

**INSTRUCTIONS FOR HEALTH CARE PROVIDERS THAT WILL BILL
MEDICARE FISCAL INTERMEDIARIES**

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information might cause the application to be returned and may delay the enrollment process. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at <http://www.cms.hhs.gov>. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever additional information needs to be reported within a section, copy and complete that section for each additional entry. We strongly suggest maintaining a photocopy of the provider's completed application and supporting documents for future reference.

This application is to be completed by all health care provider organizations that provide medical services to Medicare beneficiaries and who bill fiscal intermediaries. For purposes of this application and Medicare enrollment, all such organizations will be referred to as "providers." A list of the provider types that should complete this application can be found in Section 2A. Failure to promptly submit a completed form CMS 855A to the fiscal intermediary will result in delays in obtaining enrollment and billing privileges.

To have Medicare payments sent electronically to a provider's bank account, the provider should complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588). This form should have been received in the initial enrollment package. If not, it can be obtained from the Medicare fiscal intermediary.

APPLICATION SUBMISSION AND PROCESSING

This application should be submitted directly to your intermediary of preference. See the CMS website <http://www.cms.hhs.gov> for a listing of fiscal intermediaries. Providers that are part of a chain, or that share fiscal data with other enrolled providers, may choose the same fiscal intermediary, even if they are not located in the area normally serviced by that fiscal intermediary. Home Health Agencies (HHA) and Hospices should submit this application to their regional home health intermediary (RHHI). However, if the HHA is provider based, it should submit this application to its parent provider's fiscal intermediary. The provider's fiscal intermediary of preference does not automatically guarantee that it will be assigned to that fiscal intermediary. Providers, who are currently enrolled in the Medicare program and are requesting to change their fiscal intermediary, must submit their request to the Medicare Regional Office prior to submission of this application. However, this is not applicable when the fiscal intermediary changes as the result of a CHOW, acquisition/merger, or a consolidation and the fiscal intermediary of preference is the fiscal intermediary currently being used by the provider who is acquiring the changing provider. The fiscal intermediary will answer any questions you have concerning completion of the CMS 855A.

The provider must immediately contact the local State Agency that handles the provider type being enrolled. The State Agency will provide you with any State-specific forms required for your provider type. They will also do preliminary planning for any required State Surveys or notice of accreditation in lieu of a survey (when this is permitted).

If the provider does not currently have a Medicare identification number, the CMS regional office will assign one upon the successful completion of enrollment. Issuance of a Medicare identification number usually requires a written agreement (usually a provider agreement) with CMS. If the fiscal intermediary should contact the provider for additional information, the provider must furnish the information immediately to ensure the timely processing of this application.