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Client Advisory

2006 Amendments to the CMS-855 Medicare Enrollment Process: Requirements to Establish and Maintain Medicare Enrollment

Background

A new *Final rule* is in place, effective June 20, 2006, amending the requirements for health care providers and suppliers to establish and maintain their Medicare enrollment. All Medicare physicians, providers, and suppliers should begin using the revised CMS-855 Medicare enrollment applications immediately. This guide will serve as a quick reference regarding the policy and process changes which providers and suppliers will face as they seek to initially enroll, update, and re-enroll as a Medicare participant using the applicable CMS-855 Medicare enrollment form. Links are provided throughout this document directing current and prospective participants to the required forms available at the Centers for Medicare & Medicaid Services (CMS) website. General information, including answers to frequently asked questions regarding the enrollment process, is also available at the CMS website at <http://www.cms.hhs.gov/MedicareProviderSupEnroll/>.

Medicare Enrollment Policy Changesⁱ

Purpose

The purpose of the changes in the Medicare enrollment process is to deter Medicare fraud and abuse. The regulation is intended “to protect beneficiaries and the Medicare Trust Funds by preventing unqualified, fraudulent, or excluded providers and suppliers from providing items or services to Medicare beneficiaries or billing the Medicare program . . .”ⁱⁱ

Timing

The amended process thus requires participants to re-enroll with Medicare at a minimum of every five years to verify that the enrollment information is accurate. Participants must update their enrollment application if any information changes. Additionally, CMS may require a provider to verify enrollment information at any time, and may conduct unannounced site-visits to confirm the accuracy of information provided by participants.

Certifying

The sole proprietor, practitioner, or other official who has legal authority to enroll the organization in the Medicare program must sign the CMS 855 application forms. This individual must have an ownership or control interest in the corporation. If the application is being changed or updated voluntarily by the provider, then signature authority may be delegated to another individual within the organization.

Change of Ownership (CHOW)

If a facility is sold, both the current and prospective owner must submit a Medicare application, or otherwise face sanctions or penalties including deactivation of the Medicare billing number. The *Final rule* prohibits billing numbers from being sold or transferred to another entity.

Revocation and appeal

If a provider fails to submit claims for a period of 12 months or longer, then CMS will revoke the provider's application. If a provider receives notice to review the information in a CMS-855 application on file, the provider has 60 days to update and certify that the information is accurate and complete.

If CMS revokes or denies a CMS-855 application, then the provider must submit a new application. This requires a new survey, provider agreement, and billing number. CMS considers an application denied only after all appeals are exhausted. If CMS revokes a provider's application for one facility, then CMS will subject all other applications by that provider to review for accuracy.

Deactivation and Reactivation

Finally, CMS may deactivate a provider's application for a period of time, during which no claims will be paid. The provider must submit a new application in order to reactivate an application, but this does not require a new survey, provider agreement, or billing number.

Medicare Enrollment Process Changes

1 – CMS-855 Medicare Enrollment Application

First, the provider or supplier should complete the appropriate version of the CMS-855 Medicare Enrollment Application, revised April 2006. The forms (and accompanying instructions) can be downloaded in PDF format from the CMS website through the links below:

- **CMS 855A—Medicare Enrollment Application for Institutional Providers:** <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>
- **CMS-855B—Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers:** <http://www.cms.hhs.gov/cmsforms/downloads/cms855b.pdf>
- **CMS-855I—Medicare Enrollment Application for Physicians and Non-Physician Practitioners:** <http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf>
- **CMS-855R—Medicare Enrollment Application for Reassignment of Medicare Benefits:** <http://www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf>

Section 17 of the applicable CMS-855 form lists the supporting documentation that you will need to submit with the enrollment application. In addition to the items

previously required, all applicants must submit the additional materials described in the following paragraphs.

2 – National Provider Identifier (NPI)

The provider or supplier must submit its National Provider Identifier (NPI) and a copy of the NPI notification provided by the National Plan and Provider Enumeration System with each enrollment application. An NPI can be obtained by submitting the National Provider Identified (NPI) Application/Update Form:

- <http://www.cms.hhs.gov/cmsforms/downloads/cms10114.pdf>

3 – Authorization Agreement for Electronic Funds Transfer

For initial enrollments, or if the provider or supplier is not currently receiving payments via EFT, the applicant must file the CMS-588 Authorization Agreement for Electronic Funds Transfer:

- <http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf>

4 – Supporting Documentation Required by Your Fee-for-Service Contractor

Finally, the Medicare fee-for-service contractor will process enrollment applications. The provider or supplier should contact the appropriate contractor serving the area where the applicant's facility or office is located to obtain a list of specific supporting documentation that must be submitted with the application. The following chart provides contact information for contractors in each state:

- http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/contact_list.pdf

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ⁱ CCH Medicare and Medicaid Guide, No. 1407. May 2, 2006.

ⁱⁱ Final Rule. Federal Register, Vol. 71, No. 77, April 21, 2006.