



MEMORANDUM

TO: Medicare Provider Applicant/Provider Representative

FROM: Cahaba Government Benefit Administrators,[®] LLC Provider Enrollment Unit

RE: Completion of the CMS-855A Medicare Enrollment Application for Part A Health Care Organizations That Bill Fiscal Intermediaries

The CMS-855A Medicare Enrollment Application is required anytime enrollment information needs to be added, deleted, or changed. This includes new enrollments in Medicare, changes of ownership, acquisitions/ mergers, consolidations, stock transfers, revalidations, reactivations, voluntary terminations, conversions to critical access hospital, requests to add locations to the main provider, requests for provider-based status, and changes of information, e.g., EFT/pay-to address, managing/directing employee. Requests made on letterhead are not acceptable.

The Centers for Medicare and Medicaid Services (CMS) Web-site contains the CMS-855A application and related instructions. This can be can be completed on-line in a PDF format or downloaded to complete manually. Additional provider enrollment information can be found on the Cahaba GBA Introduction to Enrollment Web-page. The *Medicare A Newslines* also has articles that address enrollment as well as other topics.

The Cahaba GBA Provider Enrollment packet includes:

- 1) The CMS-855A Application with Instructions
- 2) The CMS-855A Checklist
- 3) Notification of Special Documentation required for the specific provider/action type
- 4) The Medicare Authorization Agreements for Electronic Fund Transfer (Form CMS 588)
- 5) Electronic Data Interchange (EDI) agreement and electronic billing instructions
- 6) Information and Education Resources for Medicare providers, suppliers and Physicians
- 7) Medicare Enrollment for Institutional Providers Information

Initial enrollment, new owner changes of ownership, acquisitions/mergers, consolidations, and full 855s (EFT/pay-to, revalidation, and reactivation) applications are processed within 60 calendar days of receipt. All other application types are processed within 45 calendar days of receipt. The timeframes are absent extenuating circumstances.

If the application does not meet general acceptability requirements (e.g., not signed or signature not original, full 855 not submitted if required, etc.), it is returned up front, without a review. A preliminary/prescreen review will be made within 15 calendar days of receipt of the application.

A request for information will be issued during this time if missing or incorrect data is found. The provider should submit the requested information within one to two weeks of the date of the request letter. If the provider does not submit, or only submits a portion of, the requested information, the application will be rejected. If rejected, and the provider decides to resubmit, a complete new 855 and support is needed. Note that it is the applicant's responsibility to submit the application information timely and in accordance with CMS instructions. The number of provider enrollment application receipts cannot be predicted, therefore, the Contractor may experience periods of large workloads. To ensure your application is handled in an accurate, timely, and fair manner, we must process the application in the order of receipt. We are unable to accommodate requests to expedite the review process. Please be assured that Cahaba associates are working as quickly as possible to process your application.

Once the application review is complete, your organization will be notified that a recommendation has been forwarded to the State Agency and the CMS Regional Office. The State Agency will conduct a survey in the event one is warranted. Once the survey is complete, the Regional Office will issue the final determination.

Provider enrollment contact information for submitting the CMS-855A application and supporting documents can be found on the contact page of the Cahaba GBA Web site.

For provider enrollment assistance, refer to the checklists and other information contained on the Cahaba GBA Web-site, as well as the CMS instructions for completion of the form as mentioned above. If these references do not address your issue, additional assistance is available by contacting the Provider Contact Center.

Thank you.