CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 11168	**Date: December 22, 2021**
	Change Request 12531

SUBJECT: Restructuring of Provider Enrollment Instructions in Section 10.3.1 in Chapter 10 of Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to split Section 10.3.1 in Chapter 10 of Pub. 100-08 into numerous subsections. The changes in this CR are structural and organizational in nature. Any necessary policy changes or significant clarifications involving the instructions in Section 10.3.1 will be made via subsequent CRs.

EFFECTIVE DATE: December 31, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 24, 2022

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	10/Table of Contents
R	10/10.3/Medicare Enrollment Forms - Information and Processing
R	10/10.3/10.3.1/CMS-855 Series Enrollment Forms: Information and Processing
N	10/10.3/10.3.1.1/Form CMS-855A – Medicare Enrollment Application for Institutional Providers
N	10/10.3/10.3.1.1.1/Section 1 (Basic Information) - Form CMS-855A
N	10/10.3/10.3.1.1.2/Section 2 (Identifying Information) - Form CMS-855A
N	10/10.3/10.3.1.1.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855A
N	10/10.3/10.3.1.1.4/Section 4 (Practice Location Information) - Form CMS-855A
N	10/10.3/10.3.1.1.5/Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855A
N	10/10.3/10.3.1.1.6/Section 7 (Chain Home Office Information) - Form CMS-855A
N	10/10.3/10.3.1.1.7/Section 8 (Billing Agency Information) - Form CMS-855A
N	10/10.3/10.3.1.1.8/Section 12 (Special Requirements for Home Health Agencies) - Form CMS-855A
N	10/10.3/10.3.1.1.9/Sections 13 and 14 (Contact Person and Penalties for Falsifying Information) - Form CMS-855A
N	10/10.3/10.3.1.1.10/Certification Statement - Form CMS-855A
N	10/10.3/10.3.1.1.11/Section 15 (Authorized Officials) - Form CMS-855A
N	10/10.3/10.3.1.1.12/Section 16 (Delegated Officials) - Form CMS-855A
N	10/10.3/10.3.1.1.13/Additional Form CMS-855A Processing Information
N	10/10.3/10.3.1.1.14/Form CMS-855A Processing Alternatives
N	10/10.3/10.3.1.2/Form CMS-855B –Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers
N	10/10.3/10.3.1.2.1/Section 1 (Basic Information) - Form CMS-855B
N	10/10.3/10.3.1.2.2/Section 2 (Basic Information) - Form CMS-855B
N	10/10.3/10.3.1.2.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855B
N	10/10.3/10.3.1.2.4/Section 4 (Practice Location Information) – Form CMS-855B

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	10/10.3/10.3.1.2.5/Sections 5 and 6 (Ownership Interest and/or Managing Control Information) - Form CMS-855B
N	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
N	10/10.3/10.3.1.2.7/Certification Statement - Form CMS-855B
N	10/10.3/10.3.1.2.8/Section 15 (Authorized Officials) - Form CMS-855B
N	10/10.3/10.3.1.2.9/Section 16 (Delegated Officials) - Form CMS-855B
N	10/10.3/10.3.1.2.10/Additional Form CMS-855B Processing Information
N	10/10.3/10.3.1.3/Form CMS-855I – Medicare Enrollment Application for Physicians and Non-Physician Practitioners
N	10/10.3/10.3.1.3.1/Section 1 (Basic Information) – Form CMS-855I
N	10/10.3/10.3.1.3.2/Section 2 (Personal Identifying Information) – Form CMS-855I
N	10/10.3/10.3.1.3.3/Section 3 (Final Adverse Legal Actions/Convictions) - Form CMS-855I
N	10/10.3/10.3.1.3.4/Section 4 (Business Information) - Form CMS-855I
N	10/10.3/10.3.1.3.5/Sections 6, 8, 12, 13, and 14 - Form CMS-855I
N	10/10.3/10.3.1.3.6/Section 15 (Certification Statement) - Form CMS-855I
N	10/10.3/10.3.1.3.7/Additional Processing Information and Alternatives – Form CMS-855I
N	10/10.3/10.3.1.4/Medicare Enrollment Application for Reassignment of Medicare Benefits – Form CMS-855R
N	10/10.3/10.3.1.4.1/Sections 1 through 5 of the Form CMS-855R
N	10/10.3/10.3.1.4.2/Section 6 (Certification Statements and Signatures) - Form CMS-855R
N	10/10.3/10.3.1.4.3/Additional Form CMS-855R Policies and Processing Alternatives
N	10/10.3/10.3.1.5/Form CMS-855O – Medicare Enrollment Application for Eligible Ordering, Certifying Physicians, and other Eligible Professionals
N	10/10.3/10.3.1.5.1/Sections 1 through 7 of the Form CMS-855O
N	10/10.3/10.3.1.5.2/Section 8 (Certification Statement) - Form CMS-855O
N	10/10.3/10.3.1.5.3/Form CMS-855O Initial Applications and Change Requests

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	10/10.3/10.3.1.5.4/Form CMS-855O Processing Alternatives and Miscellaneous Policies
N	10/10.3/10.3.1.5.5/Form CMS-855O Revocations
N	10/10.3/10.3.1.6/Form CMS-855S – Medicare Enrollment Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers
N	10/10.3/10.3.1.6.1/Sections 1 through 13 – Form CMS-855S
N	10/10.3/10.3.1.6.2/Authorized and Delegated Officials – Form CMS-855S
N	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: 11168	Date: December 22, 2021	Change Request: 12531

SUBJECT: Restructuring of Provider Enrollment Instructions in Section 10.3.1 in Chapter 10 of Publication (Pub.) 100-08

EFFECTIVE DATE: December 31, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 24, 2022

I. GENERAL INFORMATION

A. Background: This CR splits existing Section 10.3.1 in Chapter 10 of Pub. 100-08 into numerous subsections. This will better enable CMS to make future revisions to the instructions in Section 10.3.1. The changes in this CR are structural and organizational in nature. Any necessary policy changes or significant clarifications involving the instructions in Section 10.3.1 will be made via subsequent CRs.

