	10/10.3/10.3.1.3.1/Section 1 (Basic Information) – Form CMS-855I
R	10/10.3/10.3.1.3.2/Section 2 (Personal Identifying Information) – Form CMS-855I
R	10/10.3/10.3.1.3.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855I
R	10/10.3/10.3.1.3.4/Section 4 (Business Information) - Form CMS-855I
R	10/10.3/10.3.1.3.5/Sections 6, 8, 12, 13, and 14 - Form CMS-855I
R	10/10.3/10.3.1.3.6/Section 15 (Certification Statement) - Form CMS-855I
R	10/10.3/10.3.1.3.7/Additional Processing Information and Alternatives – Form CMS-855I
R	10/10.3/10.3.1.4/Medicare Enrollment Application for Reassignment of Medicare Benefits – Form CMS-855R
R	10/10.3/10.3.1.4.1/Sections 1 through 5 of the Form CMS-855R
R	10/10.3/10.3.1.4.2/Section 6 (Certification Statements and Signatures) - Form CMS-855R
R	10/10.3/10.3.1.4.3/Additional Form CMS-855R Policies and Processing Alternatives
R	10/10.3/10.3.1.5/Form CMS-855O – Medicare Enrollment Application for Eligible Ordering and Certifying Physicians, and other Eligible Professionals
R	10/10.3/10.3.1.5.1/Sections 1 through 7 of the Form CMS-855O
R	10/10.3/10.3.1.5.2/Section 8 (Certification Statement) - Form CMS-855O
R	10/10.3/10.3.1.5.3/Form CMS-855O Initial Applications and Change Requests
R	10/10.3/10.3.1.5.4/Form CMS-855O Processing Alternatives and Miscellaneous Policies

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	10/10.3/10.3.1.5.5/Form CMS-855O Revocations
R	10/10.3/10.3.1.6/Form CMS-855S – Medicare Enrollment Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers
R	10/10.3/10.3.1.6.1/Sections 1 through 13 – Form CMS-855S
R	10/10.3/10.3.1.6.2/Authorized and Delegated Officials – Form CMS-855S
R	10/10.3/10.3.1.6.3/Additional Processing Information and Alternatives for Form CMS-855S

### **III. FUNDING:**

#### **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**

# Attachment - Business Requirements

Pub. 100-08	Transmittal: 11839	Date: February 9, 2023	Change Request: 12780
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**EFFECTIVE DATE: April 21, 2023**

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**IMPLEMENTATION DATE: June 19, 2023**

## I. GENERAL INFORMATION

**A. Background:** In preparation for the implementation of PECOS 2.0 in 2023, CMS will be updating Chapter 10 in Pub. 100-08 via several CRs in 2023. Each CR (none of which will be an analysis CR) will revise certain sections of Chapter 10 to incorporate PECOS 2.0 enrollment policies therein. This CR--the first CR in this series--will update Section 10.3 of Chapter 10 in Pub. 100-08 with these policies. Additional CRs addressing other PECOS 2.0 enrollment policies will follow in the coming months. Instructions regarding the operational and logistical aspects of the contractors' use of PECOS 2.0 will be issued through guidance outside of the above-referenced series of CRs.

**B. Policy:** This CR does not involve any legislative or regulatory policies.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12780.1	The contractor shall follow the PECOS 2.0 instructions in Section 10.3 of Chapter 10 in Pub. 100-08.	X	X	X						
12780.2	The contractor shall observe the situations in Sections 10.3.1 through 10.3.1.6.3 of Chapter 10 in Pub. 100-08 where the instructions in Section 10.3 supersede those in Sections 10.3.1 through	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	10.3.1.6.3.									

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

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

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

**Section A: 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.

**ATTACHMENTS: 0**

# Medicare Program Integrity Manual

## Chapter 10 – Medicare Enrollment

### Table of Contents

*(Rev. 11839; Issued: 02-09-23)*

### Transmittals for Chapter 10

10.3 – Medicare Enrollment Forms – Information, Processing, and *PECOS 2.0*

10.3.1.5 – Form CMS-855O – Medicare Enrollment Application for Eligible  
Ordering *and* Certifying Physicians, and other Eligible Professionals

## **10.3 – Medicare Enrollment Forms – Information, Processing, and PECOS 2.0**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

Sections 10.3, 10.3.1, 10.3.2 and 10.3.3 of this chapter provide guidance and information regarding the processing of provider enrollment forms. *They also include new verification and operational instructions pertaining to the implementation of PECOS 2.0. Upon the implementation of PECOS 2.0 (and except as stated otherwise), said instructions in sections 10.3 through 10.3.3 take precedence over all other contrary guidance in this chapter. For more detailed information concerning the contractor’s logistical navigation of the PECOS 2.0 system, the contractor can consult the PECOS 2.0 “Knowledge Base” (available within PECOS) and other technical direction.*

*Section 10.3 discusses the basic processes, capabilities, and policies associated with PECOS 2.0. The contractor shall adhere to the instructions in 10.3 when processing the applications described in sections 10.3.1 through 10.3.3.*

### **A. PECOS 2.0 General Process**

*Except as otherwise specified by CMS, PECOS 2.0 automatically processes all web-based applications upon submission as well as all paper applications after the contractor performs intake actions (e.g., entering the paper-submitted data into PECOS). (This includes all CMS-855, CMS-20134, CMS-588, and CMS-460 forms, and irrespective of the type of enrollment transaction involved (e.g., initial applications, change requests.) In general, PECOS 2.0 will only halt the automated process: (a) for more complex application situations (e.g., changes of ownership); or (b) if the contractor must manually perform certain verification activities (e.g., review of adverse action documentation). Upon this stoppage:*

*(i) The application exits the automatic process and requires the contractor to manually intervene.*

*(ii) PECOS 2.0 creates a list that outlines the verifications/checks performed and when they occurred.*

*For web-based applications, providers and suppliers must upload all required documentation, submit all signatures, and pay an application fee or submit a hardship request before submitting the application. PECOS requires the application (including the Form CMS-588 and Form CMS-460) to be 100% complete before the provider/supplier submits it. This reduces the amount of development the contractor must undertake. In addition, PECOS notifies the contractor of any change in the status of an application, which helps expedite processing.*

*(Note that PECOS 2.0 will also conduct certain validations/checks for paper applications after the contractor completes its data entry of the provider’s or supplier’s application information.)*

### **B. Important Aspects of PECOS 2.0**

*This subsection (B) discusses various aspects of PECOS 2.0’s capabilities and other concepts and instructions related thereto. (For purposes of the remainder of section 10.3 and of section 10.3.1, the term “PECOS” means “PECOS 2.0” (although PECOS 2.0 will still occasionally be used) and the term “PECOS applications” means “web-based applications.”)*



## ***1. Verification***

*Some of the Form CMS-855/20134 application data elements and other enrollment functions that will be part of PECOS's verification/operational capabilities are:*

*(i) Validation of Social Security Numbers (SSN) (though PECOS will not verify employer identification numbers (EIN) with the IRS)*

*(ii) Validation of National Provider Identifiers (NPI)*

*(iii) Performing Delivery Point Verification*

*(iv) Review of the Death Master File (DMF)*

*(v) Reviewing for Office of Inspector General (OIG) exclusions per the Medicare Exclusions Database (MED) (Note that if the System for Award Management (SAM) is not part of PECOS's or APS's verifications, the contractor must perform SAM reviews manually.)*

*(vi) Checking whether an active reenrollment bar exists. (PECOS maintains the reenrollment bar list. For each individual or entity added to an application, PECOS will perform a processing check.)*

*(vii) Inclusion of high-risk screening list and all other CMS generated lists (e.g., overpayments, affiliations, Medicaid terminations)*

*(viii) Facilitation and verification of application fee payment*

*(ix) Ordering site visit and fingerprinting*

*(x) Reviewing licensure status via APS. (Note that the contractor may rely on APS licensure verification in limited scenarios, including revalidation and some changes of information. See subsection (B)(8) below for more information on licensure.) However, the contractor must still manually check for certifications, such as for non-physician practitioners.*

*(xi) Criminal background (e.g., the contractor need not click into APS)*

*(xii) Complete automated processing of revalidation applications that do not include any changed information and the application is e-signed*

*(xiii) Excluding CMS Certification Numbers (CCNs) for certified providers/suppliers, generation and management of provider transaction access numbers (PTANs) as needed. (PECOS can allocate locality information as well as determine how many PTANs are required for the enrollment situation in question and the associated effective date(s). The contractor can make edits as warranted and consistent with CMS policy.)*

*Except as otherwise specified in current or future CMS guidance, the contractor must manually handle all other validation and processing activities not referenced in (i) through (xiii) above. As previously indicated, and after performing validations, PECOS will identify for the contractor those data elements requiring manual intervention because the data element (e.g., EIN, certain adverse actions, legal business name, certifications) is not one that PECOS checks. Moreover, automatic processing only occurs with applications for which PECOS has not identified errors (e.g., additional screening needed, unverified*

addresses, etc.). If errors exist and/or the application cannot otherwise be automatically processed further, PECOS reverts to manual processing and notifies the contractor thereof.

If the contractor manually corrects a data element that PECOS could not validate, PECOS attempts to reverify said data; the contractor need not manually perform this task.

## **2. Documentation**

### **a. Basic Principle**

As a general rule (and for both web and paper applications), the provider/supplier need not submit documentation unless either of the following instances applies:

i. All other means the contractor is authorized to use (per this chapter) for validating the information have been exhausted (e.g., licensure web sites, state board web sites, APS, etc.) AND the supplier has not previously submitted said documentation in PECOS 1.0 or 2.0 (e.g., as part of a prior revalidation); OR

ii. The provider/supplier is furnishing or changing data for which this chapter specifically and unequivocally requires the submission of documentation to validate (e.g., adverse legal action documentation per section 10.6.6) AND the supplier has not previously submitted said documentation in PECOS 1.0 or 2.0.

The above principle applies to all application types and transactions and notwithstanding any other instruction to the contrary in this chapter.

Note that documents that have been uploaded into PECOS 1.0 will be migrated to PECOS 2.0.

### **b. Operational Procedures When Documentation Is Required**

i. PECOS Applications – As mentioned earlier, providers/suppliers must upload required documentation before submitting the application. However, because PECOS cannot “read” documents or verify their exact contents, the contractor shall manually review and confirm the type and contents of the submitted document. Once this confirmation occurs, the contractor need not reverify the document when subsequent applications are submitted unless information relative to that document has changed.

Except as stated in subsection (2)(a) above, a provider/supplier submitting a web application need not upload required documentation if it has previously submitted that document. The provider/supplier will be able to see the document in question in its PECOS record and select and apply that document to its current application.

ii. Paper Applications - The provider/supplier shall mail, fax, or e-mail such documentation with its application. The contractor shall upload received documentation into PECOS when processing the application; each document, however, must be separately uploaded (e.g., the Form CMS-855 CHOW application must be uploaded separately from the sales agreement). For paper applications (including initial enrollments), if the provider failed to submit required documentation, the contractor shall review the provider/supplier’s enrollment record to see if the provider/supplier previously submitted the document with a prior application. If it was previously submitted, the contractor shall apply the document to the current application without developing for it with the provider/supplier. If it was not previously submitted, the contractor shall develop for it.

### **iii. Documentation Classification**

*When documentation is uploaded into PECOS by the provider/supplier (PECOS applications) or the contractor (paper applications), the contractor shall ensure that, as applicable:*

- Each document is uploaded in the application section with which it is most closely associated (e.g., criminal conviction documentation in the final adverse action section; IDTF technician certifications in the IDTF section).*
- If the provider/supplier submits one file containing different document types (e.g., a CP-575, an ownership chart), each document type within said file is separated and uploaded in its appropriate application section (per the prior bullet).*

*If the provider/supplier does not submit its documents consistent with the practices in the two above bullets, the contractor shall remedy the issue itself without requesting the provider/supplier to do so.*

*Note that each page within a multi-page document need not be separately and individually uploaded in its own file. The document and all of the pages therein can be uploaded as a single, combined file.*

### **3. Correspondence and Coordination – PECOS Applications Only**

#### **a. General Concept**

*Except as otherwise permitted or specified in sections 10.3.1 through 10.3.3, the contractor shall send written enrollment-related correspondence to the provider/supplier via PECOS (hereafter sometimes referenced as the PECOS Communication Vehicle (PCV)). This includes most types of provider-contractor correspondence, such as emails, revalidation requests, development requests, approval letters, etc. PECOS will store all such correspondence. Certain written communications, however, cannot be made through the PCV at this point; in such situations, the contractor shall: (1) follow current procedures for sending/receiving such communications; and (2) manually upload a copy of the written correspondence to the related application in PECOS.*

#### **b. Telephonic Communications**

*It is emphasized that nothing in sections 10.3 through 10.3.3 precludes the use of telephonic communication/development (including for web applications) with the provider/supplier if it is otherwise permitted under these sections. However, the contractor shall document such telephonic communications in PECOS' Application Timeline with the same data elements as those required under section 10.6.19(L) of this chapter.*

### **4. Party Relationships**

#### **a. Consolidated Applications and National Entity Profiles**

*In PECOS 2.0, individuals and organizations will have National Entity Profiles (hereafter "Profile(s)" or "National Profile(s)") that are unique by legal name, tax identification number, and ownership. (This is similar to the associate profile in legacy PECOS, the difference being that an entity's ownership information and other data unique to that organization is shared at the National Profile level in PECOS 2.0.) A party's National Profile will show Medicare enrollment record(s) for each of their provider/supplier types (e.g., ABC, Inc. will have one National Profile that includes 3 separate Medicare enrollment records: one for its clinic/group, one for its durable medical equipment (DME) enrollment,*

*and one for its IDTF enrollment). All such records will be grouped by provider/supplier type due to differences in data collection and/or processing requirements.*

*Under PECOS 2.0, a provider/supplier can submit one “consolidated application” per provider/supplier type; said application will be split such that it results in the submission of one application to each contractor jurisdiction per provider/supplier type group. Consider the following examples:*

*EXAMPLE A: A group practice exists in Nebraska, Iowa, and Missouri, all of which are in the same contractor jurisdiction. Here: (1) only one application is submitted to the contractor as opposed to three (one for each state); and (2) for inventory purposes, this will constitute only one application (not three). (Note that the contractor need only send one determination letter (approval, denial, etc.) to the group practice even though three states are involved. This is because only one application was submitted.)*

*EXAMPLE B: A group practice exists in Ohio, Pennsylvania, and West Virginia, each of which are in separate contractor jurisdictions. Here, the group may submit a consolidated application for all three enrollments, which PECOS would then split into three separate applications because there are three separate contractor jurisdictions. (In this example, the fact that there are three separate states involved is largely irrelevant for application submission purposes. The central consideration is the number of contractor jurisdictions.)*

*EXAMPLE C: An organization has a group practice and an IDTF in one contractor jurisdiction. The entity must submit two applications because the clinic and IDTF are two distinct provider/supplier types and the enrollments are therefore grouped separately.*

*(Regarding Example C, note that a physician/practitioner can change a specialty within its broad supplier type category via PECOS 2.0 (e.g., changing from a nurse practitioner to a physician assistant). However (and as with the aforementioned group-IDTF scenario), a physician cannot change his/her enrollment to that of an NPP, or vice versa, by this means absent a new enrollment.)*

*National Profile (or “global”) data is only screened when changed. This means that global information is not rescreened each time the provider/supplier submits an application pertaining to an enrollment record under/within that National Profile. In a similar vein, though, changes to National Profile information (e.g., legal business names (LBN), ownership) made on a single application are applied to all of the provider/supplier’s enrollments. That is, an authorized or delegated official can make changes to National Profile information for numerous and associated providers/suppliers at one time, whereas data changes that are specific to a unique enrollment only apply to that enrollment. An illustration follows:*

*EXAMPLE D: Suppose 20 separately enrolled IDTFs have four common owners: W, X, Y, and Z. W sells its 25 percent interest to V. Under PECOS, this change can be reported via a single/consolidated application submission. Twenty separate submissions are unnecessary. Now assume that two of these group practices are changing their respective addresses. Here, the entity must submit an application that indicates the two separate change requests because the practice location data is unique to each enrollment*

*Once the consolidated application has been processed and finalized, PECOS creates/updates all applicable individual enrollment records as though a single application had been submitted for each.*

*Though providers/suppliers may submit consolidated applications that update multiple enrollments of the same provider/supplier type or grouping, they still remain free to submit separate/individual applications for each enrollment.*

*When the provider/supplier is making a National Profile level change and that profile has multiple enrollments, the provider/supplier must check the box in PECOS confirming that it understands that this change: (1) is related to the National Profile for (XYY) with (TIN 123); and (2) will accordingly update all of the provider's/supplier's other active Medicare enrollments within PECOS, regardless of what is shown on this particular application. (This is sometimes labeled an "indirect enrollment record update" (IERU). With a National Profile level change that revises an enrollment record, PECOS may notify the provider/supplier (typically the contact person or the correspondence address) of the IERU.*

#### *b. Consolidated Application Exceptions*

*(i) Providers/suppliers may only submit one type of provider enrollment transaction in a consolidated application (e.g., the provider cannot submit a consolidated application to reactivate the billing privileges of three of its enrolled suppliers and to report a CHOW involving two of its enrolled providers).*

*(ii) Initial enrollments for certain provider/supplier types (e.g., certified providers) cannot be submitted via a consolidated application.*

*(iii) DMEPOS suppliers may be limited in the number of individual enrollments than can be included in a consolidated application.*

*(iv) Consolidated applications are only for PECOS applications, not paper applications; that is, consolidated applications cannot be submitted via paper*

#### *c. Associations*

*Certain types of relationships (excluding ownership and management relationships) between enrolled persons and organizations in PECOS are labeled "associations." (This is not to be confused with the definition of "affiliation" in § 424.502 for purposes of § 424.519.) These associations/relationships frequently involve: (1) reassignors and reassignees; (2) IDTFs and supervising physicians; and (3) CAH II relationships. In all cases, both parties in the relationship must be enrolled for the affiliation to exist. The purpose of the "association" designation is to give a formal label to certain types of relationships for PECOS purposes.*

#### *d. Signatures*

*i. General Policy - If an application is submitted that will create multiple enrollments or enrollment records and the signer is authorized to sign all enrollments, the application's signature will be automatically applied to the other enrollments.*

#### *ii. Authorized Officials*

*In a consolidated application with multiple enrollments, an authorized official can only sign for those enrollments for which he/she is on record as an authorized official. To illustrate, suppose a consolidated application contains enrollments in Pennsylvania and Ohio. Ms. Smith is listed as an authorized official for the Pennsylvania enrollment but not the Ohio enrollment. Ms. Smith therefore cannot serve as an authorized official for the latter.*

#### *e. Multiple Contractor Involvement*

*As already referenced, situations will arise where a submitted consolidated application that changes National Profile information impacts multiple contractors. (To illustrate, a provider that is enrolled in three contractor jurisdictions (X, Y, Z) might submit a consolidated application to change its DBA name.) The contractor shall observe that:*

- (i) Each contractor is responsible for processing the application it receives. It cannot rely on one of the other affected contractors to process all of the applications. Using our above illustration, X must process the application it received that is unique to its jurisdiction, Y must process the application specific to its jurisdiction, and so forth.*
- (ii) The term “processing” in (i) above includes, but is not limited to, verifying data, developing for clarifying information, approving/denying the application, etc. Thus, for example, Contractor X cannot rely exclusively on Contractor Y’s verifications without attempting to validate the same data concerning the Contractor X application. Nor can Contractor Y use Contractor X’s development letter to solicit the same data. Each application in this situation stands alone on its own merits and must be handled separately (e.g., each contractor must: (a) make its own determination (approval, denial, etc.) regarding the application it is processing; (b) send its own approval/denial/rejection letter; (c) develop for clarifying data pertaining to its application; and (d) process its application consistent with applicable timeliness requirements).*

## **5. Letter Generation**

### *i. Automation*

*Except as stated in subsection (5)(ii) below and as otherwise stated in this section 10.3, PECOS generates and sends to the provider/supplier all required letters (e.g., approval letters under section 10.7 et seq. of this chapter), though the contractor must manually select which letter must be sent. Note that each letter will have an issue date that signifies both (1) the date of the letter and (2) the date it is sent. The contractor shall treat this issue date as the “date of letter” and “date sent” for purposes of establishing applicable effective dates, the conclusion of development periods, and other timeframes that are based on the letter date or sent date.*

### *ii. Exceptions to Automated Letter Process*

*There may be isolated instances when the contractor has to produce and/or send letters outside of PECOS. This could include, for example:*

- PECOS can produce most letters requiring certified mail, but the contractor must manually print and send them*
- The letter type is not available in PECOS*

*(Note that the contractor can always override a particular automated letter creation and upload/use a different letter.)*

*For letters the contractor must prepare and/or send outside of PECOS, the contractor shall ensure that: (1) the letter has an “issue date” consistent with subsection (5)(i) above; and (2) it uploads a copy of the letter to PECOS. Except for certified letters (which must be mailed via hard-copy), the contractor may send the letter via mail, e-mail, fax, or the PCV, although the PCV is very highly preferred if the printed letter can be uploaded into PECOS and sent via this means.*

*The “date of the letter” is the date on which the letter was created. The “issue date” is the date on which the letter was sent. For letters that PECOS sends (see subsection (5)(i) above), the letter and issue dates will be the same. For the letters discussed in subsection*

*(5)(ii), however, they may be different (i.e., the contractor may send the letter the day after it is created).*

