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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-08 Medicare Program Integrity | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 896 | Date: August 30, 2019 |
| | Change Request 11325 |

SUBJECT: Updates to Provider Enrollment Processing Instructions in Chapter 15 of Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide application processing updates to the instructions to the A/B Medicare Administrative Contractors (MACs) Part B.

EFFECTIVE DATE: October 1, 2019

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

IMPLEMENTATION DATE: October 1, 2019

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.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| R | 15/15.7/15.7.1.2/Receipt/Review of Internet-Based PECOS Applications |
| R | 15/15.7/15.7.1.4.1/Paper Applications |
| R | 15/15.7/15.7.1.4.2/Internet-Based PECOS Applications |
| R | 15/15.7/15.7.1.4.3/General Principles – Paper and Internet-Based PECOS Applications |
| R | 15/15.7/15.7.1.5/Receiving Missing/Clarifying Data/Documentation |
| R | 15/15.7/15.7.9.4/Disposition of Registration Applications |
| R | 15/15.8/15.8.1>Returns |
| R | 15/15.8/15.8.2/Rejections |

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: 896 | Date: August 30, 2019 | Change Request: 11325 |
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EFFECTIVE DATE: October 1, 2019

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IMPLEMENTATION DATE: October 1, 2019

I. GENERAL INFORMATION

A. Background: This CR will update the general information for provider enrollment regarding rejecting applications (electronic and paper) following non-response to a development request and reasons for returning applications in chapter 15 of Pub. 100-08.

B. Policy: There are no legislative or regulatory policies associated with this CR.

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 | |
| 11325.1 | Contractors should reject a provider or supplier's application if the provider/supplier fails to furnish any missing documentation or application corrections 30 days from the date the MAC sent the request. | X | X | X | | | | | | NSC |
| 11325.2 | Contractors shall follow instructions for returning an application if a provider or supplier requests that their application be withdrawn prior to or during processing. | X | X | X | | | | | | NSC |
| 11325.3 | Contractors shall follow instructions for returning an application if a provider or supplier submits an application that is an exact duplicate of an application currently in process or previously processed. | X | X | X | | | | | | NSC |
| 11325.4 | Contractors shall no longer reject any outdated application | X | X | X | | | | | | NSC |

| Number | Requirement | Responsibility | | | | | | | | |
|-----------|--|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | form. | | | | | | | | | |
| 11325.4.1 | Contractors shall return all outdated application forms. | X | X | X | | | | | | NSC |

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): Andrew Stouder, 410-786-0222 or Andrew.Stouder@cms.hhs.gov , Michael Gooden, 410-786-1500 or Michael.Gooden@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 15 - Medicare Enrollment

Table of Contents
(Rev. 896; Issued: 08-30-19)

15.7.1.2 – Receipt/Review of Internet-Based PECOS Applications

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

A. Background

1. The provider *shall* submit their certification statement via e-signature or PECOS upload to their contractor. See section 15.5.14.4 for further instructions on certification statement submissions.

2. Switch to “In Review” and Application Returns

If the provider fails to submit or has submitted an invalid certification statement, the contractor shall still proceed with processing the application. An appropriate certification statement shall be solicited as part of the development process. If the certification statement was a) unsigned; (b) undated; (c) was signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (d) for paper Form CMS-855I and Form CMS-855O submissions, someone other than the physician or non-physician practitioner signed the form, except as noted in section 15.5.14.1; (e) missing certification statements, 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. If the provider fails to furnish the missing information on the enrollment application, including all necessary documentation, the contractor shall reject the provider’s application, if the conditions for rejection exist per section 15.8.2.*

In order to develop for missing certification statements, MACs shall enter the current date in the Logging and Tracking number certification statement field in the PECOS if the certification statement date is missing.

Once the above step is complete, the contractor shall: (1) enter the date of signature in the “Certification Date” box in the logging & tracking (L & T) record, and (2) change the L & T status to “In Review.”

