

OMB Approval No. 0938-0685

**Consolidations (including the CHOW):**

- See note below and the instructions for Section 1D to determine if a valid consolidation applies and needs to be reported.

**NOTE:** All sub-units of a provider with separate provider agreements that will remain in operation after a CHOW, acquisition/merger, or consolidation require completion and submission of a separate CMS 855A. All related CMS 855As should be submitted together, when administratively practical, for the providers involved. If a sub-unit will no longer be in operation upon the completion of the CHOW, acquisition/merger, or consolidation, a CMS 855A must be submitted for the sub-unit requesting a voluntary termination of its billing number.

2. Tax Identification Number (TIN) – Furnish the provider organization's taxpayer identification number (e.g., the number the provider uses to report tax information to the IRS) and attach documentation (e.g., a copy of the CP-575 form) from the IRS showing that the name matches that reported in this application. If the provider does not have an IRS CP-575, IRS Form 941, or IRS 501(c)(3) determination letter, any legal document from the IRS that shows the provider's name and TIN will be acceptable proof. Other IRS documents that may be submitted include an IRS Form 990 or a quarterly tax payment coupon. The name and TIN number on the IRS document should match those shown on this application. Upon request, the IRS will provide a Form 147C showing the provider's name and TIN.

**NOTE:** An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the provider cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents which confirm the identification of the provider or owner as applicable (e.g., if the provider recently changed its name and the IRS has not sent it an updated document). The provider may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

3. Medicare Identification Number (MIN) - Indicate whether the provider is currently enrolled in the Medicare program. If the provider is currently enrolled in Medicare (i.e., with another fiscal intermediary) provide the name of the intermediary in this space. The provider must also furnish its Medicare identification number in the space provided. This number is issued by Medicare to identify the provider. It is also the number used on claims forms and may be referred to as a Medicare provider number, provider identification number, national provider identifier (NPI), or Online Survey Certification and Reporting (OSCAR) number. Report all currently active numbers.

**NOTE:** If enrolling as a provider in the Medicare program for the first time, an OSCAR number will be issued to the provider as part of the enrollment process.

4. Fiscal Intermediary Preference

- a) For new providers enrolling in Medicare for the 1<sup>st</sup> time, check the box given and furnish the name of the provider's fiscal intermediary preference in Section 1A4c, if known. Otherwise, leave blank.
- b) For providers who are currently enrolled in the Medicare program and are requesting to change their fiscal intermediary as the result of a CHOW, acquisition/merger, or a consolidation. The request to change fiscal intermediaries must be submitted to the Medicare Regional Office prior to submission of this application.

**NOTE:** Currently enrolled providers who only seek to change their fiscal intermediary are not required to complete this application. Instead, they should request the change directly to their CMS regional office.

- c) For "a" or "b" above, furnish the name of the provider's fiscal intermediary preference. When submitting this application for any reason other than those given in Sections 1A4a or 1A4b above, currently enrolled providers should show their current fiscal intermediary here and skip the above check boxes.
5. Indicate if this provider would like to submit claims electronically. If the provider would like to submit claims electronically once enrolled in the Medicare program, the provider will need to complete an Electronic Data Interchange (EDI) agreement with the fiscal intermediary. Checking this box will alert the intermediary to contact their claims processing department. The claims processing department will contact the provider to process an EDI agreement once its enrollment has been completed, approved, and a Medicare billing number issued to the provider. These agreements cannot be established until the enrollment process has been completed and a Medicare billing number has been issued.