## **6. Site Visits and Application Fees**

### *a. Site Visits (SVs) -*

#### *i. General Principle*

*All SVs are ordered via PECOS, and all SV results (with photos) are entered/uploaded into said system. The National SV Contractor(s): (i) completes SV requests directly in PECOS; or (ii) receives the request from PECOS and sends the full SV record back to PECOS from its system when complete. They either are ordered for and attached to the relevant application or they occur ad-hoc. However, the contractor must still review the site visit results and indicate pass/fail, consistent with existing instructions.*

*PECOS can identify a completed/passed site visit within the previous 12 months so that a new site visit is unnecessary.*

#### *ii. Ordering*

- *PECOS Applications – PECOS will automatically order a site visit (if one is required) only in the following situations:*

*(A) An initial application (excluding HHAs)*

*(B) Excluding certified providers/suppliers, a change of information or revalidation application if the provider/supplier is currently in the high or moderate screening level and the practice location in question has not passed a site visit within the previous 12 months.*

*Notwithstanding the foregoing, the contractor can manually intervene to postpone or cancel this site visit if warranted under the circumstances (and consistent with the instructions in this chapter).*

*For all other situations not referenced in subsection (ii)(A) and (B) above, the contractor must manually order the site visit.*

- *Paper Applications – The contractor must manually order the site visit if one is required.*

### *b. Application Fees*

*Application fees can be combined if multiple enrollment records are implicated by the submission (e.g., consolidated application), but each application still requires a separate fee. To illustrate, suppose an entity is enrolling 5 different IDTFs, and the fee amount is \$631 per IDTF. The provider can submit separate \$631 fees or can combine them into a single \$3,155 payment. In the case of hardship waivers, however, 5 separate hardship waivers – one for each enrollment – must be submitted; they cannot be combined into one waiver request.*

*In addition:*

- *If the provider/supplier is submitting an application requiring a fee, PECOS will automatically indicate the appropriate fee amount.*
- *For consolidated applications in which multiple fees are required, the provider/supplier can remove an enrollment record from its submission (e.g., the provider wishes to rescind its prospective enrollment because the fee amount is excessive), PECOS will*

*correspondingly reduce the required total fee amount. If the provider/supplier does this after it has paid the fee, it can request a refund via the instructions in this chapter.*

- *If the provider/supplier makes an “out of bound” fee payment (that is, a payment outside of the application submission), the provider/supplier can apply the fee(s) to its application by entering Pay.gov tracking IDs.*
- *Providers/suppliers can request hardship waivers directly via PECOS.*
- *Fee refunds shall continue to be processed consistent with existing instructions.*

## **7. Application Re-Routing and Returns**

*For web applications incorrectly sent to the contractor, the latter can re-route the application to the correct contractor via PECOS. For paper applications incorrectly sent to the contractor (and unless otherwise stated in this chapter or in another CMS directive), the contractor may return the application per 42 CFR § 424.526 without completing application intake.*

*PECOS cannot independently determine whether an application should be returned (e.g., initial Form CMS-855A application submitted more than 180 days prior to the effective date). The contractor must make this assessment.*

## **8. Licensure**

*As already mentioned, APS will present to the contractor its review of the provider/supplier’s licensure status. In some cases, however, the contractor will have to also manually verify the provider/supplier’s licensure using an original source, such as a state licensing board website. In this regard, the contractor shall adhere to the following:*

- *Applications Other Than Initial Enrollments and Reactivations – The contractor need not review licensure original sources if all three of the following requirements are met: (1) all of the licensure information on the application (regardless of the data’s materiality) matches that shown in APS (e.g., same name, active status); (2) the license contains no restrictions or qualifiers insofar as the contractor can determine from the application and the APS review; and (3) it is otherwise clear to the contractor that the provider/supplier is appropriately licensed.*
- *Applications Other Than Initial Enrollments and Reactivations -- If any of the three criteria in the previous bullet are not met OR the contractor is in any way uncertain as to whether the provider/supplier is appropriately licensed, the contractor shall review an original source. (Note that the data match between APS and that on the application must be 100%, regardless of the materiality of the data or the extent of the discrepancy. Even if there is a slight difference in the individual’s name, an original source must be reviewed.)*
- *Initial Enrollment Applications and Reactivations – The contractor shall use an original source to verify licensure notwithstanding the APS results.*

*In all cases, the contractor shall ensure that all licensure reviews required under this chapter are performed. If licensure is not required for the provider/supplier, the contractor shall treat this in PECOS as a situation where the provider/supplier passed the licensure review.*

*APS will display all licensure information relevant to the enrollment that the contractor is processing. It is possible, though, that licensure data may appear involving enrollments and parties other than those under review. The contractor need only take action based on licenses related to the specific enrollment being processed.*

## **C. Impact on Application Transaction Types and Formats**



*This subsection (C) addresses certain PECOS functions, capabilities, and policies regarding specific enrollment-related transactions, application types, and application formats (e.g., web, paper), including associated signature requirements.*

### **1. Revalidations**

*Except as otherwise described in this chapter, PECOS automatically handles revalidation requests, tracking, and correspondence. It also prevents the submission of web applications outside of the revalidation window. PECOS establishes timeframes and then queues mailings based on revalidation history and enrollment dates, although CMS can modify timeframes and request off-cycle revalidations at any time. Failure to respond to a revalidation request would result in, as applicable to the situation, an automatic pend, deactivation, etc.*

### **2. Form CMS-588/Electronic Funds Transfer (EFT)/Multi-Carrier System (MCS)/Special Payment Addresses**

*Under PECOS:*

- a. All EFT information (including bank account data) must be entered, processed, and stored in PECOS. The contractor shall no longer use the shared system to enter bank information.*
- b. All MCS transactions related to provider enrollment shall be entered into and updated through PECOS. This includes provider codes, options, do not forward (DNF), effective periods, linkages to PTANs, banking, etc.*
- c. The contractor shall continue to follow the instructions in section 10.6.23 of this chapter 10.*
- d. Notwithstanding any other instruction in this subsection (C)(2), the contractor need not undertake pre-notification review of an EFT account if the latter already exists under the provider/supplier's TIN and the provider/supplier is merely adding it to a new enrollment under that same TIN.*

### **3. Reassignments**

#### *a. General Principle*

*As stated earlier, PECOS automatically processes reassignments received online; this includes preventing a supplier from reassigning benefits to an ineligible party.*

*b. Location Group Assignment – When establishing a reassignment for PECOS applications, the provider/supplier must determine and select which “Locations Groups” of the clinic/group at which the provider/supplier will be performing services (i.e., billing from); this will help support proper PTAN assignment. For paper applications, however, the contractor must make the aforementioned determination based strictly on the information submitted (i.e., without development on this specific issue); such data could include, for instance, the reported primary and secondary practice locations and information that the group submitted.*

### **4. Form CMS-855O and Form CMS-855I Conversions and Terminations**

*If a supplier who is enrolled via the Form CMS-855I or Form CMS-855O submits, respectively, a web Form CMS-855O or a web Form CMS-855I to change his/her enrollment, the supplier need not terminate his/her prior enrollment. PECOS 2.0 performs this function. (This only applies to web applications.)*

## **5. Certified Provider/Supplier Application – State Involvement**

*The contractor cannot send/email documents, approval recommendation packages, etc., to the states, accrediting organizations (AO), and SOG Locations via PECOS. Said materials shall continue to be sent via the Box system consistent with existing policy. (States, AOs, and the SOG Locations do not have access to PECOS.) However, certain other components of the survey/certification process are handled/managed through PECOS. This includes, but is not limited to: (1) tracking applications sent to the state; and (2) storing and/or generating approval letters to and from the state.*

## **6. Appeals and Rebuttals**

*Appeals and rebuttals are stored in PECOS. The contractor can process the appeal/rebuttal via PECOS and, as applicable, revise the enrollment record based on the appeal/rebuttal decision.*

*If the contractor receives an appeal that should have instead been sent to CMS, the contractor shall enter the appeals data into PECOS and forward the appeal to CMS consistent with existing instructions.*

*The provider cannot submit appeals and rebuttals via PECOS.*

## **7. Web vs. Paper Applications**

### **a. Paper Applications**

*The contractor shall: (i) enter into PECOS the basic information about a received application (a process called “intake”) such that PECOS can send a confirmation correspondence and, if applicable, associate the application with an existing enrollment; and (ii) upload into PECOS any images of the paper application and/or all supporting documentation. Note that these tasks do not constitute the creation of a web-based application. Providers/suppliers submitting paper applications:*

- *Must use fillable versions thereof, meaning the information cannot be handwritten. (This includes situations where the provider/supplier is submitting an application page pursuant to a development request; the page must be from a fillable application. If the provider/supplier submits a handwritten application or page, the contractor shall develop for a fillable one rather than return the application, though intake shall still be completed.) Note that this requirement applies:*
  - *To all CMS applications for which a fillable version thereof is available (e.g., CMS-588), including situations where the provider must submit corrected/revised pages of the application pursuant to a development request*
  - *Only to CMS form applications and not to (i) supporting documentation or (ii) responses to development requests not involving the submission of corrected/revised application pages (e.g., supporting documentation need not be in a fillable format).*
- *Must submit the application via mail*
- *Will receive correspondence via the PCV. (However, the provider/supplier must still submit any additional materials related to its application (e.g., application pages, supporting documents) via paper.)*

*One hundred percent (100%) of paper applications and appeals/rebuttals/CAPs (regardless of type (A/B/I) or transaction (initial/change of information)) must be entered into PECOS*

*within two business days of receipt. This includes uploading all hard copies of received applications/appeals/rebuttals and attachments into PECOS.*

*The minimum data elements that must be part of the contractor's "intake" are:*

- *Type of document (application or supporting document)*
- *Date of Receipt*
- *Method of receipt (mail, email, fax, upload)*
- *Application type*
- *Submission reason (initial, change, revalidation)*
- *State*
- *Name*
- *TIN*
- *DCN*

*(Regarding the intake of attachments and supporting documentation, the contractor need not separate the documents (or pages of documents) within the 2-business day period if they are submitted in bulk. Only the bulk document need be uploaded.)*

#### *b. Signatures*

*For paper applications, handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options, such as Adobe) are acceptable. For web applications, electronic signatures are required.*

*Given the advent of PECOS 2.0, certain previous certification statement instructions pertaining to Internet-based PECOS applications are no longer applicable (e.g., the ability to submit paper certification statements after submission). In addition, because certification statements must be signed before the application is submitted, there will be much less need for the contractor to develop for them. Nevertheless, the contractor must still verify signatures consistent with the instructions in this chapter.)*

#### *c. Web and Paper Usage*

*A provider/supplier that submits a web application is not prohibited from submitting future enrollment applications via paper. Likewise, a provider/supplier that submitted its initial application via paper may always submit future applications via web. In each scenario, the contractor shall follow the instructions in this section 10.3 et seq. that are applicable to the type of application (PECOS vs. paper) that was submitted. For instance, suppose a provider previously submitted its initial application via web and now submits a paper change of information request. The contractor shall upload the submission into PECOS, develop for any missing or unsigned/undated certification statement, avail itself of any processing alternatives that are applicable to paper applications, etc.*

*Notwithstanding the above, when the provider/supplier submits a web application, any updates to the application---such as, for example, pursuant to a development request or the submission of additional documentation---before the application is processed to conclusion (e.g., approved, denied, rejected) must be via PECOS. The provider/supplier cannot submit its update via paper.*

#### *d. Documents Received Outside of Application Submissions*

*The contractor may receive documents unrelated to a particular application submission, appeal, or rebuttal. This could include, for example, a W-9, a new CLIA certificate, an updated license, a surety bond cancellation notice, an FDA certification, a CMS-460,*

*insurance documents, etc. These documents must be uploaded into PECOS consistent with the instructions in this section 10.3 et al. and the timeframe described in section 10.3(C)(7)(a).*

## **8. Business and Practice Location Names/Assignments**

*The “DBA name” and “Other name” data fields are not required in PECOS. If the provider/supplier nevertheless submits this data, the other name/DBA name should be at the organization level while the name at the practice location level should be, in effect, the name on the location’s “front door.”*

*In reassignment situations, providers/suppliers can assign in PECOS multiple primary practice locations (PPLs), one PPL, or none at all. If the provider/supplier wishes to add, change, or remove a PPL designation, no signature is necessary.*

## **9. Contact Persons/Parties for PECOS Applications**

*(The instructions in this subsection (C)(9) supersede those in section 10.6.9 of this chapter with respect to PECOS applications.)*

*For PECOS applications only, there are three types of contacts:*

*a. “Enrollment Contacts” (EC): These are persons whom the provider/supplier may designate in its PECOS application submission as having the authority to contact the contractor about the provider/supplier’s enrollment once the provider/supplier is enrolled. ECs will not be contacted by CMS (except in response to an EC’s inquiry) either by mail, e-mail, telephone, the PCV, etc., and their contact information will not be part of the official application or be shown on the PECOS screens. Moreover, the provider/supplier need not have any ECs if it so chooses.*

*b. “Application Contacts” (AC): These individuals are somewhat akin to the longstanding category of “contact persons.” They are: (1) optional for the provider/supplier; (2) valid contacts only for the application in question; and (3) neither added to the formal enrollment record nor contacted by CMS on any matter other than the application. If the provider/supplier chooses to list ACs, it must also designate a “Primary AC” from this list; this person will receive any physical letters the contractor sends while the other ACs will receive e-mails.*

*c. Correspondence Address – This is the same address that has long been used for provider enrollment applications. Its meaning and use will not change with the advent of PECOS 2.0.*

*Except as otherwise stated in subsections 9(a) through (c) above, the contractor shall:*

- Continue to use the correspondence address as normal*
- Use ACs (as opposed to ECs) for communications regarding the application in question*
- Respond to any EC questions if they are related to a matter outside of the contractor’s current processing of an application. (If the question is not related to the present application, the contractor shall notify the EC that it cannot respond to the query.)*

## ***D. Chapter 10 Applicability***

- 1. Except as otherwise noted, the PECOS instructions in section 10.3 et seq. take precedence over all others in this chapter pertaining to the same issue or operational procedure.*
- 2. Certain existing instructions in chapter 10 (including those in section 10.3 et seq.) require (or, in a few cases, do not require) particular data elements on the application to be completed. The contractor shall observe that PECOS may or may not mandate that the provider complete particular data fields before proceeding to succeeding fields. This might render moot some of the processing alternatives and exemptions discussed in this chapter. The contractor may therefore disregard those alternatives/exemptions that are immaterial to the situation.*
- 3. Certain existing data elements on the applications and which are listed in this chapter 10 may not be reflected in PECOS. In such cases, the contractor may disregard the instructions in this chapter pertaining thereto.*
- 4. Except as otherwise stated, the term “PECOS” in this chapter refers to PECOS 2.0 and incorporates the phrase “Internet-based PECOS.”*
- 5. All instances in section 10.3 et seq. in which the contractor must now document a data element verification or a telephonic communication in PECOS rather than in the provider file shall include the applicable information required under section 10.6.19(L). Note that the contractor may document such communications in PECOS even for paper applications.*
- 6. In cases where use of the PCV is not required but permissible, the contractor is very strongly encouraged to utilize that mechanism.*
- 7. All clock stoppages otherwise permitted under this chapter can be applied with respect to the policies in this section 10.3.*

### **10.3.1 - CMS-855 Series Enrollment Forms: Information and Processing** ***(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)***

Each CMS-855 Series form is used to enroll a specific provider or supplier type for a specific purpose. This section 10.3.1 et seq. discusses various data elements on the Form CMS-855 applications. Not every data element on the forms is discussed in section 10.3.1 et seq.; only those elements that warrant additional instructions are mentioned. *Except as stated otherwise*, the instructions in 10.3.1 et seq.: (1) support and do not supplant the instructions and information within the applications themselves; and (2) do not supersede federal regulations concerning Medicare provider screening and enrollment.

Regardless of whether the data element in question is discussed in this section, the contractor shall adhere to all instructions in this chapter 10 in terms of the collection, processing, and verification of all data elements on the Form CMS-855 applications, unless stated otherwise in this chapter or in another CMS directive. (This includes processing alternatives and clock stoppages.) *CMS reiterates, however, that in the event of any inconsistency or conflicting direction between an instruction in section 10.3.1 et seq. and an instruction in section 10.3, the latter takes precedence; this includes, for example, guidance pertaining to: (1) enrollment data submission, acquisition, development, processing, and validation; and (2) communicating with the provider/supplier).*

For purposes of these sections, and unless otherwise indicated, the term “approval” includes recommendations for approval.

*In addition:*

- *The contractor is advised that the Form CMS-855 section numbers outlined in this section 10.3 et seq. may not be reflected (or may be different) in PECOS 2.0. However, the instructions for each denoted application section in 10.3 et seq. apply to the concomitant enrollment information in PECOS 2.0. For instance, if certain practice location information in Section 4 of the current Form CMS-855B is captured in a different section of PECOS 2.0, the contractor shall still follow the Section 4 practice location instructions. Chapter 10 will eventually be restructured to more closely align with the process of a provider/supplier's completion of a PECOS application.*
- *In situations where the contractor may capture or develop for information via several means, one of which is the PCV, the contractor is strongly encouraged to use the latter as its information acquisition or development vehicle.*

If the contractor needs additional information concerning the forms or the processing thereof, it may contact its PEOG BFL.

### **10.3.1.1 – Form CMS-855A – Medicare Enrollment Application for Institutional Providers**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

Institutional providers (e.g., hospitals) that will furnish Medicare Part A services to beneficiaries must complete the Form CMS-855A. For purposes of this section 10.3.1.1 et seq. (and *except* as otherwise stated), the term “provider” includes certified suppliers that must complete the Form CMS-855B.

#### **10.3.1.1.1 – Section 1 (Basic Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

In Section 1, the provider indicates the reason for submittal of the application. Unless otherwise stated in this chapter *or* in another CMS directive, *or as permitted by PECOS*, the provider *can* only check one reason for submittal.

With the exception of (1) the voluntary termination checkbox and (2) the effective date of termination---*and except as stated in section 10.6.1.3 of this chapter*---any blank data/checkboxes in the Basic Information section can be verified through any means (e.g., e-mail, *the PCV*, telephone, fax).

#### **10.3.1.1.2 – Section 2 (Identifying Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

##### **A. Licenses, Certification, and Accreditation Information**

The extent to which the provider must furnish licensure, certification, or accreditation information in Section 2 depends upon the provider type involved. Requirements vary by provider type and by location; for instance, some states may require a particular provider to be “certified” but not “licensed,” or vice versa.

The only licenses the provider must submit with the application are those required by Medicare or the state to function as the provider type in question. Licenses and permits that are not of a medical nature are not required. If the contractor knows that a particular state does not require licensure/certification and the “Not Applicable” boxes in the Identifying Information section of the Form CMS-855A are not checked, no further development is needed.

Regarding accreditation under the Identifying Information section of the Form CMS-855A, if the provider checks “Yes,” the contractor shall ensure that the listed accrediting body is one that CMS recognizes in lieu of a state survey or other certification for the provider type in question. If CMS does not recognize the accrediting body, the contractor shall advise the provider accordingly. (Note, however, that the provider may not intend to use the listed accreditation in lieu of the state survey; it may have merely furnished the accrediting body in response to the question.)

Documents that are attainable only after state surveys or accreditation need not be included as part of the application, and the provider need not furnish the data requested in the Identifying Information section of the Form CMS-855A. However, the provider shall furnish those documents it can submit prior to the survey/accreditation. The contractor shall include all submitted licenses, certifications, and accreditations in the enrollment package it sends to the state.

(See section 10.3.1.1.14 of this chapter for information about processing alternatives involving licensure submissions.)

## **B. Correspondence Address and Telephone Number**

The correspondence address must be one at which the contractor can directly contact the provider to resolve any issues once the provider is enrolled in Medicare. It cannot be the address of a billing agency, management services organization, chain home office, or the provider’s representative (e.g., attorney, financial advisor); however, it can be a P.O. Box. The contractor need not verify the correspondence address.

The provider may list any telephone number it wishes as the correspondence phone number. The number need not link to the listed correspondence address. If the provider fails to list a correspondence telephone number and it is required for the application submission, the contractor shall develop for this information via *the procedures outlined in this chapter (e.g., the PCV for PECOS applications)*. The contractor shall accept a particular phone number if it has no reason to suspect that it does not belong to or is not somehow associated with the provider. The contractor is not required to verify the telephone number.

Unless CMS specifies otherwise, any change in the provider’s phone number or address that the provider did not cause (i.e., area code change, municipality renames the provider’s street) must still be updated via the Form CMS-855A.

## **C. E-mail Addresses**

Regarding the correspondence e-mail address in the Correspondence Address and Telephone Number Section of the Form CMS-855A, this e-mail address can be a generic one. It need not be that of a specific individual. The contractor may accept a particular e-mail address if it has no reason to suspect that it does not belong to or is not somehow associated with the provider.

## **D. Other Identifying Information**

Other than the tax identification number (TIN) and legal business name (LBN), the contractor may capture all information in the Correspondence Address and Telephone Number Section of the Form CMS-855A by telephone, *the PCV (if applicable), e-mail*, fax, or a review of the provider’s web site.

### **10.3.1.1.3 – Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

See section 10.6.6 of this chapter for information regarding final adverse actions. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.6 (e.g., communicating with the provider via the PCV).*

### **10.3.1.1.4 – Section 4 (Practice Location Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. General Background**

Unless CMS specifies otherwise, any change in the provider's phone number or address that the provider did not cause (i.e., area code change, municipality renames the provider's street) must still be updated via the Form CMS-855.

Any provider submitting a Form CMS-855A application must submit the 9-digit ZIP Code for each practice location listed.

