CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 410	**Date: March 2, 2012**
	Change Request 7723

SUBJECT: Instructions for Processing Form CMS-855O Submissions

I. SUMMARY OF CHANGES: This change request furnishes instructions to contractors regarding the processing of Form CMS-855O submissions. Specific topics include, but are not limited to: (1) initial applications, (2) changes of information, and (3) revocations. Model letters are also provided.

EFFECTIVE DATE: June 4, 2012
IMPLEMENTATION DATE: June 4, 2012

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/Table of Contents
N	15/15.16/Ordering/Referring Suppliers Who Do Not Have Medicare Billing Privileges
R	15/15.16.1/Ordering/Referring Suppliers - Background
N	15/15.16.2/Processing Initial Form CMS-855O Submissions
N	15/15.16.3/Processing Form CMS-855O Change of Information Requests
N	15/15.16.4/Form CMS-855O Revocations
R	15/15.24.21/Model Approval Letter - Initial Form CMS-855O Submissions
N	15/15.24.22/Model Rejection Letter - Form CMS-855O Submissions
N	15/15.24.23/Model Denial Letter - Form CMS-855O Submissions
N	15/15.24.24/Model Revocation Letter - Form CMS-855O

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 410	Date: March 2, 2012	Change Request: 7723

SUBJECT: Instructions for Processing Form CMS-855O Submissions

Effective Date: **June 4, 2012**

Implementation Date: June 4, 2012

I. GENERAL INFORMATION

A. Background: This change request (CR) furnishes instructions to contractors regarding the processing of Form CMS-855O submissions. Specific topics include, but are not limited to: (1) initial applications, (2) changes of information, and (3) revocations. Model letters are also provided.