If the contractor can determine (without having yet begun processing the application) that an application can be returned under section 15.8.1 of this chapter (e.g., Form CMS-855I was submitted more than 60 days prior to the effective date), the contractor *shall* return the application without waiting for the arrival of the certification statement.

B. Processing of Application

After tasks (1) and (2) above have been completed, the contractor shall begin processing the application. Subject to the processing alternatives in sections through 15.7.1.3.4, processing includes (but is not limited to):

- Ensuring that all required data elements on the application have been completed and that all required supporting documentation has been submitted (either via paper or the Digital Data Repository (DDR))
- Validating all data on and submitted with the application, provided that a data source is available

15.7.1.4.1 – Paper Applications

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

If (1) the provider submits an application with at least one missing required data element, (2) the provider fails to submit at least one required document, (3) submits an invalid certification statement, or (4) the contractor determines that clarification is needed regarding certain information (e.g., particular data cannot be verified or there are data inconsistencies), the contractor shall send a development letter to the provider –

preferably via email or fax - that contains, at a minimum, the applicable elements in (a) through (f) below. (See section 15.24 et seq. for model letters.)

(a) A list of all of the missing required data/documentation, an explanation of the certification statement's deficiencies, and/or the issues/information to be clarified.

(b) A request that the provider submits the missing data/documentation, clarification, and/or revised certification statement within 30 calendar days *of the date of the request, as noted in the section 15.8.2 and in the examples found in section 15.7.1.5.*

(c) Unless the only data that is missing is documentation, a request that the provider submit an appropriately signed and dated certification statement, which will cover both the submission of any missing data as well as any deficiencies associated with the original certification statement. The certification statement *should* be submitted by the provider via scanned email, fax or mail.

(A new certification statement is not required if the only missing material is documentation or if the clarification to be provided does not require any changes to the provider's Form-855 or Form CMS-20134 application.)

(d) If missing data is involved, the CMS Web site at which the CMS-855 forms and Form CMS-20134 can be found. The contractor shall instruct the provider to (1) print out the page(s) containing the missing data; (2) enter the data on the blank page; (3) sign and date a new, blank certification statement; and (4) send it to the contractor. (As an alternative, the contractor can fax the blank page(s) and certification statement to the provider.) The provider need not furnish its initials next to the data element(s) in question.

(Step (d) is not needed if the only missing material is documentation.)

(e) An email address, fax number, and mailing address to which the missing/clarifying data/documentation/correct certification statement can be sent to the contractor.

(f) The name, phone number, and email address of a contact person at the contractor site.

15.7.1.4.2 – Internet-Based PECOS Applications

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

If the contractor determines that (1) required data/documentation are missing, (2) clarification is needed (e.g., certain data cannot be verified), and/or (3) the certification statement is invalid, the contractor *should* – after switching the L & T status to “Returned for Corrections” - send an email (via PECOS Internet) to the provider containing:

(a) A list of all missing data/documentation, information to be clarified, and/or certification statement issues;

(b) A request that the provider submit the data/materials in question within 30 calendar days *of the date of the request, as noted in the section 15.8.2 and in the examples found in section 15.7.1.5;* and

(c) The name, phone number, and email address of a contact person at the contractor site.

15.7.1.4.3 – General Principles – Paper and Internet-Based PECOS Applications

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

When requesting missing/clarifying information/documentation and/or or requesting a valid certification statement, the contractor shall adhere to the following:

A. Only One Request Needed – This is the only request the contractor must make. The contractor should, of course, respond to any of the provider's telephone calls, emails, etc., resulting from the request. Yet the

contractor need not – on its own volition – make an additional request unless the contractor uncovers missing data (or data that must be clarified) that it failed to detect prior to sending the original development letter.

To the extent possible, the contractor should avoid contacting the provider for missing/clarifying data/documentation until it has attempted to validate all of the data on the application. This will obviate the need to contact the provider each time the contractor discovers an issue.