*(For paper applications only -* If a practice location (e.g., hospital unit) has a CMS Certification Number (CCN) that is in any way different from that of the main provider, the contractor shall create a separate enrollment record in PECOS for that location. (This does not apply, however, to home health agency (HHA) branches, outpatient physical therapy/outpatient speech pathology (OPT/OSP) extension sites, and transplant centers.))

The contractor shall verify that the practice locations listed on the application actually exist and are valid addresses with the United States Postal Service (USPS). PECOS includes a USPS Address Matching System Application Program Interface (API), which validates address information entered and flags the address if it is determined to be invalid, unknown, undeliverable, vacant, unlikely to deliver mail (No-Stat), a CMRA (i.e., UPS Store, mailboxes, etc.), or a known invalid address false positive. These address types are not permitted in PECOS and are flagged upon entry.

*For both PECOS and paper applications,* the contractor *need not* verify that the reported telephone number is operational and connects to the practice location/business listed on the application. *Moreover,* the contractor need not contact every location for applicants that are enrolling multiple locations; the contractor can verify each location's telephone number with the contact person listed on the application and document the verification in *PECOS*. (The telephone number must be one at which patients and/or customers can reach the provider to ask questions or register complaints.) The contractor may also match the provider's telephone number with known, in-service telephone numbers - via, for instance, the Yellow Pages or the Internet - to correlate telephone numbers with addresses. If the contractor cannot verify the telephone number, it shall request clarifying information from the provider; the inability to confirm a telephone number may indicate that an onsite visit is necessary. In some instances, a 1-800 number or out-of-state number may be acceptable if the provider's business location is in another state but its practice locations are within the contractor's jurisdiction.

If the contractor cannot verify the provider's address and/or telephone number, the contractor shall request clarifying information from the provider. If the provider states that the facility and its phone number are not yet operational, the contractor may continue processing the application. However, it shall indicate in its recommendation letter that the address and telephone number of the facility could not be verified. For purposes of PECOS entry, the



contractor can temporarily use the date the certification statement was signed as the effective date.

*(For paper applications only:* In Section 4A of the Form CMS-855A, if the “type of practice location” checkbox is blank, the contractor can confirm the information via *the PCV*, e-mail, or fax.)

## **B. Do Not Forward (DNF)**

Unless instructed otherwise in another CMS directive, the contractor shall follow the DNF initiative instructions in Pub. 100-04, chapter 1, section 80.5. Returned paper checks, remittance notices, or EFT payments shall be flagged if returned from the post office or banking institution, respectively, as this may indicate that the provider’s “special payment” address (in the Practice Location Information section of the Form CMS-855A) or EFT information has changed. The provider should submit a Form CMS-855A to change this address; if the provider does not have an established enrollment record in PECOS, it must complete an entire Form CMS-855A and Form CMS-588.

If the provider is closing its business and has a termination date, the contractor will likely need to make payments for prior services rendered. Since the practice location has been terminated, the contractor may encounter a DNF message. If so, the contractor should request the provider to complete the “special payment” address section of the Form CMS-855A and to sign the certification statement. The contractor, however, shall not collect any other information unless there is a need to do so or unless an instruction in this chapter states otherwise. (See section 10.6.1.3(C)(5) of this chapter for additional information.)

## **C. Remittance Notices/Special Payments**

For new enrollees, all payments must be made via EFT. The contractor shall thus ensure that the provider has completed and signed the Form CMS-588 and shall verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

If an enrolled provider that currently receives paper checks submits a Form CMS-855A change request (no matter what the change involves), the provider must also submit a Form CMS-588 that switches its payment mechanism to EFT. (The change request cannot be processed until the Form CMS-588 is submitted.) All future payments (excluding special payments) must be made via EFT; once a provider changes its method of payment from paper checks to EFT, it must continue using EFT. A provider cannot switch from EFT to paper checks. The contractor shall verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

The “special payment” address may only be one of the following:

- (i) One of the provider’s practice locations
- (ii) A P.O. Box
- (iii) The provider’s billing agent. (The contractor shall request additional information if it has any reason to suspect that the arrangement – at least with respect to any special payments that might be made – may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.)
- (iv) The chain home office address. Per Pub.100-04, chapter 1, section 30.2, a chain organization may have payments to its providers sent to the chain home office. The provider

must list the chain home office's LBN on the Form CMS-588. The TIN on the Form CMS-588 should be that of the provider.

(v) Correspondence address

(vi) A lockbox. (The contractor shall request additional information if it has any reason to suspect that the arrangement, at least with respect to any special payments that might be made, may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.)

#### **D. Out-of-State Practice Locations**

If a provider is adding a practice location in another state that is within the contractor's jurisdiction -- *and, for PECOS applications, to the extent PECOS permits it* --- a separate, initial Form CMS-855A enrollment application is not required if all of the following conditions are met:

- (i) The location is not part of a separate organization (e.g., a separate corporation, partnership);
- (ii) The location does not have a separate TIN and LBN;
- (iii) The state in which the new location is being added does not require the location to be surveyed;
- (iv) Neither the new location nor its owner is required to sign a separate provider agreement; and
- (v) The provider type in question is not required to separately enroll each of its practice locations. (For example, a federally qualified health center (FQHC) would not meet this criterion because FQHCs must separately enroll each location.)

Consider the following examples:

EXAMPLE 1 - The contractor's jurisdiction consists of States X, Y and Z. Jones Health Care Facility (JHCF), Inc. is enrolled in State X with 3 sites. It wants to add a fourth site in State Y. The new site will be under JHCF, Inc. JHCF will not be establishing a separate corporation, LBN, or TIN for the site, and - per the state and CMS policy - a separate survey and provider agreement are not necessary; moreover, CMS policy does not require this provider type to separately enroll each of its practice locations. Since all 5 conditions above are met, JHCF, Inc. can add the fourth location via a change of information request, rather than an initial application. The change request must include all information relevant to the new location (e.g., licensure, new managing employees). (*For paper applications only---and to the extent required---the contractor shall create a separate PECOS enrollment record for the State Y location.*)

EXAMPLE 2 - The contractor's jurisdiction consists of States X, Y and Z. JHCF, Inc., is enrolled in State X with 3 locations. It wants to add a fourth location in State Y but under a newly created, separate legal entity - JHCF, LP. The fourth location must be enrolled via a separate, initial Form CMS-855A.

EXAMPLE 3 - The contractor's jurisdiction consists of States X, Y and Z. Jones Health Services (JHS), Inc., is enrolled in State X with 1 location. It wants to add a second location in State Z under JHS, Inc. However, it has been determined that a separate survey and certification of the new location are required. A separate, initial Form CMS-855A for the new location is required.

## **E. Additional Practice Location Information**

### *1. Special Payments*

In the “Practice Location Information/Where Do You Want Remittance Notices or Special Payments Sent” section, if neither box is checked and no address is furnished, the contractor can contact the provider by telephone, e-mail, *the PCV*, or fax to confirm the provider’s intentions. If the provider replies that the “special payments” address is the same as the practice location, no further development is needed. If, however, the provider wants payments sent to a different address, the provider must furnish this address in the “Where Do You Want Remittance Notices or Special Payments Sent” section of the Form CMS-855A.

*Note that the provider/supplier can only have one special payment address per enrollment for both PECOS and paper applications. See section 10.3(C)(2)(b) for more information.*

### *2. Base of Operations*

In the Practice Location Information/Base of Operations section, if the “Check here” box is not checked and no address is furnished, the contractor can contact the provider by telephone, e-mail, *the PCV*, or fax to confirm the provider’s intentions. If the provider replies that the base of operations address is the same as the practice location, no further development is needed. If the provider indicates that the base of operations is at a different location, the provider must furnish this address in the Base of Operations section of the Form CMS-855A.

### *3. Vehicle Information*

In the Practice Location Information/Vehicle Information section, if the vehicle certificates are furnished but the applicable Form CMS-855A sections are blank, the contractor can verify via telephone, *the PCV*, e-mail, or fax that said vehicles are the only ones the provider has.

#### **10.3.1.1.5 – Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

See section 10.6.7 et seq. of this chapter for information concerning owning and managing individuals and organizations.

*Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.7 (e.g., communicating with the provider via the PCV).*

#### **10.3.1.1.6 – Section 7 (Chain Home Office Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

If the provider is part of a chain organization, it must complete the Chain Home Office Information section of the Form CMS-855A with information about the chain home office. Under 42 CFR § 421.404, a “home office” is the entity that provides centralized management and administrative services to the providers or suppliers under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services. Other definitions relevant to chain organizations (and which are in § 421.404) include:

- Chain provider - A group of two or more providers under common ownership or control.

- Common control - Exists when an individual, a group of individuals, or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of the group of suppliers or eligible providers.
- Common ownership – Exists when an individual, a group of individuals, or an organization possesses significant equity in the group of suppliers or eligible providers.

The contractor shall not delay its processing of the provider’s application while awaiting the issuance of a chain home office number (i.e., a determination as to whether a set of entities qualifies as a chain organization). Such an issuance/determination is not required for a recommendation for approval.

If all of the Chain Home Office Information section is blank (including the check box in this section), no additional development is necessary. If the provider indicates that it is part of a chain but the checkboxes in the Chain Home Office Information section are blank, the contractor can verify the type of transaction involved via *the PCV*, e-mail, or fax.

If a chain organization listed in Section 7 also serves as the provider’s billing agent, the chain must also be reported in the Billing Agency section of the Form CMS-855A.

The chain home office administrator (CHOA) must be listed as an owning and/or managing individual in Section 6 and all final adverse action data must be disclosed. (For purposes of provider enrollment, a CHOA is deemed to have managing control over the provider.) If the CHOA reported in Section 7 is listed with complete information in Section 6 (e.g., the individual’s Social Security Number (SSN) is disclosed in Section 6), only the individual’s first and last name need be listed in Section 7.

A chain home office must be listed as an owning and/or managing organization in Section 5 and all final adverse action data must be disclosed. (For purposes of provider enrollment, a chain home office automatically qualifies as an owning/managing organization.) If the entity is reported with complete information in Section 5, its legal business name is the only data element that must be reported in Section 7. (If blank, the contractor may develop for the cost report date, the home office’s contractor, and the chain number by *telephone, e-mail, the PCV*, or fax.)

Note that an NPI is typically not required for a chain home office.

If blank, the following data elements can be collected by telephone, *e-mail, the PCV*, or fax: (i) Type of Action this Provider is Reporting; (ii) Type of Business Structure of the Chain Home Office; and (iii) the Provider’s Affiliation to the Chain Home Office).

For more information on chain organizations, refer to:

- Pub. 100-04, chapter 1, sections 20.3 through 20.3.6
- 42 CFR § 421.404
- CMS change request 5720

### **10.3.1.1.7 – Section 8 (Billing Agency Information) - Form CMS-855A** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

(Regarding the Billing Agency Information section of the Form CMS-855A, see section 10.6.8 of this chapter. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.8.*)

If the chain organization listed in Section 7 of the Form CMS-855A also serves as the provider's billing agent, the chain must be listed in Section 8 as well.

If the telephone number is blank, the contractor may verify it with the provider via telephone, *the PCV, e-mail*, or fax.

If all of the Billing Agency Information section is blank (including the check box), no additional development is necessary.

### **10.3.1.1.8 – Section 12 (Special Requirements for Home Health Agencies) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

(Regarding the Special Requirements for Home Health Agencies section of the Form CMS-855A, see section 10.2.1.6(F) of this chapter. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.2.1.6(F).*)

If it is obvious that the entity is not enrolling as an HHA, the checkbox above this section can be left blank.

If the entity is an HHA:

(i) If the Special Requirements for Home Health Agencies/Type of Home Health Agency or Financial Documentation sections is/are blank, the contractor can verify the data with the provider via telephone, *e-mail, the PCV*, or fax.

(ii) If the telephone number in the Special Requirements for Home Health Agencies section is blank, the contractor can verify the data with the provider via telephone, *e-mail, the PCV*, or fax.

### **10.3.1.1.9 – Sections 13 and 14 (Contact Person and Penalties for Falsifying Information) - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Contact Person (Section 13)**

(Regarding the Contact Person section of the Form CMS-855A, see section 10.6.9 of this chapter. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.9.*)

If this section is completely blank, the contractor need not develop for this information and can simply contact an authorized or delegated official.

If neither box is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor may either (1) develop for this information by telephone, *e-mail, the PCV*, or fax, or (2) contact an authorized or delegated official.

There is no existing option on the Form CMS-855A to delete a contact person. The contractor shall therefore accept a contact person's end-date via *telephone, e-mail, the PCV*, fax, or mail from the individual provider, an authorized/delegated official, or a current contact person on file. The contractor shall document in PECOS who requested the termination, how the request originated (*e-mail, the PCV*, phone, or fax), and when the request occurred. However, the provider must still report all contact person additions via the Form CMS-855A.

## **B. Penalties for Falsifying Information (Section 14)**

Please refer to the Penalties for Falsifying Information section of the Form CMS-855A for an explanation of penalties for deliberately furnishing false information on this application to gain or maintain Medicare enrollment.

### **10.3.1.1.10 – Certification Statement - Form CMS-855A**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Certification Statement – General Policies**

(Unless otherwise specified, the instructions in this section 10.3.1.1.10(A) apply to: (1) signatures on the paper Form CMS-855A; and (2) *electronic* signatures *for web applications*.)

*For paper applications*, handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options created in software, such as Adobe) are acceptable. *For web applications, electronic signatures are required*; the contractor *may* contact its PEOG BFL for questions regarding electronic signatures.

#### **B. Paper Submissions**

A signed certification statement shall accompany the paper Form CMS-855A application. If the provider submits an invalid certification statement or no certification statement at all, the contractor shall still process the application. The contractor shall solicit an appropriate certification statement as part of the development process – preferably via *the PCV*, e-mail or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (d) missing; or (e) stamped. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the provider’s application if the provider fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall begin processing the application upon receipt and shall develop for missing certification statements and all other missing information (including an application fee) upon review.
- (ii) The contractor may return a certification statement via scanned email or fax.
- (iii) Signature dates cannot be more than 120 days prior to the receipt date of the application.
- (iv) For paper applications that require development, the dated signature of at least one of the provider’s authorized or delegated officials must be on the certification statement that must be sent in within 30 days. Obtaining the signatures of the other authorized and delegated officials is not required.
- (v) For paper changes of information (as the term “changes of information” is defined in section 10.4.4 of this chapter), if the certification statement is signed by an individual not on file with the contractor as an authorized or delegated official of the provider, the contractor

may accept the certification statement. However, it shall develop for information on the person consistent with the procedures in this chapter.

(vi) The contractor need not compare the signature on the Form CMS-855A with the same authorized or delegated official's signature on file to ensure that it is the same person.

(vii) The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

### **C. PECOS Submissions**

Unless stated otherwise in this chapter or in another CMS directive:

(i) The contractor shall *(a)* begin processing the application upon receipt *via PECOS; (b)* *perform all required manual validations; and (c)* *develop for any needed clarifying or missing information or documentation consistent with section 10.3 above and all other applicable instructions in this chapter.*

(ii) If the provider submits an invalid certification statement, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via *the PCV, e-mail, or fax.* (This includes certification statements that are *signed by a person unauthorized to do so under 42 CFR Part 424, subpart P.*) The contractor shall send one development request to include a list of all of the data/documentation *to be furnished or clarified, including, as applicable, the certification statement.* The contractor may reject the provider's application if the provider fails to furnish *said data/documentation* within 30 calendar days from the date *of* the contractor's request.

(iii) For PECOS applications that require development, at least one of the provider's authorized or delegated officials must *sign any* certification statement *that must accompany the provider's response.* Obtaining the signatures of the other authorized and delegated officials is not required.

(iv) For PECOS changes of information, if the certification statement is signed by an individual who is not on file with the contractor as an authorized or delegated official of the provider, the contractor may accept the certification statement. However, it shall develop for information on the person in question consistent with the procedures in this chapter.

(v) The contractor need not compare the signature thereon with the same authorized or delegated official's signature on file to ensure that it is the same person.

*(vi)* The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

### **D. Certification Statement Development**

If, *as already mentioned,* the provider submits an invalid certification statement *(as described in subsections (B) and (C) above),* the contractor shall develop for a correct certification statement and send a development letter to the provider. *The provider must submit the requested certification statement as follows:*

*(i)* Paper applications -- Via scanned email, fax, or mail. Only the actual signature page is required; the provider need not submit the additional page containing the certification terms. (This also applies to the provider's initial submission of a certification statement. Such instances require the submission of only the signature page and not the certification terms.)

(ii) Web applications – *Via electronic signature.*

### **10.3.1.1.13 – Additional Form CMS-855A Processing Information** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Supporting Documents Section**

See the Supporting Documents section of the Form CMS-855A *as well as section 10.3 of this chapter* for information concerning supporting documents.

#### **B. Unsolicited Additional Information**

If the provider submits additional/missing/clarifying data or documentation on its own volition (i.e., not pursuant to a contractor request), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a provider submits prior to the date the contractor finishes processing a previously submitted change request constitutes a separate change request rather than an update to the original change request. The contractor may process both changes simultaneously; however, the contractor shall process the first submitted change to completion before processing the second one to completion.

#### **C. Non-Enrollment Functions**

In some instances, the contractor cannot forward an application to the state until it performs certain non-enrollment functions pertaining to the application (e.g., the reimbursement unit needs to examine patient listing data). The PECOS *status may be changed* to “approval recommended” prior to the conclusion of the non-enrollment activity if: (1) the contractor has completed all required enrollment actions; and (2) the non-enrollment action is the only remaining unperformed activity.

#### **D. Multiple Providers under a Single TIN**

*It is important for contractors to remember that multiple providers and suppliers --- even those of different types --- may have the same TIN; for instance, a CORF, an HHA, and a hospice might have a similar TIN.* However, each provider must submit a separate Form CMS-855A application. *They cannot all be reported via one enrollment, though, for PECOS submissions, consolidated applications may be permitted. (See section 10.3(B)(4) for more information.)*

*(For paper applications only, the contractor must create a separate enrollment record for each provider under the same TIN).*

#### **E. Future Effective Dates**

If the contractor cannot enter an effective date into PECOS because the provider, practice location, etc., is not yet established, the contractor may use the authorized official’s date of signature as the temporary effective date. Once the actual effective date is established, the effective date in PECOS *can be changed*.

#### **F. Provider-Based Entities**

The contractor shall adhere to the following regarding the enrollment of provider-based entities:



**1. Certified Provider or Certified Supplier Initially Enrolling** – Suppose an HHA or other certified provider or certified supplier wishes to enroll and become provider-based to a hospital. The provider/supplier must enroll with the contractor as a separate entity. It cannot be listed as a practice location on the hospital’s Form CMS-855A.

**2. Certified Provider or Certified Supplier Changing its Provider-Based Status** – If a certified provider or certified supplier is changing its status from provider-based to freestanding or vice versa, it need not submit any updates to its Form CMS-855A enrollment.

**3. Group Practice Initially Enrolling** – If a group practice is enrolling in Medicare and will become provider-based to a hospital, the group generally must enroll via the Form CMS-855B if it wants to bill for practitioner services. The group would also need to be listed or added as a practice location on the hospital’s Form CMS-855A.

**4. Group Practice Changing from Provider-Based to Freestanding** – In this situation, the hospital should submit a Form CMS-855A change request that deletes the clinic as a practice location. The group may also need to change the type of clinic it is enrolled as; this may require a new Form CMS-855B.

**5. Group Practice Changing from Freestanding to Provider-Based** – Here, the hospital must submit a Form CMS-855A change request adding the group as a practice location. The group may also need to change the type of clinic it is enrolled as; this may require a new Form CMS-855B.

Unless CMS instructs otherwise, the contractor shall not delay its processing of any practice location addition application pending receipt of a provider-based attestation or CMS approval of provider-based status.

#### **10.3.1.1.14 – Form CMS-855A Processing Alternatives**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

The processing alternatives in this section 10.3.1.1.14 are in addition to, and not in lieu of, any other processing alternatives described in this chapter or another CMS directive. *These processing alternatives also apply notwithstanding any instruction in this chapter to the contrary. As stated in section 10.3, however, some of the application data elements and verification procedures that have previously been subject to a processing exception/alternative may no longer be so or are moot under PECOS 2.0. (See section 10.3 for a discussion of such data and procedures.) In such situations, the contractor shall disregard the exception/alternative and follow the instructions in sections 10.3 through 10.3.1.1.10.*

##### **A. General Principle**

(Subject to the exceptions listed below *as well as the instructions in section 10.3*, the following principle applies to all Form CMS-855A sections.)

If a data element on the provider’s Form CMS-855A application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855A page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855A, even if the data is identified elsewhere on the form or in the supporting documentation:

(i) All organizational and individual ownership and managing control information on the Form CMS-855A

(ii) *Except as otherwise stated in section 10.6.6 of this chapter, any* final adverse action data requested in the Final Adverse Legal Actions/Convictions section and the final adverse legal action history for any organization or individual listed in the Ownership Interest and/or Managing Control Information sections of the Form CMS-855A

(iii) All legal business names (LBNs) (e.g., provider, chain home office) (NOTE: If an application is submitted with a valid NPI and CCN combination but (1) the LBN field is blank, (2) an incomplete or inaccurate LBN is submitted, or (3) the applicant includes a DBA name in the Practice Location Information section of the Form CMS-855A and the contractor can confirm the correct LBN based on the NPI-CCN combination provided, the contractor *need* not develop.)

(iv) All tax identification numbers (TINs) (e.g., provider, owning organization)

(v) NPI-legacy number combinations in the Practice Location Information section of the Form CMS-855A (NOTE: The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the PTAN or NPI before developing with the provider.)