B. Policy: The purpose of this CR is to provide guidance to contractors concerning the processing of Form CMS-855O submissions.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7723.1	Upon receipt of an initial Form CMS-855O (or a certification statement for Provider Enrollment Chain and Ownership System (PECOS) submissions), the contractor shall (1) pre-screen the form in accordance with the same procedures that are required for pre-screening Form CMS-855I applications, and (2) create a logging & tracking (L & T) record.	X			X						
7723.2	If the contractor determines that one or more of the return reasons in section 15.8.1 of chapter 15 applies to an initial Form CMS-855O submission, it shall return the form in accordance with the instructions in that section.	X			X						
7723.3	Unless stated otherwise in another CMS directive, the contractor shall verify all of the information on an initial Form CMS-855O submission.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7723.4	If, at any time during the pre-screening or verification process for an initial Form CMS-855O submission, the contractor needs additional or clarifying information from the supplier, it shall follow existing CMS instructions for obtaining said data.	X			X						
7723.5	The contractor shall adhere to the standards identified in business requirements 7723.5.1 through 7723.5.3.	X			X						
7723.5.1	The contractor shall process 80 percent of all paper initial Form CMS-855O submissions within 60 calendar days of receipt, and 95 percent of such submissions within 90 calendar days of receipt.	X			X						
7723.5.2	The contractor shall process 90 percent of all Web-based initial Form CMS-855O submissions within 45 calendar days of receipt, process 95 percent of such submissions within 60 calendar days of receipt, and process 99 percent of such submissions within 90 calendar days of receipt.	X			X						
7723.5.3	The contractor shall process 98 percent of all initial Form CMS-855O submissions in full accordance with the instructions in section 15.16.2 of chapter 15 (with the exception of the timeliness standards mentioned in business requirements 7723.5.1 and 7723.5.2) and all other applicable CMS directives.	X			X						
7723.6	Upon completion of its review of an initial Form CMS-855O submission, the contractor shall approve, deny, or reject the submission.	X			X						
7723.7	The contractor shall reject an initial Form	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	CMS-855O submission if the supplier fails to furnish all required information on the form within 30 calendar days of the contractor's request to do so.										
7723.8	When denying or rejecting a Form CMS-855O submission, 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 or her of the denial or rejection and the reason(s) for it.	X			X						
7723.8.1	In the case of a denial, the letter referred to in business requirement 7723.8 shall be sent via certified mail; rejection letters shall be sent by mail or e-mail.	X			X						
7723.9	If the contractor approves an initial Form CMS-855O submission, the contractor shall: (1) switch the PECOS record to an "approved" status, and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the approval.	X			X						
7723.9.1	For suppliers whose Form CMS-855O submissions are approved, the contractor shall treat the supplier as a non-participating supplier (or "non-par").	X			X						
7723.10	Upon receipt of a Form CMS-855O change of information request (or, for Internet-based PECOS change requests, a certification statement), the contractor shall (1) pre-screen the Form CMS-855O in accordance with the same procedures that are required for pre-screening Form CMS-855I change requests, and (2) create an L & T record.	X			X						
7723.11	If the contractor determines that one or more of the return reasons in section 15.8.1 of chapter 15 applies to a Form CMS-855O	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	change request, it shall return the form in accordance with the instructions in that section.										
7723.12	Unless stated otherwise in another CMS directive, the contractor shall verify the new information that the supplier furnished on its Form CMS-855O change request.	X			X						
7723.13	If, at any time during the pre-screening or verification process, the contractor needs additional or clarifying information regarding a supplier's Form CMS-855O change request, it shall follow existing CMS instructions for obtaining said data (e.g., sending a developmental letter).	X			X						
7723.14	The contractor shall adhere to the standards identified in business requirements 7723.14.1 through 7723.14.3.	X			X						
7723.14.1	The contractor shall process 80 percent of all paper Form CMS-855O changes of information within 60 calendar days of receipt, process 90 percent of such change requests within 90 calendar days of receipt, and process 95 percent of such change requests within 120 calendar days of receipt.	X			X						
7723.14.2	The contractor shall process 90 percent of Web-based Form CMS-855O changes of information within 45 calendar days of receipt, process 95 percent of such change requests within 60 calendar days of receipt, and process 99 percent of such change requests within 90 calendar days of receipt.	X			X						
7723.14.3	The contractor shall process 98 percent of all Form CMS-855O changes of information in full accordance with the instructions in section 15.16.3 of chapter 15 (with the exception of the timeliness standards in	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	business requirements 7723.14.1 and 7723.14.2) and all other applicable CMS directives.										
7723.15	Upon completion of its review of a supplier's Form CMS-855O change request, the contractor shall approve, deny, or reject the submission.	X			X						
7723.16	The contractor shall reject a supplier's Form CMS-855O change request if the supplier failed to furnish all required information on the form within 30 calendar days of the contractor's request to do so.	X			X						
7723.17	When denying or rejecting a supplier's Form CMS-855O 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 or e-mail) to the supplier notifying him or her of the denial or rejection and the reason(s) for it.	X			X						
7723.18	If the contractor approves a supplier's Form CMS-855O change request, the contractor shall: (1) switch the PECOS record to an "approved" status, and (2) send a letter (via mail or e-mail) to the supplier notifying him or her of the approval.	X			X						
7723.19	If the contractor determines that grounds exist for revoking a supplier's Form CMS-855O enrollment, it shall: (1) switch the supplier's PECOS record to a "revoked" status, (2) end-date the PECOS record, and (3) send a letter (via certified mail) to the supplier stating that his or her Form CMS-855O enrollment has been revoked.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7723.20	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the Contractors next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X						

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

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

Post-Implementation Contact(s):
Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers:*

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

Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Program Integrity Manual
Chapter 15 - Medicare Enrollment

Table of Contents
(Rev.410, Issued: 03-02-12)

15.16 – Ordering/Referring Suppliers Who Do Not Have Medicare Billing Privileges

(Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

15.16.1 – Ordering/Referring *Suppliers – Background*

(Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

Generally, depending upon State law, the following physicians and non-physician practitioners are permitted to order or refer items or services for Medicare beneficiaries:

- *Doctors of medicine or osteopathy*
- *Doctors of dental surgery or dental medicine*
- *Doctors of podiatry*
- *Doctors of optometry*
- *Physician assistants*
- *Certified clinical nurse specialists*
- *Nurse practitioners*
- *Clinical psychologists*
- *Certified nurse midwives*
- *Clinical social workers*

Most physicians and non-physician practitioners enroll in Medicare so they can receive reimbursement for covered services to Medicare beneficiaries. However, some physicians and non-physician practitioners who are not enrolled in Medicare via the Form CMS-855I may wish to order or refer items or services for Medicare beneficiaries. These individuals can become eligible to do so by completing the Form CMS-855O via paper or the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) process.