B. Policy: This CR does not contain any legislative or regulatory policy changes.

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	
12531.1	The contractor shall observe the structural and organizational revisions to Section 10.3.1 in Chapter 10 of Pub. 100-08.	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): 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.11168; Issued: 12-22-21)

10.3 – Medicare Enrollment Forms - Information and Processing

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

Sections 10.3.1, 10.3.2 and 10.3.3 of this chapter provide guidance and information regarding *the* processing of provider enrollment forms.

10.3.1 - CMS-855 Series Enrollment Forms: Information and Processing

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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. 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.)

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

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 expect 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

In Section 1, the provider indicates the reason for submittal of the application. Unless otherwise stated in this chapter or in another CMS directive, the provider may only check one reason for submittal.

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

10.3.1.1.2 – Section 2 (Identifying Information) - Form CMS-855A
(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 – preferably via 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 provider. The contractor is not required to verify the telephone number.

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, e-mail, fax, or a review of the provider's web site.

For CHOW, acquisition/merger, and consolidation information captured on the Form CMS-855A, if the provider does not list the old/new owner's current contractor, the contractor can research this data on its own or obtain it from the provider by any means.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

See section 10.6.6 of this chapter for information regarding final adverse actions.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Background

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.)

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

For providers paid via the Fiscal Intermediary Shared System (FISS), the practice location name entered into PECOS shall be the "doing business as" (DBA) name (if it is different from the LBN).

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.

The contractor shall also 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 the contractor's verification documentation per section 10.6.19(H) of this chapter. (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 provider uses its cell phone for its business, the contractor shall verify that this telephone number connects directly to the business. 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.

In Section 4A of the Form CMS-855A, if the "type of practice location" checkbox is blank, the contractor can confirm the information via e-mail or fax.

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

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, 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 location. (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). 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

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, 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.

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, 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.

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, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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

All pages of each submitted Organizational and Individual Ownership Interest and/or Managing Control Information section of the Form CMS-855A must be present when submitted. If these sections are incomplete, the contractor shall develop for all missing pages.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 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 phone, e-mail, 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, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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

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, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

(Regarding the Special Requirements for Home Health Agencies section of the Form CMS-855A, see section 10.2.1.6(F) of this chapter.)

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, 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, or fax.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Contact Person (Section 13)

(Regarding the Contact Person section of the Form CMS-855A, 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, e-mail, 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 phone, e-mail, fax, or mail from the individual provider, an authorized/delegated official, or a current contact person on

file. The contractor shall document in the comment section 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-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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures.

Valid, acceptable 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). The contractor may contact its PEOG BFL for questions regarding electronic signatures.

All signatures (handwritten or digital) are valid and appropriate in regards to (1) signatures on the paper Form CMS-855A and (2) uploaded signatures on the certification statement for Internet-based PECOS applications.

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 email 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 certification statements, 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 unless the contractor is requesting signatures of the other authorized and delegated officials.

(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 signature.

C. Internet-based PECOS Submissions

If, for Internet-based PECOS applications, the provider submits its certification statement via paper rather than through e-signature, it shall do so via PECOS upload functionality. The provider shall not mail in its paper certification statement, for it cannot be accepted.

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 the application fee, upon review.

(ii) Signature dates cannot be more than 120 days prior to the receipt date of the application.

(iii) 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 email 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.

(iv) For Internet-based PECOS 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 submitted within 30 days. Obtaining the signatures of the other authorized and delegated officials is not required unless the contractor is requesting signatures of the other authorized and delegated officials.

(v) For Internet-based 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.

(vi) 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.

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

D. Certification Statement Development

If the provider submits an invalid certification statement (e.g., unsigned; undated; stamped signature; signed more than 120 days before the receipt date; incorrect individual signed it; not all authorized officials signed it) or neglects to send a certification statement at all, the contractor shall treat this as missing information. The contractor shall thus develop for a correct certification statement (using the procedures outlined in this chapter) and shall send a development letter to the provider – preferably via email or fax.

Any development requests requiring a newly signed certification statement may be submitted for paper applications via scanned email, fax, or mail---and, for web applications, by upload, fax, email or e-signature. 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.)

10.3.1.1.11 – Section 15 (Authorized Officials) - Form CMS-855A

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Requirements

An authorized official must be a 5 percent direct owner, chairman of the board, etc., of the enrolling provider with the authority to bind the provider, both legally and financially, to the requirements set forth in 42 CFR § 424.510. This person must also have an ownership or control interest in the provider--- such as the general partner, chairman of the board, chief financial officer, chief executive officer, president, or someone holding a position of similar status and authority within the provider organization. One cannot use his/her status as the chief executive officer, chief financial officer, etc., of the provider's parent company, management company, or chain home office as a basis for his/her role as the provider's authorized official.