*(vi)* Provider type

*(vii)* The following data in the Change of Ownership (CHOW), Acquisitions/Mergers or Consolidations sections of the Form CMS-855A:

- DBA name
- Effective dates of sale/transfer/consolidation
- Checkbox in the Identifying Information (CHOW Information) section indicating whether buyer will accept assets/liabilities
- Names of units with separate legacy numbers/NPIs
- All NPIs and legacy numbers (NOTE: The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the CCN or NPI before developing with the provider).

## **B. Supporting Documentation Resubmission**

If supporting documentation currently exists in the provider's file, the provider need not submit that documentation again during the enrollment process. The contractor shall utilize the existing documentation for verification. In short, documentation submitted with a previously submitted enrollment application (or documentation currently uploaded in PECOS) qualifies as a processing alternative (unless stated otherwise in this chapter or any CMS directive).

## **C. City, State, and ZIP Code**

If an address in any section of the Form CMS-855A (e.g., correspondence address, practice location) lacks a city, state, or zip + four, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the "zip + four" from either the U.S. Postal Service or the Delivery Point Validation in PECOS.

## **D. Licenses**

In situations where the provider is required to submit a copy of a particular professional or business license, certification, or registration but fails to do so, the contractor need not obtain such documentation from the provider if the contractor can verify the information independently. The contractor can do this by: (1) reviewing and printing confirmation pages from the applicable state web site; (2) requesting and receiving from the appropriate state body written confirmation of the provider's status therewith; and (3) using any other third-party verification source. In addition, if the provider submits a copy of the applicable license, certification, or registration but fails to complete the appropriate section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms above. The contractor shall, however, note the following:

(i) The above-referenced written confirmation from a state body of the provider's status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.

(ii) The aforementioned licensure exception only applies to those documents that traditionally fall within the category of licenses, registrations, or certifications. It is inapplicable to materials such as adverse action documentation, bills of sale, etc. Furthermore, the exception is moot in cases where: (a) the state does not require a particular license/certification; or (b) the license/certification has not been obtained because a state survey has not yet been performed.

#### **E. Documentation of Missing Information Elsewhere**

The contractor shall document *in PECOS* that the missing information covered under this section 10.3.1.1.14 was found elsewhere in the enrollment package. However, this excludes information that must be verified at the current point in time (i.e., a license without a primary source verification method).

#### **F. Relationship to Opt-Out**

The contractor shall not utilize information submitted with opt-out applications for enrollment application processing or vice-versa.

### **10.3.1.2 – Form CMS-855B –Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

This application should be completed by supplier organizations (e.g., ambulance companies) that will bill Medicare for Part B services furnished to Medicare beneficiaries. It is not used to enroll individuals.

The policies in this section 10.3.1.2 et seq. apply exclusively to the Form CMS-855B (except as otherwise noted).

#### **10.3.1.2.1 – Section 1 (Basic Information) - Form CMS-855B**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter, in another CMS directive, *or as permitted by PECOS*, the supplier may only check one reason for submittal. For example, suppose a supplier is changing its tax identification number via the Form CMS-855B. The supplier must submit two applications: (1) an initial Form CMS-855B as a new supplier; and (2) a Form CMS-

855B voluntary termination. Both transactions cannot be reported on the same application.

With the exception of (1) the voluntary termination checkbox and (2) the effective date of termination data in the Basic Information section of the Form CMS-855B---*and except as stated in section 10.6.1.3 of this chapter*---any blank data/checkboxes in this section can be verified through any means chosen by the contractor (e.g., e-mail, *the PCV*, telephone, fax).

### **10.3.1.2.2 – Section 2 (Identifying Information) - Form CMS-855B** ***(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)***

#### **A. License, Certification, and Accreditation Information**

##### 1. Background

Regarding licensure information in the Identifying Information Section of the Form CMS-855B, the extent to which the applicant must furnish licensure, certification, or accreditation data depends upon the supplier type involved. Requirements will vary by supplier type and by location; for instance, some states may require a particular supplier to be “certified” but not “licensed” (or vice versa).

The only licenses that the supplier must submit with the application are those that Medicare and/or the state requires to function as the supplier type in question. Licenses and permits not of a medical nature are not required. In some instances, licensure may not be required in a particular state at all, though the contractor in this case shall still ensure that the supplier meets all applicable state and Medicare requirements.

If the contractor knows that a particular state does not require licensure/certification and the “Not Applicable” boxes are not checked in the Identifying Information Section of the Form CMS-855B, no further development is needed.

##### 2. Jurisdictions and Practice Locations

Except as otherwise stated in this chapter or in another CMS directive, the contractor shall verify that the supplier is licensed and/or certified to furnish services in:

- (i) The state where the supplier is enrolling; and
- (ii) Any other state within the contractor’s jurisdiction in which the supplier (per the “Practice Location Information” section of the Form CMS-855B) will maintain a practice location

##### 3. Permissible Independent Verification

In situations where the supplier is required to submit a copy of a particular professional or business license, certification, or registration but fails to do so, the contractor need not obtain such documentation from the supplier if the contractor can verify the information independently. The contractor can do this by: (1) reviewing and printing confirmation pages from the applicable state web site; (2) requesting and receiving from the appropriate state body written confirmation of the supplier’s status therewith; and (3) using any other third-party verification source. In addition, if the supplier submits a copy of the applicable license, certification, or registration but fails to complete the appropriate section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms above. The contractor shall, however, note the following:

(i) The above-referenced written confirmation from a state body of the supplier's status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.

(ii) The aforementioned licensure exception only applies to those documents that traditionally fall within the category of licenses, registrations, or certifications. It is inapplicable to materials such as adverse action documentation, bills of sale, paramedic intercept agreements, etc. Furthermore, the exception is moot in cases where: (a) the state does not require a particular license/certification; or (b) the license/certification has not been obtained because a state survey has not yet been performed.

#### 4. Additional Policies

a. License Reinstatement - If the applicant had a previously revoked or suspended license reinstated (and unless CMS states otherwise in this chapter or elsewhere), the applicant must submit a copy of the reinstatement notice with the application.

b. License expiration/revocation dates for non-certified suppliers - For expired licenses, the contractor shall enter into PECOS the date after the expiration as the expiration date. For revoked and suspended licenses, the contractor shall enter into PECOS the revocation date (not the day after) as the expiration date.

#### **B. Clinical Laboratory Improvement Act (CLIA) and Drug Enforcement Agency (DEA)**

CLIA and DEA certificates are not required. If the applicable CLIA and DEA certificates are not furnished or the applicable Form CMS-855B sections are blank, no further development is needed.

See section 10.6.19 et seq. of this chapter for special instructions regarding periodic license reviews.

#### **C. Supplier Identification Information – Business Information**

Unless otherwise stated in this chapter or in another CMS directive, the contractor may capture all information in the Identifying Information Section (with the exception of the TIN and LBN) by telephone, fax, e-mail, *the PCV*, or a review of the supplier's web site.

#### **D. Physical Therapy/Occupational Therapy Groups**

A PT/OT group must complete the questionnaire in the Identifying Information Section for PT/OT groups. In doing so:

(i) If the group indicates that it renders services in patients' homes, the contractor shall verify that the group has an established private practice where it can be contacted directly and where it maintains patients' records.

(ii) If the group answers "yes" to question 2, 3, 4, or 5, the contractor shall request a copy of the lease agreement giving the group exclusive use of the facilities for PT/OT services only if it has reason to question the accuracy of the group's response. If the contractor makes this request and the supplier cannot furnish a copy of the lease, the contractor shall deny the application.

#### **E. State Surveys**

Documents that can only be obtained after state surveys or accreditation need not be included as part of the application. (This typically occurs with ASCs and portable x-ray suppliers.) The supplier must, however, furnish those documents that can be submitted prior to the survey/accreditation.

The contractor shall include any licenses, certifications, and accreditations submitted by suppliers in the enrollment package that is forwarded to the state.

Once the contractor receives the approval recommendation notice from the state, the contractor is encouraged (but not required) to contact the state or the supplier for the applicable licensing and/or certification data and to enter it into PECOS.

#### **F. Notarization**

If the applicant submits a license that is not notarized or "certified true," the contractor shall verify the license with the appropriate state agency. (A notarized copy of an original document has a stamp that says "official seal," along with the name of the notary public, the state, the county, and the date the notary's commission expires. A certified "true copy" of an original document has a raised seal that identifies the state and county in which it originated or is stored.)

#### **G. Correspondence Address and Telephone Number**

The correspondence address in the Correspondence Address and Telephone Number Section of the Form CMS-855B must be one at which the contractor can directly contact the applicant to resolve any issues once the supplier is enrolled in Medicare. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box. The contractor need not verify the correspondence address.

The supplier may list any telephone number it wishes as the correspondence phone number. The number need not link to the listed correspondence address. If the supplier fails to list a correspondence telephone number and it is required for the application submission, the contractor shall develop for this information – preferably via *the PCV*, e-mail, or fax. The contractor shall accept a particular phone number if it has no reason to suspect that it does not belong to or is not somehow associated with the supplier. The contractor is not required to verify the telephone number.

#### **H. E-mail Addresses**

An e-mail address listed on the application can be a generic e-mail address. It need not be that of a specific individual. The contractor may accept a particular e-mail address if it has no reason to suspect that it does not belong to or is not somehow associated with the supplier.

#### **10.3.1.2.3 – Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855B**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

See section 10.6.6 of this chapter for information regarding final adverse actions. *Except as otherwise stated, the PECOS policies in section 10.3 above supersede those in section 10.6.6 (e.g., communicating with the provider via the PCV).*

#### **10.3.1.2.4 – Section 4 (Practice Location Information) – Form CMS-855B**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

## A. Reporting and Verification Policies

1. ZIP Code – The supplier must submit the 9-digit ZIP Code for each practice location listed.
2. Practice Location Name - For suppliers paid via the Multi-Carrier System (MCS), the practice location name entered into PECOS shall be the legal business name.
3. Practice Location Verification – Except as stated otherwise in this chapter or in another CMS directive, the contractor shall verify that the practice locations listed on the application actually exist and are valid addresses with the United States Postal Service (USPS). PECOS includes a USPS Address Matching System Application Program Interface (API), which validates address information entered and flags the address if it is determined to be invalid, unknown, undeliverable, vacant, unlikely to deliver mail (No-Stat), a CMRA (i.e., UPS Store, mailboxes, etc.), or a known invalid address false positive. These address types are not permitted in PECOS and are flagged upon entry.
4. Phone Number Verification - The contractor shall verify that the reported telephone number is operational and connects to the practice location/business listed on the application. However, the contractor need not contact every location for applicants that are enrolling multiple locations; the contractor can verify each location’s telephone number with the contact person listed on the application and note the verification in *PECOS*. (The telephone number must be one at which patients and/or customers can reach the applicant to ask questions or register complaints.) The contractor may also match the applicant's telephone number with known, in-service telephone numbers - via, for instance, the Yellow Pages or the Internet - to correlate telephone numbers with addresses. If the applicant uses his/her/its cell phone for their business, the contractor shall verify that this is a telephone connected directly to the business. If the contractor cannot verify the telephone number, it shall request clarifying information from the applicant; the inability to confirm a telephone number may indicate that an onsite visit is necessary. In some instances, a 1-800 number or out-of-state number may be acceptable if the applicant's business location is in another state but his/her/its practice locations are within the contractor’s jurisdiction.
5. Special Certified Supplier Instructions (ASCs and Portable X-Ray Suppliers (PXRS)) - If the supplier’s address and/or telephone number cannot be verified, the contractor shall request clarifying information from the supplier. If the supplier states that the facility and its phone number are not yet operational, the contractor may continue processing the application. However, it shall indicate in its recommendation letter that the address and telephone number of the facility could not be verified. For purposes of PECOS, the contractor can temporarily use the date the certification statement was signed as the effective date.
6. Specific Section 4 Subsection Policies
  - a. Practice Location Type - In Section 4A, if the “type of practice location” checkbox is blank, the contractor can confirm the information via *the PCV*, e-mail, or fax.
  - b. Section 4B - If neither box is checked and no address is provided, the contractor can contact the supplier by telephone, *the PCV*, e-mail, or fax to confirm the supplier’s intentions. If the “special payments” address is indeed the same as the practice location, no further development is needed. If, however, the supplier wants payments to be sent to a different address, the address in Section 4B must be completed via the Form CMS-855B.
  - c. Updated Questionnaire - If the supplier (1) is adding a practice location and (2) is normally required to complete a questionnaire in the Form CMS-855B specific to its supplier

type (i.e.: physical or occupational therapist groups), the entity must submit an updated questionnaire to incorporate services rendered at the new location.

d. Section 4E – If the “Check here” box in Section 4E is not checked and no address is provided, the contractor can contact the supplier by telephone, *the PCV*, e-mail, or fax to confirm the supplier’s intentions. If the base of operations address is the same as the practice location, no further development is needed. If the supplier indicates that the base of operations is at a different location, the address in Section 4E must be furnished via the Form CMS-855B.

e. Section 4F - If the vehicle certificates are furnished but the applicable Form CMS-855B sections are blank, the contractor can verify via telephone, *the PCV*, e-mail, or fax that said vehicles are the only ones the supplier has.

## **B. Do Not Forward (DNF)**

Unless instructed otherwise in another CMS directive, the contractor shall follow the DNF initiative instructions in Pub. 100-04, chapter 1, section 80.5. Returned paper checks, remittance notices, or EFT payments shall be flagged if returned from the post office or banking institution, respectively, as this may indicate that the supplier’s “special payment” address (the Practice Location Information section of the Form CMS-855B) or EFT information has changed. The supplier should submit a Form CMS-855B to change this address; if the supplier does not have an established enrollment record in PECOS, it must complete an entire Form CMS-855B. (For DMEPOS suppliers, the DME MAC is responsible for obtaining, updating, and processing Form CMS-588 changes.)

If a supplier is closing his/her/its business and has a termination date (e.g., he/she is retiring), the contractor will likely need to make payments for prior services rendered. Since the practice location has been terminated, the contractor may encounter a DNF message. If so, the contractor should request the supplier to complete the “special payment” address section of the Form CMS-855B and to sign the certification statement. The contractor, however, shall not collect any other information unless there is a need to do so.

## **C. Remittance Notices/Special Payments**

For new enrollees, all payments must be made via EFT. The contractor shall thus ensure that the supplier has completed and signed the Form CMS-588 and shall verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

If an enrolled supplier that currently receives paper checks submits a Form CMS-855 change request – no matter what the change involves – the supplier must also submit:

- A Form CMS-588 that switches its payment mechanism to EFT. (The change request cannot be processed until the Form CMS-588 is submitted.) All future payments (excluding special payments) must be made via EFT.
- The contractor shall also verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

(Once a supplier changes its method of payment from paper checks to EFT, it must continue using EFT. A supplier cannot switch from EFT to paper checks.)

The “special payment” address may only be one of the following:

- One of the supplier’s practice locations



- A P.O. Box
- The supplier's billing agent. The contractor shall request additional information if it has any reason to suspect that the arrangement – at least with respect to any special payments that might be made – may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.
- Correspondence address
- A lockbox. The contractor shall request additional information if it has any reason to suspect that the arrangement - at least with respect to any special payments that might be made - may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.

#### **D. Out-of-State Practice Locations**

(The policies in this section 10.3.1.2.4(D) apply unless CMS instructs otherwise in this chapter or in another directive.)

If a supplier is adding a practice location in another state that is within the contractor's jurisdiction, a separate, initial Form CMS-855B enrollment application is not required if the following 5 conditions are met:

- (i) The location is not part of a separate organization (e.g., a separate corporation, partnership);
- (ii) The location does not have a separate TIN and LBN;
- (iii) The state in which the new location is being added does not require the location to be surveyed;
- (iv) Neither the new location nor its owner is required to sign a separate certified supplier agreement; and
- (v) The location is not an IDTF, ASC, or other supplier type that must individually and separately enroll each of its locations.

Consider the following scenarios:

EXAMPLE 1 - The contractor's jurisdiction consists of States X, Y and Z. Jones Group Practice (JGP), Inc., is enrolled in State X with 3 locations. It wants to add a fourth location in State Y. The new location will be under JGP, Inc. JGP will not be establishing a separate corporation, LBN, or TIN for the fourth location. Since there is no state agency or SOG Location involvement with group practices, all five conditions are met. JGP can add the fourth location via a change of information request, rather than an initial application. The change request must include all information relevant to the new location (e.g., licensure, new managing employees). (*For paper applications only---and to the extent required---the contractor shall create a separate PECOS enrollment record for the State Y location.*)

EXAMPLE 2 - The contractor's jurisdiction consists of States X, Y and Z. Jones Group Practice (JGP), Inc., is enrolled in State X with 3 locations. It wants to add a fourth location in State Y but under a newly created, separate entity - Jones Group Practice, LP. The fourth location must be enrolled via a separate, initial Form CMS-855B.

**EXAMPLE 3** - The contractor's jurisdiction consists of States X, Y and Z. Jones Group Practice (JGP), Inc., is enrolled in State X with 3 locations. It wants to add a fourth location in State Q. Since State Q is not within the contractor's jurisdiction, a separate initial enrollment for the fourth location is necessary.

**E. Unavoidable Phone Number or Address Changes** - Unless CMS specifies otherwise, any change in the supplier's phone number or address that the supplier did not cause (e.g., area code change, municipality renames the supplier's street) must still be updated via the Form CMS-855B.

### **10.3.1.2.5 – Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855B**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

See section 10.6.7 et seq. of this chapter for information concerning owning and managing individuals and organizations. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.7 (e.g., communicating with the supplier via the PCV).*

### **10.3.1.2.6 – Sections 8, 13, and 14 (Billing Agencies, Contact Persons, and Penalties for Falsifying Information) - Form CMS-855B**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

*Except as otherwise stated, the PECOS policies in section 10.3 supersede those in sections 10.6.8 and 10.6.9 of this chapter.*

#### **A. Billing Agency Information (Section 8)**

(Regarding the Billing Agency Information section of the Form CMS-855B, see section 10.6.8 of this chapter.)

If the telephone number is blank, the contractor may verify it with the supplier via telephone, *the PCV*, e-mail, or fax.

If all of the Billing Agency Information section is blank (including the check box), no additional development is necessary.

#### **B. Contact Person (Section 13)**

(Regarding the Contact Person section of the Form CMS-855B, see section 10.6.9 of this chapter.)

If this section is completely blank, the contractor need not develop for this information and can simply contact an authorized or delegated official.

If neither box is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor may either (1) develop for this information by telephone, *the PCV*, e-mail, or fax, or (2) contact an authorized or delegated official.

There is no existing option on the Form CMS-855B to delete a contact person. The contractor shall therefore accept a contact person's end-date via telephone, *the PCV*, e-mail, fax, or mail from the individual supplier, an authorized/delegated official, or a current contact person on file. The contractor shall document in PECOS who requested the termination, how the request originated (e-mail, phone, or fax), and when the request occurred. However, the provider must still report all contact person additions via the Form CMS-855B.

## C. Penalties for Falsifying Information (Section 14)

Please refer to the Penalties for Falsifying Information section of the Form CMS-855B for an explanation of penalties for deliberately furnishing false information on this application to gain or maintain Medicare enrollment.

### 10.3.1.2.7 – Certification Statement - Form CMS-855B

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

(Unless otherwise specified in this chapter or in another CMS directive, the instructions in this section 10.3.1.2.7 apply to (1) signatures on the paper Form CMS-855B; and (2) electronic signatures *for web applications*.)

For paper applications, handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options created in software, such as Adobe) *are acceptable*. *For web applications, electronic signatures are required*; the contractor *may* contact its PEOG BFL for questions regarding electronic signatures.

#### A. Paper Submissions

A signed certification statement shall accompany the paper Form CMS-855B application. If the supplier submits an invalid certification statement or no certification statement at all, the contractor shall still process the application. The contractor shall solicit an appropriate certification statement as part of the development process – preferably via *the PCV*, e-mail, or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (d) missing; or (e) stamped. The contractor shall send one development request that includes a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the supplier’s application if the supplier fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall begin processing the application upon receipt and shall develop for missing certification statements and all other missing information (including, if applicable, an application fee) upon review.
- (ii) The contractor may return a certification statement via scanned email or fax.
- (iii) Signature dates cannot be more than 120 days prior to the receipt date of the application.
- (iv) For paper applications that require development, the dated signature of at least one of the supplier’s authorized or delegated officials must be on the certification statement that must be sent in within 30 days. Obtaining the signatures of the other authorized and delegated officials is not required.
- (v) For paper changes of information (as the term “changes of information” is defined in section 10.4.4 of this chapter), if the certification statement is signed by an individual not on file with the contractor as an authorized or delegated official of the supplier, the contractor may accept the certification statement. However, it shall develop for information on the person in question consistent with the procedures in this chapter.

(vi) The contractor need not compare the signature on the Form CMS-855B with the same authorized or delegated official's signature on file to ensure that it is the same person.

(vii) The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

## **B. PECOS Submissions**

Unless stated otherwise in this chapter or in another CMS directive:

(i) The contractor shall *(a)* begin processing the application upon receipt *via PECOS; (b)* *perform all required manual validations; and (c)* *develop for any needed clarifying or missing information or documentation consistent with section 10.3 and all other applicable instructions in this chapter.*

(ii) If the supplier submits an invalid certification statement, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via email or fax. *(This includes certification statements that are signed by a person unauthorized to do so under 42 CFR Part 424, subpart P.)* The contractor shall send one development request that includes a list of all of the data/documentation *to be furnished or clarified*, including, *as applicable*, the certification statement. The contractor may reject the supplier's application if the supplier fails to furnish *said data/documentation* within 30 calendar days from the date of the *contractor's request*.

