CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 363	**Date: January 14, 2011**
	Change Request 7221

SUBJECT: Clarification for Part A Contractors Including Audit and Claims Intermediaries Notifying Each Other via E-mail Upon Processing of the Initial Enrollment Application, Change of Information, Voluntary Termination, or Any Other CMS-855 Transaction

I. SUMMARY OF CHANGES: Once the audit intermediary finishes processing the initial enrollment application, change of information, voluntary termination, or any other CMS-855 transaction, it shall no longer fax a copy of the applicable CMS-855 paperwork to the claims intermediary. Audit intermediaries shall now notify the claims intermediary via e-mail.

EFFECTIVE DATE: February 15, 2011
IMPLEMENTATION DATE: February 15, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
D	10/5.5.1/Jurisdictional Issues
R	15/Table of Contents
N	15/5.5.1/Jurisdictional Issues

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

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

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 363	Date: January 14, 2011	Change Request: 7221

SUBJECT: Clarification for Part A Contractors Including Audit and Claims Intermediaries Notifying Each Other via E-mail Upon Processing of the Initial Enrollment Application, Change of Information, Voluntary Termination, or Any Other CMS-855 Transaction

Effective Date: February 15, 2011

Implementation Date: February 15, 2011

I. GENERAL INFORMATION

A. Background: For purposes of enrollment, there are generally two categories of intermediaries: audit intermediaries and claims intermediaries. The audit intermediary enrolls the provider, conducts audits, etc. The claims intermediary pays the provider's claims. In most cases, the provider's audit intermediary and claims intermediary will be the same. On occasion, however, they will be different; this often happens with provider-based entities, whereby the provider's enrollment application will be processed by the parent provider's intermediary (audit intermediary) and its claims will be paid by a different intermediary (claims intermediary).

Once the audit intermediary finishes processing the initial enrollment application, change of information, voluntary termination, or any other CMS-855 transaction, it shall no longer fax a copy of the applicable CMS-855 paperwork to the claims intermediary. Audit intermediaries shall now notify the claims intermediary via e-mail that a CMS-855 transaction has occurred and the information has been updated in PECOS. Pertinent identifying information such as the Provider Legal Business Name, CCN, NPI, and ERID should be included on the e-mail notification. Any supporting documentation that may contain Personal Health Information (PHI) or Personally Identifiable Information (PII) such as Electronic Funds Transfer (EFT) information may still be faxed to the claims intermediary.

Contractors shall avoid including PII or PHI on all e-mail notifications. If such information is included, the contractor shall be responsible for sending it securely and adding any needed encryption.

Upon receipt of the e-mail notification, the claims intermediary shall be responsible for accessing PECOS and reviewing the enrollment record ID to see what has changed and update its records accordingly.

The audit intermediary shall be responsible for keeping the original copies on the CMS 855 paperwork and supporting documentation.

Moreover, in situations where the audit intermediary is different from the claims intermediary, the audit intermediary shall e-mail a copy of all tie-in and tie-out notices it receives to the claims intermediary instead of by fax.

Again, it is imperative that audit and claims intermediaries effectively communicate and coordinate with each other in all payment-related and program integrity matters involving the provider.

B. Policy: Minor revision to Pub. 100-08, Program Integrity Manual, chapter 15, section 5.1 - removed contractor responsibility for faxing a copy of the applicable CMS 855 paperwork to the claims intermediary and replaced the word fax with an e-mail notification to the contractor.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7221.1	Contractors shall no longer fax the initial enrollment application, change of information, voluntary termination, or any other CMS-855 transaction to the claims intermediary.	X		X		X					
7221.2	Contractors shall notify the claims intermediary or Part A contractor via e-mail notification information regarding the initial enrollment application, change of information, voluntary termination, or any other CMS-855 transaction.	X		X		X					
7221.3	Contractors shall include pertinent provider identification information on the e-mail notification such as the Provider Legal Business Name, CCN, NPI, and ERID.	X		X		X					
7221.4	Contractors serving as the claims intermediary shall be responsible for accessing PECOS and reviewing the enrollment record ID to see what has changed and update its records accordingly upon receipt of the e-mail notification.					X					
7221.5	Contractors shall be responsible for faxing any supporting documentation that may contain PHI or PII such as EFT information to the claims intermediary.	X		X		X					
7221.6	Contractors shall avoid including PII or PHI on all e-mail notifications. If such information is included, the contractor shall be responsible for sending it securely and adding any needed encryption.	X		X		X					
7221.7	Contractors serving as the audit intermediary shall be responsible for keeping the original copies on the CMS 855 paperwork and supporting documentation.	X		X							