Section 424.502 specifically defines an authorized official as an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program. Note that an authorized official is not restricted to the examples of the titles outlined above but can be a person of equivalent status who is an appointed official to whom the organization has granted the legal authority to act on the organization's behalf. These additional titles could include, but are not limited to, executive director, administrator, president, and vice-president. The contractor shall consider the individual's title as well as the authority granted by the organization when determining whether an individual qualifies as an authorized official. If the contractor is unsure of an authorized official's qualifications or authority, it shall contact its PEOG BFL for guidance. In addition, the contractor shall obtain PEOG BFL approval if the only role of the listed authorized official is "Contracted Managing Employee" notwithstanding his/her title or other qualifications; the PEOG BFL will confirm authority.

If the person is not listed as a "Contracted Managing Employee" in the Individual Ownership Interest and/or Managing Control Information section and the contractor has no reason to suspect that the person does not qualify as an authorized official, no further investigation is required. Should the contractor have doubts that the individual qualifies as an authorized official, it shall contact the official or the applicant's contact person to obtain more information about the official's job title and/or authority to bind. If the contractor remains unconvinced that the individual qualifies as an authorized official, it shall notify the provider that the person cannot be an authorized official. If that person is the only authorized official listed and the provider refuses to use a different authorized official, the contractor shall deny the application.

B. Number of Authorized Officials

The provider can have an unlimited number of authorized officials, so long as each meets the definition of an authorized official. However, the provider must complete the Individual Ownership and/or Managing Control section of the Form CMS-855A for each authorized official.

C. Deletion of Authorized Official

For authorized official deletions, the contractor need not obtain (1) that official's signature, or (2) documentation verifying that the person is no longer an authorized official.

D. Change in Authorized Officials

A change in authorized officials does not impact the authority of existing delegated officials to report changes and/or updates to the provider's enrollment data or to sign revalidation applications.

E. Authorized Official Not on File

If the provider submits a change request (e.g., change of address) and the authorized official signing it is not on file, the contractor shall ensure that: (1) the person meets the definition of an authorized official; and (2) the Individual Ownership Interest and/or Managing Control Information section of the Form CMS-855 is completed for him/her. The signature of an existing authorized official is not needed to add a new authorized official. Note that 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.

F. Effective Date

The effective date in PECOS for an authorized official should be the date of signature.

G. Social Security Number

To be an authorized official, the person must have and submit his/her SSN. He/she may not use an Individual Taxpayer Identification Number (ITIN) in lieu of an SSN in this regard.

H. Identifying the Provider

As stated earlier, an authorized official must be an authorized official of the provider, not of an owning organization, parent company, chain home office, or management company. Identifying the provider is not - for purposes of determining an authorized official's qualifications - determined solely by the provider's tax identification number (TIN). Rather,

the organizational structure is the central factor. For instance, suppose that a chain drug store, Company X, wants to enroll 100 of its pharmacies with the contractor. Each pharmacy has a separate TIN and must therefore enroll separately. Yet all of the pharmacies are part of a single corporate entity – Company X. In other words, there are not 100 separate corporations in our scenario, but merely one corporation whose individual locations have different TINs. Here, an authorized official for Pharmacy #76, can be someone at X's headquarters (assuming that the definition of authorized official is otherwise met), even though this main office might be operating under a TIN that is different from that of #76. This is because headquarters and Pharmacy #76 are part of the same organization/corporation. Conversely, if #76 was a corporation that was separate and distinct from Company X, only individuals that were part of #76 could be authorized officials.

I. Signatory Requirements

1. Valid Signatures – See section 10.3.1.1.10(A) of this chapter for information on the types of acceptable signatures. If the contractor receives a digital signature that differs from those described in section 10.3.1.1.10(A), the contractor shall contact its PEOG BFL for guidance.

2. Form CMS-855A Initial Applications – For these transactions, an authorized official must sign and date the certification statement.

3. Change Requests and Revalidations - For these transactions, an authorized or delegated official may sign the certification statement. This applies to: (1) signatures on the paper Form CMS-855; (2) signatures on the certification statement for Internet-based provider enrollment; and (3) electronic signatures.

4. The authorized official's telephone number can be left blank. No further development is needed.

10.3.1.1.12 – Section 16 (Delegated Officials) - Form CMS-855A

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Requirements

A delegated official is an individual to whom an authorized official listed in the Certification Statement section of the Form CMS-855A delegates the authority to report changes and updates to the provider's enrollment record or to sign revalidation applications. The delegated official's signature binds the organization both legally and financially, as if the signature were 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 an 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 provider.

Section 1124(a)(3) defines an individual with an ownership or control interest as:

- *A five percent direct or indirect owner of the provider,*
- *An officer or director of the provider (if the provider is a corporation), or*
- *Someone with a partnership interest in the provider if the provider is a partnership*

The delegated official must be a delegated official of the provider, 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 provider's parent company, management company, or chain home office as a basis for his/her role as the provider's delegated official.

The provider must complete the Ownership Interest and Managing Control Information for Individuals section of the Form CMS-855A for all delegated officials.