It is important to note that physicians and non-physician practitioners that complete the Form CMS-855O do not and will not send claims to a Medicare contractor for services they furnish. They are not afforded Medicare billing privileges for the purpose of submitting claims to Medicare directly for services that they furnish to beneficiaries. Such persons may be:

- *Employed by the Department of Veterans Affairs (DVA)*
- *Employed by the Public Health Service (PHS)*
- *Employed by the Department of Defense (DOD) Tricare*
- *Employed by the Indian Health Service (IHS) or a tribal organization*
- *Employed by a federally qualified health center (FQHC), rural health clinic (RHC), or critical access hospital (CAH)*
- *Licensed residents and physicians in a fellowship*
- *Dentists, including oral surgeons*
- *Pediatricians*

15.16.2 – Processing Initial Form CMS-855O Submissions
(Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

A. Prescreening

Upon receipt of an initial Form CMS-855O (or - for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) submissions - a certification statement), the contractor shall:

- *Pre-screen the form in accordance with the same procedures that are required for pre-screening Form CMS-855I applications.*

- *Create a logging & tracking (L & T) record.*

Note that the physician/non-physician practitioner need not submit a Form CMS-460, a Form CMS-588, or an application fee with its Form CMS-855O.

Section 15.8.1 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 shall return the form in accordance with the instructions outlined in that section.

B. Verification

Unless stated otherwise in another CMS directive, the contractor shall verify all of the information on the Form CMS-855O. This includes, but is not limited to:

- *Verification of the individual's name, date of birth, social security number, and National Provider Identifier (NPI).*

- *Verification that the individual meets the requirements for his/her supplier type. (The contractor reserves the right to request that the individual submit documentation verifying his or her professional licensure, credentials, or education.)*

- *Verification that the individual is of a supplier type that can legally order or refer.*

- *Reviewing the Medicare Exclusion Database (MED) and General Services Administration (GSA) Excluded Parties List System to ensure that the individual is not excluded or debarred.*

If, at any time during the pre-screening or verification process, the contractor needs additional or clarifying information from the physician/non-physician practitioner, 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. Timeliness

The contractor:

- *Shall process 80 percent of all paper initial Form CMS-855O applications within 60 calendar days of receipt, and 95 percent of such applications within 90 calendar days of receipt.*

- *Shall process 90 percent of all Web-based initial Form CMS-855O applications within 45 calendar days of receipt, process 95 percent of such applications within 60 calendar days of receipt, and process 99 percent of such applications within 90 calendar days of receipt.*

- *Shall process 98 percent of all initial Form CMS-855O applications in full accordance with the instructions in this section 15.16.2 (with the exception of the timeliness standards mentioned above) and all other applicable CMS directives.*

For purposes of these standards, the timeliness processing clock begins on the date that the paper application or Web-based certification statement was received in the contractor's mailroom.

D. Disposition

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

Grounds for denial are as follows:

- *The supplier is not of a type that is eligible to use the Form CMS-855O.*

- *The supplier is not of a type that is eligible to order or refer items or services for Medicare beneficiaries.*

- *The supplier does not meet the licensure, certification or educational requirements for his or her supplier type.*

- *The supplier is excluded per the MED and/or debarred per the GSA Excluded Parties List System.*

If the contractor believes that another ground for denial exists for a particular submission, it should contact its Provider Enrollment Operations Group liaison for guidance.

The Form CMS-855O shall 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).

When denying or rejecting the Form CMS-855O submission, 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 or her of the denial or rejection and the reason(s) for it. The letter shall follow the formats outlined in sections 15.24.22 (rejections) and 15.24.23 (denials) of this chapter. Denial letters shall be sent via certified mail. Rejection letters shall be sent by mail or e-mail. Note that a denial triggers appeal rights. A rejection does not.

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 or e-mail) to the supplier notifying him or her of the approval. The letter shall follow the format outlined in section 15.24.21 of this chapter.

E. Miscellaneous

The contractor shall note the following:

1. *The supplier shall be treated as a non-participating supplier (or "non-par").*

2. *If the supplier is employed by the DVA, the DOD, or the IHS, he or 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.*

3. *Nothing in sections 15.16.2 through 15.16.4 affects any existing CMS instructions regarding the processing of opt-out affidavits.*

4. *Suppliers cannot submit an abbreviated version of the Form CMS-855I in lieu of the Form CMS-855O.*

5. *The effective date of enrollment shall be the date on which the contractor received the paper form or Web-based certification statement in its mailroom.*