III. PROVIDER EDUCATION TABLE

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

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

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

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

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

V. CONTACTS

Pre-Implementation Contact(s): Tolla Anderson, tolla.anderson@cms.hhs.gov, 410-786-1786

Post-Implementation Contact(s): Tolla Anderson, tolla.anderson@cms.hhs.gov, 410-786-1786

VI. FUNDING

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

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

Section B: *For Medicare Administrative Contractors (MACs),* include the following statement:

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

Medicare Program Integrity Manual

Chapter 15 - Medicare Enrollment

Table of Contents
(Rev.363, Issued: 01-14-11)

15.5.1 - Jurisdictional Issues

(Rev. 363, Issued: 01-14-11, Effective: 02-15-11, Implementation: 02-15-11)

A. Audit and Claims Intermediaries

For purposes of enrollment, there are generally two categories of intermediaries: audit intermediaries and claims intermediaries. The audit intermediary enrolls the provider, conducts audits, etc. The claims intermediary pays the provider's claims. In most cases, the provider's audit intermediary and claims intermediary will be the same. On occasion, however, they will be different; this often happens with provider-based entities, whereby the provider's enrollment application will be processed by the parent provider's intermediary (audit intermediary) and its claims will be paid by a different intermediary (claims intermediary).

In situations where the audit and claims intermediaries differ, the audit intermediary shall process all changes of information, including all EFT changes. The audit intermediary shall notify the applicant during the initial enrollment process that all future changes of information must be sent to the audit intermediary, not the claims intermediary. (Quite often, a provider will submit an EFT change request to the claims intermediary because the latter processes the provider's claims.) If the provider inadvertently sends a change of information request (or, for that matter, an initial enrollment) to the claims intermediary, the latter shall return the application per section *15.8.1* of this *chapter*.

Once the audit intermediary finishes processing the initial enrollment application, change of information, voluntary termination, or any other CMS-855 transaction, it shall *e-mail a notification of the applicable CMS-855 transaction* to the claims intermediary *that information has been updated in PECOS. Pertinent identifying information such as the Provider Name, CCN, NPI, and ERID should be included on the e-mail notification. Any supporting documentation that may contain Personal Health Information (PHI) or Personally Identifiable Information (PII) such as Electronic Funds Transfer (EFT) may still be faxed to the claims intermediary.*

Upon receipt of the e-mail notification, the claims intermediary shall be responsible for accessing PECOS and reviewing the enrollment record ID to see what has changed and update its records accordingly.

The audit intermediary shall be responsible for keeping the original copies on the CMS 855 paperwork and supporting documentation.

Moreover, in situations where the audit intermediary is different from the claims intermediary, the audit intermediary shall *e-mail* a copy of all tie-in and tie-out notices it receives to the claims intermediary. For instance, if the audit intermediary receives a tie-in notice signifying that a provider's request for Medicare participation has been approved, the audit intermediary shall send an e-mail copy to the claims intermediary. This is to ensure that the claims intermediary is fully aware of the RO's action, as some ROs may only send copies of tie-in and tie-out notices to the audit intermediary. If the audit intermediary chooses, it can simply contact the claims intermediary by phone or e-mail and ask if the latter received the tie-in notice.

Again, it is imperative that audit and claims intermediaries effectively communicate and coordinate with each other in all payment-related and program integrity matters involving the provider.

B. Provider Nomination

With respect to issues regarding provider nomination and changes of intermediaries, the contractor shall adhere to the instructions in Pub. 100-04, chapter 1, sections 20 through 20.5.1.

If an intermediary receives a request from a provider to change its existing intermediary, it shall refer the provider to the RO contact person responsible for intermediary assignments.