

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0627	Date: December 3, 2008
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned: 12/17/08

PROGRAM AREA: Provider Enrollment

SUBJECT: Deceased Individuals and the Provider Enrollment Process

APPLIES TO: Contractor Specific

I. SUMMARY OF DOCUMENT: The purpose of this change request is to instruct contractors on the proper handling of certain provider enrollment functions related to deceased providers.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/Table of Contents
R	10/16/Date of Death Verification, Documentation, and Processing Activities

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Tim Hill/410-786-5448/Director, Office of Financial Management
Agency POC	Frank Whelan/410-786-1302/OFM/PIG/DPSE

IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY:

Attachment - Business Requirements

Pub. 100-08	Transmittal:	Date:	Change Request: 6194
--------------------	---------------------	--------------	-----------------------------

SUBJECT: Deceased Individuals and the Provider Enrollment Process

Effective Date: 30 days from issuance

Implementation Date: 30 days from issuance

I. GENERAL INFORMATION

A. Background: This change request addresses certain issues involving the relationship between the CMS-855 provider enrollment process and deceased individuals.

B. Policy: The purpose of this change request is to instruct contractors on the proper handling of certain provider enrollment functions related to deceased individuals.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6194.1	For physicians and non-physician practitioners on the list described in Pub. 100-08, chapter 10, section 16(A), the contractor shall determine whether the individual is enrolled in Medicare.	X			X					
6194.1.1	For each person described in 6194.1 who is enrolled in Medicare, the contractor shall verify the death by using the procedures identified in section 16(B)(1), of chapter 10.	X			X					
6194.1.2	Upon verification of the individual's death (as described in 6194.1.1), the contractor shall undertake all actions normally associated with the termination of a practitioner's Medicare billing privileges (with the exception of sending a termination letter to the individual).	X			X					
6194.2	If the person is an owner, managing employee, director, officer, authorized official, etc., the contractor shall verify and document that the person is deceased using the verification process described in 16(B) above.	X		X	X	X				
6194.2.1	For those individuals identified in 6194.2, the	X		X	X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	contractor shall request the organization with which the person is associated to submit a CMS-855 change of information that deletes the individual from the provider's enrollment record.										
6194.2.2	If the provider fails to submit the information described in 6194.2.1 within 90 calendar days of the contractor's request, the contractor shall deactivate the provider's billing privileges in accordance with 42 CFR §424.540(a)(2).	X		X	X	X					
6194.2.3	In the situation described in 6194.2.1, the contractor need not solicit a CMS-855 change request if the associate was the sole owner of his or her professional corporation or professional association, but can instead undertake all actions normally associated with a termination of a supplier's billing privileges (<u>including</u> sending a termination letter to the supplier).	X			X						
6194.2.4	In the situation described in 6194.2.1, the contractor need not solicit a CMS-855 change request if the organization is enrolled with another contractor, in which case the contractor shall notify (via fax or e-mail) the contractor with which the organization is enrolled of the situation.	X		X	X	X					
6194.2.4.1	In the situation described in 6194.2.4, the latter contractor shall take actions consistent with the instructions in section 16(B), of chapter 10.	X		X	X	X					
6194.3	If the contractor receives a report of a physician or non-physician practitioner's death from a third-party (e.g., State provider association), the contractor shall verify that the individual is deceased via the verification process described in section 16(C), of chapter 10.	X			X						
6194.3.1	Upon verification of the individual's death as described in 6194.3, the contractor shall undertake all actions normally associated with the termination of a practitioner's billing privileges (with the exception of sending a termination letter to the individual).	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6194.3.2	Upon verification of the individual's death as described in 6194.3, the contractor shall search the Provider Enrollment, Chain and Ownership System (PECOS) to determine whether the individual is listed therein as an owner, managing employee, etc.	X			X						
6194.3.3	In the situation described in 6194.3.2, if the person is identified as an associate in PECOS, the contractor shall request the organization with which the person is associated to submit a CMS-855 change of information that deletes the individual from the provider's enrollment record.	X			X						
6194.3.4	If the provider fails to submit the information described in 6194.3.3 within 90 calendar days of the contractor's request, the contractor shall deactivate the provider's billing privileges in accordance with 42 CFR §424.540(a)(2).	X			X						
6194.3.5	In the situation described in 6194.3.3, the contractor need not solicit a CMS-855 change request if the associate was the sole owner of his or her professional corporation or professional association, but can instead undertake all actions normally associated with a termination of a supplier's billing privileges (<u>including</u> sending a termination letter to the supplier).	X			X						
6194.3.6	In the situation described in 6194.3.3, the contractor need not solicit a CMS-855 change request if the organization is enrolled with another contractor, in which case the contractor shall notify (via fax or e-mail) the contractor with which the organization is enrolled of the situation.	X			X						
6194.3.6.1	In the situation described in 6194.3.6, the contractor with whom the organization is enrolled shall take actions consistent with section 16(C)(4), of chapter 10.	X		X	X	X					
6194.4	The contractor shall conduct outreach to State provider associations, State medical societies, academic medical institutions, group practices, etc., regarding the need to promptly inform contractors of the death of their member physicians and non-physician practitioners.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6194.5	When the contractor receives a request from the trustee or other legally-recognized representative of the provider's estate to change the provider's special payment address, the contractor shall, at a minimum, ensure that the information identified in section 16(E)(2) of chapter 10 is furnished.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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

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

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers and Regional Home Health Carriers (RHHs):

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

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

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

Medicare Program Integrity Manual

Chapter 10 - Medicare Provider/Supplier Enrollment

Table of Contents *(Rev.)*

16 – *Date of Death Verification, Documentation and Processing Activities*

16 – Date of Death Verification, Documentation and Processing Activities (Rev.)

