
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-01-146

Date: OCTOBER 12, 2001

CHANGE REQUEST 1835

SUBJECT: Distribution of Revised Form CMS-855s – Medicare Provider/Supplier Enrollment Applications - (Formerly Form HCFA-855) Dated November 1, 2001

This Program Memorandum (PM) provides distribution instructions for the November 1, 2001, versions of the Form CMS-855s. The November 1, 2001, versions of Form CMS-855s will be delivered to all intermediaries, carriers, the National Supplier Clearinghouse, and regional offices by October 29, 2001.

This implementation requires that contractors begin to distribute the revised (November 1, 2001) Form CMS-855 on November 1, 2001. On November 1, 2001, all unused 1/98 versions of Form HCFA-855 should be destroyed.

All 1/98 versions of Form HCFA-855 received through October 31, 2001, must be processed through completion. This includes, but is not limited to, applications that have been returned to the applicant (e.g., application initially received by the contractors or State agency through October 31, 2001 (postmark date), returned to the applicant for any reason, and subsequently resubmitted to the contractor or State agency after October 31, 2001).

Contractors and State agencies will continue to accept and process all 1/98 versions of Form HCFA-855 through December 31, 2001. All 1/98 versions of Form HCFA-855 postmarked after and received by you for the first time after December 31, 2001, should be returned to the applicant with the appropriate November 1, 2001, Form CMS-855 and a written explanation that the applicant must complete the new form since the 1/98 form was obsoleted as of November 1, 2001. All 1/98 versions of Form HCFA-855 received by a State agency for the first time after November 1, 2001, should be forwarded to the appropriate contractor. The contractor should then process Form CMS-855 or return it to the provider as stated above, depending on the date it was received by the State agency.

This implementation of the distribution of the November 1, 2001, version of Form CMS-855 does not require you to complete any shared systems changes at this time. Systems changes for this revision of Form CMS-855 will be addressed under a separate change request.

When a completed November 1, 2001, Form CMS-855 is received by you to process and validate, you will only need to enter the data that its current provider enrollment system collects. Once the Provider Enrollment and Chain Ownership System, which mirrors the new Form CMS-855 format and data fields is implemented, you **will not** be required to back enter the data that was furnished on the new Form CMS-855s but which its enrollment system was not able to maintain.

Be advised that with the implementation of the November 1, 2001, versions of Form CMS-855, the **1/98 Form HCFA-855C** (Change of Information Request) will be obsoleted. All change requests postmarked after December 31, 2001, must be submitted on the appropriate Form CMS-855 with a signed and dated certification statement.

CMS-Pub. 60AB

As described below, the appearance of the forms has changed slightly. Additionally, all forms will now be printed on white stock with a color coded outside cover.

Form Number:	Cover Color:	Sent To:	Completed By:
CMS 855A	Victoria Green	Fiscal Intermediaries Regional Offices	All providers that will bill Medicare intermediaries
CMS 855B	Light Gray	Carriers Regional Offices	Suppliers that will bill Medicare carriers
CMS 855I	Venice Blue	Carriers Regional Offices	Individual health care practitioners
CMS 855R	Sun Orange	Carriers Regional Offices	Individual health care practitioners to reassign Medicare benefits
CMS 855S	Canary Yellow	NSC Regional Offices	DMEPOS suppliers <u>only</u>

Current distribution amounts were based on prior distribution requests and historical enrollment data. If the number of forms you receive is insufficient, or you need additional stock to handle your enrollment workload, contact Marjorie Stitz at (410) 786-7898.

As of November 1, 2001, the State agencies will no longer distribute Forms HCFA-855 or CMS-855. All Forms HCFA-855 and CMS-855 received by the State agency after October 31, 2001, should be forwarded to the appropriate intermediary **immediately**.

The effective date for this PM is November 1, 2001.

The implementation date for this PM is November 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 31, 2002.

If you have any questions, contact the appropriate regional office. Regional office staff can direct questions to Michael Collett at 410-786-6121.