

**SECTION 1: GENERAL APPLICATION INFORMATION**

This section is to identify the reason for submittal of this application. It will also indicate whether the supplier 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 supplier is enrolling in the Medicare program for the first time with this Medicare carrier under this tax identification number.
- If the supplier is already enrolled with a carrier but needs to enroll in another carrier's jurisdiction.
- If the supplier is enrolled with this carrier but has a new tax identification number.
- When a **hospital** is enrolling with a carrier to bill for Part B services.

**NOTE:** The supplier must be able to submit a valid claim within six months of enrolling or risk deactivation of its billing number once it has enrolled.

**Reactivation:**

- If the supplier's Medicare billing number was deactivated. To reactivate billing privileges, the supplier may be required to either submit an updated CMS 855B or certify to the accuracy of its enrollment information currently on file with CMS. In addition, prior to being reactivated, the supplier must be able to submit a valid claim. It must also meet all current requirements for its supplier type, regardless of whether it was previously enrolled in the program.

**Revalidation:**

- If the supplier has been requested to revalidate its enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require the supplier to confirm and update **all** of its enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare carrier. 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 supplier 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 supplier'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 carrier within 90 days of the effective date of the change.**
- **Tax Identification Number Change:** If the supplier is reporting a change to its tax identification number, a complete new CMS 855B enrollment application must be submitted as it is assumed that a change of ownership has occurred. If this is not the case, please provide evidence that a change of ownership has not occurred when reporting this change.
- If the supplier is adding or deleting a member who currently is reassigning his/her benefits to the supplier, it only needs to complete a CMS 855R to make such a change. The member may also delete his/her reassignment of benefits by completing and submitting the CMS 855R.

**Voluntary Termination of Billing Number:**

- If the supplier will no longer be submitting claims to the Medicare program using this billing number. Voluntary termination ensures that the supplier's billing number will not be fraudulently used in the event of the supplier ceasing its operations. Furnish the date the supplier will stop billing for Medicare covered services. In addition to completing this section, furnish the supplier's Medicare identification number in Section 1 under "Change of Information," and sign and date the certification statement (Section 15).

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