6. *If the supplier's Form CMS-855O has been approved and he or she later wants to obtain Medicare billing privileges, he or she must voluntarily withdraw his or her Form CMS-855O enrollment prior to receiving Medicare billing privileges. (The supplier, of course, must complete the Form CMS-855I in order to receive Medicare billing privileges.)*

15.16.3 – Processing Form CMS-855O Change of Information Requests (Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

A. Prescreening

Upon receipt of a Form CMS-855O change of information request (or - for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) change requests - a certification statement), the contractor shall:

- *Pre-screen the Form CMS-855O in accordance with the same procedures that are required for pre-screening Form CMS-855I change requests.*

- *Create a logging and tracking (L & T) record.*

Section 15.8.1 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 shall return the change request via the instructions outlined in that section.

Note that 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. Similarly, 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.

B. Verification

Unless stated otherwise 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 Medicare Exclusion Database and the General Services Administration Excluded Parties List System.) If, at any time during the pre-screening or 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. Timeliness

The contractor:

- *Shall process 80 percent of paper Form CMS-855O changes of information within 60 calendar days of receipt, process 90 percent of such applications within 90 calendar days of receipt, and process 95 percent of such applications within 120 calendar days of receipt.*

- *Shall process 90 percent of Web-based Form CMS-855O changes of information within 45 calendar days of receipt, process 95 percent of such applications within 60 calendar days of receipt, and process 99 percent of such applications within 90 calendar days of receipt.*

- *Shall process 98 percent of all Form CMS-855O changes of information in full accordance with the instructions in this section 15.16.3 (with the exception of the timeliness standards mentioned above) and all other applicable CMS directives.*

For purposes of these standards, the timeliness processing clock begins on the date that the paper application or Web-based certification statement was received in the contractor's mailroom.

D. 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 that another ground for denial

exists with respect to a particular submission, it should contact its Provider Enrollment Operations Group liaison for guidance.

The change request shall 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).

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 or e-mail) to the supplier notifying him or 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 or e-mail) to the supplier notifying him or her of the approval.

15.16.4 – Form CMS-855O Revocations
(Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

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

- *Switch the supplier's Provider Enrollment, Chain and Ownership System (PECOS) record to a " revoked" status,*
- *End-date the PECOS record, and*
- *Send a letter via certified mail to the supplier stating that his or her Form CMS-855O enrollment has been revoked. The letter shall follow the format outlined in section 15.24.24 of this chapter.*

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

- *The supplier is no longer of a type that is eligible to order or refer.*
- *The supplier no longer meets the licensure, certification or educational requirements for his or her supplier type.*
- *The supplier is excluded per the Medicare Exclusion Database (MED) and/or debarred per the General Services Administration (GSA) Excluded Parties List System.*

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

- *The supplier may no longer order or refer Medicare services based on his or her having completed the Form CMS-855O process.*

- *If the supplier wishes to submit another Form CMS-855O, he or she must do so as an initial applicant.*

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

15.24.21 – *Model Approval Letter – Initial Form CMS-855O Submissions (Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)*

CMS alpha representation
Contractor

[Month Day & Year]

[Supplier Name]
[Address]
[City, State & Zip Code]

Dear [Insert Supplier name]:

We are pleased to inform you that your Form CMS-855O enrollment is approved. Listed below is the information reflected in your Medicare Form CMS-855O record:

Medicare Enrollment Information

Provider\Supplier name:	*[Insert name]*
Practice location:	*[Insert address]*
National Provider Identifier (NPI):	*[Insert NPI]*
Specialty:	*[Insert provider/supplier specialty]*
Effective date	*[Insert date that paper submission or Web-based certification statement was received in contractor's mailroom.]*

Please verify the accuracy of your information. If you have any questions regarding this letter, please call [insert applicable Medicare contractor name] at [insert Medicare contractor phone number] between the hours of [insert hours of operation].

As stated in the Form CMS-855O certification statement that you signed, you are required to notify the Medicare contractor of:

- *Any change to the information you reported in Section 2 or Section 3 of the Form CMS-855O within 30 days of the reportable event, and*

- *Any other change to your Form CMS-855O information within 90 days of the effective date of the change.*

Such changes to your information can be reported to CMS via the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or the paper version of the Form CMS-855O. For information on accessing Internet-based PECOS or to download the Form CMS-855O, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll.

If you wish to enroll in Medicare to obtain Medicare billing privileges, you must: (1) complete and submit a Form CMS-855I application, and (2) withdraw your Form CMS-855O status.

