

855 ENROLLMENT PROCESS

1. A facility that wishes to enroll in Medicare can obtain an application on the following website <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp> . After clicking on this link, scroll down to CMS 855A or CMS855B. Download the appropriate form and proceed to complete it.
 - 855 A is used for HHAs, Hospices, CAH, and Hospitals
 - 855 B is used for ASCs
2. CMS requires that all providers and suppliers obtain their National Provider Identifier (NPI) number prior to enrolling in Medicare. A Medicare contractor will not process the enrollment application without the NPI and a copy of the NPI notification letter. Providers and Suppliers can obtain their NPI by accessing the following website: <https://nppes.cms.hhs.gov> or calling 1-800-465-3203.
3. Applicants must submit their completed 855 enrollment application, electronically or hard copy to the appropriate Fiscal Intermediary (FI) or Carrier for their State. A list of FI's or Carriers can be found by accessing the following website: <http://cms.hhs.gov/MedicareProviderSupEnroll/>
4. The FI or Carrier verifies the information on the 855 enrollment application and provides the State Agency (SA), regional office (RO) and the applicant with a letter stating the application is complete or not complete within 60 calendar days.
5. Applicants that submit an incomplete application will be required to resubmit the 855 with the missing information. Submission of an incomplete application will delay enrollment into the Medicare program. The 60 day timeframe that the FI or carrier has to verify the information will not begin until the application is complete.
6. The applicant will provide a copy of its completeness notification from the FI or Carrier to the Accreditation Organization (AO). **Upon receipt of the completeness notification, the AO may schedule a survey.**
7. The AO surveys the provider/supplier to determine compliance with the Medicare conditions. The AO sends the survey results to the RO.
8. The RO reviews the survey results and all other relevant information. If the applicant is in compliance with all Federal requirements, the RO will issue a provider agreement and assign a CMS certification number (CCN).
9. If an applicant is not in compliance with any of the Federal requirements, the RO will issue a letter explaining that the enrollment process cannot proceed until the applicant comes back into compliance.

10. **Important Points to Remember**

- The 855 enrollment application is only one part of the process to obtain a provider agreement and CCN with Medicare.
- The applicant must complete all requirements in order to obtain a provider agreement and CCN with Medicare. This includes an 855 enrollment application, relevant SA forms for the particular provider type, and an accreditation survey where the applicant meets all Medicare conditions.
- The RO is responsible for reviewing all documents and issuing the provider agreement and assigning a CCN.
- The effective date for Medicare is when the applicant has met all Federal requirements.

Questions related to the Enrollment Process can be sent to Cindy Melanson at cindy.melanson@cms.hhs.gov.