




Completing the CMS 855A Before & After

BEFORE

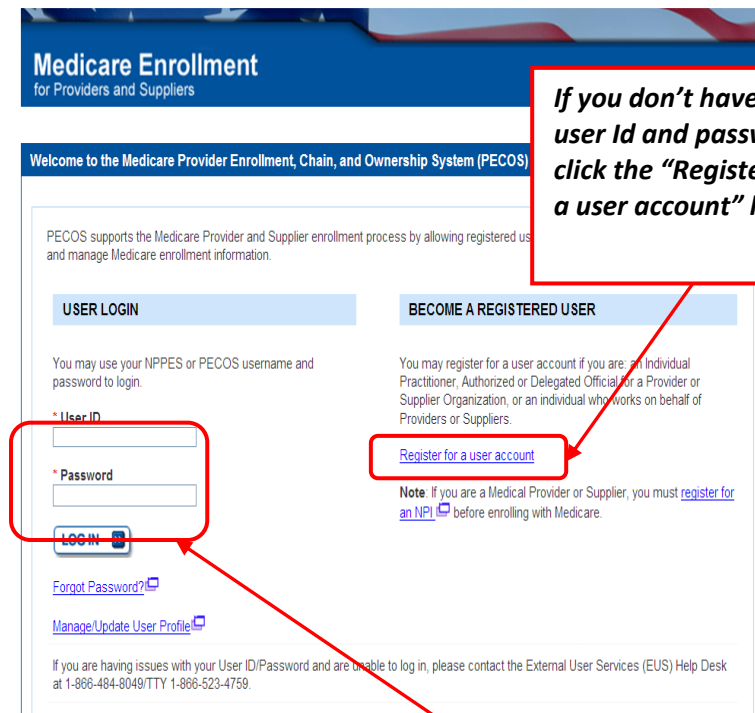
Part A Organizations were required to complete a 60 page paper CMS 855A enrollment application and mail it to their Medicare Administrative Contractor (MAC) to enroll in the Medicare program or make changes to their enrollment information.



The image shows the front cover of the Medicare Enrollment Application (CMS-855A) for Institutional Providers. At the top left is the Department of Health & Human Services (HHS) logo. The title "MEDICARE ENROLLMENT APPLICATION" is centered, followed by "INSTITUTIONAL PROVIDERS". Below this, "CMS-855A" is printed. Instructions at the bottom state: "SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION", "SEE PAGE 3 FOR INFORMATION ON WHERE TO MAIL THIS APPLICATION.", and "SEE PAGE 52 TO FIND A LIST OF THE SUPPORTING DOCUMENTATION THAT MUST BE SUBMITTED WITH THIS APPLICATION." The CMS logo is at the bottom right.

AFTER

Organization providers can log into Internet-based PECOS and complete the enrollment application on-line.



The image is a screenshot of the Medicare Enrollment for Providers and Suppliers website. The header reads "Medicare Enrollment for Providers and Suppliers". Below this is a welcome message: "Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)". The main content area has two columns. The left column is titled "USER LOGIN" and contains a text box for "User ID", a text box for "Password", and a "LOG IN" button. The right column is titled "BECOME A REGISTERED USER" and contains a link "Register for a user account". A red box highlights the "Register for a user account" link with the text: "If you don't have a user Id and password click the 'Register for a user account' link." Another red box highlights the "LOG IN" button with the text: "Organization providers access Internet-based PECOS using the user Id and password created in the PECOS I&A system." At the bottom, there are links for "Forgot Password?" and "Manage/Update User Profile". A note at the bottom states: "If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759."

BEFORE

Organizations were required to fill in the reason why they were submitting the enrollment application.