B. Commencement of Timeframe – The 30-day clock referred to above commences *on the day* the contractor, as applicable: (1) mails, faxes, or emails the letter/request, or (2) sends the aforementioned Internet-based PECOS email.

C. Telephonic Requests

Unless otherwise stated in this chapter or in another CMS directive, telephonic requests for missing/clarifying data/documentation are generally not permitted for paper or Internet-based PECOS applications; it is important that requests for information or clarification be formalized in writing. However, in cases where CMS permits telephonic requests for such data, the contractor shall adhere to the following:

- A telephonic request is made when the contractor: (1) speaks with an appropriate provider official, or (2) leaves a message either with an appropriate official's staff (e.g., his/her executive assistant) or with an appropriate official's voice mail service. In situation (2), the contractor shall leave the name, telephone number, and email address of an appropriate individual at the contractor site who the official can contact; otherwise, the contact does not qualify as a legitimate request for clarification.
- When leaving a message, the contractor shall also state that the requested data/clarification must be furnished within 30 days.
- Telephone requests shall be made on weekdays between 9 am and 5 pm of the provider's time zone.
- The 30-day clock begins on the date (1) of the telephone conversation with the appropriate official, or (2) the message is left.

D. Inability to Contact Provider - If the contractor cannot, for the reasons listed below, communicate with the provider to request information/documentation, it shall attempt one alternative means of communication:

- The mailed letter is returned because the provider is not at that address
- The contractor cannot email the letter to the provider because of issues with the recipient's email system.
- The provider's fax number is repeatedly busy

If an alternative communication also cannot be completed for one of the above reasons, the contractor need not make another attempt to obtain the data and *should* reject the application once the applicable 30-day period expires. However, it is strongly advised that the contractor make a third attempt to contact the provider prior to taking this step, especially if it appears that the provider is otherwise acting in good faith. (The contractor shall document each attempt to contact the provider.)

(With respect to email, an alternative communication includes sending an email to another listed contact person, delegated official, or authorized official.)

15.7.1.5 – Receiving Missing/Clarifying Data/Documentation

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

The procedures in this section 15.7.1.5 are subject to the processing alternatives identified in sections 15.7.1.3.1 through 15.7.1.3.4 of this chapter.

A. Requirement to Furnish All Missing/Clarifying Material

The provider must furnish all missing/clarifying data/documentation requested by the contractor within the 30-day timeframe. Whether the provider furnished all the information is a decision resting solely with the contractor. Should the provider furnish some (but not all) of the requested data/clarification within the specified time period, the contractor need not contact the provider again to request the remaining information. For instance, suppose the contractor requested missing data in sections 3, 4, and 5 of the Form CMS-855A. The provider only furnished the section 3 data. The contractor *should* reject the application without attempting another contact, *per section 15.8.2*.

For Internet-based PECOS applications, the provider shall upload its paper certification statement.

B. Format of Furnishing Missing Data

1. Paper Applications

Unless stated otherwise in this chapter or in another CMS directive, the provider shall: (1) provide the missing/clarification information (excluding documentation) on the applicable Form CMS-855 or Form CMS-20134 page(s) and (2) submit the missing material via mail, fax, or scanned email. A newly signed and dated certification statement must accompany the Form CMS-855 or Form CMS-20134 page(s) containing the missing data – unless the only missing information is supporting documentation, in which case no new certification statement is needed. The certification statement *should* be submitted by the provider via scanned email, fax or mail along with the missing information.

2. Internet-Based PECOS Applications

Unless stated otherwise in this chapter or in another CMS directive, the provider *should* (1) submit the missing information by entering it into PECOS, (2) submit the missing documentation via fax, email, mail, or the Digital Data Repository (DDR), and/or (3) submit the certification statement via PECOS upload or e-signature. (The provider *should* submit the missing data via the applicable paper Form CMS-855 or Form CMS-20134 pages if it submitted its application via Internet-based PECOS). The certification statement *should* be submitted by the provider via scanned email *or fax along* with the missing information.