A delegated official has no authority to sign an initial application. However, the delegated official may (i) sign a revalidation application 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 provider'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 provider's Medicare data or to sign revalidation applications.

For purposes of the Delegated Officials information captured in the Delegated Official 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 provider, or who conducts the day-to-day operations of the provider. However, this does not include persons who, either under contract or through some other arrangement, manage the day-to-day operations of the provider but who are not actual W-2 employees. For instance, suppose the provider hires Joe Smith as an independent contractor to run its day-to-day-operations. Under the definition of "managing employee" in the Ownership Interest and Managing Control Information for Individuals section of the Form CMS-855A, Smith would have to be listed in that section. Yet under the Delegated Officials section definition (as described above), Smith cannot be a delegated official because he is not an actual W-2 employee of the provider. Independent contractors are not considered "managing employees" under the Delegated Officials section of the Form CMS-855A.

B. W-2 Form

Unless the contractor requests it to do so, the provider need not submit a copy of the owning/managing individual's W-2 to verify an employment relationship.

C. Number of Delegated Officials

The provider can have as many delegated officials as it chooses. It also need not have any delegated officials at all. If the provider lists no delegated officials, however, the authorized official(s) remains the only individual(s) who can report changes and/or updates to the provider's enrollment data.

D. Effective Date

The effective date in PECOS for a delegated official should be the date of signature.

E. SSN

To be a delegated official, the person must have and submit his/her SSN. He/she may not use an ITIN in lieu of an SSN in this regard.

F. Deletion of a Delegated Official

For delegated official deletions, documentation verifying that the person no longer is or qualifies as a delegated official is not required. In addition, the delegated official's signature is unnecessary.

G. Delegated Official Not on File

If the provider 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:

(i) The person meets the definition of a delegated official,
(ii) The provider completes the Individual Ownership and/or Managing Control section of the Form CMS-855A for that person, and
(iii) An authorized official signs off on the addition of the delegated official.

(NOTE: The original change request and the addition of the new official constitute a single change request (i.e., one change request encompassing two different actions) for purpose of enrollment processing and reporting)).

H. Signature on Paper Application

If the provider submits a paper Form CMS-855A change request, the contractor may accept a delegated official's signature in the Certification Statement or Delegated Official section of the Form CMS-855A.

I. Telephone Number

The delegated official's telephone number can be left blank. No further development is needed.

10.3.1.1.13 – Additional Form CMS-855A Processing Information
(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Supporting Documents Section

See the Supporting Documents section of the Form CMS-855A 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 contractor may change the provider's status in PECOS 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

Multiple providers may have the same TIN. However, each provider must submit a separate Form CMS-855A application, and the contractor must create a separate enrollment record for each.

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 contractor shall change the effective date in PECOS.

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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. In addition, these processing alternatives apply notwithstanding any instruction in this chapter to the contrary.

A. General Principle

(Subject to the exceptions listed below, 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) 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 is not required to 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

Per section 10.6.19(H) of this chapter, the contractor shall document in the provider file 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter or in another CMS directive, 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, any blank data/checkboxes in this section can be verified through any means chosen by the contractor (e.g., e-mail, telephone, fax).

10.3.1.2.2 – Section 2 (Identifying Information) - Form CMS-855B

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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, 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. The contractor need not verify the correspondence address. 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 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 email 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

See section 10.6.6 of this chapter for information regarding final adverse actions.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 accordingly in the contractor's verification documentation per section 10.6.19 et seq. of this chapter. (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 entry, 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 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, email, 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, email, 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, email, 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). 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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, 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, 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 phone, 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 the comment section 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Certification Statement

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, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures.

Valid acceptable 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). The contractor may contact its PEOG BFL for questions regarding electronic signatures.

All signatures (handwritten or digital) are valid and appropriate in regards to (1) signatures on the paper Form CMS-855B and (2) uploaded signatures on the certification statement for Internet-based PECOS applications.

The supplier may submit their certification statement via e-signature or paper.

1. 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 email 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 unless the contractor is requesting signatures of the other authorized and delegated officials.

(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 signature.

2. Certification Statement: Internet-based PECOS Submissions

If, for Internet-based PECOS submissions, the supplier submits its certification statement via paper rather than through e-signature, it shall do so via PECOS upload functionality. The supplier shall not mail in its paper certification statement, for it cannot be accepted.

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) Signature dates cannot be more than 120 days prior to the receipt date of the application.

(iii) 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: (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.

(iv) For Internet-based PECOS 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 submitted within 30 days. Obtaining the signatures of the other authorized and delegated officials is not required unless the contractor is requesting signatures of the other authorized and delegated officials.

(v) For Internet-based 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.

(vi) 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.

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

3. Certification Statement Development

If the supplier submits an invalid certification statement (e.g., unsigned; undated; or stamped signature; signed more than 120 days of the receipt date, incorrect individual signed it; not all authorized officials signed it) or neglects to send a certification statement at all, the contractor shall treat this as missing information and develop for a correct certification statement using the procedures outlined in this chapter. The contractor shall send a development letter to the supplier – preferably via email or fax.

Any development requests requiring a newly signed certification statement may be submitted for paper applications via scanned email, fax, or mail---and, for web applications, by upload, fax, email, or e-signature. 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.)

