

# Tips to Facilitate the Medicare Enrollment Process

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

## 1. **Submit the 2006 version of the Medicare enrollment application (CMS-855).**

Effective May 1, 2006, the Centers for Medicare & Medicaid Services (CMS) revised the CMS-855 Medicare enrollment applications. Providers and suppliers must submit the appropriate 2006 version of the CMS-855. The application version can be found in the lower left corner of the application.

If an applicant submits the 11/2001 version of the CMS-855, the Medicare contractor will return your application without further review.

An electronic copy of the current CMS-855 Medicare enrollment application can be found at <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>

## 2. **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 in the download section of [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

## 3. **Submit a complete application.**

When completing a CMS-855 for the first time for any reason, each section of an application must be completed in ink (blue preferable). When reporting a change to your enrollment information, complete each section listed in Section 1B of the CMS-855.

Note: If you are enrolled in Medicare, but have never submitted the CMS-855, you are required to submit a complete application. Providers and suppliers should follow the instructions for completing an initial enrollment application.

The attachment at the end of this document provides tips for completing each section of the CMS-855.

## 4. **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. A Medicare contractor will not process your enrollment application without the NPI and a copy of the NPI notification letter received from the National Plan and Provider Enumeration System or the organization requesting your NPI. The NPI notification is required with each CMS-855 application you submit.

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.

**5. 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 CMS-855.

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.

**6. 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 professional licenses, business licenses, the National Provider Identifier notification received from the National Plan and Provider Enumeration System and, if applicable, an authorization agreement for Electronic Funds Transfer Authorization Agreement (CMS-588).

See Section 17 of the CMS-855 for additional information regarding the applicable documentation requirements.

**7. 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.

**8. 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.