C. Format of Clarifying Data

In cases where clarifying (as opposed to missing) information is requested, the contractor *should* accept the clarification by email, fax, or letter. If the provider furnishes the clarification via telephone, the contractor shall – unless another CMS directive states otherwise - request that the provider furnish said clarification in writing (preferably via email).

If the provided clarification ultimately requires the provider to change or alter data that must be reported on the paper or Web Form CMS-855 or Form CMS-20134, the contractor shall instruct the provider via a follow-up email or fax to submit the revised data on the applicable Form CMS-855 or Form CMS-20134 page or via Internet-based PECOS and to furnish a new certification statement. The provider must submit the revised data and new certification statement within 30 days of the date of the original request for clarification (rather than 30 days from the date of the follow-up request to

provide the data via the Form CMS-855 or Form CMS-20134). The certification statement *should* be submitted by the provider via scanned email or fax along with the missing information.

Consider the following illustrations:

EXAMPLE 1: The contractor notifies the provider via an emailed letter on March 1 of a discrepancy regarding its ownership information on the Form CMS-855A. The provider emails the contractor on March 3 and explains the discrepancy. Based on this email, the contractor determines that the provider must correct its ownership data in section 5 of its Form CMS-855A. The contractor sends a follow-up email to the provider on March 7 instructing the provider to do so. The provider must submit the revised data on the Form CMS-855 (with a new certification statement) by March 31 (*which is 30 days from the date of the original request*, not April 6, or 30 days from the date of the follow-up email).

EXAMPLE 2: The contractor notifies the provider via emailed letter on March 1 of a discrepancy regarding its ownership information on the Form CMS-855A. The provider telephones the contractor on March 6 and explains the discrepancy to the contractor's satisfaction. Although the discrepancy does not require the provider to make any revisions to its Form CMS-855A, the contractor shall request that the provider furnish its explanation in writing no later than 30 days from its March 1 email (or March 31, *which is 30 days from the date of the original request*), not 30 days from the date of its March 6 request for the written explanation.

EXAMPLE 3: The contractor notifies the provider via emailed letter on March 1 of a discrepancy regarding its ownership information on its paper Form CMS-855A. Determining (based on the contractor's email) that the ownership information it provided was incorrect, it submits a revised section 5 of its Form CMS-855A to the contractor with a new certification statement but without any accompanying explanation of the change (e.g., no accompanying letter or email). The contractor receives the revised section 5 on March 12. If the contractor determines that the discrepancy has been resolved via the revised submission, it is not required to contact the provider for an accompanying written explanation. (This is because the clarification was furnished in writing via the CMS-855 itself.) If, however, the contractor would like a written explanation or otherwise needs clarification about the submission, it *should* request that a written explanation be submitted no later than March 31 (*which is 30 days from the date of the original request*).

D. Maintenance of Received Material

The contractor shall maintain all missing/clarifying information or documentation received (including new certification statements) in the provider file. Storage can be electronic or via hard copy, but it must be in an otherwise easily accessible format.

15.7.9.4 – Disposition of Registration Applications

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

A. Approval

If the contractor determines that the IPP entity meets all necessary requirements, it shall send an e-mail to its CMS Provider Enrollment & Oversight Group Business Function Lead (PEOG BFL) that contains: (1) the entity's legal business name, "doing business as" name (if applicable) and HPID or OEID; (2) a draft approval letter patterned after the applicable model letter in section 15.7.9.7; and (3) any issues the contractor encountered in its review. The PEOG BFL will review the matter and advise the contractor as to how to proceed.

If PEOG authorizes the approval, the contractor shall (1) switch the Provider Enrollment, Chain and Ownership System (PECOS) record to "Approved," (2) establish an effective date that is the date on which the contractor approved the application, (3) assign a Provider Transaction Access Number (PTAN) or

National Supplier Clearinghouse number (as applicable), and (4) send the approval letter via regular mail or e-mail to the entity no later than 3 business days after the contractor received authorization of the approval from PEOG.