Additional information about the Medicare program can be found at our Web site at [insert Web site address] or the Centers for Medicare & Medicaid Services' (CMS) Web site at http://www.cms.hhs.gov/home/medicare.asp.

Sincerely,

[Your Name]
[Title]

15.24.22 – Model Rejection Letter – Form CMS-855O Submissions
(Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

CMS alpha representation
Contractor

[Month Day & Year]

[Supplier Name]
[Address]
[City, State & ZIP Code]

Dear [Insert Supplier name]:

We received your Form CMS-855O submission on [insert date]. We are rejecting your submission and returning it to you for the following reason(s):

FACTS: [Insert ALL rejection reason(s)]

If you would like to submit a new Form CMS-855O, please make sure to address the issues stated above, as well as sign and date a new certification statement page on your resubmitted form.

You may complete a Form CMS-855O using either the:

1. Internet-based Provider Enrollment, Chain and Ownership System (PECOS). To use Internet-based PECOS, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll.

2. Paper process. You may download and complete the Form CMS-855O from the Centers for Medicare & Medicaid Services (CMS) Web site at http://www.cms.hhs.gov/MedicareProviderSupEnroll.

You should return the completed form to the address listed below:

[Insert contact address]

If you have any questions regarding this letter, please call [phone number] between the hours of [insert office hours].

Sincerely,

[Your Name]
[Title]

15.24.23 – Model Denial Letter – Form CMS-855O Submissions (Rev. 410, Issued: 03-02-12, Effective: 06-04-12, Implementation: 06-04-12)

CMS alpha representation
Contractor

[Month Day & Year]

[Supplier Name]
[Address]
[City, State & Zip Code]

RE: Notice of Denial of Form CMS-855O Enrollment Application

Dear [Insert Supplier name]:

This is to inform you that your Form CMS-855O enrollment application has been denied.

FACTS: [Insert ALL reason(s) for denial]

If you believe that you are able to correct the deficiencies and establish your eligibility to enroll via the Form CMS-855O, you may submit a corrective action plan (CAP) within 30 calendar days after the postmark date of this letter. The CAP should provide evidence that you are in compliance with the requirements for enrolling via the Form CMS-855O. You must sign and date the CAP. The CAP must be sent to:

Centers for Medicare & Medicaid Services
Center for Program Integrity
Provider Enrollment Operations Group
7500 Security Boulevard
Mailstop: AR 18-50
Baltimore, MD 21244-1850

If you believe that this determination is not correct, you may request a reconsideration before a contractor hearing officer. The reconsideration is an independent review and will be conducted by a person who was not involved in the initial determination. You must request the reconsideration in writing within 60 calendar days of the postmark date of this letter. The request for reconsideration must state the issues, or the findings of fact with which you disagree and the reasons for disagreement. You may submit additional information with the reconsideration request that you believe may have a bearing on the decision. You must sign and date the reconsideration request. Failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review. The request for reconsideration must be sent to:

Centers for Medicare & Medicaid Services
Center for Program Integrity
Provider Enrollment Operations Group
7500 Security Boulevard
Mailstop: AR 18-50
Baltimore, MD 21244-1850

If you have any questions regarding this letter, please call [phone number] between the hours of [insert office hours].

Sincerely,

[Your Name]
[Title]

15.24.24 – Model Revocation Letter - Form CMS-855O

CMS alpha representation
Contractor

[Month Day & Year]

[Supplier Name]
[Address]
[City, State & Zip Code]

RE: Notice of Revocation of Form CMS-855O Enrollment

Dear [Insert Supplier name]:

This is to inform you that your Form CMS-855O enrollment has been revoked.

FACTS: [Insert ALL reason(s) for revocation]

If you believe that you are able to correct the deficiencies and establish your eligibility to enroll via the Form CMS-855O, you may submit a corrective action plan (CAP) within 30 calendar days after the postmark date of this letter. The CAP should provide evidence that you are in compliance with the requirements for enrolling via the Form CMS-855O. You must sign and date the CAP. The CAP must be sent to:

Centers for Medicare & Medicaid Services
Center for Program Integrity
Provider Enrollment Operations Group
7500 Security Boulevard
Mailstop: AR 18-50
Baltimore, MD 21244-1850

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If you have any questions regarding this letter, please call [phone number] between the hours of [insert office hours].

Sincerely,

[Your Name]
[Title]