(iii) For PECOS applications that require development, at least one of the supplier's authorized or delegated officials must *sign any* certification statement that must *accompany the supplier's response*. Obtaining the signatures of the other authorized and delegated officials is not required.

(iv) For PECOS changes of information (as the term "changes of information" is defined in section 10.4.4 of this chapter), if the certification statement is signed by an individual who is not on file with the contractor as an authorized or delegated official of the supplier, the contractor may accept the certification statement. However, it shall develop for information on the person in question consistent with the procedures in this chapter.

(v) The contractor is not required to compare the signature thereon with the same supplier, authorized or delegated official's signature on file to ensure that it is the same person.

(vi) The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

## **C. Certification Statement Development**

If, *as already mentioned*, the supplier submits an invalid certification statement *(as described in subsections (A) and (B) above)*, the contractor shall *(using the procedures outlined in this chapter)* develop for a correct certification statement and send a development letter to the supplier – preferably via *the PCV*, e-mail, or fax. *The supplier must submit the requested certification statement as follows:*

(i) *Paper applications* -- Via scanned e-mail, fax, or mail. Only the actual signature page is required; the additional page containing the certification terms need not be submitted. (This also applies to the supplier's initial submission of a certification statement; such instances require the submission of only the signature page and not the certification terms.)

(ii) Web applications – *Via electronic* signature.

### **10.3.1.2.10 – Additional Form CMS-855B Processing Information** **(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)**

*The processing alternatives in section 10.3.1.2.10(E) are in addition to, and not in lieu of, any other processing alternatives described in this chapter or another CMS directive. These processing alternatives also apply notwithstanding any instruction in this chapter to the contrary. As stated in section 10.3, however, some of the application data elements and verification procedures that have previously been subject to a processing exception/alternative may no longer be so or are moot under PECOS 2.0. (See section 10.3 for a discussion of such data and procedures.) In such situations, the contractor shall disregard the exception/alternative and follow the instructions in section 10.3 and section 10.3.1.2 through 10.3.1.2.9.*

#### **A. Supporting Documents (Section 17)**

See the Supporting Documents Section of the Form CMS-855B *as well as section 10.3* for information concerning supporting documents.

#### **B. Attachment 1 for Ambulance Service Suppliers**

In section D of Attachment 1 of the Form CMS-855B, the “Land,” “Air,” and “Marine” boxes need not be checked (or developed) if the type of vehicle involved is clear. In addition, the contractor need not develop for the written statement signed by the President, Chief Executive Officer, or Chief Operating Officer of the airport from where the aircraft is hangared that furnishes the name and address of the facility.

See section 10.2.2.10 of this chapter for more detailed processing instructions on Attachment 1.

#### **C. Attachment 2 for Independent Diagnostic Testing Facilities**

See section 10.2.2.4 of this chapter for more detailed processing instructions on Attachment 2.

#### ***D. Attachment 3 for Opioid Treatment Programs***

*See section 10.2.7 of this chapter for more detailed processing instructions on Attachment 3.*

#### **E. Provider-Based Entities**

The contractor shall adhere to the following regarding the enrollment of provider-based entities:

- **Group Practice Initially Enrolling** – If a group practice is enrolling in Medicare and will become provider-based to a hospital, the group generally must enroll via the Form CMS-855B if it wants to bill for practitioner services. The group would also need to be listed or added as a practice location on the hospital’s Form CMS-855A.
- **Group Practice Changing from Provider-Based to Freestanding** – In this situation, the hospital should submit a Form CMS-855A change request that deletes the clinic as a practice location. The group may also need to change the type of clinic it is enrolled as; this may require a new Form CMS-855B.
- **Group Practice Changing from Freestanding to Provider-Based** – Here, the hospital must submit a Form CMS-855A change request adding the group as a practice location. The

group may also need to change the type of clinic it is enrolled as; this may require a new Form CMS-855B.

Unless CMS instructs otherwise, the contractor shall not delay the processing of any practice location addition applications pending receipt of provider-based attestations or CMS approval of provider-based status.

## **F. Additional Processing Information and Alternatives**

### 1. Unsolicited Additional Information

*If the supplier submits additional/missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a supplier submits prior to the date the contractor finishes processing a previously submitted change request constitutes a separate change request rather than an update to the original change request. The contractor may process both changes simultaneously; however, the contractor shall process the first submitted change to completion before processing the second one to completion.*

### 2. Information Disclosed Elsewhere

If a data element on the supplier's Form CMS-855B application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855B page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855B, even if the data is identified elsewhere on the form or in the supporting documentation:

- All ownership and managing control information in the Organizational or Individual Ownership and/or Managing Control sections of the Form CMS-855B
- *Except as otherwise stated in section 10.6.6 of this chapter, any final adverse action data requested in the Final Adverse Legal Actions/Convictions Section and the Organizational and Individual Ownership and/or Managing Control/Final Adverse Legal Action History sections of the Form CMS-855B*
- All legal business names (LBN) or legal names (NOTE: If an application is submitted with a valid NPI-PTAN combination but (1) the LBN field is blank, (2) an incomplete or inaccurate LBN is submitted, or (3) the applicant includes a DBA name in the Practice Location Information section of the Form CMS-855B -- and the contractor is able to confirm the correct LBN based on the NPI-PTAN combination provided, the contractor need not develop.)
- All tax identification numbers (TIN)
- NPI-legacy number combinations in the Practice Location Information section of the Form CMS-855B (NOTE: The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the PTAN or NPI before developing with the supplier.)
- Supplier type in the Identifying Information section of the Form CMS-855B

### *3. Supporting Documentation Resubmission*

If the supporting documentation currently exists in the supplier's file, the supplier need not submit that documentation again during the enrollment process. The contractor shall utilize the existing documentation for verification. Documentation submitted with a previously submitted enrollment application (or documentation currently uploaded in PECOS) qualifies as a processing alternative, unless stated otherwise in this chapter or another CMS directive. Also, per section 10.6.19(H) of this chapter, the contractor shall document *in PECOS* that the missing information was found elsewhere in the enrollment package. (This excludes information that must be verified at the current point in time (i.e., a license without a primary source verification method.) In addition, the contractor shall not utilize information submitted along with opt-out applications for enrollment application processing or vice-versa.

#### 4. City, State, and ZIP Code

If an address (e.g., correspondence address, practice location) lacks a city, state or zip + four, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the zip + four from either the U.S. Postal Service or the Delivery Point Validation in PECOS.

#### 5. Inapplicable Questions

The supplier need not check "no" for questions that obviously do not apply to its supplier type.

#### 6. Authorized/Delegated Official Telephone Number

The telephone numbers in these sections can be left blank. No further development is needed.

### **10.3.1.3 – Form CMS-855I – Medicare Enrollment Application for Physicians and Non-Physician Practitioners**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

This application should be completed by physicians and non-physician practitioners who render Medicare Part B services to beneficiaries. (This includes a physician or practitioner who (1) is the sole owner of a professional corporation, professional association, or limited liability company and (2) will bill Medicare through this business entity.)

#### **10.3.1.3.1 - Section 1 (Basic Information) – Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

##### **A. Purpose and Verification**

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter, in another CMS directive, *or as permitted by PECOS*, the supplier may only check one reason for submittal. For example, suppose a supplier is voluntarily terminating an enrollment as one supplier type and enrolling as a different supplier type; both transactions cannot be reported on the same application.

With the exception of (1) the voluntary termination checkbox and (2) the effective date of termination---*and except as stated in section 10.6.1.3 of this chapter*---any blank data/checkboxes in the Basic Information section can be verified through any means (e.g., *the PCV*, e-mail, telephone, fax).

##### **B. Voluntary Termination Reminder**

When a practitioner submits a Form CMS-855I application to either (1) add a practice location in a new state or (2) relocate to a new state entirely, the contractor that received the application shall determine whether the practitioner still has an active PECOS enrollment record in the “other” state(s). If PECOS indeed indicates that the individual has an active practice location in the other state(s), the contractor should remind the practitioner that if he/she no longer intends to practice in that state, he/she must submit a Form CMS-855I voluntary termination application to the contractor for that jurisdiction. The reminder should be furnished in the approval letter that the receiving contractor sends to the practitioner or, if more appropriate, *via the PCV*, e-mail, or other form of written correspondence.

### **C. Break in Medical Practice**

If the contractor receives a Form CMS-855I from a practitioner who was once enrolled in Medicare but has not been enrolled with any Medicare contractor for the previous 2 years, the contractor shall verify with the state (a) where the practitioner last worked and (b) whether the practitioner was convicted of a felony or had his/her license suspended or revoked. If such an adverse action was imposed, the contractor shall take action consistent with the instructions in this chapter.

### **10.3.1.3.2 - Section 2 (Personal Identifying Information) – Form CMS-855I** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Licensure Information**

##### **1. General Instructions**

(The extent to which the applicant must complete the licensure information depends upon the supplier type involved. Requirements will vary by supplier type and by location; for instance, some states may require a particular supplier type to be “certified” but not “licensed,” or vice versa. (A “License Not Applicable” checkbox is for instances where a state does not require licensure).)

The only licenses that must be submitted with the application are those required by Medicare or the state to function as the supplier type in question. Licenses and permits that are not of a medical nature are not required. In addition, and as mentioned above, instances can occur where the supplier need not be licensed at all in a particular state; the contractor shall still ensure, however, that the supplier meets all applicable state and Medicare requirements.

The contractor shall verify that the supplier is licensed and/or certified to furnish services in:

- The state in which the supplier is enrolling.
- Any other state within the contractor’s jurisdiction in which the supplier (per the “Practice Location Information” section of the Form CMS-855I) will maintain a practice location.

##### **2. Notarization**

If the applicant submits a license that is not notarized or "certified true," the contractor shall verify the license with the appropriate state agency. (A notarized copy of an original document has a stamp that says "official seal," along with the name of the notary public, the state, the county, and the expiration date of the notary's commission. A certified "true copy" of an original document has a raised seal that identifies the state and county in which it originated or is stored.)



### 3. Temporary Licenses

If the supplier submits a temporary license, the contractor shall note the expiration date in PECOS. Should the supplier fail to submit the permanent license after the temporary license expiration date, the contractor shall initiate revocation procedures. (A temporary permit – one in which the applicant is not yet fully licensed and must complete a specified number of hours of practice in order to obtain the license – is not acceptable.)

### 4. Revoked/Suspended Licenses

If the applicant had a previously revoked or suspended license reinstated, the applicant must submit a copy of the reinstatement notice with the application.

### 5. License Expiration/Revocation Dates for Non-Certified Suppliers

For expired licenses, the contractor shall enter into PECOS the day after the expiration as the expiration date. For revoked and suspended licenses, the contractor shall enter into PECOS the revocation date (not the day after) as the expiration date. (See section 10.6.19(T) of this chapter for special instructions related to periodic license reviews.)

### 6. Accreditation

If the supplier checks “Yes,” the contractor shall ensure that the listed accrediting body is one that CMS recognizes in lieu of a state survey or other certification for the supplier type in question. If CMS does not recognize the accrediting body, the contractor shall advise the supplier accordingly.

## **B. Correspondence Address, Medical Record Correspondence Address, and Telephone Number**

### 1. Correspondence Address

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the supplier is enrolled in Medicare. It cannot be the address of a billing agency, management services organization, or the supplier’s representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person’s home address.

The contractor need not verify the correspondence address.

### 2. Medical Records Correspondence Address

The medical records correspondence address must be one where the contractor can directly contact the applicant regarding medical records once the supplier is enrolled in Medicare. It cannot be the address of a billing agency, management services organization, or the supplier’s representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person’s home address.

Note that: (1) the contractor need not verify the medical records correspondence address; and (2) the medical records correspondence address does not apply to individuals reassigning all benefits.

### 3. Telephone Number

The supplier may list any telephone number he/she wishes as the correspondence or medical record correspondence phone number. The number need not link to the listed correspondence address. If the supplier fails to list a correspondence or medical record telephone number and it is required for the application submission, the contractor shall develop for this information – preferably via *the PCV*, e-mail, or fax. The contractor shall accept a particular phone number if it has no reason to suspect that it does not belong to or is not somehow associated with the supplier. The contractor need not verify the telephone number.

### **C. E-mail Addresses**

An e-mail address listed on the application can be a generic e-mail address. It need not be that of a specific individual. The contractor may accept a particular e-mail address if it has no reason to suspect that it does not belong to or is not somehow associated with the supplier.

### **D. Specialties**

A physician must indicate his/her supplier specialty via a checkmark, an “X,” or other symbol; if the physician has more than one specialty, he/she must indicate these specialties, showing "P" for primary and "S" for secondary. (Non-physician practitioners must indicate their supplier type.)

The contractor shall verify that any supplier identifying a secondary specialty on the Form CMS-855I application has the appropriate medical license. The contractor shall validate the license using the state’s medical license website. If an active license is not found, the contractor shall develop via telephone, fax, email, or mail to confirm the supplier’s intent and to obtain a copy of the license, if applicable.

The contractor shall deny the application if the individual fails to meet the requirements of his/her physician specialty (primary and/or secondary) or supplier type.

### **E. Education**

1. Non-Physician Practitioners - The contractor shall verify all required educational information for non-physician practitioners. While the non-physician practitioner must meet all federal and state requirements, he/she need not provide documentation of courses or degrees taken to satisfy these requirements unless the contractor requests it. To the maximum extent possible, the contractor shall use means other than the practitioner’s submission of documentation---such as a state or school web site---to validate the person’s educational qualifications.

2. Physicians - A physician need not submit a copy of his/her degree unless the contractor requests it. To the maximum extent possible, the contractor shall use means other than the physician’s submission of documentation---such as a state or school web site--to validate the person’s educational status.

### **F. Relocation to a New State: License Reviews**

When a practitioner submits a Form CMS-855I application to either (1) add a practice location in a new state or (2) relocate to a new state entirely, the contractor that received the application shall review state licensing board information for the “prior” state to determine:

- Whether the practitioner had his/her medical license revoked, suspended, or inactive (due to retirement, death, or voluntary surrender of license), or otherwise lost his/her license, and

- If the practitioner has indeed lost his or her medical license, whether he/she reported this information via the Form CMS-855I within the timeframe specified in 42 CFR § 424.520.

If the practitioner is currently enrolled and did not report the adverse action to Medicare in a timely manner, the contractor shall---unless another directive in this chapter instructs otherwise, such as section 10.6.6---revoke the practitioner’s Medicare enrollment and establish the appropriate reenrollment bar length. If the practitioner is submitting an initial enrollment application (e.g., is moving to a new state and contractor jurisdiction) and did not report the adverse action in Section 3 of the CMS-855I, the contractor shall--- unless another directive in this chapter instructs otherwise--- deny the enrollment application.

### **10.3.1.3.3 – Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

See section 10.6.6 of this chapter for information regarding final adverse actions. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.6 (e.g., communicating with the provider via the PCV).*

### **10.3.1.3.4 – Section 4 (Business Information) - Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Practice Location Verification**

The contractor shall verify that the practice locations listed on the application actually exist and are valid addresses with the United States Postal Service (USPS). PECOS includes a USPS Address Matching System Application Program Interface (API), which validates address information entered and flags the address if it is determined to be invalid, unknown, undeliverable, vacant, unlikely to deliver mail (No-Stat), a CMRA (i.e., UPS Store, mailboxes, etc.), or a known invalid address false positive. These address types are not permitted in PECOS and are flagged upon entry. To reiterate: the practice location address in the Practice Location Information section must be a valid address with USPS; addresses entered into PECOS are verified via computer software to determine if they are valid and deliverable.

Any supplier submitting a Form CMS-855I application must submit the 9-digit ZIP Code for each practice location listed.

If the “Type of practice location” checkbox in Section 4A is blank, the contractor can confirm the information via *the PCV*, e-mail, or fax.

A practitioner who only renders services in patients' homes (i.e., house calls) must supply his/her home address in the Practice Location Information/Rendering Services in Patients’ Homes section. In addition, if a practitioner renders services in a retirement or assisted living community, the Practice Location Information section must include the name and address of that community. In either case, the contractor shall verify that the address is a physical address. Post office boxes and drop boxes are not acceptable.

If the physician or non-physician practitioner uses his/her home address as *his/her* practice location and exclusively performs services in patients’ homes, nursing homes, etc., no site visit is necessary.

If an individual practitioner (1) is adding a practice location and (2) is normally required to complete a questionnaire in the Personal Identifying Information section of the Form CMS-

855I specific to its supplier type (i.e.: physical therapists), the person must submit an updated questionnaire to incorporate services rendered at the new location.

For suppliers paid via the Multi-Carrier System (MCS)--*and except as otherwise stated in section 10.3*--the practice location name entered into PECOS shall be the legal business name.

Each practice location is to be verified. However, there is no need to separately contact each location on the application. Such verification can be done via the contact person listed on the application; the contact person's verification shall be documented *in PECOS*.

## **B. Telephone Number Verification**

The contractor shall verify that the reported telephone number is operational and connects to the practice location/business listed on the application. However, the contractor need not contact every location for applicants that are enrolling multiple locations; the contractor can verify each location's telephone number with the contact person listed on the application and note the verification accordingly *in PECOS*. (The telephone number must be one where patients and/or customers can reach the applicant to ask questions or register complaints.) The contractor may also match the applicant's telephone number with known, in-service telephone numbers - via, for instance, the Yellow Pages or the Internet - to correlate telephone numbers with addresses. If the applicant uses his/her/its cell phone for their business, the contractor shall verify that this is a telephone connected directly to the business. If the contractor cannot verify the telephone number, it shall request clarifying information from the applicant; the inability to confirm a telephone number may indicate that an onsite visit is necessary. In some instances, a 1-800 number or out-of-state number may be acceptable if the applicant's business location is in another state but his/her/its practice locations are within the contractor's jurisdiction.

## **C. Unintended Changes**

Unless CMS specifies otherwise, any change in the supplier's phone number or address that the *supplier* did not cause (i.e., area code change, municipality renames the supplier's street) must still be updated via the Form CMS-855I.

## **D. Remittance Notices/Special Payments Mailing Address section**

The "special payment" address may only be one of the following:

- One of the supplier's practice locations
- A P.O. Box
- A Lockbox. (The contractor shall request additional information if it has any reason to suspect that the arrangement---at least with respect to any special payments that might be made---may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.)
- The supplier's billing agent. The contractor shall request additional information if it has any reason to suspect that the arrangement – at least with respect to any special payments that might be made – may violate the Payment to Agent rules in Pub. 100-04, chapter 1, section 30.2.
- Correspondence address

If neither box in this section is checked and no address is provided, the contractor can contact the supplier by telephone, *the PCV*, e-mail, or fax to confirm the supplier's intentions. If the "special payments" address is the same as the practice location, no further development is needed. If, however, the supplier wants payments to be sent to a different address, the address in the Remittance Notices/Special Payments Mailing Address section must be completed via the Form CMS-855I.

## **E. Do Not Forward (DNF)**

Unless instructed otherwise in another CMS directive, the contractor shall follow the DNF initiative instructions in Pub. 100-04, chapter 1, section 80.5. Returned paper checks, remittance notices, or EFT payments shall be flagged if returned from the post office or banking institution, respectively, as this may indicate that the supplier's "special payment" address (Business Information of the Form CMS-855I) or EFT information has changed. The supplier should submit a Form CMS-855I to change this address; if the supplier does not have an established enrollment record in PECOS, it must complete an entire Form CMS-855I and Form CMS-588. The Durable Medical Equipment MAC is responsible for obtaining, updating and processing Form CMS-588 changes.

In situations where a supplier is closing his/her/its business and has a termination date (e.g., he/she is retiring), the contractor will likely need to make payments for prior services rendered. Since the practice location has been terminated, the contractor may encounter a DNF message. If so, the contractor should request the supplier to complete the "special payment" address section of the Form CMS-855I and to sign the certification statement. The contractor, however, shall not collect any other information unless there is a need to do so.

## **F. EFT**

For new enrollees, all payments must be made via EFT. The contractor shall thus ensure that the supplier has completed and signed the Form CMS-588 and shall verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

If an enrolled supplier that currently receives paper checks submits a Form CMS-855I change request – no matter what the change involves – the supplier must also submit:

- A Form CMS-588 that switches its payment mechanism to EFT. (The change request cannot be processed until the Form CMS-588 is submitted.) All future payments (excluding special payments) must be made via EFT.
- The contractor shall also verify that the bank account complies with Pub. 100-04, chapter 1, section 30.2.

(Once a supplier changes its method of payment from paper checks to EFT, it must continue using EFT. A supplier cannot switch from EFT to paper checks.)

## **G. Solely-Owned Organizations**

### *1. Paper Applications*

All pertinent data for solely-owned organizations can be furnished via the Form CMS-855I alone. The contractor, however, shall require the supplier to submit a Form CMS-855B, Form CMS-855I, and Form CMS-855R if, during the verification process, it discovers that the supplier is not a solely-owned organization. (**NOTE:** A solely-owned supplier type that normally completes the Form CMS-855B to enroll in Medicare must still do so. For example, a solely-owned LLC that is an ambulance company must complete the Form CMS-

855B even though the Practice Location Information/Sole Proprietor/Sole Proprietorship section makes mention of solely-owned LLCs. Use of the Practice Location Information section of the Form CMS-855I is limited to suppliers that perform physician or practitioner services.)

(Sole proprietorships need not complete the Business Information portions of Section 4 of the Form CMS-855I. Per definition, a sole proprietorship is not a corporation, professional association, etc. Do not confuse a sole proprietor with a physician whose business is that of a corporation, LLC, etc., of which he/she is the sole owner.)