SECTION 1: BASIC INFORMATION (Continued)

A. Check one box and complete the required sections

REASON FOR APPLICATION	BILLING NUMBER INFORMATION	REQUIRED SECTIONS
<input type="checkbox"/> You are a new enrollee in Medicare	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections except 2F, 2G, and 2H
<input type="checkbox"/> You are enrolling with another fee-for-service contractor's jurisdiction	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections except 2F, 2G, and 2H
<input type="checkbox"/> You are reactivating your Medicare enrollment		
<input type="checkbox"/> You are voluntarily terminating your Medicare enrollment	Effective Date of Termination: Medicare Identification Number(s) to Terminate (if issued): National Provider Identifier (if issued):	Complete sections: 1, 2B1, 13, and either 15 or 16
<input type="checkbox"/> There has been a Change of Ownership (CHOW) of the Medicare-enrolled provider You are the: <input type="checkbox"/> Seller/Former Owner <input type="checkbox"/> Buyer/New Owner	Tax Identification Number: 	Seller/Former Owner: 1A, 2F, 13, and either 15 or 16 Buyer/New Owner: Complete all sections except 2G and 2H
<input type="checkbox"/> Your organization has taken part in an Acquisition or Merger You are the: <input type="checkbox"/> Seller/Former Owner <input type="checkbox"/> Buyer/New Owner	Medicare Identification Number of the Seller/Former Owner (if issued): NPI: Tax Identification Number: 	Seller/Former Owner: 1A, 2G, 13, and either 15 or 16 Buyer/New Owner: 1A, 2G, 4, 13, and either 15 (if you are the authorized official) or 16 (if you are the delegated official), and 6 for the signer if that authorized or delegated official has not been established for this provider.

AFTER:

Internet-based PECOS guides the user through a series of questions and systematically determines the reason for the application submission.

Medicare Enrollment
for Providers and Suppliers

My Application Progress 0%

[Home](#) > [My Enrollments](#) > [Application Questionnaire](#)

Confirm Reason for Application

Medicare Part A Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part A provider is enrolling in the Medicare program for the first time

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Provider Type	State
John Provider	12-3456789	HOME HEALTH AGENCY	MARYLAND

Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

BEFORE

Organizations were required to review every section of the 855A paper form to identify which sections pertained to them.

SECTION 2: IDENTIFYING INFORMATION (Continued)	
A. Type of Provider The provider must meet all Federal and State requirements for the type of provider checked. Check only one provider type. If the provider functions as two or more provider types, a separate enrollment application (CMS-855A) must be submitted for each type.	
1. Type of Provider (other than Hospitals— See 2A2). Check only one:	
<input type="checkbox"/> Community Mental Health Center	
<input type="checkbox"/> Comprehensive Outpatient Rehabilitation	
<input type="checkbox"/> Critical Access Hospital	
<input type="checkbox"/> End-Stage Renal Disease Facility	
<input type="checkbox"/> Federally Qualified Health Center	

SECTION 3: FINAL ADVERSE ACTIONS/CONVICTIONS (Continued)									
FINAL ADVERSE LEGAL HISTORY									
1. Has your organization, under any current or former name or business identity, ever had a final adverse action listed on page 16 of this application imposed against it?									
<input type="checkbox"/> YES—Continue Below <input type="checkbox"/> NO—Skip to Section 4									
2. If yes, report each final adverse action, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the date of the action. Attach a copy of the final adverse action report.									
FINAL ADVERSE LEGAL ACTION									
<table border="1"><thead><tr><th>CHECK ONE</th><th><input type="checkbox"/> CHANGE</th><th><input type="checkbox"/> ADD</th><th><input type="checkbox"/> DELETE</th></tr></thead><tbody><tr><td>DATE (mm/dd/yyyy)</td><td></td><td></td><td></td></tr></tbody></table>		CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	DATE (mm/dd/yyyy)			
CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE						
DATE (mm/dd/yyyy)									
Practice Location Name ("Doing Business As" name if different from Legal Business Name)									
Practice Location Street Address Line 1 (Street Name and Number – NOT a P.O. Box)									

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)									
A. Practice Location Information Report all practice locations where services will be furnished. If there is more than one location, copy and complete this section for each. Please list your primary practice location first. To ensure that CMS establishes the correct associations between your Medicare legacy number (if issued) and your NPI, you must list a Medicare legacy number—NPI combination for each practice location. If you have multiple NPIs associated with both a single legacy number and a single practice location, please list below all NPIs and associated legacy numbers for that practice location. If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.									
<table border="1"><thead><tr><th>CHECK ONE</th><th><input type="checkbox"/> CHANGE</th><th><input type="checkbox"/> ADD</th><th><input type="checkbox"/> DELETE</th></tr></thead><tbody><tr><td>DATE (mm/dd/yyyy)</td><td></td><td></td><td></td></tr></tbody></table>		CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	DATE (mm/dd/yyyy)			
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DATE (mm/dd/yyyy)									
Practice Location Name ("Doing Business As" name if different from Legal Business Name)									
Practice Location Street Address Line 1 (Street Name and Number – NOT a P.O. Box)									

AFTER:

Internet-based PECOS only displays the topics required to be completed based on your application submittal reason and provider type.