After the entity is registered, the contractor (consistent with § 424.66(a)(5)) *should* request additional information in order to confirm the entity's continued compliance with 42 CFR §424.66.

B. Denial

If the contractor determines that the entity does not meet all necessary requirements, it shall send an e-mail to its PEOG BFL that contains: (1) the entity's legal business name, "doing business as" name (if applicable), and HPID or OEID; (2) a draft denial letter patterned after the applicable model letter in section 15.7.9.7; and (3) the contractor's rationale for proposing to deny the application. The PEOG BFL will review the matter and advise the contractor as to how to proceed.

Grounds for denial include, but are not limited to, the following:

(1) The entity does not comply with all applicable registration requirements.

(2) The entity does not satisfy all of the requirements described in 42 CFR §424.66. (The contractor can contact its PEOG BFL for assistance on this issue.)

(3) The entity or any of its 5 percent or greater direct or indirect owners, managing employees, corporate officers, or corporate directors - or any entity or individual with a general partnership interest or a 10 percent or greater limited partnership interest in the entity - is excluded or debarred per the Medicare Exclusion Database (MED) and the SAM.

If the contractor believes that any other ground for denial exists, it shall include this in its e-mail to its PEOG BFL.

If PEOG authorizes the denial, the contractor shall (1) switch the PECOS record to "Denied," and (2) send the denial letter via certified mail to the entity no later than 3 business days after the contractor received authorization of the denial from PEOG.

As indicated in the model denial letter in section 15.7.9.7, an entity *should* appeal the denial of its IPP registration application. Although IPP entities are neither providers nor suppliers, the procedures in sections 15.25.2 through 15.25.2.3 of this chapter shall apply to IPP appeals.

C. Rejection

The Form CMS-855 shall be rejected if (1) the entity fails to furnish all required information on the form within 30 calendar days of the contractor's request to do so (*of the date of the request, as noted in section 15.8.2 and the examples found in section 15.7.1.5*), or (2) the entity fails to timely submit new or corrected information in the scenarios described in section 15.8.2 of this chapter. (This includes situations in which information was submitted, but could not be verified.) The basis for rejection shall be 42 CFR §424.525(a). The rejection letter shall follow the format of the applicable letter in section 15.7.9.7 and shall be sent via regular mail no later than 5 business days after the contractor determines that the application should be rejected.

Prior PEOG approval of the rejection is unnecessary. However, as stated earlier, if the entity indicates that it is unable to furnish certain data elements because said elements do not apply to it, the contractor shall contact its PEOG BFL for guidance.

15.8.1 – Returns

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

A. Reasons for Return

Unless stated otherwise in this chapter or in another CMS directive, the contractor (including the National Supplier Clearinghouse) *should* immediately return the enrollment application to the provider or supplier only in the instances described below. This policy – again, unless stated otherwise in this chapter or in another CMS directive - applies to all applications identified in this chapter (e.g., initial applications, change requests, Form CMS-855O applications, Form CMS-588 submissions, change of ownership (CHOW) applications, revalidations, reactivations):