10.3.1.2.8 – Section 15 (Authorized Officials) - Form CMS-855B

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Requirements

An authorized official must be a 5 percent direct owner, chairman of the board, etc., of the enrolling supplier with the authority to bind the supplier, both legally and financially, to the requirements set forth in 42 CFR §424.510. This person must also have an ownership or control interest in the supplier--- such as the general partner, chairman of the board, chief financial officer, chief executive officer, president, or someone holding a position of similar status and authority within the provider organization. One cannot use his/her status as the chief executive officer, chief financial officer, etc., of the supplier's parent company, management company, or chain home office as a basis for his/her role as the provider's authorized official.

Section 424.502 specifically defines an authorized official as an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program. Note that an authorized official is not restricted to the examples of the titles outlined above but can be a person of equivalent status who is an appointed official to whom the organization has granted the legal authority to act

on the organization's behalf. These additional titles could include, but are not limited to, executive director, administrator, president, and vice-president. The contractor shall consider the individual's title as well as the authority granted by the organization when determining whether an individual qualifies as an authorized official. If the contractor is unsure of an authorized official's qualifications or authority, it shall contact its PEOG BFL for guidance. In addition, the contractor shall obtain PEOG BFL approval if the only role of the listed authorized official is "Contracted Managing Employee" notwithstanding his/her title or other qualifications; the PEOG BFL will confirm authority.

If the person is not listed as a "Contracted Managing Employee" in the Individual Ownership Interest and/or Managing Control Information section and the contractor has no reason to suspect that the person does not qualify as an authorized official, no further investigation is required. Should the contractor have doubts that the individual qualifies as an authorized official, it shall contact the official or the applicant's contact person to obtain more information about the official's job title and/or authority to bind. If the contractor remains unconvinced that the individual qualifies as an authorized official, it shall notify the supplier that the person cannot be an authorized official. If that person is the only authorized official listed and the supplier refuses to use a different authorized official, the contractor shall deny the application.

B. Number of Authorized Officials

The supplier can have an unlimited number of authorized officials, so long as each meets the definition of an authorized official. However, the supplier must complete the Individual Ownership and/or Managing Control section of the Form CMS-855B for each authorized official.

C. Deletion of Authorized Official

For authorized official deletions, the contractor need not obtain (1) that official's signature, or (2) documentation verifying that the person is no longer an authorized official.

D. Change in Authorized Officials

A change in authorized officials does not impact the authority of existing delegated officials to report changes and/or updates to the supplier's enrollment data or to sign revalidation applications.

E. Authorized Official Not on File

If the supplier submits a change request (e.g., change of address) and the authorized official signing it is not on file, the contractor shall ensure that: (1) the person meets the definition of an authorized official; and (2) the Individual Ownership Interest and/or Managing Control Information section of the Form CMS-855B is completed for him/her. The signature of an existing authorized official is not needed to add a new authorized official. Note that 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.

F. Effective Date

The effective date in PECOS for an authorized official should be the date of signature.

G. Social Security Number

To be an authorized official, the person must have and submit his/her SSN. He/she may not use an Individual Taxpayer Identification Number (ITIN) in lieu of an SSN in this regard.

H. Identifying the Supplier

As stated earlier, an authorized official must be an authorized official of the supplier, not of an owning organization, parent company, chain home office, or management company. Identifying the supplier is not - for purposes of determining an authorized official's qualifications - determined solely by the supplier's tax identification number (TIN). Rather, the organizational structure is the central factor. For instance, suppose that a chain drug store, Company X, wants to enroll 100 of its pharmacies with the contractor. Each pharmacy has a separate TIN and must therefore enroll separately. Yet all of the pharmacies are part of a single corporate entity – Company X. In other words, there are not 100 separate corporations in our scenario, but merely one corporation whose individual locations have different TINs. Here, an authorized official for Pharmacy #76, can be someone at X's headquarters (assuming that the definition of authorized official is otherwise met), even though this main office might be operating under a TIN that is different from that of #76. This is because headquarters and Pharmacy #76 are part of the same organization/corporation. Conversely, if #76 was a corporation that was separate and distinct from Company X, only individuals that were part of #76 could be authorized officials.

I. Signatory Requirements

1. Valid Signatures – See section 10.3.1.2.7(A) of this chapter for information on the types of acceptable signatures. If the contractor receives a digital signature that differs from those described in section 10.3.1.2.7(A), the contractor shall contact its PEOG BFL for guidance.

2. Form CMS-855B Initial Applications – For these transactions, an authorized official must sign and date the certification statement.

3. Change Requests and Revalidations - For these transactions, an authorized or delegated official may sign the certification statement. This applies to: (1) signatures on the paper Form CMS-855B; (2) signatures on the certification statement for Internet-based provider enrollment; and (3) electronic signatures.

4. The authorized official's telephone number can be left blank. No further development is needed.

10.3.1.2.9 – Section 16 (Delegated Officials) - Form CMS-855B

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Requirements

A delegated official is an individual to whom an authorized official listed in the Certification Statement section of the Form CMS-855B 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 were 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 an 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:

- *A five percent direct or indirect owner of the supplier,*
- *An officer or director of the supplier (if the supplier is a corporation), or*
- *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.

The supplier must complete the Ownership Interest and Managing Control Information for Individuals section of the Form CMS-855B for all delegated officials.

