

PROVIDER ENROLLMENT INFORMATION:

Guidance for Completing the CMS Enrollment Forms

Completing the CMS-855B Application

Part 5
of 10

Objective

- Overview of Provider Enrollment and the enrollment process.
- Review of forms involved in the enrollment process.
- Assist providers with the enrollment process.
- Identify common errors within the enrollment process.

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf>

The following suppliers must complete this application to initiate the enrollment process:

- Ambulance Service Supplier
- Ambulatory Surgical Center
- Clinic/Group Practice
- Hospital Department(s)
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation
- Mammography Center
- Mass Immunization (Roster Biller only)
- Pharmacy
- Physical/Occupational Therapy Group in Private Practice
- Portable X-ray Supplier
- Radiation Therapy Center
- Other

Section 1A: Basic Information Needed

- Identify reason for submission (enrollment or change of information).
- Medicare Identification Number.
- NPI
- **Common Errors:**
 - Incorrect reason for application is identified.
 - Medicare Identification Number is placed in the incorrect field.
 - NPI is missing or in the incorrect field.

Section 1B: Change to Enrollment

- Identify change.
- Specific for ambulance service suppliers and Independent Diagnostic Testing Facilities (IDTFs).
- Identify the change(s).
- **Common Errors:**
 - Required sections listed for specific changes are not completed.

Section 2A: Type of Supplier

- Identify only **one** type (check applicable box).

Other Topics:

Provider Enrollment Overview
http://www.cgsmedicare.com/partb/enrollment/guidance_1.pdf

Provider Enrollment Tips
http://www.cgsmedicare.com/partb/enrollment/guidance_2.pdf

What Applications Do I Complete?
http://www.cgsmedicare.com/partb/enrollment/guidance_3.pdf

NPI Information
<http://www.cgsmedicare.com/partb/enrollment/npi.html>

Completing the CMS-855I Application
http://www.cgsmedicare.com/partb/enrollment/guidance_6.pdf

Completing the CMS-855R Application
http://www.cgsmedicare.com/partb/enrollment/guidance_7.pdf

Completing the CMS-855O Application
http://www.cgsmedicare.com/partb/enrollment/guidance_8.pdf

Completing the CMS-588 Application
http://www.cgsmedicare.com/partb/enrollment/guidance_9.pdf

Completing the CMS-460 Application
http://www.cgsmedicare.com/partb/enrollment/guidance_10.pdf



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- **Common Errors:**

- No box is checked.
- Multiple boxes are checked.
- Incorrect box is checked for type of supplier.

Section 2B1: Business Information

- Legal business name and Tax Identification Number (TIN), as reported to the Internal Revenue Service (IRS), is entered.
- Other Name and type of other name is identified.
- Identify how your business is registered with the IRS (proprietary or non-profit).
- Organizational structure of the provider/supplier.
- Identify if supplier is an Indian Health Facility enrolling with the designated IHS MAC.

Section 2B2: State License/Certification

- List state licenses, certifications, and registrations required by Medicare and/or state law.
- Supply business licenses, certifications, and registrations required by city and/or county to operate a health care facility.
- **Common Errors:**
 - Required license/certification/registration is not supplied.
 - Incomplete information is supplied.

Section 2B3: Correspondence Address

- Provide the address and telephone number where the contractor can directly reach the applicant.
- **Common Errors:**
 - Address listed is that of a billing agency, management service organization, or the provider's representative (i.e. an attorney or financial advisor).
 - Provider cannot be reached at the telephone number listed.

Section 2C: Hospitals Only

- Complete only if currently enrolled or enrolling with the Part A contractor, and will be billing the Part B contractor for any of the identified services.
- If enrolling a clinic that is NOT provider-based, this section is not completed.
- Check the applicable box for single or multiple PTANs.
- **Common Errors:**
 - Section is completed, when not required.

