

SECTION 1: GENERAL APPLICATION INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether the provider currently has a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Check one of the following:

Initial Enrollment:

- If the provider is enrolling in the Medicare program for the first time under this tax identification number.
- For a change of ownership of an enrolled provider when the new owner will not be accepting assignment of the current provider agreement.

Revalidation:

- If the provider has been requested to revalidate its enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require the provider to confirm and update **all** of its enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare fiscal intermediary. A copy of the original application with all changes clearly indicated with a current signature and date may be submitted.

Change of Information:

- If the provider is adding, deleting, or changing information under this tax identification number. Check the appropriate section where the change will be made. When providing the changed information, furnish the provider's Medicare identification number in Section 1 and provide the new/changed information within the appropriate section. Sign and date the certification statement. **All changes must be reported to the fiscal intermediary within 90 days of the effective date of the change.** If the provider organization's tax identification number has changed, a new complete CMS 855A enrollment application must be submitted as it is assumed that this provider has changed ownership. If this is not the case, please provide evidence that a change of ownership has not occurred.

NOTE: If the provider is adding a new practice location that requires a **separate** State Survey or Accreditation and a **separate** Medicare Agreement, then a **separate** CMS 855A enrollment application must be submitted for the new provider practice location. For more information concerning the addition of practice locations, contact the State Agency or CMS regional office. If a new practice location is determined **not** to be a new provider, the updated information can be submitted as a practice location change in Section 4.

Voluntary Termination of Provider Billing Number:

- If the provider will no longer be submitting claims to the Medicare program using this billing number. Voluntary termination ensures that the provider's billing number will not be fraudulently used in the event of the provider ceasing its operations. Furnish the date the provider will stop billing for Medicare covered services. In addition to completing this section, furnish the provider's Medicare identification number in Section 1 under "Change of Information" and sign the certification statement (Section 15 or 16).
- If a provider is reporting a "CHOW" and the new owner will not be accepting assignment of the assets and Medicare liabilities of the old owner. The effective date should be the date when the old owner will no longer permit use of its billing number.

NOTE: "Voluntary Termination" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.

Change of Ownership (CHOW):

- See note below and instructions for Section 1B to determine if a valid CHOW applies and needs to be reported.

Acquisitions and/or Mergers (including the CHOW):

- See note below and the instructions for Section 1C to determine if a valid acquisition/merger (and related CHOW) applies and needs to be reported.