Topic View	Fast Track View	Error/Warning Check 18
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Enrollment ID: 0081020120000004
PacID: A0007644090081020120000004
Web Tracking ID: T0810201200000006

Reason for Application
Provider is Enrolling in Medicare for the First Time

Topics
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.
This application is collecting the following topics:

Completed	Topics
—	Organization Information more information about Organization Information
—	Provider Type more information about Provider Type
—	Physical Location and "Special Payments" Address more information about Physical Location and "Special Payments" Address
—	Vehicle Information more information about Vehicle Information
—	Geographic Location more information about Geographic Location
—	Correspondence Address more information about Correspondence Address
—	License and Certification Information more information about License and Certification Information

BEFORE

Mistakes were made on the application that weren't caught until the application was submitted to the MAC.

SECTION 1: BASIC INFORMATION (Continued)

A. Check one box and complete the required sections

<input type="checkbox"/> Your organization has Consolidated with another organization You are the: <input type="checkbox"/> Former organization <input type="checkbox"/> New organization	Medicare Identification Number of the Seller/Former Owner (if issued): NPI: 11111 Tax Identification Number:	Former Organizations: 1A, 2H, 13, and either 15 or 16 New Organization: Complete all sections except 2F and 2G
<input type="checkbox"/> You are changing your Medicare information	Medicare Identification Number (if issued): NPI:	Go to Section 1B
<input type="checkbox"/> You are revalidating your Medicare enrollment	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections except 2F, 2G, and 2H

AFTER:

Internet-based PECOS has page level validations and built in error checks that identify errors within the application that must be corrected before the application can be submitted.

Medicare Enrollment

for Providers and Suppliers

Applicant: John Provider | HOME HEALTH AGENCY | MARYLAND

Topics: Topics for this Enrollment SELECT

My Application Progress 23%

[Home](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Physical Location and "Special Payments" Address](#) > A

Physical Location and "Special Payments" Address

(*) Red asterisk indicates a required field.

You must resolve the following error(s) to continue

- The National Provider Identifier (NPI) must contain 10 digits and must be well formed. Please check the NPI entered.

National Provider Identifier (NPI)

Please provide the National Provider Identifier (NPI) that applies to the individual. If a National Provider Identifier (NPI) has been issued for the individual, it must be identified for this application.

* National Provider Identifier (NPI)

1111111111

Topic View Fast Track View **Error/Warning Check 3**

Enrollment ID: I08012012000002
 PacID: A000754998I08012012000002
 Web Tracking ID: T080120120000003

BEFORE

Once the application was completed the Organization had to obtain the appropriate signatures from the Authorized/Delegated Official to sign the CMS 855A certification statement.

SECTION 15: CERTIFICATION STATEMENT (Continued)

B. 1ST Authorized Official Signature

I have read the contents of this application. My signature legally and financially binds this provider to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Medicare fee-for-service contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare fee-for-service contractor of this fact in accordance with the time frames established in 42 CFR § 424.520(b).

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

Authorized Official's Information and Signature

First Name	Middle Initial	Last Name	Suffix (e.g., Jr., Sr.)
Telephone Number	Title/Position		
Authorized Official Signature (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.)		Date Signed (mm/dd/yyyy)	

AFTER:

Internet-based PECOS allows the Authorized/Delegated Official to electronically sign the enrollment application.

Medicare Enrollment
for Providers and Suppliers
Applicant: John Provider | HOME HEALTH AGENCY | MARYLAND

Topics: Topics for this Enrollment **SELECT**

My Application Progress 90%

[Home](#) > [My Enrollments](#) > [Initial Enrollment](#) > Submission Process

E-Signature Option

(*) Red asterisk indicates a required field.

Electronic Signature

The following documents are available for electronic signature:

- Certification Statement
- Electronic Funds Transfer

* Would you like to proceed with the Electronic Signature process?

☒ Yes.