Section 2E: Physical Therapy/Occupational Therapy (PT/OT) Groups Only

- Answer all questions.
- If "yes" to any question, copy of lease agreement is required.
- **Common Errors:**
 - Section is completed, when not required (i.e. multi-specialty group that employs PTs and/or OTs).
 - Lease agreement does not specifically give group exclusive use of facility.

Section 2F: Accreditation for Ambulatory Surgical Centers (ASCs) Only

- Check applicable accredited or not accredited box.
- If accredited, list accrediting organization and effective & expiration dates of accreditation.
- **Common Errors:**
 - Section is skipped, when completion is required.

Section 2G: Termination of Physician Assistants (PAs) Only

- Supply the following PA information:
 - Date of departure.
 - PA's name.
 - PA's PTAN being terminated.
 - PA's NPI.
- **Common Errors:**
 - One or more elements are not completed.
 - Sole owners/sole proprietors use the **CMS-855B** to term an employed PA, rather than the correct **CMS-855I** form.

Section 2H: Advanced Diagnostic Imaging (ADI) Suppliers Only

- Completed by provider/supplier that furnishes the technical component of ADI services and bill Medicare under the Physician Fee Schedule for these services.
- Must be accredited by 01/01/2012
- Check each ADI modality that provider/supplier furnishes.
- Identify Accrediting Organization for each applicable ADI modality.
- Furnish each accreditation's effective & expiration dates (mm/dd/yyyy).

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Section 3: Adverse Legal Actions/Convictions

- This section captures information on adverse legal actions; such as, convictions, exclusions, revocations, and suspensions.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged, or any appeals are pending.
- This section must be checked “yes” or “no.”
- If “yes,” the remainder of this section must be completed and legal action documentation and resolution must be attached.
- **Common Errors:**
 - Section is not completed.
 - If “yes,” the legal action is not listed.
 - “See attached” cannot be written in this section.

Section 4: Practice Location Information

- “Change,” “Add,” and “Delete” boxes are not completed for initial enrollments.
- Practice location name, address, phone, and (if applicable) fax, and e-mail information is supplied.
- Date (mm/dd/yyyy) first started rendering services to Medicare patients at the practice location.
- If initial enrollment, “pending” is entered as Medicare ID#, or if established, enter location’s single PTAN.
- Enter NPI(s) for the specific location.
- Check box applicable to type of practice.
- If applicable, enter CLIA and/or FDA/radiology certification numbers.
- **Common Errors:**
 - Effective date is not supplied.
 - Application is received more than 60 days prior to the effective date identified on the application.
 - All practice locations are not identified.
 - CLIA and/or FDA/radiology certificates are not attached.
 - Address outside of CGS jurisdiction is entered.
 - PO Box is supplied as a practice location.

Section 4B: Remittance Notices or Special Payment Address

- Check applicable box.

- First box is checked, if “Special Payments” address is the same as the practice location, and only one practice location is identified.
- If multiple practice locations are identified, the second box is checked and a separate “Special Payments” address must be supplied.
- **Common Errors:**
 - Box is not checked.
 - First box is checked and multiple practice locations are identified in Section 4A.

Section 4C: Where Are Patient’s Medical Records Stored?

- Section is not completed, if patient’s medical records are stored at practice locations identified in Section 4A or 4E.
- “Change,” “Add,” and “Delete” boxes are not completed for initial enrollments.
- Supply address of medical record’s storage facility.
- **Common Errors:**
 - PO Box or drop box is supplied.

Section 4D: Rendering Services in Patient’s Homes

- “Change,” “Add,” and “Delete” boxes are not completed for initial enrollments.
- Check the “Entire State” box and supply state’s name, if patients are seen throughout the entire state.
- Supply city/town and state, if servicing the entire city/town.
- Supply only zip codes, if an entire city/town is not being serviced.
- **Common Errors:**
 - Required zip codes are not supplied.

Section 4E: Base of Operations Address for Mobile or Portable Suppliers

- A “mobile facility” is generally a mobile home, trailer, or other large vehicle that has been converted, equipped, and licensed to render health care services. These vehicles usually travel to local shopping centers or community centers to see and treat patients inside the vehicle.
- A “portable unit” is when the supplier transports medical equipment to a fixed location (e.g. physician’s office, nursing home) to render services to the patient.