In the Business Information section, the supplier may list a type of business organization other than a professional corporation, a professional association, or a limited liability company (e.g., closely-held corporation). This is acceptable so long as that business type is recognized by the state in which the supplier is located.

The contractor shall verify all data furnished in the Business Information section (e.g., legal business name, TIN, adverse legal actions). If the Business Information section is left blank, the contractor may assume it does not pertain to the applicant.

A solely-owned physician or practitioner organization that utilizes the Business Information section to enroll in Medicare can generally submit change of information requests to Medicare via the Form CMS-855I. However, if the change involves data not captured on the Form CMS-855I, the change must be made on the applicable CMS form (e.g., Form CMS-855B, Form CMS-855R).

## **H. Individual Reassignment/Affiliation Information**

If the applicant indicates that he/she intends to render all or part of his/her services in a private practice, clinic/group, or any organization to which he/she would reassign benefits, the contractor shall ensure that the applicant (or the group or organization) has submitted a Form CMS-855R for each individual, clinic/group practice, or organization to which the individual plans to reassign benefits. The contractor shall also verify that the individual, clinic/group practice, or organization is enrolled in Medicare. If it is not, the contractor shall enroll the individual, clinic/group practice, or organization prior to approving the reassignment.

## **I. Sole Proprietor Use of EIN**

The practitioner may obtain a separate EIN if he/she wants to receive reassigned benefits as a sole proprietor.

## **J. NPI Information for Groups**

If an individual, clinic/group practice, or organization is already established in PECOS (i.e., status of "approved" unless the *Form* CMS-855I is submitted for the purpose of revalidation), the physician or non-physician practitioner need not submit the NPI in the Business Information/Individual Reassignment/Affiliation Information section *of the Form CMS-855I*. The only NPI that the physician or non-physician practitioner must supply is the NPI found in the Personal Identifying Information (Individual Information) section.

**NOTE:** Physicians and non-physician practitioners must furnish the NPI in the Business Information/Individual Reassignment/Affiliation Information section of the Form CMS-855I for individuals/groups/organizations not established in PECOS with a status of "approved."

## **K. Out-of-State Practice Locations**

Except as stated otherwise *in section 10.3 or in* another CMS directive, if a supplier is adding a practice location in another state, a separate, initial Form CMS-855I enrollment application is required for that location even if:

- The location is part of the same organization (e.g., a solely-owned corporation),
- The location has the same tax identification number (TIN) and legal business name (LBN), and
- The location is in the same contractor jurisdiction.

To illustrate, suppose the contractor's jurisdiction consists of States X, Y, and Z. Dr. Jones, a sole proprietor, is enrolled in State X with 2 locations. He wants to add a third location in State Y under his social security number and his sole proprietorship's employer identification number. A separate, initial Form CMS-855I application is required for the State Y location.

### **10.3.1.3.5 - Sections 6, 8, 12, 13, and 14 - Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

*(Except as otherwise stated, the PECOS policies in section 10.3 supersede those in sections 10.6.7 et seq., 10.6.8, and 10.6.9 (e.g., communicating with the provider via the PCV.)*

Section 6 - See section 10.6.7 et seq. of this chapter for information concerning managing individuals and organizations.

Section 8 - See section 10.6.8 of this chapter for information concerning billing agencies. (Note that if the telephone number in this section is blank, the number can be verified with the supplier via telephone, *the PCV*, e-mail, or fax. If the entire section is blank (including the check box), no additional development is needed.)

Section 12 – See the Supporting Documents section of the Form CMS-855I for information concerning supporting documents.

#### Section 13 - Contact Persons

- If this section is completely blank, the contractor need not develop for this information and can simply contact the physician/practitioner.
- If the “Contact the individual listed in Section 2A” checkbox in Section 13 is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor can either: (1) develop for this information via telephone, *the PCV*, e-mail, or fax; or (2) contact the physician/practitioner.

See section 10.6.9 of this chapter for more information concerning the Contact Persons section of the Form CMS-855I.

#### Section 14 - Penalties for Falsifying Information

See the Penalties for Falsifying Information section of the Form CMS-855I for an explanation of penalties for deliberately furnishing false information in this application to gain or maintain Medicare enrollment.

### **10.3.1.3.6 - Section 15 (Certification Statement) - Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

## A. Applicability and Format

Unless otherwise specified, the instructions in this section 10.3.1.3.6 apply to (1) signatures on the paper Form CMS-855I and (2) electronic signatures.

*For paper applications*, valid signatures include handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options established via software, such as Adobe). *For web applications, electronic signatures are required*; the contractor can contact its PEOG BFL for questions regarding electronic signatures.

## B. Signatories

The enrolling or enrolled physician or non-physician practitioner is the only person who can sign the Form CMS-855I. (This applies to initial enrollments, changes of information, reactivations, revalidations, etc.). This includes solely-owned entities listed in the Business Information section of Section 4 of the Form CMS-855I. A physician or non-physician practitioner may not delegate the authority to sign the Form CMS-855I on his/her behalf to any other person. (In the case of death, however, an executor of the estate may sign on behalf of the deceased supplier, though this only applies to change of information applications.)

## C. Paper Submissions

A signed certification statement must accompany the paper Form CMS-855I application. If the supplier submits an invalid certification statement or fails to submit a certification statement at all, the contractor shall still proceed with processing the application. An appropriate certification statement shall be solicited as part of the development process – preferably via *the PCV*, e-mail, or fax. This includes certification statements that *are*: (a) unsigned; (b) undated; (c) signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application; (d) *signed by* someone other than the physician or non-physician practitioner (except as noted in section 10.3.1.3.6(B)); (e) missing; or (f) stamped. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the supplier's application if the supplier fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested it.

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall begin processing the application upon receipt and shall develop for missing certification statements and all other missing information.
- (ii) The certification statement may be returned via scanned email or fax.
- (iii) Signature dates cannot be more than 120 days prior to the receipt date of the application.
- (iv) The contractor need not compare the supplier's signature with one already on file for that person to ensure it is the same individual.
- (v) The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

## D. PECOS Submissions



If the supplier submits an invalid certification statement, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via *the PCV*, e-mail or fax. (This includes certification statements that *are: signed by* someone other than the physician or non-physician practitioner (except as noted in section 10.3.1.3.6(B)). The contractor shall send one development request to include a list of all of the data/documentation *to be furnished or clarified*, including, *as applicable*, the certification statement. The contractor may reject the supplier’s application if the supplier fails to furnish *said data/documentation* within 30 calendar days from the date the contractor requested the missing information or documentation.

Unless stated otherwise in this chapter or in another CMS directive:

(i) The contractor shall *(a) begin processing the application upon receipt via PECOS, (b) perform all required manual validations, and (c) develop for any needed clarifying or missing information or documentation consistent with section 10.3 above and all other applicable instructions in this chapter.*

(ii) The contractor need not compare the supplier’s signature with one already on file for that person to ensure it is the same individual.

(iii) The contractor shall not request the submission of a driver’s license or passport to verify a *person’s signature or identity.*

## **E. Certification Statement Development**

*The supplier must submit a newly signed certification statement as part of a development request as follows:*

*(i) Paper applications: Via scanned e-mail, fax, or mail. (Only the actual signature page is required; the additional page containing the certification terms need not be submitted. This also applies to the *supplier’s* initial submission of a certification statement; such instances require the submission of only the signature page and not the certification terms.)*

*(ii) Web applications – Via electronic signature.*

## **F. Privacy Statement**

All information collected on the Form CMS-855I shall be entered into PECOS. The Privacy Act permits CMS to disclose information without an individual’s consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a “routine use.” CMS will only release PECOS information that can be associated with an individual as provided for under Section III “Proposed Routine Use Disclosures of Data in the System.” Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. To view the routine uses in their entirety, go to: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/0532-PECOS.pdf>.

### **10.3.1.3.7 - Additional Processing Information and Alternatives – Form CMS-855I**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### ***A. Processing a Form CMS-855I Ownership Change of Information Application***

When a sole owner practitioner has sold his/her group to another individual practitioner and the EIN remains unchanged, the contractor shall process the transaction as a change of information via the Form CMS-855I to change the group's owner. In doing so, the contractor shall:

- (i) Verify that the EIN is solely owned by the new owner.
- (ii) Make no change to the PTAN or effective date.
- (iii) If applicable, require the prior sole owner individual to submit a voluntary termination application to terminate their individual enrollment/reassignment.

## **B. Unsolicited Additional Information**

If the supplier submits missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a supplier submits prior to the date the contractor finishes processing a previously submitted change request shall be processed *as a separate change request rather than an update to the original change request*. The contractor may process both changes simultaneously, but the change that was submitted first shall be processed to completion prior to the second one being processed to completion.

## **C. Processing Alternatives**

*As stated in section 10.3, some of the application data elements and verification procedures that have previously been subject to a processing exception/alternative may no longer be so or are moot under PECOS 2.0. (See section 10.3 for a discussion of such data and procedures.) In such situations, the contractor shall disregard the exception/alternative and follow the instructions in section 10.3 and sections 10.3.1.3 through 10.3.1.3.6.*

### **1. Information Disclosed Elsewhere**

If a data element on the supplier's Form CMS-855I application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855I page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855I, even if the data is identified elsewhere on the form or in the supporting documentation:

- a. *Except as otherwise stated in section 10.6.6 of this chapter*, any final adverse action data requested in sections 3, 4A, and 6B of the Form CMS-855I
- b. Legal business names (LBN) or legal names (Note: If an application is submitted with a valid NPI-PTAN combination but (1) the LBN field is blank, (2) an incomplete or inaccurate LBN is submitted, or (3) the applicant includes a DBA name in the Business Information section of the Form CMS-855I --- and the contractor can confirm the correct LBN based on the NPI-PTAN combination provided, the contractor need not develop. (This also applies to the Employer's Name for PAs in the Personal Identifying Information (PA Information) section of the Form CMS-855I).)
- c. Tax identification numbers (TIN)

d. NPI-legacy number combinations in the Business Information section of the Form CMS-855I.

(The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the PTAN or NPI before developing with the supplier.)

e. Practitioner type in the Personal Identifying Information section of the Form CMS-855I

If the supporting documentation currently exists in the supplier's file, the supplier need not submit that documentation again during the enrollment process. The contractor shall utilize the existing documentation for verification. Unless stated otherwise in this chapter or another CMS directive, documentation submitted with a previously submitted enrollment application (or documentation currently uploaded in PECOS) qualifies as a processing alternative. Also, the contractor shall document *in PECOS* that the missing information was found elsewhere in the enrollment package. (This excludes information that must be verified at the current point in time (i.e., a license without a primary source verification method).) In addition, the contractor shall not utilize information submitted along with opt-out applications for enrollment application processing or vice-versa.

## **2. Licenses**

If the supplier is required to submit a copy of a particular professional or business license, certification, registration, or degree but fails to do so, the contractor need not obtain such documentation from the supplier if the contractor can verify the information independently. This can be done by: (1) reviewing and printing confirming pages from the applicable state, professional, or school web site; (2) requesting and receiving from the appropriate state, professional, or educational body written confirmation of the supplier's status therewith; or (3) utilizing another third-party verification source. Similarly, if the supplier submits a copy of the applicable license, certification, registration, or degree but fails to complete the applicable section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms described above.

(The above-referenced written confirmation of the supplier's status can be in the form of a letter, fax, or e-mail, but it must be in writing. Documentation of a verbal conversation between the contractor and the body in question does not qualify as appropriate confirmation.)

This exception only applies to documents that traditionally fall within the category of licenses, registrations, certifications, or degrees. It is inapplicable to items such as adverse action documentation, etc. Furthermore, the exception is moot in cases where the state does not require a particular license/certification.

## **3. Drug Enforcement Agency Certificates (DEA)**

DEA certificates are not required. If the applicable DEA certificate is not furnished or the applicable Form CMS-855I section is blank, no further development is needed.

## **4. City, State, and ZIP Code**

If an address (e.g., correspondence address, practice location) lacks a city, state, or zip + four, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the zip + four from either the U.S. Postal Service or the Delivery Point Validation in PECOS.

## **5. Inapplicable Questions**

The supplier need not check “no” for questions that obviously do not apply to its supplier type. For instance, a nurse practitioner need not complete the Personal Identifying Information (Resident Information) section of the Form CMS-855I.

## **6. Additional Alternatives**

- (i) If blank, the “Type of Other Name” and “Gender” can be captured orally.
- (ii) If the contractor is aware that a particular state does not require licensure/certification and the “Not Applicable” boxes are not checked in the Personal Identifying Information section, no further development is needed.
- (iii) Personal Identifying Information (Physician Specialty) section - If the supplier uses a checkmark, an “X,” or other symbol to identify his/her primary and secondary specialties (as opposed to a “P” or “S”), no additional development is needed.
- (iv) When processing a non-physician practitioner’s (NPP) application, the contractor need not automatically request a copy of the NPP’s degree or diploma (if it is not submitted) if his/her education can be verified through other authorized means. Requesting a copy of the degree or diploma should only be done if educational information cannot otherwise be verified.
- (v) Medical or Professional School and Year of Graduation – If the Form CMS-855I lacks the medical or professional school and/or the year of graduation but the information is disclosed in the supporting documentation submitted with the application or it already exists in PECOS, no further development is needed.

### **10.3.1.4 - Medicare Enrollment Application for Reassignment of Medicare Benefits – Form CMS-855R**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

Consistent with 42 CFR § 424.80(b)(1) and (b)(2) and Pub. 100-04, Chapter 1, sections 30.2.1(D) and (E) and 30.2.6 and 30.2.7, Medicare may pay: (1) a physician or other provider’s or supplier’s employer if the provider or supplier is required, as a condition of employment, to turn over to the employer the fees for his or her services; or (2) an entity (i.e., a person, group, or facility) that is enrolled in the Medicare program for services furnished by a physician or other provider or supplier under a contractual arrangement with that entity. This means that Part A and Part B entities other than physician/practitioner group practices can receive reassigned benefits, assuming the requirements for a reassignment exception are met.

An individual who renders Medicare Part B services and seeks to reassign his/her benefits to an eligible entity should complete the Form CMS-855R for each entity eligible to receive reassigned benefits; the individual must be enrolled in Medicare as an individual prior to reassigning his/her benefits. A Form CMS-855R application must also be completed for any individual who will terminate an existing reassignment. However, the Form CMS-855R shall not be used to:

- (i) Report physician assistant (PA) reassignments. (Until further notice, PA reassignments must be reported via the Form CMS-855I.)
- (ii) Revalidate reassignments. (The individual practitioner should only use the Form CMS-855I for revalidations and list his/her active reassignment information in the Business Information/Practice Location Information section thereof.)

To view the Form CMS-855R Processing Guide, go to: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019033.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>. Except as stated otherwise, the procedures described in the Guide, which include processing alternatives and instructions, take precedence over all other instructions in this chapter concerning the processing of Form CMS-855R applications.

#### **10.3.1.4.1 – Sections 1 through 5 of the Form CMS-855R**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

##### **A. Basic Information (Section 1)**

(In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter, in another CMS directive, *or as permitted by PECOS*, the supplier may only check one reason for submittal.)

Submission of a Form CMS-855R is required to terminate a reassignment. A reassignment termination cannot be done via the Form CMS-855I (except for PECOS applications when the termination is for the last PTAN on an enrollment). The effective date of termination as indicated on the Form CMS-855R is the day after the effective date of termination; payment will no longer be made to the organization to which benefits are reassigned the day after the termination effective date. For example, suppose a physician submits a Form CMS-855R to terminate a reassignment to a group. She lists June 30, 2022 as the termination date. The terminate effective date listed in PECOS and any correspondence to the supplier should be July 1, 2022.

In situations where the supplier is both adding and terminating a reassignment---*and except as stated in section 10.3*---each transaction must be reported on a separate Form CMS-855R; the same Form CMS-855R cannot be used for both transactions.

##### **B. Organization/Group Receiving the Reassigned Benefits (Section 2)**

###### **1. Site of Service**

Per Pub. 100-04, chapter 1, section 30.2.7, a reassignment of benefits to any eligible entity is permitted regardless of where the service was rendered or whether the entity owns or leases that location. As such, the contractor need not verify the entity's ownership or leasing arrangement with respect to the reassignment.

###### **2. Organizational/Group Receiving the Reassigned Benefits**

The most common reassignment situation is a physician or practitioner who reassigns his/her benefits to a physician group. Here, the only required forms are the Form CMS-855R, a Form CMS-855I from the reassignor, and a Form CMS-855B for the reassignee. The reassignee's authorized or delegated official must sign the Form CMS-855B certification statement and the signatures section of the Form CMS-855R; the reassignor, too, must sign the Form CMS-855R's signatures section.

###### **3. Individual Receiving Reassigned Benefits**

An individual can receive reassigned benefits. The most common example of this is a physician or practitioner who reassigns his/her benefits to a physician who is either (1) a sole proprietor, or (2) the sole owner of an entity listed in the Business Information section of the Form CMS-855I. Here, the only required forms are the Form CMS-855R and separate Form

CMS-855Is from the reassignor and the reassignee. (No Form CMS-855B or Form CMS-855A is involved.) The reassignee himself/herself must sign the Certification Statements and Signatures section of the Form CMS-855R because there is no authorized or delegated official involved.

The contractor shall follow the instructions in Pub. 100-04, Chapter 1, sections 30.2 – 30.2.16 to ensure that a physician or other provider or supplier is eligible to receive reassigned benefits.

Regarding reassignment and revoked or deceased physicians, see section 10.6.17(G)(1) of this chapter.

### **C. Individual Practitioner Who is Reassigning Benefits (Section 3)**

If the individual seeking to reassign his or her benefits is not enrolled in Medicare, the person must complete a Form CMS-855I as well as a Form CMS-855R. (The Forms CMS-855I and CMS-855R can be submitted concurrently.) Moreover, if the entity to which the person's benefits will be reassigned is not enrolled in Medicare, the organization must complete a Form CMS-855B or, if applicable, a Form CMS-855A. (See section 10.4.1.2 of this chapter for additional instructions regarding the joint processing of Form CMS-855As, Form CMS-855Rs, Form CMS-855Bs, and Form CMS-855Is.)

Benefits are reassigned to a provider or supplier, not to the provider/supplier's practice location(s). As such, the contractor shall not require each practitioner in a group to submit a Form CMS-855R each time the group adds a practice location.

The contractor need not verify whether the reassigning individual is a W-2 employee or a 1099 contractor.

### **D. Primary Practice Location(s) (Section 4)**

This is the location(s) of the organization/group at which the individual practitioner will render services most of the time. The organization/group with said location(s) must be currently enrolled or enrolling in Medicare. *Per section 10.3, however, the supplier need not specifically designate a "primary" practice location in Section 4. The supplier need only list their practice locations.*

*When a group practice adds a new practice location, each physician/practitioner who reassigns to the group and wants to bill from this new location must have a new PTAN issued to him/her if the group is issued a new PTAN. (The group will only be issued a new PTAN if the new location is in a separate fee locality.) However, he/she need not sign the group's Form CMS-855R. The group can simply add the practice location, designate the existing active physicians/practitioners who will bill from this location, and sign the application.*

### **E. Contact Person Information (Section 5)**

(Regarding the optional contact person information in the Contact Person section of the Form CMS-855R, see section 10.6.9 of this chapter.)

(i) If this section is completely blank, the contractor need not develop for this information and can simply contact the party that submitted the form (e.g., the enrolling physician).

(ii) If a contact person is listed, any other missing data (e.g., address, e-mail) can be captured via telephone.

## 10.3.1.4.2 – Section 6 (Certification Statements and Signatures) - Form CMS-855R

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

### A. General Reassignment Signature Policies

#### 1. Format

*For paper applications*, valid signatures include handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options created in software, such as Adobe). *PECOS applications require an electronic signature*; the contractor may contact its PEOG BFL for questions regarding electronic signatures.

#### 2. Signatories

*i. Initial* - If an individual is initiating a reassignment, both he/she and the group's authorized or delegated official must sign the Certification Statements and Signatures section of the Form CMS-855R. If either of the two signatures is missing *on a paper application*, the contractor shall develop for it.

*ii. Termination* - If an individual (or group) is terminating a reassignment, either party may sign the Certification Statements and Signatures section of the Form CMS-855R; obtaining both signatures is not required. If no signatures are present *on a paper application*, the contractor shall develop for a signature.

*iii. Change* - For Form CMS-855R applications submitted to change and/or update the provider or supplier's Medicare enrollment data, the certification statement may be signed by either the physician/practitioner or the authorized or delegated official of the provider or supplier.

#### 3. Official On/Not on File

The authorized or delegated official who signs the Certification Statements and Signatures section of the Form CMS-855R must be currently on file with the contractor as such. If this is a new enrollment - with a joint submission of the Form(s) CMS-855A or CMS 855B, Form CMS-855I, and Form CMS-855R - the person must be listed on the Form CMS-855A or Form CMS-855B as an authorized or delegated official.

There may be situations where a Form CMS-855R is submitted and the reassignee is already enrolled in Medicare via the Form CMS-855B. However, the authorized official is not on file. In this case, the contractor shall develop for a Form(s) CMS-855A or CMS-855B change request that adds the new authorized official.