- The applicant sent its paper Form CMS-855 or Form CMS-20134 to the wrong contractor (e.g., the application was sent to Contractor X instead of Contractor Y).
- The contractor received the application more than 60 days prior to the effective date listed on the application. (This does not apply to: (1) providers and suppliers submitting a Form CMS-855A application, (2) ambulatory surgical centers (ASCs), or (3) portable x-ray suppliers (PXRSSs), or MDPP supplier application submissions received between January 1, 2018 and March 31, 2018).
- The contractor received an initial application from (1) a provider or supplier submitting a Form CMS-855A application, (2) an ASC, or (3) a PXRSS, more than 180 days prior to the effective date listed on the application.
- An old owner or new owner in a CHOW submitted its application more than 90 days prior to the anticipated date of the sale. (This only applies to Form CMS-855A applications.)
- The contractor can confirm that the provider or supplier submitted an initial enrollment application prior to the expiration of the time period in which it is entitled to appeal the denial of its previously submitted application.
- The provider or supplier submitted an initial application prior to the expiration of a re-enrollment bar.
- The application is to be returned per the instructions in section 15.7.7.1.4 of this chapter.
- The application is not needed for the transaction in question. Two common examples include:
 - An enrolled physician wants to change his/her reassignment of benefits from one group to another group and submits a Form CMS-855I and a Form CMS-855R. As only the Form CMS-855R is needed, the Form CMS-855I shall be returned.
 - A physician who is already enrolled in Medicare submits a Form CMS-855O application, thinking that he must do so in order to refer services for Medicare beneficiaries. The Form CMS-855O can be returned, as the physician is already enrolled via the Form CMS-855I.
- The provider or supplier submitted a revalidation application more than *seven* months prior to their revalidation due date.
- The MDPP supplier submitted an application with a coach start date more than 30 days in the future.
- *A provider or supplier requests that their application be withdrawn prior or during processing.*

- *A provider or supplier submits an application that is an exact duplicate of an application that has been processed previously or one that is currently pending processing.*
- *A provider or supplier submits a paper Form CMS-855 or CMS-20134 application that is outdated (i.e.: a provider submits a Form CMS-855I application that was approved for use in 07/11, which was replaced with the 12/18 version, the 07/11 version shall be returned).*

The contractor need not request additional information in any of these scenarios. For instance, if the application is not necessary for the particular transaction, the contractor can return the application immediately. If an application fee has already been submitted, the contractor shall follow existing instructions regarding the return of the fee.

The difference between a “rejected” application and a “returned” application is that the former is typically based on the provider’s failure to respond to the contractor’s request for missing or clarifying information. A “returned” application is effectively considered a non-application.

B. Procedures for Returning the Application

If the contractor returns the application:

- It shall notify the provider via letter (sent by mail or e-mail) that the application is being returned, the reason(s) for the return, and how to reapply.
- It shall not enter the application into PECOS. No logging & tracking (L & T) record shall be created.
- Any application resubmission must contain a brand new certification statement page containing a signature and date. The provider cannot simply add its signature to the original certification statement it submitted. (This does not apply to e-signature situations.)

If the contractor returns an application, it shall (1) keep the original application and supporting documents and return a copy, (2) make a copy or scan of the application and documents and return the originals to the provider, or (3) simply send a letter to the provider (in lieu of sending the originals or a copy thereof) explaining that the application is being returned (though not physically returned) and why. If the contractor chooses the third approach and the provider requests a copy of its application, the contractor *should* fax or mail it to the provider.

C. Other Impacts of a Return

1. Changes of Information and Changes of Ownership (CHOWs)

a. Expiration of Timeframe for Reporting Changes - If the contractor returns a change of information or CHOW submission per this section 15.8.1 and the applicable 90-day or 30-day period for reporting the change has expired, the contractor shall send an e-mail to its CMS Provider Enrollment & Oversight Group Business Function Lead (PEOG BFL) notifying him or her of the return. PEOG will determine whether the provider’s Medicare billing privileges should be deactivated under 42 CFR § 424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

b. Timeframe Not Yet Expired - If the contractor returns a change of information or CHOW submission and the applicable 90-day or 30-day period for reporting the change has not yet expired, the contractor shall send the e-mail referred to in (1)(a) above after the expiration of said time period unless the provider has resubmitted the change request/CHOW.

c. Second Return, Rejection, or Denial – If, per (1)(b), the provider resubmits the change of information or CHOW application and the contractor either returns it again, rejects it per section 15.8.2 of this chapter, or denies it, the contractor shall send the e-mail referred to in (1)(a) above regardless of whether the applicable

timeframe has expired. PEOG will determine whether the provider's Medicare billing privileges should be deactivated under 42 CFR §424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

2. Reactivations – If the contractor returns a reactivation application, the provider's Medicare billing privileges shall remain deactivated.