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- The most common types of mobile facilities/portable units are mobile IDTFs, portable X-ray, portable mammography, and mobile clinics.
- “Change,” “Add,” and “Delete” boxes are not completed for initial enrollments.
- Supply address and telephone number of base operations (where personnel are dispatched, where mobile/portable equipment is stored, where vehicles are parked when not in use).
- Check box, if base of operations is the same as the address supplied in Section.
- **Common Errors:**
 - Section is not completed, when it is applicable.

Section 4F: Vehicle Information

- Complete this section, if health care related services are performed inside a vehicle.
- Do not complete this section about vehicles used only to transport medical equipment to a fixed setting, or for ambulance vehicles.
- “Change,” “Add,” and “Delete” boxes are completed when a change is occurring.
- Check “Add,” when applying as a new enrollee.
- **Common Errors:**
 - Section is not completed, when it is applicable.
 - Applicable health care related permits/licenses/registrations are not submitted.

Section 4G: Geographic Location for Mobile or Portable Suppliers (Where the Base of Operations and/or Vehicle Renders Services)

- Check the “Entire State” box and supply state’s name, if patients are seen throughout the entire state, or if deleting an entire state.
- Supply city/town and state, if servicing the entire city/town or deleting an entire city/town.
- Supply only zip codes, if an entire city/town is not being serviced, or no longer servicing an entire city/town.
- **Common Errors:**
 - Section is not completed, when it is applicable.
 - Required zip codes are not supplied.

Section 5: Ownership Interest and/or Managing Control Information (Organizations)

- Only report organizations in Section 5, individuals are reported in Section 6.
- This section is photocopied and completed for each applicable organization.
- Report organizations that have any of the following:
 - 5.0% or more ownership in the enrolling supplier.
 - Managing control of the enrolling supplier.
 - Any amount of partnership interest in the enrolling supplier.
- Owning/Managing organizations are generally one of the following types:
 - Corporations (including non-profit corporations).
 - Partnerships and limited partnerships.
 - Limited liability companies.
 - Charitable and/or religious organizations.
 - Government and/or tribal organizations.

Date acquired ownership/managing control of the provider identified in Section 2B1 is completed (mm/dd/yyyy).

Section 5B: Adverse Legal History or Organization with the Ownership, Partnership, and/or Managing Control

- If information is changing, boxes are checked and effective date of change is entered.
- This section must be checked “yes” or “no.”
- If “yes,” the remainder of this section must be completed and legal action documentation and resolution must be attached.
- **Common Errors:**
 - Section is not completed.
 - If “yes,” the legal action is not listed.
 - “See attached” cannot be written in this section.

Section 6A: Individual Ownership Interest and/or Managing Control Information

- Change,” “Add,” and “Delete” boxes are not completed for initial enrollments.
- Complete all required information (e.g. name, date of birth, place of birth, country of birth, social security number, Medicare #, and NPI (if issued)).

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- Check all boxes that apply to an individual with 5% or greater direct/indirect ownership; Authorized Official; Delegated Official; Partner (any %); Director/Officer; Contracted Managing Employee, Managing Employee (W2)
- Date acquired ownership/managing control of the provider identified in Section 2B1 is completed (mm/dd/yyyy).
- **Common Errors:**
 - Section is not completed for all applicable individuals.
 - Supplier does not identify a managing employee.
- If information is changing, box is checked and effective date of change is entered.
- Billing agency's legal business name, as reported to the IRS or the Social Security Administration (SSA), and TIN (EIN or SSN) is entered.
- If individual billing agent, agent's date of birth
- Supply street address, city/town, state, zip code, and telephone number.
- If applicable, enter fax number and e-mail address.