### B. Paper Submissions

A signed certification statement shall accompany the paper Form CMS-855R application. If an invalid certification statement is submitted or no certification statement is submitted at all, the contractor shall still proceed with processing the application. An appropriate certification statement shall be solicited as part of the development process – preferably via *the PCV*, e-mail, or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application; (d) missing; or (e) stamped. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the application if the

submitter fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall begin processing the application upon receipt and shall develop for missing certification statements and all other missing information.
- (ii) The certification statement may be returned via scanned email or fax.
- (iii) Signature dates cannot be more than 120 days prior to the receipt date of the application.
- (iv) For paper applications that require development, the dated signature of only one of the organization/group's authorized or delegated officials needs to be on the certification statement that must be sent in within 30 days; obtaining the signatures of the other authorized and delegated officials is not required.
- (v) If the certification statement is signed by an individual who is not on file with the contractor as being an authorized or delegated official of the reassignee, the contractor may accept the certification statement but shall develop for information on the person in question in accordance with this section 10.3.1.4.1.
- (vi) The contractor need not compare the signature thereon with the same supplier's or authorized/delegated official's signature on file to ensure that it is the same person. In addition, the contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

### C. PECOS Submissions

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall: *(i) begin processing the application upon receipt via PECOS; (ii) perform all required manual validations; and (iii) develop for any needed clarifying or missing information or documentation consistent with section 10.3 and all other applicable instructions in this chapter.*
- (ii) If an invalid certification statement is submitted, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via *the PCV*, e-mail, or fax. (This includes certification statements that are *signed by a person unauthorized to do so under 42 CFR Part 424, subpart P.*) The contractor shall send one development request to include a list of all of the data/documentation *to be furnished or clarified*, including, *as applicable*, the certification statement. The contractor may reject the application if the submitter fails to furnish *said data/documentation* within 30 calendar days from the date *of* the contractor's request.
- (iii) For PECOS applications that require development, *at least* one of the reassignee's authorized or delegated officials *must sign any* certification statement *that must accompany the supplier's response*. Obtaining the signatures of the other authorized and delegated officials is not required.
- (iv) For PECOS change of information applications - If the certification statement is signed by an individual who is not on file with the contractor as being an authorized or delegated official of the reassignee, the contractor may accept the certification statement but shall



develop for information on the person in question in accordance with this section 10.3.1.4.1 of this chapter.

(v) The contractor need not compare the submitted signature with that of the same individual's or authorized/delegated official's signature on file to ensure that it is the same person.

(vi) The contractor shall not request the submission of a driver's license or passport to verify a *person's* signature *or identity*.

#### **D. Certification Statement Development**

If the provider submits an invalid certification statement (*as described in subsections (B) and (C) above*), the contractor shall (*using the procedures outlined in this chapter*) develop for a correct certification statement and send a development letter to the provider.

Newly signed certification statements furnished per a development request must be submitted as follows:

(1) Paper applications - Via scanned email, fax, or mail. Only the actual signature page is required; the additional page containing the certification terms need not be submitted. This also applies to the initial submission of a certification statement; such instances require the submission of only the signature page and not the certification terms.

(2) PECOS applications – Via *electronic signature*.

#### **E. Privacy Statement**

The Privacy Act permits CMS to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." CMS will only release PECOS information that can be associated with an individual as provided for under Section III "Proposed Routine Use Disclosures of Data in the System." Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. To view the routine uses in their entirety, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/0532-PECOS.pdf>.

### **10.3.1.4.3 – Additional Form CMS-855R Policies and Processing Alternatives**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Inter-Jurisdictional Reassignments**

If a physician/NPP (reassignor) is reassigning his or her benefits to an entity (reassignee) located in another contractor jurisdiction (a permissible practice), the principles in this section 10.3.1.4.3(A) apply unless another CMS directive states otherwise.

1. The reassignor must be properly licensed or otherwise authorized to perform services in the state in which he/she has his/her practice location. The practice location can be an office or even the individual's home (for example, a physician interprets test results in his home for an independent diagnostic testing facility).

2. The reassignor need not – pursuant to the reassignment - enroll in the reassignee's contractor jurisdiction nor be licensed/authorized to practice in the reassignee's state. If the

reassignor will be performing services within the reassignee's state, the reassignor must enroll with the contractor for (and be licensed/authorized to practice in) that state.

3. The reassignee must enroll in the contractor jurisdictions in which (1) it has its own practice location(s), and (2) the reassignor has his or her practice location(s). In Case (2), the reassignee:

(i) Shall identify the reassignor's practice location as its practice location on its Form CMS-855B.

(ii) Shall select the practice location type as "Other health care facility" and specify "Telemedicine location" in the Practice Location Information of its Form CMS-855B.

(iii) Need not be licensed/authorized to perform services in the reassignor's state.

To illustrate, suppose Dr. Smith is located in Contractor Jurisdiction X and is reassigning his benefits to Jones Medical Group in Contractor Jurisdiction Y. Jones must enroll with X and with Y. Jones need not be licensed/authorized to perform services in Dr. Smith's state. However, in the Practice Location Information section of the Form CMS- 855B it submits to X, Jones must list Dr. Smith's location as its practice location.

## **B. Reassignment to CAHs**

Reassignment to a Part A provider or supplier might occur when: (1) a physician or practitioner reassigns benefits to a hospital, skilled nursing facility, or critical access hospital billing under Method II (CAH II); or (2) a nurse practitioner reassigning to a CAH II.

If the entity receiving the reassigned benefits is not a CAH II, it must enroll with the contractor via a Form CMS-855B, and the physician/practitioner reassigning benefits must complete and submit a Form CMS-855I and Form CMS-855R.

If the entity receiving the reassigned benefits is a CAH II, the entity need not complete a separate Form CMS-855B to receive reassigned benefits. The physician/practitioner can reassign benefits directly to the CAH II's Part A enrollment. The distinction between CAHs billing Method I vs. Method II only applies to outpatient services. It does not apply to inpatient services.

Under Method I:

- The CAH bills for facility services
- The physicians/practitioners bill separately for their professional services

Under Method II:

- The CAH bills for facility services
- If a physician/practitioner has reassigned his/her benefits to the CAH, the CAH bills for that particular physician's/practitioner's professional service
- If a CAH has elected Method II, the physician/practitioner need not reassign his/her benefits to the CAH. For those physicians/practitioners who do not reassign their benefits to the CAH, the CAH only bills for facility services and the physicians/practitioners separately bill for their professional services (similar to Method I).

Although physicians and non-physician practitioners are not required to reassign their benefits to a CAH that bills Method II, doing so allows them to participate in the Electronic Health Records (EHR) Incentive Program for Eligible Professionals (EPs).

In this scenario, the Form CMS-855I and Form CMS-855R shall be submitted to the Part B MAC and the Form CMS-855A submitted to the Part A MAC. The Part B MAC *is* responsible for reassigning the individual to the Part A entity.

The reassignment to the Part A entity shall only occur if the Form CMS-855A for the CAH II has been finalized. This can be determined by viewing PECOS to identify if an approved enrollment exists for the CAH II. If one does not, the Part B MAC shall return the Form CMS-855I and/or CMS-855R to the provider *on the ground that it is inapplicable to the transaction in question (i.e., the Form CMS-855A has not been finalized)*. If an enrollment record exists but is in an Approved Pending RO Review status, the Part B MAC shall contact the Part A MAC to determine if state/SOG Location (as applicable) approval has been received but not yet updated in PECOS prior to returning the applications.

### **C. Additional Policies and Processing Alternatives**

#### **1. Unsolicited Additional Information**

If the supplier submits *additional*/missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a supplier submits prior to the date the contractor finishes processing a previously submitted change request constitutes a separate change request rather than an update to the original change request. The contractor may process both changes simultaneously; *however*, the change that was submitted first shall be processed to completion prior to the second one being processed to completion.

#### **2. Information Disclosed Elsewhere**

If an application is submitted with a valid NPI and PTAN combination but (1) the LBN field is blank, (2) an incomplete or inaccurate LBN is submitted, or (3) the applicant includes a DBA name in the Organization/Group (or Individual) Receiving the Reassigned Benefits section of the Form CMS-855R - and the contractor is able to confirm the correct LBN based on the NPI-PTAN combination provided - the contractor need not develop.

The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the PTAN or NPI of the group/organization/individual that is receiving the reassigned benefits before developing with the supplier for existing individual practitioners only. If information is missing from the Form CMS-855R that cannot be verified in PECOS, the *shared* systems, or provider files, the contractor shall pursue development. (For example, group information is missing from the Form *CMS-855R*, is not included in the Form CMS-855I Business Information section, and cannot be verified elsewhere).

#### **3. Related Applications - Processing Related Form CMS-855R and Form CMS-855I Applications**

If a newly enrolling supplier is reassigning benefits, the supplier must submit the Form CMS-855I and the Form CMS-855R. When one or both of these forms requires the contractor to develop for information, the contractor may apply to both the Form CMS-855I and Form CMS-855R the receipt date of the first application that is submitted as complete (i.e. no further development is necessary).

#### 4. Related Applications - Processing Related Form CMS-855R and Form CMS-855B Applications

If a newly enrolling group is accepting reassignment of benefits from an existing practitioner, it must submit both the Form CMS-855B and the Form CMS-855R. When one or both of these forms requires the contractor to develop for information, the contractor may apply to both the Form CMS-855B and Form CMS-855R the receipt date of the first application that is submitted as complete (i.e., no further development is necessary).

### **10.3.1.5 – Form CMS-855O – Medicare Enrollment Application for Eligible Ordering *and* Certifying Physicians, and other Eligible Professionals** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

This form is used by physicians and other eligible professionals who wish to *enroll* in Medicare solely for the purpose of ordering and certifying the services/items described in *42 CFR § 424.507(a) and (b)*. These physicians and other eligible professionals do not and will not send claims to a contractor for the services they furnish. In addition, suppliers who have opted out of Medicare are not permitted to enroll via the Form CMS-855O for purposes of ordering or certifying.

*The physician/other eligible professional need not submit a Form CMS-460, a Form CMS-588, or an application fee with his or her Form CMS-855O.*

#### **10.3.1.5.1 – Sections 1 through 7 of the Form CMS-855O** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

##### **A. Basic Information (Section 1)**

In this section, the ordering or certifying individual indicates the reason for the application submittal. Unless otherwise stated in this chapter, in another CMS directive, *or as permitted by PECOS*, the ordering or certifying individual may only check one reason for submittal.

With the exception of the voluntary termination checkbox---*and except as stated in section 10.6.1.3 of this chapter*---any blank data/checkboxes in the Basic Information section can be verified via any means (e.g., e-mail, telephone, fax).

##### **B. Identifying Information (Section 2)**

###### 1. License/Certification/Registration Information

The extent to which the ordering or certifying individual must complete the licensure, certification, or accreditation information depends upon the individual's supplier type. Requirements will vary by supplier type and by location; for instance, some states may require a particular supplier type to be "certified" but not "licensed," or vice versa. In general, individuals will have licensure information to submit. However, a "License Not Applicable" check box is furnished for cases where a state does not require licensure or, for unlicensed residents, if the application submission includes either:

- (a)* A residency contract signed and dated by both an official of the institution and the resident physician; or
- (b)* A letter on institution letterhead signed and dated by an official of the institution that *(i)* confirms the applicant's status as a resident physician and *(ii)* contains, at a minimum, the applicant's name.

The only licenses that must be submitted with the application are those required by Medicare or the state to function as the ordering or certifying supplier type in question. Licenses and permits not of a medical nature are not required. In addition, cases might arise where the individual need not be *licensed* in a particular state *at all; however*, the contractor shall still ensure that the supplier meets all applicable state and Medicare requirements.

*If* the supplier is required to submit a copy of a particular professional or business license, certification, registration, or degree but fails to do so, the contractor need not obtain such documentation from the supplier if the contractor can verify the information independently. This can be done by: (1) reviewing and printing confirming pages from the applicable state, professional, or school web site; (2) requesting and receiving from the appropriate state, professional, or educational body written confirmation of the supplier's status therewith; or (3) utilizing another third-party verification source. Likewise, if the supplier submits a copy of the applicable license, certification, registration, or degree but fails to complete the applicable section of the form, the section need not be completed if the data in question can be verified on the license/certification itself or via any of the three mechanisms above.

## 2. Correspondence Address and Telephone Number

The correspondence address must be one *at which* the contractor can directly contact the applicant to resolve any issues once the supplier is enrolled in Medicare. It cannot be the address of a billing agency, management services organization, chain home office, or the supplier's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address. The contractor need not verify the correspondence address.

The applicant may list any telephone number he/she wishes as the correspondence phone number. The number need not link to the listed correspondence address. If the supplier fails to list a correspondence telephone number and the latter is required for the application submission, the contractor shall develop for this information – preferably via *the PCV*, e-mail, or fax. The contractor shall accept a particular phone number if it has no reason to suspect it does not belong to or is not somehow associated with the supplier. The contractor need not verify the telephone number.

## 3. E-mail Addresses

An e-mail address listed on the application can be a generic one. It need not be that of a specific individual. The contractor may accept a particular e-mail address if it has no reason to suspect it does not belong to or is not somehow associated with the supplier.

## 4. Drug Enforcement Agency (DEA)

DEA certificates need not be submitted if the applicable DEA information was furnished on the Form CMS-855. Likewise, if the aforementioned certificates are furnished but the applicable Form CMS-855 sections are blank, no further development is needed.

## C. Final Adverse Legal Actions/Convictions (Section 3)

See section 10.6.6 of this chapter for information regarding final adverse actions. *Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.6 (e.g., communicating with the provider via the PCV).*

## D. Medical Specialty Information (Section 4)

The contractor shall validate that any supplier identifying a primary specialty on the Form CMS-855O has the appropriate medical license. The contractor shall validate the license using the state's medical license website. If an active license is not found, the contractor shall develop via telephone, fax, *the PCV*, e-mail, or mail to confirm the supplier's intent and to obtain a copy of the license, if applicable.

#### **E. Important Address Information (Section 5)**

The address information furnished in the Important Address Information section of the Form CMS-855O helps the contractor contact the supplier directly, if necessary.

#### **F. Contact Person Information (Section 6)**

(See section 10.6.9 of this chapter for more information on contact persons. *Except as otherwise stated, the PECOS policies in section 10.3 above supersede those in section 10.6.9.*)

If Section 6 is completely blank, the contractor need not develop for this information and can simply contact the physician or practitioner.

There is no existing option on the Form CMS-855O form to delete a contact person. The contractor shall therefore accept end-dates of a contact person via phone, *the PCV*, e-mail, fax, or mail from the individual himself/herself or a current contact person on file. The contractor shall document in PECOS who requested the termination, how it was requested (email, phone or fax), and when it was requested. The addition of contact persons must still be reported via the Form CMS-855O.

#### **G. Penalties for Falsifying Information (Section 7)**

See the Penalties for Falsifying Information section of the Form CMS-855O for the penalties that apply to suppliers for deliberately furnishing false information on this application to gain or maintain Medicare enrollment.

### **10.3.1.5.2 – Section 8 (Certification Statement) - Form CMS-855O** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. General Policies**

The enrolling or enrolled physician or other eligible professional is the only person who can sign the Form CMS-855O. This person cannot delegate the authority to sign the Form CMS-855O on his/her behalf to any other individual. *This* applies to initial enrollments, changes of information, reactivations, voluntary withdrawals, etc. (Note: In the case of death, an executor of the estate may sign on behalf of the deceased supplier. This situation would only apply to change of information applications.)

*For paper applications, handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options created in software, such as Adobe) are acceptable. For web applications, electronic signatures are required; the contractor may contact its PEOG BFL for questions regarding electronic signatures.*

#### **B. Paper Applications**

A signed certification statement shall accompany the paper Form CMS-855O application. If the supplier submits an invalid certification statement or fails to submit any certification

statement at all, the contractor shall still proceed with processing the application. An appropriate certification statement shall be solicited as part of the development process – preferably via *the PCV*, e-mail, or fax. This includes certification statements that are: (a) unsigned; (b) undated; (c) signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (d) signed by someone other than the physician or practitioner (except as otherwise noted in this section 10.3.1.5.2); (e) missing; or (f) stamped. The contractor shall send one development request to include a list of all of the missing required data/documentation, including the certification statement. The contractor may reject the supplier’s application if the supplier fails to furnish the missing information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall begin processing the application upon receipt and shall develop for missing certification statements and all other missing information.
- (ii) The certification statement may be returned via scanned email or fax.
- (iii) Signature dates cannot be more than 120 days prior to the receipt date of the application.
- (iv) For paper applications that require development, the supplier’s dated signature must be on the certification statement that is to be submitted within 30 days.
- (v) For paper changes of information applications---*and except as stated in section 10.3.1.5.2(A)*--the contractor shall only accept a certification statement signed by the individual physician or practitioner.
- (vi) The contractor need not compare the Form CMS-855O signature with the same person’s signature on file to ensure it is the same individual.
- (vii) The contractor shall not request the submission of a driver’s license or passport to verify a person’s signature or identity.*

### **C. PECOS Submissions**

Unless stated otherwise in this chapter or in another CMS directive:

- (i) The contractor shall *(a) begin processing the application upon receipt via PECOS; (b) perform all required manual validations; and (c) develop for any needed clarifying or missing information or documentation consistent with section 10.3 and all other applicable instructions in this chapter.*
- (ii) If the supplier submits an invalid certification statement, the contractor shall treat this as missing information and develop for a correct certification statement – preferably via *the PCV*, e-mail, or fax. (This includes certification statements that are signed by someone other than the physician or practitioner who signed the form (except as otherwise noted in this section 10.3.1.5.2(A)). The contractor shall send one development request to include a list of all *of* data/documentation *to be furnished or clarified*, including, *as applicable*, the certification statement. The contractor may reject the supplier’s application if the supplier fails to furnish *said data/documentation* within 30 calendar days from the date of the contractor’s request.

(iii) For PECOS applications that require development, the supplier's dated signature must be on the certification statement to be sent in within 30 days.

(iv) For PECOS change of information applications, the contractor shall only accept a certification statement signed by the individual physician or practitioner.

(v) The contractor need not compare the Form CMS-855O signature with the same person's signature on file to ensure it is the same individual.

*(vi) The contractor shall not request the submission of a driver's license or passport to verify a person's signature or identity.*

#### **D. Certification Statement Development**

*Newly signed certification statements furnished per a development request must be submitted as follows:*

*(i) Paper applications -- Via scanned email, fax, or mail. Only the actual signature page is required; the provider need not submit the additional page containing the certification terms. (This also applies to the provider's initial submission of a certification statement. Such instances require the submission of only the signature page and not the certification terms.)*

*(ii) Web applications – Via electronic signature.*

#### **E. Privacy Statement**

The Privacy Act permits CMS to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The CMS will only release PECOS information that can be associated with an individual as provided for under Section III "Proposed Routine Use Disclosures of Data in the System." Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. To view the routine uses in their entirety go to: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/0532-PECOS.pdf>.

#### **10.3.1.5.3 – Form CMS-855O Initial Applications and Change Requests** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

*The contractor shall follow all applicable instructions in section 10.3 when processing Form CMS-855O initial applications and change requests.*

#### **A. Processing Initial Form CMS-855O Submissions**

##### ***1. Returns***

Section 10.4.1.4.2 of this chapter *(which reflects 42 CFR § 424.526)* outlines the reasons for which the contractor may immediately return a Form CMS-855O. If the contractor determines that one or more of these reasons applies, it may return the form in accordance with the instructions outlined in that section.

##### **2. Verification**



Unless stated otherwise in this chapter or in another CMS directive, the contractor shall *ensure that* all information on the Form CMS-855O *is verified*. This includes, but is not limited to:

- a. Verification of the individual's name, date of birth, social security number, and NPI.
- b. Verification that the individual meets the requirements for his/her supplier type.
- c. Verification that the individual is of a supplier type that can legally order or certify.
- d. Reviewing the Medicare Exclusion Database (MED) and System for Award Management (SAM) to ensure that the individual is not excluded or debarred. *(See section 10.6.6 of this chapter for additional adverse action verifications that may be required.)*

If, at any time during the verification process, the contractor needs additional or clarifying information from the physician/eligible professional, it shall follow existing CMS instructions for obtaining said data (e.g., sending a development letter). The information must be furnished to the contractor within 30 calendar days of the contractor's request.

### **3. Disposition**

Upon completion of its review of the form, the contractor shall approve, deny, or reject it.

#### **a. Denial**

Grounds for denial are as follows:

- i. The supplier is not of a type that is eligible to use the Form CMS-855O.
- ii. The supplier is not of a type that is eligible to order or certify items or services for Medicare beneficiaries.
- iii. The supplier does not meet the licensure, certification, or educational requirements for his or her supplier type.
- iv. The supplier is excluded per the MED and/or debarred per the SAM.

If the contractor believes that another ground for denial exists for a particular submission, it should contact its PEOG BFL for guidance.

#### **b. Rejection**

The Form CMS-855O may be rejected if the supplier fails to furnish all required information on the form within 30 calendar days of the contractor's request to do so. (This includes situations in which information was submitted but could not be verified.) The basis for rejection shall be 42 CFR § 424.525(a). (See section 4.1.4.3(A)(1) for more information on rejection bases.)

#### **c. Denial or Rejection – PECOS and Letters**

When denying or rejecting an initial Form CMS-855O, the contractor shall: (1) switch the PECOS record to a "denied" or "rejected" status (as applicable); and (2) send a letter to the supplier notifying him/her of the denial or rejection and the reason(s) for it. The letter shall follow the applicable letter formats described in section 10.7, et seq. Denial letters shall be

sent via certified mail. Rejection letters shall be sent by mail, *the PCV, or* e-mail. (NOTE: A denial triggers appeal rights. A rejection does not.)

#### d. Approval

If the Form CMS-855O is approved, the contractor shall: (1) switch the PECOS record to an “approved” status, and (2) send a letter (via mail, *the PCV, or* e-mail) to the supplier notifying him/her of the approval. The letter shall follow the applicable format outlined in section 10.7.3 of this chapter.