3. Revalidations – If the contractor returns a revalidation application per this section 15.8.1, the contractor shall – unless an existing CMS instruction or directive dictates otherwise - deactivate the provider's Medicare billing privileges under 42 CFR §424.535(a)(1) if the applicable time period for submitting the revalidation application has expired. If it has not expired, the contractor shall deactivate the provider's billing privileges after the applicable time period expires unless the provider has resubmitted the revalidation application. If the provider has resubmitted the application and the contractor (1) returns it again, (2) rejects it per section 15.8.2 of this chapter, or (3) denies it, the contractor shall - unless an existing CMS instruction or directive dictates otherwise – deactivate the provider's billing privileges, assuming the applicable time period has expired.

15.8.2 –Rejections

(Rev. 896; Issued: 08-30-19; Effective: 10-01-19; Implementation: 10-01-19)

A. Background

In accordance with 42 CFR § 424.525(a)(1) and (2), the contractor (including the National Supplier Clearinghouse) *should* reject the provider's application if the provider fails to furnish complete information on the enrollment application - including all necessary documentation - within 30 calendar days from the date the contractor requested the missing information or documentation.

For purposes of this policy, this includes situations in which the provider submitted an application that falls into one of the following categories and, upon the contractor's request to submit a new or corrected complete application, the provider failed to do so within 30 days of the request:

- 1. The Form CMS-855, Form CMS-20134, Form CMS-588 or Internet-based PECOS certification statement: (a) is unsigned; (b) is undated; (c) contains a copied or stamped signature; (d) was signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application); (e) for paper Form CMS-855I and Form CMS-855O or Form CMS-855R submissions where the authorized or delegated official or an physician/non-physician practitioner must sign the form, someone other than the required officials, or a physician or non-physician practitioner signed the form; or (f) certification statement is missing (paper CMS-855 submissions only).*
- 2. The applicant failed to submit all of the forms needed to process a reassignment package within 30 calendar days of receipt.*
- 3. The Form CMS-855, Form CMS-20134 or Form CMS-588 was completed in pencil.*
- 4. The wrong application was submitted (e.g., a Form CMS-855B was submitted for Part A enrollment).*
- 5. The provider sent in its Internet-based PECOS certification statement via fax or email when it was not otherwise permitted to do so. (Refer to section 15.5.14.4 for scenarios when this is permitted).*
- 6. The provider failed to submit an application fee (if applicable to the situation).*

The applications described in (1) through (6) above shall be developed, rather than returned. For instance, if the provider submits an application completed in pencil, the contractor shall request the provider to submit a new application, either in ink or via Internet-based PECOS.

B. Timeframe

The 30-day clock identified in 42 CFR § 424.525(a) starts on the date that the contractor mails, faxes, or emails the *development letter* or other request for information to the provider. If the contractor makes a follow-up request for information, the 30-day clock does not start anew; rather, it keeps running from the date the *initial development* letter was sent (*as noted in the examples in section 15.7.1.5*). However, the contractor has the discretion to extend the 30-day time period if it determines that the provider or supplier is actively working with the contractor to resolve any outstanding issues.

C. Incomplete Responses

The provider must furnish all missing and clarifying data requested by the contractor within the applicable timeframe. If the provider furnishes some, but not all, of the requested data, the contractor is not required to contact the provider again to request the remaining data. It can simply reject the application at the expiration of the aforementioned 30-day period. Consider the following examples:

- The provider submits a Form CMS-855A in which section 3 is blank. On March 1, the contractor requests that section 3 be fully completed. On March 14, the provider submits a completed section 3A. However, section 3B remains blank. The contractor need not make a second request for section 3B to be completed. It can reject the application on March 31, or 30 days after its initial request was made.
- The provider submits an outdated version of the Form CMS-855B. On July 1, the contractor *returns the application and* requests that the provider resubmit its application using the current version of the Form CMS-855B. On July 15, the provider submits the correct version, but section 4B is blank. The contractor is not required to make a follow-up request regarding section 4B. It can reject the application on July 31.