A delegated official has no authority to sign an initial application. However, the delegated official may (i) sign a revalidation application 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 Delegated Official 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 provider, 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 provider hires Joe Smith as an independent contractor to run its day-to-day-operations. Under the definition of "managing employee" in the Ownership Interest and Managing Control Information for Individuals section of the Form CMS-855B, Smith would have to be listed in that section. Yet under the Delegated Officials section definition (as described above), Smith cannot be a delegated official because he is not an actual W-2 employee of the provider. Independent contractors are not considered "managing employees" under the Delegated Officials section of the Form CMS-855B.

B. 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.

C. Number of Delegated Officials

The supplier can have as many delegated officials as it chooses. It also need not have any delegated officials at all. If the supplier lists no delegated officials, however, the authorized official(s) remains the only individual(s) who can report changes and/or updates to the supplier's enrollment data.

D. Effective Date

The effective date in PECOS for a delegated official should be the date of signature.

E. SSN

To be a delegated official, the person must have and submit his/her SSN. He/she may not use an ITIN in lieu of an SSN in this regard.

F. Deletion of a Delegated Official

For delegated official deletions, documentation verifying that the person no longer is or qualifies as a delegated official is not required. In addition, the delegated official's signature is unnecessary.

G. 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:

(i) The person meets the definition of a delegated official,
(ii) The supplier completes the Individual Ownership and/or Managing Control section of the Form CMS-855B for that person, and
(iii) An authorized official signs off on the addition of the delegated official.

(NOTE: The original change request and the addition of the new official constitute a single change request (i.e., one change request encompassing two different actions) for purpose of enrollment processing and reporting)).

H. Signature on Paper Application

If the provider submits a paper Form CMS-855B change request, the contractor may accept a delegated official's signature in the Certification Statement or Delegated Official section of the Form CMS-855B.

I. Telephone Number

The delegated official's telephone number can be left blank. No further development is needed.

10.3.1.2.10 – Additional Form CMS-855B Processing Information

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Supporting Documents (Section 17)

See the Supporting Documents Section of the Form CMS-855B 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 dictates 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

Regarding 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.

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*

- *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*

- *The applicant's 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.)*

- *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*

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 the provider file 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.

3. 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.

4. Inapplicable Questions

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

5. 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Purpose and Verification

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter or in another CMS directive, 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 the voluntary termination checkbox and the effective date of termination checkbox in the Basic Information section of the Form CMS-855I, any blank data/checkboxes in the Basic Information section can be verified through any means (e.g., 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, in an 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 email 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.

B. 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.

C. 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.

D. 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.

E. 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

See section 10.6.6 of this chapter for information regarding final adverse actions.

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

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 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 their 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), 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 the provider file pursuant to section 10.6.19(H) of this chapter.

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 the contractor's verification documentation per section 10.6.19(H) of this chapter. (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. 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-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, 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

*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 CMS-855I is submitted for the purpose of revalidation), the physician or non-physician practitioner need not submit the NPI in Section 4F of the Form CMS-855I. In short, if the individual, clinic/group practice, or organization is already established in PECOS, the individual, clinic/group practice, or organization need not include an NPI in the Business Information/Individual Reassignment/Affiliation Information section. 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 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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, 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, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures.

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). The contractor may 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 email or fax. This includes certification statements that: (a) are unsigned; (b) are undated; (c) were 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 submissions, someone other than the physician or non-physician practitioner signed the form, except as noted in section 10.3.1.3.6(B); (e) are missing; or (f) are 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 signature.

D. Internet-Based PECOS Submissions

If the supplier submits an online application and his/her certification statement via paper rather than through e-signature, he/she shall do so via PECOS upload functionality. The supplier shall not mail his/her paper certification statement, for it will not be accepted.

If the supplier submits an invalid certification statement or no certification statement at all, 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: (a) are unsigned; (b) are undated; (c) were signed (as reflected by the date of signature) more than 120 days prior to the date on which the contractor received the application; (d) someone other than the physician or non-physician practitioner signed the form, except as noted in section 10.3.1.3.6(B); (e) are missing; or (f) are 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) As applicable, 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 signature.

E. Certification Statement Development

Any development requests that require the submission of a newly signed certification statement may be submitted for paper applications via scanned email, fax, or mail; and for web applications by upload, fax, email, or e-signature. Only the actual signature page is required; the additional page containing the certification terms need not be submitted. 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.

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 is no longer considered to be an update to that change request. Rather, it is considered 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.

C. Processing Alternatives

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. 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, per section 10.6.19(H) of this chapter, the contractor shall document in the provider file 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, paramedic intercept services documents, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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: (1) terminate an existing reassignment; or (2) designate or change a primary and/or secondary practice location. 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Basic Information (Section 1)

(In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter or in another CMS directive, 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 Internet-based 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, 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 of 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.

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Reassignment Signature Policies

The supplier may submit their certification statement via e-signature or paper.

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, the contractor shall develop for it.

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, the contractor shall develop for a signature.

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.

For Form CMS-855R initial applications, the certification statement must be signed and dated by the physician or practitioner and the authorized official or delegated official of the provider or supplier. This applies to (1) signatures on the paper Form CMS-855, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures.

For Form CMS-855R applications submitted to change and/or update the provider or supplier's Medicare enrollment data (including updates to the primary practice location or termination of a reassignment), the certification statement may be signed by either the physician/practitioner or the authorized or delegated official of the provider or supplier.