☐ No, I choose to submit a hard copy of the supporting documents to CMS containing my traditional hand-written signature signed in ink

NEXT PAGE

CANCEL

BEFORE

The Organization was required to submit with their application copies of supporting documentation necessary to process their application.

SECTION 17: SUPPORTING DOCUMENTS

This section lists the documents that, if applicable, must be submitted with this completed enrollment application. If you are newly enrolling, or are reactivating or revalidating your enrollment, you must provide all applicable documents. For changes, only submit documents that are applicable to that change. The enrolling provider may submit a notarized copy of a Certificate of Good Standing from the provider's State licensing/certification board or other medical associations in lieu of copies of the above-requested documents. This certification cannot be more than 30 days old.

The fee-for-service contractor may request, at any time during the enrollment process, documentation to support or validate information that you have reported in this application. The Medicare fee-for-service contractor may also request documents from you, other than those identified in this section 17, as are necessary to bill Medicare.

MANDATORY FOR ALL PROVIDER/SUPPLIER TYPES

Required documents that can only be obtained after a State survey are not required as part of the application submission but must be furnished within 30 days of the provider receiving them. The Medicare fee-for-service contractor will furnish specific licensing requirements for your provider type upon request.

- ☐ Licenses, certifications and registrations required by Medicare or State law.
- ☐ Federal, State, and/or local (city/county) business licenses, certifications and/or registrations required to operate a health care facility.
- ☐ Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., IRS CP 575) provided in Section 2.
- ☐ Completed Form CMS-588, Authorization Agreement for Electronic Funds Transfer.
NOTE: If a provider already receives payments electronically and is not making a change to its banking information, the CMS-588 is not required.

MANDATORY FOR SELECTED PROVIDER/SUPPLIER TYPES

- ☐ Copy(s) of all bills of sale or sales agreements (CHOWS, Acquisition/Mergers, and Consolidations only).
- ☐ Copy(s) of all documents that demonstrate meeting capitalization requirements (HHAs only).

MANDATORY, IF APPLICABLE

- ☐ Statement in writing from the bank. If Medicare payment due a provider of services is being sent to a bank (or similar financial institution) with whom the provider has a lending relationship (that is, any type of loan), then the provider must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.

AFTER:

Internet-based PECOS allows supporting documentation to be digitally uploaded and electronically submitted with their enrollment application.

Required and/or Supporting Documentation

Topic Summary

The topic requests information regarding Required and/or Supporting Documentation is applicable to the provider's application. You may digitally upload any Required and/or Supporting documentation and submit them electronically as part of the application.

Note: Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for-service contractor.

Required and/or Supporting Documentation Information

Before you get started, please review the Required and/or Supporting Documentation that are applicable to your submission.

[View Required and/or Supporting Documentation](#) 

Does the applicant wish to upload supporting documents?

☒ Yes

☐ No

Upload Documents

Please select any required or supporting document to upload as an attachment:

- Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for service contractor.
- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).
- Any certification statement(s), authorization statement(s), or CMS-588 forms must be e-signed or mailed as part of the submission and should not be uploaded. Uploading these documents may cause a delay in processing the application and may require further action if these documents are not e-signed or mailed.
- Your application maybe delayed or not processed if any required/supporting documentation is missing.
- Each file being uploaded should contain only one required and/or supporting documentation. Multiple documents within one single file uploaded is not valid.

BEFORE

If the Organization was unaware of their MAC or its mailing address, they would review the CMS website to obtain this information and physically mail the enrollment application to their MAC.



AFTER

Internet-based PECOS allows the enrollment application to be submitted electronically to your designated MAC and displays a submission confirmation page with a tracking number.

Optional Supporting Documentation

1. Please include proof of payment from Pay.gov with your application. Your application will not be processed until proof of payment is verified.
2. Any additional documentation or letters of explanation as needed.

Note:

- Documents in PDF format require the [Adobe Acrobat Reader®](#). If you experience problems with PDF documents, please [download the latest version of the Reader®](#).

[PREVIOUS PAGE](#) [COMPLETE SUBMISSION](#)

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that have not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

Enrollment Tracking Information

Applicant Name: John Provider

Tracking ID: T081020120000006

Submitted Date: 10 - AUGUST - 2012

When contacting the MAC reference this tracking ID.