D. Creation of Logging & Tracking (L & T) Record

If the contractor cannot create an L & T record in PECOS because of missing data and the application is subsequently rejected, the contractor shall document the provider file accordingly. If the contractor is able to create an L & T record for a rejected application, it shall flip the status to “rejected” in PECOS.

E. Other Impacts of a Rejection

1. Changes of Information and Changes of Ownership (CHOWs)

a. Expiration of Timeframe for Reporting Changes - If the contractor rejects a change of information or CHOW submission per this section 15.8.2 and the applicable 90-day or 30-day period for reporting the change has expired, the contractor shall send an email to its Provider Enrollment Operations Group Business Function Lead (PEOG BFL) notifying him or her of the rejection. PEOG will determine whether the provider’s Medicare billing privileges should be deactivated under 42 CFR §424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

b. Timeframe Not Yet Expired - If the contractor rejects a change of information or CHOW submission and the applicable 90-day or 30-day period for reporting the change has not yet expired, the contractor shall send the email referred to in (1)(a) above after the expiration of said time period unless the provider has resubmitted the change request/CHOW.

c. Second Rejection, Return, or Denial – If, per (1)(b), the provider resubmits the change of information or CHOW application and the contractor either rejects it again, returns it per section 15.8.1 of this chapter, or denies it, the contractor shall send the email referred to in (1)(a) above regardless of whether the applicable timeframe has expired. PEOG will determine whether the provider’s Medicare billing privileges should be deactivated under 42 CFR §424.540(a)(2) or revoked under 42 CFR §424.535(a)(1) or (a)(9) and will notify the contractor of its decision.

2. Reactivations – If the contractor rejects a reactivation application, the provider’s Medicare billing privileges shall remain deactivated.

3. Revalidations – If the contractor rejects a revalidation application per this section 15.8.1, the contractor shall – unless an existing CMS instruction or directive dictates otherwise - deactivate the provider’s Medicare billing privileges under 42 CFR §424.535(a)(1) if the applicable time period for submitting the revalidation application has expired. If it has not expired, the contractor shall deactivate the provider’s billing privileges after the applicable time period expires unless the provider has resubmitted the revalidation application. If the provider has resubmitted the application and the contractor (1) rejects it again, (2) returns it per section 15.8.1 of this chapter, or (3) denies it, the contractor shall - unless an existing CMS instruction or directive dictates otherwise –deactivate the provider’s billing privileges, assuming the applicable time period has expired.

E. Additional Rejection Policies

1. **Resubmission after Rejection** – If the provider’s application is rejected, the provider must complete and submit a new Form CMS-855 or Form CMS-20134 (either via paper or Internet-based PECOS) and all necessary documentation.

2. **Applicability** – Unless stated otherwise in this chapter or in another CMS directive, this section 15.8.2 applies to all applications identified in this chapter (e.g., initial applications, change requests, Form CMS-855O applications, Form CMS-588 submissions, change of ownership (CHOW) applications, revalidations, reactivations).

3. **Physicians and Non-Physician Practitioners** – Prior CMS guidance instructed contractors to deny, rather than reject, incomplete applications submitted by physicians and certain non-physician practitioners. This policy no longer applies. Such applications shall be rejected if the physician or practitioner fails to provide the requested information within the designated timeframe.

4. **Notice** – If the contractor rejects an application, it shall notify the provider via letter (sent via mail or email) that the application is being rejected, the reason(s) for the rejection, and how to reapply. Absent a CMS instruction or directive to the contrary, the letter shall be sent to the provider or supplier no later than 5 business days after the contractor concludes that the provider or supplier’s application should be rejected.

5. **Copy of Application** – If the contractor rejects an application, it shall either (1) keep the original application and all supporting documents, or (2) make a copy or scan of the application and documents and return the originals to the provider. If the contractor chooses the former approach and the provider requests a copy of its application, the contractor *should* fax or mail it to the provider.