



CMS-855A Provider Enrollment Process Checklist *(Applies to all CMS-855A submissions)*

Use the following checklist to ensure all steps in the CMS-855A submission process have been completed.

- _____ Submit the National Provider Identifier (NPI) number in Sections 1A and 4. **The NPI must be obtained prior to submitting the CMS-855A application, by contacting the National Plan and Provider Enumeration System (NPPES).** Access the NPPES Web site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> for additional information. For questions on the NPI, contact the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.
- _____ **Submit the Electronic Funds Transfer (EFT) Authorization Agreement (CMS-588) form, and the required documentation, if your facility is not currently on EFT. EFT is mandatory with the submission of the CMS-855A enrollment application.** The CMS-588 form and instructions can be found at <http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf> on the CMS Web site. The CMS-855A enrollment application cannot be approved if the EFT requirement is not met.
- _____ Report enrollment changes within 30 days of the effective date of the change.
- _____ Ownership changes should not be submitted more than 3 months in advance of the transaction. Note that if the sale is not finalized within 90 days of receipt of the CMS-855A, the application will be rejected.
- _____ Submit Part A Medicare applications to the audit intermediary (AI) as opposed to the claims intermediary. This mostly impacts HHA and hospice providers.
- _____ If provider-based, submit the CMS-855A to the AI of the parent provider.
- _____ Submit Part B Medicare applications to the carrier, B Medicare administrative contractor (MAC), and DME to the supplier.
- _____ A separate CMS-855A is required for each provider number.
- _____ Review the CMS-855A application instructions.
- _____ Follow the specific instructions for your action type (refer to the Notification of Special Documentation checklist).
- _____ The application needs to be completed in ink and printed legibly or typed. It is recommended that providers use the PDF format of the CMS-855A, which is available on the CMS Web site at: <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>
- _____ For full CMS-855A applications, mark sections N/A in fields/sections that are not applicable.

- _____ Check the reason for the application in Section 1A. Note the Medicare identification number, tax identification number, and NPI.
- _____ For information changes, complete Section 1B, checking all sections that apply.
- _____ Complete all required sections of the CMS-855A as noted in Section 1A and 1B.
- _____ Complete Section 2A identifying the type of provider.
- _____ Complete Section 2B with applicant's identification information. The legal business name should match IRS documentation. Submit the IRS documentation with the application.
- _____ If the applicant is an existing provider and has not submitted an application since implementation of the Provider Enrollment Chain and Ownership System (PECOS) on July 29, 2002, the CMS-855A must be completed in its entirety with all required attachments noted in Section 17 included.
- _____ A change in EFT where the provider does not have a CMS-855A on file or has not submitted one since July 29, 2002, as noted above, must also complete the CMS-855A in its entirety with all required attachments noted in Section 1 included.
- _____ If additional sections are needed (i.e., more than one managing/directing employee or location), copy and complete the page for each entry.
- _____ Complete all of Section 6 for the official(s) in Sections 15 and 16.
- _____ Middle initials and credentials are required. Ensure these are included for all names on the CMS-855A.
- _____ Effective dates of change, ownership, and control are required. Ensure these are included where applicable on the CMS-855A.
- _____ Include the contact person in Section 6 if they are a managing/owning employee.
- _____ To speed the review, ensure the contact person is available to answer questions.
- _____ The certification statement in Sections 15 and 16 must be original and include the signature and date. Faxed, photocopied, or stamped are not acceptable. If the statement is not signed or dated and/or is not an original, the application will be returned prior to review.
- _____ If the official changed, complete Sections 6 and 15 for the deleted official.
- _____ Submit appropriate attachments as identified in Section 17 of the CMS-855A.
- _____ If a state license is not required for your provider type, include documentation from the state to support this.
- _____ Photocopy your application and supporting documentation and maintain for reference purposes.
- _____ Contact the state agency where your facility is located for state-specific forms. This contact should be made prior to submitting the CMS-855A to the contractor.