This applies to: (1) signatures on the paper Form CMS-855R, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures.

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). The contractor may contact its PEOG BFL for questions regarding electronic signatures.

All signatures (handwritten or digital) are valid and appropriate regarding (1) signatures on the paper Form CMS-855R and (2) uploaded signatures on the certification statement for Internet-based PECOS applications.

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 email 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) For paper changes of information applications (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 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 signature.

C. Internet-Based PECOS Submissions

If the supplier submits an online Form CMS-855R application with a paper certification statement, the latter shall be submitted via PECOS upload functionality. The submitter shall not mail in the paper certification statement as it will not be accepted.

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 upon review.

(ii) Signature dates cannot be more than 120 days prior to the receipt date of the application.

(iii) If an invalid certification statement is submitted, 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: (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.

(iv) For Internet-based PECOS applications that require development, the dated signature of only one of the reassignee's authorized or delegated officials need 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 Internet-based PECOS changes of information applications (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 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.

(vi) 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. In addition, the contractor shall not request the submission of a driver's license or passport to verify a signature.

D. Certification Statement Development

If development is required per this section 10.4.1.3.1, the contractor shall send a development letter to the supplier – preferably via email or fax.

Newly signed certification statements furnished per a development request may be submitted as follows: (1) for paper applications - via scanned email, fax, or mail; and (2) for Internet-based PECOS applications - via upload, fax, email, or e-signature. 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.

E. Privacy Statement

All information collected on the Form CMS-855R 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, 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 shall be 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. 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 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.

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-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, Certifying Physicians, and other Eligible Professionals

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

This form is used by physicians and other eligible professionals who wish to register in Medicare solely for the purpose of ordering and certifying. 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.

10.3.1.5.1 – Sections 1 through 7 of the Form CMS-855O

(Rev.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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 or in another CMS directive, the ordering or certifying individual may only check one reason for submittal.

With the exception of the voluntary termination checkbox, 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: (1) a residency contract signed and dated by both an official of the institution and the resident physician; or (2) a letter on institution letterhead signed and dated by an official of the institution that (a) confirms the applicant's status as a resident physician and (b) 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 required at all in a particular state; here, the contractor shall still ensure that the supplier meets all applicable state and Medicare requirements.

In situations where 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 in the Important Address Information section of the Form CMS-855O 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, 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 email 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 suppler. 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.

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, email, 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.)

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, email, fax, or mail from the individual himself/herself or a current contact person on file. The contractor shall document in the comment section 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Policies

The supplier may submit his/her certification statement via e-signature, web upload, or paper.

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 (1) signatures on the paper Form CMS-855O, (2) signatures on the certification statement for Internet-based PECOS applications, and (3) electronic signatures; it also applies to initial enrollments, changes of information, reactivations, voluntary withdrawals, etc.

Valid signatures include handwritten (wet) signatures in ink and digital/ signatures (digital or electronic signatures such as those created by digital signature options in software, such as Adobe) shall be accepted. The contractor may contact its PEOG BFL for questions regarding electronic signatures.

All signatures (handwritten or digital) are valid and appropriate in regards to (1) signatures on the paper Form CMS-855O and (2) uploaded signatures on Internet-based PECOS applications.

(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.)

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 email 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) for paper Form CMS-855O submissions, 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 (as the term "changes of information" is defined in section 10.4.4 of this chapter), 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. Also, the contractor shall not request the submission of a driver's license or passport to verify a signature.

C. Internet-Based PECOS Submissions

If the supplier submits his/her application online and his/her certification statement via paper rather than through e-signature, he/she shall do so via PECOS upload functionality. The supplier shall not mail in its paper certification statement as it will not be accepted.

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 upon review.

(ii) Signature dates cannot be more than 120 days prior to the receipt date of the application.

(iii) 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: (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) for paper Form CMS-855O submissions, someone other than the physician or practitioner signed the form (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 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.

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

(v) For Internet-based PECOS change of information applications (as the term "changes of information" is defined in section 10.4.4 of this chapter), 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. Also, the contractor shall not request the submission of a driver's license or passport to verify a signature.

D. Certification Statement Development

Any development requests that require the submission of a newly signed certification statement may be submitted via scanned email, fax, or mail for paper applications, and via upload, fax, email or e-signature for web applications. 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.

E. Privacy Statement

All information collected on the Form CMS-855O 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." 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Processing Initial Form CMS-855O Submissions

The instructions in sections 10.4 through 10.4.1.5 of this chapter take precedence over those in this section 10.3.1.5.3.

1. Receipt

Upon receipt of an initial Form CMS-855O, the contractor may begin the verification process at any time. Also, the contractor need not create a PECOS logging and tracking (L & T) record within a certain specified timeframe (e.g., within 20 days after receipt of the application).

(NOTE: 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.)

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 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 verify all information on the Form CMS-855O. 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. (The contractor reserves the right to request that the individual submit documentation verifying his/her professional licensure, credentials, or education.)

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.

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 developmental 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 CMS Provider Enrollment & Oversight Group Business Function Lead (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 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 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

The contractor may begin the verification process at any time. Also, the contractor is not required to create a PECOS logging and tracking (L & T) record within a certain specified timeframe (e.g., within 20 days after receipt of the application).

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 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 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. General Processing Alternatives

The following general alternatives are applicable to all sections of the Form CMS-855O, unless otherwise specified:

(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.

