PROVIDER ENROLLMENT INFORMATION:
Guidance for Completing the CMS Enrollment Forms
Completing the CMS-855I Application

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/cms855i.pdf

All physicians as well as all non-physician practitioners listed below, must complete this application to initiate the enrollment process:

- Ambulance Service Supplier
- Anesthesiology Assistant
- Audiologist
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Clinical Social Worker
- Mass Immunization Roster Biller
- Nurse Practitioner
- Occupational Therapist in Private Practice
- Physical Therapist in Private Practice
- Physician Assistant
- Psychologist, Clinical
- Psychologist Billing Independently
- Registered Dietitian or Nutrition Professional
- Speech Language Pathologist

Section 1A: Basic Information Needed

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

Section 2A: Personal Information

- This entire section must be completed.
- The *Certification Information* section must be completed for Non-Physician Practitioners who require certification.
- Check box indicating if accepting new Medicare patients.
- **Common Errors:**
  - Missing medical school information and/or year of graduation.
  - Birth information (date, state, country) is missing or incomplete.
  - License/certification information is not completed in its entirety.

Other Topics:

Provider Enrollment Overview
http://www.cgsmedicare.com/kyb/enrollment/Guidance_1.pdf

Provider Enrollment Tips
http://www.cgsmedicare.com/kyb/enrollment/Guidance_8.pdf

What Applications Do I Complete?
http://www.cgsmedicare.com/kyb/enrollment/Guidance_2.pdf

NPI Information
http://www.cgsmedicare.com/kyb/enrollment/npi.html

Completing the CMS-855B Application
http://www.cgsmedicare.com/kyb/enrollment/Guidance_4.pdf

Completing the CMS-855R Application
http://www.cgsmedicare.com/kyb/enrollment/Guidance_6.pdf

Completing the CMS-855O Application
http://www.cgsmedicare.com/kyb/enrollment/Guidance_7.pdf

Completing the CMS-588 Application
http://www.cgsmedicare.com/kyb/enrollment/Guidance_9.pdf

Completing the CMS-460 Application
http://a70tscgsiisw001/kyb/enrollment/Guidance_10.pdf

Section 2B: 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. attorney or financial advisor).

  - Provider cannot be reached at the telephone number listed.

Section 2C: Residency/Fellow Status

- This section should be completed by **Physicians**.

- If the provider is in a residency or fellowship program, please provide the facility name and address, along with the completion date.

- **Common Errors:**

  - Facility address is not listed.

  - Date of completion is not listed.

Section 2D1: Medical Specialties

- Physicians identify primary and secondary specialties.

Section 2D2: Non-Physician Specialties

- Non-physician practitioners identify specialty.

- **Common Errors:**

  - Multiply primary specialties are identified.

  - Multiple specialties are not identified with "P" or "S."

Section 2E and 2F: Physician Assistants

- Employer's name, effective date of employment, employer's Medicare Identification Number (if used), employer's NPI, and employer's EIN.

Section 2G: Employer Terminating Physician Assistant

- Completed by a sole proprietor or sole owner wishing to terminate a physician assistant's employment arrangement.

- **Common Errors:**

  - Supervising physician's name, Medicare ID Number, or NPI are listed in lieu of the physician assistant's employer.

Section 2H and 2K: Non-Physician Questionnaire

- Complete, if applicable, to specific specialty.

- Physical Therapist and Occupational Therapists who are reassigning their benefits DO NOT complete Section 2J.

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

- Completed by provider/supplier that furnishes the technical component of Advanced Diagnostic Imaging (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).

Section 3: Adverse Legal Actions/Convictions

- 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 4A: Establishing a Professional Corporation, Professional Association, Limited Liability Company, Etc.

- Section is completed for sole owners.

- Legal business name and Tax Identification Number (TIN), as reported to the Internal Revenue Service (IRS), is entered.

- Medicare Identification Number, if used.

- Entity's NPI.

- If applicable, incorporation date and state where incorporate is supplied.

- Identify if supplier is an Indian Health Facility enrolling with the designated HIS MAC.

- Check applicable box identifying organizational structure.

- Identify how your business is registered with the IRS (proprietary or non-profit).

- Answer question regarding organization's final adverse legal actions, if any.

