

Tips to Facilitate the Medicare Enrollment Process

To ensure that your Medicare enrollment application is processed timely, you should:

1. Submit the current version (02/2008) of the Medicare enrollment application (CMS-855).

The Centers for Medicare & Medicaid Services revised the Medicare enrollment applications (CMS-855) in February 2008.

With the exception of providers enrolling as a specialty hospital on the CMS-855A, Medicare contractors will continue to accept the 2006 version of the Medicare enrollment application through June 2008. However, we encourage all providers and suppliers to begin using the new Medicare enrollment application immediately.

An electronic copy of the current CMS-855 Medicare enrollment application can be found at <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>

2. Submit the correct application for your provider or supplier type to the Medicare fee-for-service contractor servicing your State or location.

The Medicare contractor that serves your State or practice location is responsible for processing your enrollment application. Applicants must submit their application(s) to the appropriate Medicare fee-for-service contractor. A list of the Medicare fee-for-service contractors by State can be found in the download section of www.cms.hhs.gov/MedicareProviderSupEnroll.

3. Submit a complete application.

If you are enrolled in Medicare, but have not submitted the CMS-855 since 2003, you are required to submit a complete application. Providers and suppliers should follow the instructions for completing an initial enrollment application.

When completing a CMS-855 for the first time for any reason, each section of an application must be completed. When reporting a change to your enrollment information, complete each section listed in Section 1B of the CMS-855.

4. Request and obtain your National Provider Identifier (NPI) number before enrolling or making a change in your Medicare enrollment information.

CMS requires that providers and suppliers obtain their National Provider Identifier (NPI) prior to enrolling or updating their enrollment record with Medicare.

If you do not have an NPI, please contact the NPI Enumerator at <https://nppes.cms.hhs.gov> or call the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

5. Submit the Electronic Funds Transfer Authorization Agreement (CMS-588) with your enrollment application, if applicable.

CMS requires that providers and suppliers, who are enrolling in the Medicare program or making a change in their enrollment data, receive payments via electronic funds transfer. Reminder: when completing the CMS-588 complete each section.

The CMS-588 must be signed by the authorized official that signed the CMS-855.

Note: If a provider or supplier already receives payments electronically and is not making a change to his/her banking information, the CMS-588 is not required.

If you are a supplier who is reassigning all of your benefits to a group, neither you nor the group is required to receive payments via electronic funds transfer.

6. Submit all supporting documentation.

In addition to a complete application, each provider or supplier is required to submit all applicable supporting documentation at the time of filing. Supporting documentation includes professional licenses, business licenses, and, if applicable, an authorization agreement for Electronic Funds Transfer Authorization Agreement (CMS-588).

Note: Only durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers are required to submit the National Provider Identifier notification received from the National Plan and Provider Enumeration System.

See Section 17 of the CMS-855 for additional information regarding the applicable documentation requirements.

7. Sign and date the application.

Applications must be signed and dated by the appropriate individuals. Signatures must be original and in ink (blue preferable). Copied or stamped signatures will not be accepted.

8. Respond to fee-for-service contractor requests promptly and fully.

To facilitate your enrollment into the Medicare program, respond promptly and fully to any request for additional or clarifying information from the fee-for-service contractor.