### **4. Miscellaneous Policies**

The contractor shall observe the following:

- a. The supplier shall be treated as a non-participating supplier (or “non-par”).
- b. If the supplier is employed by the DVA, the DOD, or the IHS, he/she – for purposes of the Form CMS-855O - need only be licensed or certified in one state. Said state need not be the one in which the DVA or DOD office is located.
- c. Nothing in this section 10.3.1.5.3(A) affects any existing CMS instructions regarding the processing of opt-out affidavits.
- d. Suppliers cannot submit an abbreviated version of the Form CMS-855I in lieu of the Form CMS-855O.
- e. Per 42 CFR § 424.522(b), the effective date of a Form CMS-855O enrollment shall be the date on which the contractor received the application if all other requirements are met.
- f. If the supplier’s Form CMS-855O has been approved and he/she later wants to obtain Medicare billing privileges, he or she must voluntarily withdraw his/her Form CMS-855O enrollment prior to receiving Medicare billing privileges. (The supplier must complete the Form CMS-855I in order to receive Medicare billing privileges.)

## **B. Processing Form CMS-855O Change of Information Requests**

### **1. Receipt**

Section 10.4.1.4.2 of this chapter outlines the reasons for which the contractor may immediately return a Form CMS-855O. If the contractor determines that one or more of these reasons applies, it may return the change request via the instructions outlined in that section.

Suppliers who are enrolled in Medicare via the Form CMS-855I may not report changes to their enrollment information via the Form CMS-855O. They must use the Form CMS-855I. Likewise, suppliers whose Form CMS-855O submissions have been approved must use the Form CMS-855O to report information changes; they cannot use the Form CMS-855I for this purpose.

### **2. Verification**

Unless stated otherwise in this chapter or in another CMS directive, the contractor shall verify the new information that the supplier furnished on the Form CMS-855O. (This includes checking the supplier against the MED and the SAM.) If, at any time during the verification process, the contractor needs additional or clarifying information, it shall follow

existing CMS instructions for obtaining said data (e.g., sending a developmental letter). The information must be furnished to the contractor within 30 calendar days of the contractor's request.

### **C. Disposition**

Upon completion of its review of the change request, the contractor shall approve, deny, or reject the submission. The principal ground for denial will be that the new information was furnished but could not be verified. If the contractor believes this is the case or if another ground for denial exists with respect to a particular submission, it should contact its PEOG BFL for guidance.

The change request may be rejected if the supplier failed to furnish all required information on the form within 30 calendar days of the contractor's request to do so. The basis for rejection shall be 42 CFR § 424.525(a). (See section 4.1.4.3(A)(1) for more information on rejection bases.)

When denying or rejecting the change request, the contractor shall: (1) switch the PECOS record to a "denied" or "rejected" status (as applicable); and (2) send a letter (via mail, *the PCV, or* e-mail) to the supplier notifying him/her of the denial or rejection and the reason(s) for it.

If the change request is approved, the contractor shall (1) switch the PECOS record to an "approved" status and (2) send a letter (via mail, *the PCV, or* e-mail) to the supplier notifying him/her of the approval.

### **D. Relocation**

Since the Form CMS-855O is a national enrollment, suppliers who relocate to another state need not disenroll in the current state and reenroll in the new state. The contractor that maintains the Form CMS-855O enrollment in PECOS is responsible for processing the change request, even if the supplier is relocating to a state outside of their jurisdiction. If any new licenses and/or certifications are obtained as a result of the supplier's relocation, the contractor shall ensure that the updated information is captured in the supplier's enrollment record.

This policy applies to any physician, non-physician practitioner, or resident who is enrolled via the Form CMS-855O.

## **10.3.1.5.4 – Form CMS-855O Processing Alternatives and Miscellaneous Policies**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

### **A. Processing Alternatives**

The alternatives *in this section 10.3.1.5.4(A)* are applicable to all sections of the Form CMS-855O, unless otherwise specified. *As stated in section 10.3, however, some of the application data elements and verification procedures that have previously been subject to a processing exception/alternative may no longer be so or are moot under PECOS 2.0. (See section 10.3 for a discussion of such data and procedures.) In such situations, the contractor shall disregard the exception/alternative and follow the instructions in sections 10.3 through 10.3.1.5.3.*

#### **1. General Alternatives**

(i) If blank, “Type of Other Name” and “Gender” can be captured orally.

(ii) If the contractor knows that a particular state does not require licensure/certification and the “Not Applicable” boxes are not checked in the Personal Identifying Information (License/Certification/Registration Information) section, no further development is needed.

(iii) When processing a non-physician practitioner’s (NPP) application, the contractor need not request a copy of the NPP’s degree or diploma (if it is not submitted) if his/her education can be verified through other authorized means. Requesting a copy of the degree or diploma should only be done if educational information cannot otherwise be verified.

## 2. Information Disclosed Elsewhere

If a data element on the Form CMS-855O application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855O page and a newly-signed certification statement; no further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855O, even if the data is identified elsewhere on the form or in the supporting documentation:

(i) *Except as otherwise stated in section 10.6.6 of this chapter, any final adverse action data requested in the Final Adverse Legal Actions section*

(ii) Legal names

(iii) Tax identification number (TIN)

(iv) NPI-legacy number combinations in the Identifying Information section (if applicable) (Note: The contractor may use the shared systems, PECOS, or its provider files as a resource to determine the PTAN or NPI before developing with the supplier.)

(v) Data in the Basic Information section

If the supporting documentation currently exists in the supplier’s file, the supplier need not submit that documentation again during the enrollment process. The contractor shall utilize the existing documentation for verification. Documentation submitted with a previously submitted enrollment application (or documentation currently uploaded in PECOS) qualifies as a processing alternative unless stated otherwise in this chapter or in another CMS directive. Also, the contractor shall document *in PECOS* that the missing information was found elsewhere in the enrollment package. (However, this excludes information that must be verified at the current point in time (i.e., a license without a primary source verification method)). In addition, the contractor shall not utilize information submitted along with opt-out applications for enrollment application processing or vice-versa.

## 3. City, State, and ZIP Code

If a particular address lacks a city or state, the contractor can verify the missing data in any manner it chooses. In addition, the contractor can obtain the zip + four from either the U.S. Postal Service or Delivery Point Validation in PECOS.

## 4. Sectional Processing Alternatives

The processing alternatives in this section 10.3.1.5.4 are in addition to, and not in lieu of, all other processing alternatives in section 10.3.1.5, et seq.

## **B. Unsolicited Additional Information**

If the supplier submits *additional*/missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a supplier submits prior to the date the contractor finishes processing a previously submitted change request *constitutes a separate change request rather than an update to the original change request*. The contractor may process both changes simultaneously; *however*, the change that was submitted first shall be processed to completion prior to the second one being processed to completion.

## **C. Conversion from Form CMS-8550 to Form CMS-855I – PECOS Requirements**

Internet-based PECOS permits an individual supplier to convert his/her current Form CMS-8550 application to a Form CMS-855I enrollment and vice versa. Such suppliers shall follow the current process for creating a new application. When PECOS detects existing approved enrollments, the supplier will be prompted to select from a list of those enrollments that will be used to pre-populate the information for the new application. The supplier must confirm that he/she wants to withdraw the existing enrollments before the new application may be submitted.

The enrollments to be withdrawn are displayed in a new section of the ADR in PECOS Administrative Interface (AI). The contractor shall review this information and take the appropriate action to voluntarily withdraw the enrollments listed. The contractor shall begin processing the Form CMS-855I enrollment but leave it in “In Review” status while withdrawing the other enrollments. (*For paper applications, a logging and tracking (L&T) submittal reason of Voluntary Termination shall be used to withdraw the Form CMS-8550 enrollment.*) The effective date of the withdrawn enrollments shall be one day prior to the effective date of the Form CMS-855I enrollment. If the Form CMS-8550 enrollment requiring withdrawal is outside of the contractor’s jurisdiction, the contractor shall notify the other contractor via *the PCV or* email using the “Associate Profile Contact List,” stating that the enrollment needs to be voluntarily withdrawn. The second contractor shall take action based on the email and *retain* the email as documentation.

If the supplier submits a paper Form CMS-855I and a current Form CMS-8550 enrollment exists within the contractor jurisdiction, the contractor shall voluntarily withdraw the Form CMS-8550 enrollment. If the current Form CMS-8550 enrollment is outside of the contractor’s jurisdiction, the contractor shall notify the other contractor via *the PCV or* e-mail (using the “Associate Profile Contact List”) that the enrollment needs to be voluntary withdrawn. The second contractor shall take action based on the email and *retain* the email as documentation.

If the supplier submits a paper Form CMS-8550 to voluntarily withdraw his/her enrollment as well as a paper Form CMS-855I to begin billing Medicare, the contractor shall not contact the supplier to confirm the submissions unless the contractor has reason to believe that what was submitted was not the supplier’s intention. If it is determined that the supplier submitted applications to convert his/her existing Form CMS-8550 enrollment into a Form CMS-855I enrollment in error (either via paper or PECOS), the contractor shall return the application (thus returning the enrollment record back to its previous state) because it is not needed and/or is inapplicable to the situation.

## **G. Form CMS-8550 Processing Guide**

Go to <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019033.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending> to view the CMS-855O Processing Guide, which constitutes a general Form CMS-855O processing guide for suppliers and contractors. The procedures described in the Guide, which include processing alternatives and processing instructions for the Form CMS-855O, take precedence over all other instructions in this chapter concerning the processing of Form CMS-855O applications.

### **10.3.1.5.5 – Form CMS-855O Revocations**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

If the contractor determines that grounds exist for revoking the supplier’s Form CMS-855O enrollment, it shall:

- (i) Switch the supplier’s PECOS record to a “revoked” status
- (ii) End-date the PECOS record
- (iii) Send a letter via certified mail to the supplier stating that his/her Form CMS-855O enrollment has been revoked. The letter shall follow the format outlined in section 10.7.8 of this chapter.

Grounds for revoking the supplier’s Form CMS-855O enrollment are as follows:

- (i) The supplier is no longer of a type that is eligible to order or certify
- (ii) The supplier no longer meets the licensure, certification, or educational requirements for his or her supplier type
- (iii) The supplier is excluded per the MED and/or debarred per the SAM

For purposes of the Form CMS-855O only, the term “revocation” effectively means that:

- (i) The supplier may no longer order or certify Medicare services based on his/her having completed the Form CMS-855O process.
- (ii) If the supplier wishes to submit another Form CMS-855O, he/she must do so as an initial applicant.

There are appeal rights associated with the revocation of a supplier’s Form CMS-855O enrollment.

### **10.3.1.6 – Form CMS-855S – Medicare Enrollment Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

This application should be completed by DMEPOS suppliers. .

(Note that the Form CMS-855S section numbers in PECOS may not correspond precisely to those on the paper Form CMS-855S.)

#### **10.3.1.6.1 – Sections 1 through 13 – Form CMS-855S**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

## **A. Basic Information (Section 1)**

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter, in another CMS directive, *or as permitted by PECOS*, the supplier may only check one reason for submittal. Additionally, the supplier will identify its business and business location in this section.

## **B. Identifying Information (Section 2)**

1. Locations and Addresses - Except for locations used only as warehouse and/or repair facilities, *the* supplier must submit a completed Form CMS-855S application for each physical location. Each address must be a street address as recorded by the USPS, and P.O. boxes will not be accepted.

2. Hours – *The* supplier must list their posted hours of operation as displayed at the aforementioned business location. Unless otherwise stated in this chapter or in another CMS directive, the supplier shall have a minimum of 30 hours of operation per week.

3. Unavoidable Phone Number or Address Changes – Unless CMS specifies otherwise, any change in the supplier’s phone number or address that the supplier did not cause (e.g., area code change, municipality renames the supplier’s street) must still be updated via the Form CMS-855S.

See section 10.2.5 of this chapter for information on accreditation requirements.

## **C. *Final Adverse Legal Actions* (Section 3)**

*See section 10.6.6 of this chapter for information regarding final adverse actions. Except as otherwise stated, the PECOS policies in section 10.3 supersede those in section 10.6.6 (e.g., communicating with the supplier via the PCV).*

## **D. Important Address Information (Section 4)**

See the Important Address Information section of the Form CMS-855S for more background on this matter.

## **E. *Ownership Interest and/or Managing Control Information* (Organizations) (Section 5)**

*See section 10.6.7 et seq. of this chapter for information concerning owning and managing organizations.*

## **F. *Ownership Interest and/or Managing Control Information* (Individuals) (Section 6)**

*See section 10.6.7 et seq. of this chapter for information concerning owning and managing individuals.*

## **G. *Comprehensive Liability Insurance Information and Surety Bond Information* (Section 7)**

See section 10.2.5 of this chapter for *information regarding comprehensive liability insurance and surety bond information.*

## **H. *Billing Agency Information* (Section 8)**

(See section 10.6.8 of this chapter for more information on billing agencies. *Except as otherwise stated, the PECOS policies in section 10.3 above supersede those in section 10.6.8.*)

If the telephone number in the Billing Agency Information section is blank, the number can be verified with the supplier by telephone, *the PCV*, e-mail, or fax. If the entire section is blank (including the check box), no additional development is necessary.

### **I. Supporting Documents (Section 12)**

See the Supporting Documents section of the Form CMS-855S for information concerning supporting documents.

### **J. Contact Person Information (Section 13)**

If this section is completely blank, the contractor need not develop for this information and can simply contact an authorized or delegated official.

If neither box is checked but the contact person information is incomplete (e.g., no telephone number listed), the contractor can either: (1) develop for this information by telephone, *the PCV*, e-mail, or fax; or (2) contact an authorized or delegated official.

There is no existing option on the Form CMS-855S to delete a contact person. The contractor shall therefore accept end-dates of a contact person via *telephone, the PCV*, e-mail, fax, or mail from the individual supplier, the authorized or delegated official, or a current contact person on file. The contractor shall document in PECOS who requested the termination, how it was requested (email, phone or fax), and when it was requested. The addition of contact persons must still be reported via the appropriate Form CMS-855S.

See section 10.6.9 of this chapter for more information on contact persons. *Except as otherwise stated, the PECOS policies in section 10.3 above supersede those in section 10.6.9.*

### **K. Penalties for Falsifying Information (Section 14)**

See the Penalties for Falsifying Information section of the Form CMS-855S for an explanation of penalties that apply to suppliers for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

## **10.3.1.6.2 – Authorized and Delegated Officials – Form CMS-855S** *(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

### **A. General Requirement**

For Form CMS-855S initial applications, the certification statement must be signed and dated by an authorized official of the supplier. (See section 10.1.1 for a definition of “authorized official” and section 10.3.1.1.11 *for detailed information on authorized officials.*) For Form CMS-855S applications to change, update, and/or revalidate the supplier’s Medicare enrollment data, the certification statement may be signed and dated by an authorized or delegated official of the supplier.

*For paper applications, handwritten (wet) signatures in ink and digital/electronic signatures (digital or electronic signatures such as those created by digital signature options created in software, such as Adobe) are acceptable. For web applications, electronic signatures are*



*required; the contractor may contact its PEOG BFL for questions regarding electronic signatures.*

## **B. Qualifications**

### *1. Authorized Officials*

*See section 10.3.1.1.11 for information regarding the requirements to be an authorized official.*

### *2. Delegated Officials*

A delegated official is an individual to whom an authorized official delegates the authority to report changes and updates to the supplier's enrollment record or to sign revalidation applications. The delegated official's signature binds the organization both legally and financially, as if the signature was that of the authorized official. Before the delegation of authority is established, the only acceptable signature on the enrollment application to report updates or changes to the enrollment information is that of the authorized official currently on file with Medicare.

The delegated official must be an individual with an "ownership or control interest" in (as that term is defined in §1124(a)(3) of the Social Security Act) or be a W-2 managing employee of the supplier. Section 1124(a)(3) defines an individual with an ownership or control interest as:

- (i) A five percent direct or indirect owner of the supplier,
- (ii) An officer or director of the supplier (if the supplier is a corporation), or
- (iii) Someone with a partnership interest in the supplier if the supplier is a partnership

The delegated official must be a delegated official of the supplier, not of an owning organization, parent company, chain home office, or management company. One cannot use his/her status as a W-2 managing employee of the supplier's parent company, management company, or chain home office as a basis for his/her role as the supplier's delegated official.

*Section 6* (Ownership Interest and/or Managing Control Information) of the Form CMS-855S must be completed for all delegated officials.

A delegated official has no authority to sign an initial application. However, as explained above, *a* delegated official may (i) sign a revalidation application *or change request* and (ii) sign off on changes/updates submitted in response to a contractor's request to clarify or submit information needed to continue processing the supplier's initial application.

Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the supplier's Medicare data or to sign revalidation applications.

For purposes of the Delegated Officials information captured in the Individual Ownership Interest and/or Managing Control Information section only, the term "managing employee" means any individual--including a general manager, business manager, or administrator--who exercises operational or managerial control over the supplier, or who conducts the day-to-day operations of the supplier. However, this does not include persons who, either under contract or through some other arrangement, manage the day-to-day operations of the supplier but who are not actual W-2 employees. For instance, suppose the supplier hires Joe Smith as an

independent contractor to run its day-to-day-operations. Under the definition of "managing employee" in the Individual Ownership and/or Managing Control section of the Form CMS-855S, Smith would have to be listed in that section. Yet Smith cannot be a delegated official because he is not an actual W-2 employee of the supplier. Independent contractors are not considered "managing employees" *for purposes of qualifying as a delegated official.*

2. W-2 Form - Unless the contractor requests it to do so, the supplier need not submit a copy of the owning/managing individual's W-2 to verify an employment relationship.

3. Number of Delegated Officials - The supplier can have as many delegated officials as it chooses. Conversely, the supplier *need not* have any delegated officials. Should no delegated officials be listed, however, the authorized official(s) remains the only individual(s) who can report changes and/or updates to the supplier's enrollment data.

4. Effective Date - The *delegated official's* effective date in PECOS should be the effective date listed in the Delegated Officials section or the receipt date of the Form CMS-855S application.

5. Social Security Number - To be a delegated official, the person must have and must submit his/her social security number (SSN). An Individual Taxpayer Identification Number (ITIN) cannot be used in lieu of an SSN in this regard.

6. Deletion of a Delegated Official - If a delegated official is being deleted, documentation verifying that the person no longer is or qualifies as a delegated official is not required. Also, the signature of the deleted official is not needed.

7. Delegated Official Not on File - If the supplier submits a change of information (e.g., change of address) and the delegated official signing the form is not on file, the contractor shall ensure that: (1) the person meets the definition of a delegated official; (2) Section 6 of the Form CMS-855S is completed for that person; and (3) an authorized official signs off on the addition of the delegated official. (NOTE: The original change request and the addition of the new official shall be treated as a single change request (i.e., one change request encompassing two different actions) for purposes of enrollment processing and reporting.)

#### 8. Signature on Paper Application

If the supplier submits a paper Form CMS-855S change request, the contractor may accept the signature of a delegated official in the Assignment of Delegated Officials or Authorized Official Certification Statement and Signature sections of the Form CMS-855S.

In addition, the Delegated Official's telephone number can be left blank. No further development is needed.

### **C. Privacy Statement**

The Privacy Act permits CMS to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The CMS will only release PECOS information that can be associated with an individual as provided for under Section III "Proposed Routine Use Disclosures of Data in the System." Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. To view the routine uses in their entirety go to: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/0532-PECOS.pdf>.

### **10.3.1.6.3 – Additional Processing Information and Alternatives for Form CMS-855S**

*(Rev. 11839; Issued: 02-09-23; Effective: 04-21-23; Implementation: 06-19-23)*

#### **A. Unsolicited Additional Information**

If the supplier submits missing/clarifying data or documentation on its own volition (i.e., without being contacted by the contractor), the contractor shall include this additional data/documentation in its overall application review. Any new or changed information that a supplier submits prior to the date the contractor finishes processing a previously submitted change request is no longer considered to be an update to that change request. Rather, it is considered to be and shall be processed as a separate change request. The contractor may process both changes simultaneously, but the change that was submitted first shall be processed to completion prior to the second one being processed to completion.

#### **B. Information Disclosed Elsewhere**

If a data element on the supplier's Form CMS-855S application is missing but the information is disclosed (1) elsewhere on the application or (2) in the supporting documentation submitted with the application, the contractor need not obtain the missing data via an updated Form CMS-855S page and a newly-signed certification statement. No further development – not even by telephone – is required. The following information, however, must be furnished in the appropriate section(s) of the Form CMS-855S, even if the data is identified elsewhere on the form or in the supporting documentation:

(i) *Except as otherwise stated in section 10.6.6 of this chapter, any final adverse action data requested in the Final Adverse Legal Actions section and in the Final Adverse Legal Action History of the Organizational and Individual Ownership and/or Managing Control sections of the Form CMS-855S*

(ii) Tax identification numbers (TIN)

(iii) Supplier type in the Products/Accreditation Information section of the Form CMS-855S

If the supporting documentation currently exists in the supplier's file, the supplier is not required to submit that documentation again during the enrollment process. The contractor shall utilize the existing documentation for verification. Documentation submitted with a previously submitted enrollment application (or documentation currently uploaded in PECOS) qualifies as a processing alternative, unless stated otherwise in this chapter or another CMS directive. Also, , the contractor shall document *in PECOS* that the missing information was found elsewhere in the enrollment package. (This excludes information that must be verified at the current point in time (i.e., a license without a primary source verification method).) *In addition*, the contractor shall not utilize information submitted along with opt-out applications for enrollment application processing or vice-versa.