A. Reports of Death from the Social Security Administration (SSA)

Contractors will receive from CMS a monthly file that lists individuals who have been reported as deceased to the SSA. To help ensure that Medicare maintains current enrollment and payment information and to prevent others from utilizing the enrollment data of deceased individuals, the contractor shall undertake the activities described below.

B. Verification Activities

1. Physicians and Non-Physician Practitioners

For physicians and non-physicians, the contractor shall determine whether the individual is enrolled in Medicare. If the person is not, no further action by the contractor is needed. If the person is enrolled, the contractor shall verify the death by:

- Obtaining oral or written confirmation of the death from an authorized or delegated official of the group practice to which the individual practitioner had reassigned his or her benefits; or*
- Obtaining an obituary notice from the newspaper; or*
- Obtaining oral or written confirmation from the State licensing board (e.g., telephone, e-mail, computer screen printout); or*
- Obtaining oral or written confirmation from the State Bureau of Vital Statistics; or*
- Obtaining a death certificate, Form SSA-704, or Form SSA-721 (statement of funeral director).*

Upon verification, the contractor shall undertake all actions (e.g., switching the PECOS record to “voluntary withdraw”) normally associated with the termination of a practitioner’s billing privileges - with the exception, of course, of sending a termination letter to the individual. The contractor shall place verification documentation in the provider file in accordance with section 10 of this manual.

2. Individuals Other than Physicians or Non-Physician Practitioners

If the person is an owner, managing employee, director, officer, authorized official, etc., the contractor shall verify and document that the person is deceased using the verification process described in 16(B) above.

Once the contractor verifies the report of death, it shall notify the provider organization with whom the individual is associated that it needs to submit a CMS-855 change request that deletes the individual from the provider's enrollment record. If the provider fails to submit this information within 90 calendar days of the contractor's request, the contractor shall deactivate the provider's Medicare billing privileges in accordance with 42 CFR §424.540(a)(2).

The contractor need not, however, solicit a CMS-855 change request if:

- The associate was the sole owner of his or her professional corporation or professional association. The contractor can simply terminate that organization's enrollment in Medicare and then undertake all actions normally associated with a termination of a supplier's billing privileges, including sending a termination letter to the supplier; or*
- The organization is enrolled with another contractor. Here, the contractor shall notify (via fax or e-mail) the contractor with which the organization is enrolled of the situation, at which time the latter contractor shall take actions consistent with this section 16(A).*

C. Reports of Death from Third-Parties

If a contractor receives a report of death from a third-party (State provider association, State medical society, academic medical institution, etc.), the contractor shall verify that the individual practitioner is deceased by:

- Obtaining oral or written confirmation of the death from an authorized or delegated official of the group practice to which the individual practitioner had reassigned his or her benefits; or*
- Obtaining an obituary notice from the newspaper; or*
- Obtaining oral or written confirmation from the State licensing board (e.g., telephone, e-mail, computer screen printout); or*
- Obtaining oral or written confirmation from the State Bureau of Vital Statistics;
or*

- *Obtaining a death certificate, Form SSA-704, or Form SSA-721 (statement of funeral director).*

Once the contractor verifies the death, it shall:

- 1. Undertake all actions normally associated with the termination of a supplier's billing privileges, with the exception of sending a termination letter to the practitioner.*
- 2. Search PECOS to determine whether the individual is listed therein as an owner, managing employee, director, officer, partner, authorized official, or delegated official.*
- 3. If the person is not in PECOS, no further action with respect to that individual is needed.*
- 4. If the supplier is indeed identified in PECOS as an owner, officer, etc., the contractor shall notify the organization with whom the person is associated that it needs to submit a CMS-855 change request that deletes the individual from the entity's enrollment record. If the provider fails to submit this information within 90 calendar days of the contractor's request, the contractor shall deactivate the provider's billing privileges in accordance with 42 CFR §424.540(a)(2).*

The contractor need not, however, ask for a CMS-855 change request if:

a. The practitioner was the sole owner of his/her professional corporation or professional association. The contractor can simply terminate the organization's enrollment in Medicare. It shall then undertake all termination actions normally associated with the termination of a supplier's billing privileges, including sending a termination letter to the supplier; or

b. The organization is enrolled with another contractor. In this situation, the contractor shall notify (via fax or e-mail) the contractor with which the organization is enrolled of the situation, at which time the latter contractor shall take actions consistent with this section 16(C).

The contractor shall place verification documentation in the provider file in accordance with section 10 of this manual.

D. Education & Outreach

The contractor shall conduct outreach to State provider associations, State medical societies, academic medical institution, and group practices, etc., regarding the need to promptly inform contractors of the death physicians, non-physician practitioners participating in the Medicare program.

E. Trustees/Legal Representatives

1. NPI - *The trustee/legal representative of a deceased provider's estate may deactivate the NPI of the deceased provider by providing written documentation to the NPI enumerator.*

2. Special Payment Address - *In situations where an individual practitioner has died, the contractor can make payments to the individual's estate per the instructions in Pub. 100-04, chapter 1. When the contractor receives a request from the trustee or other legally-recognized representative of the provider's estate to change the provider's special payment address, the contractor shall, at a minimum, ensure that the following information is furnished:*

- *CMS-855I change of information request that updates the "Special Payment" address in section 4 of the application. The CMS-855I can be signed by the trustee/legal representative.*
- *Any evidence – within reason - verifying that the practitioner is in fact deceased.*
- *Legal documentation verifying that the trustee/legal representative has the legal authority to act on behalf of the provider's estate.*

The policies in this section 16(E)(1) and (2) apply only to individual practitioners who operated their business as sole proprietors. It does not apply to solely-owned corporations, limited liability companies ,etc., nor does it apply to situations in which the practitioner reassigned his or her benefits to another entity.