

Tips to Facilitate the Medicare Enrollment Process

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

- 1. Consider using Internet-based Provider Enrollment, Chain and Ownership System (PECOS) to enroll or make a change in your Medicare enrollment if it is available for your provider or supplier type.**

The Internet-based PECOS allows physicians and non-physician practitioners to enroll, make a change in their Medicare enrollment, or view their Medicare enrollment information on file with Medicare.

Internet-based PECOS is a scenario-driven application process with front-end editing capabilities and built-in help screens. The scenario-driven application process will ensure that physicians and non-physician practitioners complete and submit only the information necessary to enroll or make a change in their Medicare enrollment record.

All information for Internet-based PECOS can be found by logging on to the Medicare Provider and Supplier Enrollment webpage (www.cms.gov/MedicareProviderSupEnroll) and clicking on the *Internet-based PECOS* link located on navigation menu.

- 2. Submit the current version of the Medicare enrollment application (CMS-855).**

The Centers for Medicare & Medicaid Services (CMS) revised the Medicare enrollment applications (i.e., CMS-855A, CMS-855I, CMS-855B, CMS-855R and CMS-855POH) in July, 2011 and April, 2016. CMS revised the DMEPOS supplier enrollment application (i.e., CMS-855S) in May, 2016.

A copy of the Medicare enrollment application can be found at: <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>

- 3. 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 at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf.

- 4. Submit a complete application.**

If you are enrolled in Medicare, but have not submitted a CMS-855 or submitted an application via the Internet-Based Provider Enrollment Chain and Ownership System (PECOS) for a change of information or for revalidation, you are required to submit a complete application. Providers and suppliers should follow the

instructions for completing an initial enrollment application.

When completing a paper CMS-855 or an application via PECOS 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 paper CMS-855.

5. 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.

6. 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 Medicare enrollment application.

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.

7. 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, 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.

8. 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.

9. 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.

10. Understand how to facilitate the Change of Ownership (CHOW) Process

A Change of Ownership (CHOW) typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's Medicare Identification Number and provider agreement (including any outstanding Medicare debt of the old owner) to the new owner. The regulatory citation for CHOWs can be found at 42 C.F.R. 489.18.

- As referenced in 42 C.F.R. 424.520(b), changes of ownership or control must be reported within 30 days of the effective date of the change.
- The transfer of corporate stock or the merger of another corporation into the provider corporation does not constitute a CHOW.
 - In the case of an acquisition/merger, the seller/former owner's Medicare Identification Number dissolves.
 - In a CHOW, the seller/former owner's provider number typically remains intact and is transferred to the new owner.
- If the Tax Identification number changes, it is typically submitted as a CHOW.
- A CHOW generally occurs when the assets of the company are sold.
- The purchaser must be willing to accept terms and conditions of the provider agreement.
- Purchaser must accept responsibility for ALL liabilities of the current owner.

Seller/Former Owner

- Seller/Former Owner must complete and submit the following sections of the CMS 855A form: 1A, 2F, 13 and 15 or 16.
- Seller/Former Owner CMS-855A CHOW application does not require a recommendation for approval or denial; any recommendations will be based upon the CHOW application received from the new owner.

Buyer/New Owner

- Must complete and submit ALL sections of the CMS 855A form, except 2G and 2H.
- Must obtain National Provider Identifier (NPI) before enrolling.
- Must submit the Authorization Agreement for Electronic Funds Transfer Form CMS 588 (Electronic Funds Transfer Agreement).

Electronic Funds Transfer (EFT) Payments and CHOWs

- If you are already enrolled in Medicare and are not receiving Medicare payments via EFT, any change to your enrollment information will require you to submit a CMS-588 application. All future payments will then be made via EFT.
- The contractor shall continue to pay the Seller/Former Owner until it receives the tie-in notice from the Regional Office (RO).

Additional Documentation Reminders

- Must submit a copy of the bill of sale or purchase agreement.
- Must submit all appropriate licenses and certifications required by their state.
- Must submit IRS document confirming Tax Identification Number.
- Must submit Articles of Incorporation.