Section 6:

- Only report individuals in Section 6, organizations are reported in Section 5.
- The supplier must have at least ONE owner and/or managing employee.
- This section is photocopied and completed for each applicable individual.
- Report the following individuals in Section 6A:
 - All persons who have a 5.0% or greater direct, or indirect, ownership interest in the enrolling supplier.
 - All managing employees of the enrolling supplier.
 - All officers and directors of the supplier, if, and only if, the supplier is a corporation (whether for-profit or non-profit).
 - Individuals with any amount of partnership interest in the enrolling supplier.
 - Authorized and delegated officials.

Section 6B: Adverse Legal History of Individual with Ownership, Partnership, and/or Managing Control

- If information is changing, boxes are checked and effective date of change is entered.
- This section must be checked "yes" or "no."
- If "yes," the remainder of this section must be completed and legal action documentation and resolution must be attached.
- **Common Errors:**
 - Section is not completed.
 - If "yes," the legal action is not listed.
 - "See attached" cannot be written in this section.
- **Section 8: Billing Agency Information**
- If section is not applicable, check the box supplied and skip all of Section 8.

Common Errors:

- "Not applicable" box is not checked and Section 8 is not completed.
- PO Box address rather than street address is listed.

Section 13: Contact Person

- If questions arise during the pre-screening of the application, the individual shown in this section will be contacted.
- Contact person's name, address, telephone number, and e-mail address are completed.
- If applicable, the contact person's fax number is identified.
- If the "Authorized" or "Delegated" official is to be contacted with questions, during the processing of the application, the applicable box is checked, and no further information is required.

Section 14: Penalties for Falsifying Information

- This section explains the penalties for deliberately falsifying information in this application, to gain or maintain enrollment in the Medicare program.

Section 15A: And If Applicable, 15B and 15C

- The contents of the entire application are read and understood, prior to signing Section 15.
- If information is changing, box is checked and effective date of change is entered.
- Authorized official's name is printed, telephone number where authorized official can be reached, and authorized official's title is supplied.
- Authorized official signs and dates signature.
- **Common Errors:**
 - Authorized official is not identified in Section 6.
 - Signature is not dated.

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- Individual does not meet criteria to serve as an authorized official.

Section 15:

- An “authorized official” means an appointed official (i.e. chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization’s status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.
- Only an authorized official has the authority to sign:
- The initial enrollment application on behalf of the supplier, or
- The enrollment application that must be submitted as part of the periodic revalidation process.
- The supplier can have as many authorized officials as it wants.
- A “contracted managing employee” identified in Section 6, cannot be an authorized official.

Section 16:

- A “delegated official” means an individual who is delegated by an authorized official and has the authority to report changes and updates to the Supplier’s enrollment record.
- A delegated official must be an individual with an “ownership or control interest” in (as that term is defined in Section 1124(a)(3) of the Social Security Act) or be a W2 managing employee of the supplier.
- Delegated officials may not delegate their authority to any other individual.
- Only an authorized official may delegate authority to make changes and/or updates to the supplier’s Medicare status.
- Even when delegated officials are reported in this application, an authorized official retains the authority to make any such changes and/or updates by providing his or her printed name, signature, and date of signature, as required in Section 15B.
- A “contracted managing employee” identified in Section 6, cannot be a delegated official.

Section 16A: And If Applicable, 16B

- Delegated officials are not required.
- If information is changing, box is checked and effective date of change is entered.

- Billing agency’s legal business name, as reported to the IRS or the Social Security Administration (SSA), and TIN (EIN or SSN) is entered.
- Supply street address, city/town/state/zip code, and telephone number.
- If applicable, enter fax number and e-mail address.
- **Common Errors:**
 - Delegated official is not identified in Section 6.
 - Signature is not dated.
 - “Contracted” managing employee is identified as a delegated official.

Section 17: Attachments

- This section lists the documents that, if applicable, must be submitted with the completed enrollment application.
- Suppliers who are newly enrolling, reactivating, or revalidating their enrollment must provide all applicable documents.
- If submitting a change to an existing enrollment, only submit documents that are applicable to the change requested.