B. 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) 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, per section 10.6.19(H) of this chapter, the contractor shall document in the provider file 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.

C. 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.

D. 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.

E. 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.

F. Conversion from Form CMS-855O to Form CMS-855I – PECOS Requirements

Internet-based PECOS permits an individual supplier to convert his/her current Form CMS-855O 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. A logging and tracking (L&T) submittal reason of Voluntary Termination shall be used to withdraw the Form CMS-855O 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-855O enrollment requiring withdrawal is outside of the contractor's jurisdiction, the contractor shall notify the other contractor via email using the "Associate Profile Contact List," stating that the enrollment needs to be voluntary withdrawn. The second contractor shall take action based on the email and include the email in its files as documentation.

If the supplier submits a paper Form CMS-855I and a current Form CMS-855O enrollment exists within the contractor jurisdiction, the contractor shall voluntarily withdraw the Form CMS-855O enrollment. If the current Form CMS-855O enrollment is outside of the contractor's jurisdiction, the contractor shall notify the other contractor via email 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 include the email in its files as documentation.

If the supplier submits a paper Form CMS-855O 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-855O enrollment into a Form CMS-855I enrollment in error (either via paper or Internet-based 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-855O 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

This application should be completed by DMEPOS suppliers. The National Supplier Clearinghouse (NSC) is responsible for processing this type of enrollment application.

(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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Basic Information (Section 1)

In this section, the supplier indicates the reason for submittal of the application. Unless otherwise stated in this chapter or in another CMS directive, 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, suppliers 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 - Suppliers 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.

C. Products/Accreditation Information (Section 3)

See section 10.2.5 of this chapter for information on accreditation requirements.

D. Important Address Information (Section 4)

See the Important Address Information section of the Form CMS-855S for more background on this matter.

E. Comprehensive Liability Insurance Information (Section 5)

See the Comprehensive Liability Insurance Information section of the Form CMS-855S for more background on this matter.

F. Surety Bond Information (Section 6)

See section 10.2.5 of this matter for information on surety bond requirements.

G. Final Adverse Legal Actions/Convictions (Section 7)

See section 10.6.6 of this chapter for information regarding final adverse actions.

H. Ownership Interest and/or Managing Control Information (Organizations) (Section 8)

See section 10.6.7(A) of this chapter for more information on owning and managing organizations.

I. Ownership Interest and/or Managing Control Information (Individuals) (Section 9)

See section 10.6.7(B) of this chapter for more information on owning and managing organizations.

J. Billing Agency Information (Section 10)

(See section 10.6.8 of this chapter for more information on billing agencies.)

If the telephone number in the Billing Agency Information section is blank, the number can be verified with the supplier by telephone, e-mail, or fax. If the entire section is blank (including the check box), no additional development is necessary.

K. Contact Person Information (Section 11)

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, e-mail, or fax or (2) contact an authorized or delegated official.

There is no existing option on the Form CMS-855S form to delete a contact person. The contractor shall therefore accept end-dates of a contact person via phone, email, fax, or mail from the individual supplier, the authorized or delegation official, or a current contact person on file. The contractor shall document in the comment section 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 10.6.11 of this chapter for more information on contact persons.

L. Supporting Documents (Section 12)

See the Supporting Documents section of the Form CMS-855S for information concerning supporting documents.

M. Penalties for Falsifying Information (Section 13)

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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

A. Assignment of Delegated Officials (Section 14)

1. Qualifications

A delegated official is an individual to whom an authorized official listed in the Assignment of Delegated Officials section of the Form CMS-855S 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.

The Ownership Interest and Managing Control Information in the Individual Ownership Interest and/or Managing Control Information section of 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, the delegated official may (i) sign a revalidation application 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 under the Individual Ownership and/or Managing Control section definition (as described above), 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" under the Individual Ownership and/or Managing Control section of the Form CMS-855S.

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 is not required to 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 effective date in PECOS for the Assignment of Delegated Officials section of the Form CMS-855S should be the effective date listed in the Assignment of Delegated Officials section of the Form CMS-855S 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) the Individual Ownership and/or Managing Control section 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.

B. Authorized Official Certification Statement and Signature (Section 15)

(The supplier may submit its certification statement via e-signature or paper to the contractor.)

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 and 10.3.1.1.11 of this chapter for a definition of "authorized official."). This applies to: (1) signatures on the paper Form CMS-855S; (2) signatures on the certification statement for Internet-based PECOS applications; and (3) electronic signatures.

For Form CMS-855S applications submitted 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. This applies to (1) signatures on the paper Form CMS-855S; (2) signatures on the certification statement for Internet-based PECOS applications; and (3) electronic signatures.

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) shall be accepted. The contractor may contact its PEOG BFL for questions regarding electronic signatures.

All signatures (handwritten or digital) are valid and appropriate in regards to (1) signatures on the paper Form CMS-855S and (2) uploaded signatures on the certification statement for Internet-based PECOS applications.

C. Privacy Statement

All information collected on the Form CMS-855S 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." 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.11168; Issued:12-22-21; Effective:12-31-21; Implementation:01-24-22)

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) 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, per section 10.6.19(H) of this chapter, the contractor shall document in the provider file 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).) Additionally, the contractor shall not utilize information submitted along with opt-out applications for enrollment application processing or vice-versa.