



Medicare Enrollment for Institutional Providers

INFORMATION ABOUT ENROLLING IN THE MEDICARE PROGRAM

Institutional providers must enroll in the Medicare program using the Medicare enrollment application (Form CMS-855A) in order to be eligible to receive Medicare payment for covered services provided to Medicare beneficiaries.

The Medicare enrollment application is used to collect information about your organization and to secure the necessary documentation to ensure your organization is qualified and eligible to enroll in the Medicare program.

HOW TO ENROLL

A designated Medicare fee-for-service contractor will process the enrollment application and verify the information provided. During the processing of your application, the contractor may require additional information. It is important to respond to any requests from the fee-for service contractor as soon as possible. Failure to do so may delay your enrollment.

In addition to completing and submitting an enrollment application and all of the required supporting documentation to the appropriate fee-for-service contractor, new providers must also simultaneously contact their local State Survey Agency (SA) (note: certain provider types may elect voluntary accreditation by a Centers for Medicare & Medicaid Services (CMS) recognized accrediting organization in lieu of a State agency survey). The survey process is used to determine whether a provider meets the requirements for participation in the Medicare program. Failure to contact your SA or Medicare-approved accreditation organization in a timely manner may delay your enrollment into the Medicare program.

HOW TO REPORT CHANGES

Providers must notify the designated fee-for-service contractor within 90 days of any change in their enrollment information. Changes of information are submitted on the same applications used to initiate the Medicare enrollment process. A change of ownership or control must be reported within 30 days.

ENROLLMENT PROCESS

The usual process for becoming a certified Medicare provider is as follows:

1. The applicant completes and submits the Medicare enrollment application (Form CMS-855A) to its designated Medicare fee-for-service contractor.
2. The fee-for-service contractor reviews the application and makes a recommendation for approval or denial to the applicable CMS Regional Office.

3. Once the fee-for-service contractor makes a recommendation to approve enrollment, the SA or, if applicable, a CMS recognized accrediting organization conducts a survey. Based on the survey results, the SA makes a recommendation for approval or denial (a certification of compliance or noncompliance) to the CMS Regional Office.
4. The CMS Regional Office makes the final decision regarding program eligibility. The CMS Regional Office also works with the Office of Civil Rights to obtain the necessary Civil Rights clearances. If approved, the provider must typically sign a provider agreement.

ENROLLMENT AND ENUMERATION

The National Provider Identifier (NPI) will replace health care provider identifiers in use today in standard health care transactions. Providers must obtain their NPI prior to enrolling in the Medicare program. Enrolling in Medicare authorizes you to bill and be paid for services furnished to Medicare beneficiaries.

You may apply for an NPI at <https://nppes.cms.hhs.gov> or by calling the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

ADDITIONAL INFORMATION

When you are ready to enroll or make changes to your enrollment information, visit the CMS provider enrollment web site at <http://www.cms.hhs.gov/MedicareProviderSupEnroll/> to access and download the enrollment application for institutional providers, to find responses to commonly asked questions, or to find telephone and mailing address information for the fee-for-service contractor serving your area. In addition, the web site shown above contains information about the SA that is responsible for certifying your provider type.

To initiate the enrollment process, the following health care organizations must complete the Medicare enrollment application (Form CMS-855A):

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- Federally Qualified Health Center
- Histocompatibility Laboratory
- Home Health Agency
- Hospice
- Hospital
- Indian Health Services Facility
- Organ Procurement Organization
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services
- Religious Non-Medical Health Care Institution
- Rural Health Clinic
- Skilled Nursing Facility

If your health care organization is not listed above, contact the designated fee-for-service contractor (i.e., fiscal intermediary) before you complete and submit the Medicare enrollment application.