- If "yes," the remainder of this section must be completed and legal action documentation and resolution must be attached.

Section 4B: Individual Affiliations

- Section 4B must be completed with private practices and group affiliations.

- Furnish the requested information about each group/ organization to which you will reassign benefits.

- **Common Errors:**
  - Section not completed when applicable.

Section 4C: Practice Location Information

- "Change," "Add," and "Delete" boxes are not completed for initial enrollments.

- Practice location name, address, telephone number, and if applicable, fax, and email information is supplied.

- If initial enrollment, "pending" is entered as Medicare Identification Number, or if established, enter location's single PTAN.

- Enter NPI for the specific location.

- Sole owner's organization NPI.

- Sole proprietor's individual NPI.

- Date (mm/dd/yyyy) first started rendering services to Medicare patients at the practice location.

- Check box applicable to type of practice.

- If applicable, enter CLIA and/or FDA/Radiology certification numbers.

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 patient's are seen throughout the entire state.

- Supply city/town and state, if servicing the entire city/town.

- Supply own zip codes, if an entire city/town is not being services.

- **Common Errors:**
  - Required zip codes are not supplied.

Section 4E: Remittance Notice 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 4C.

Section 4F: Employer ID Number Information

- Completed by sole proprietors, if applicable.

- If Medicare payments are to be reported under EIN, list it on "Employer Identification Number (EIN)" line.

- Unless EIN is listed, Medicare payments will be reported under sole proprietor's SSN.

- Both an SSN and EIN cannot be used.

- Only one EIN can be used to bill Medicare.

- **Common Errors:**
  - Sole proprietor wishing to report Medicare payments under EIN fails to complete this section.

Section 4G: Where Are Patient's Medical Records Stored?

- "Change," "Add," and "Delete" boxes are not completed for initial enrollments.

- Section is not completed, if patient's medical records are stored at practice locations, identified in Section 4C.

- Supply address of medical record's storage facility.

- **Common Errors:**
  - PO Box or drop box is supplied.

Section 6A: Individuals Having Managing Control

- Completed for all managing employees, either under contract or through some other arrangement, regardless of whether the employee is W2 of the provider.

- Sole ownership requires identification of a managing employee. The sole owner can identify themselves if operating their own business.

- "Change," "Add," and "Delete" boxes are not completed for initial enrollments.

- Complete all required information (e.g. name, title, date of birth, social security number, and if applicable, Medicare ID# and NPI).

- Date acquired managing control of the provider identified in Section 4 is completed (mm/dd/yyyy).
- **Common Errors:**
  - Section is completed with sole owner's or sole proprietor's personal information.
  - Section is not completed for all applicable.

Section 6B: Adverse Legal History of Managing Individual

- 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" is written in this section.

Section 8: Billing Agency Information

- If section is not applicable, check the box supplied and skip the entire Section 8.
- 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.
- **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.
- If this section is not completed, the applicant will be contacted directly.

- Contact person's name, address, telephone number, and e-mail address are completed.
- If applicable, the contact person's fax number is identified.

Section 15: Certification Statement

- Signed only by applying individual.
- Signature must be original and dated.
- **Common Errors:**
  - Signature is not dated (this will result in a delay of your application's processing).
  - Signature is not an original (this will result in a delay of your application's processing).
  - A newly signed and dated Section 15 was not submitted with requested corrections to an application currently being developed.

Section 17: Attachments (if applicable)

- Copy of original license/certification.
- Diplomas and/or transcripts for all non-physician practitioners.
- Copies of current CLIA, FDA, DEA certificates.
- CMS-588 for Electronic Funds Transfer (not required from physicians/non-physician practitioners reassigning all of their payments to another entity).
- Waiver statement in writing from the bank, if payment due a supplier of services is being sent to a bank where the supplier has a lending relationship.
- IRS document confirming tax identification number with the legal business name (e.g. IRS form CP575).
- IRS Determination Letter if provider is registered with the IRS as non-profit.
- All final adverse action documentation (e.g. notifications, resolutions, and reinstatement letters).
- CMS-460 (Medicare Participating Physician or Supplier Agreement).
- Written confirmation from the IRS confirming LLC is automatically classified as a Disregarded Entity.