



The Following Provider Types Must Complete the CMS-855A Form:

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- Federally Qualified Health Center
- Histocompatibility Laboratory
- Home Health Agency (including sub-unit)
- Hospice
- Hospital
- Indian Health Services Facility
- Multiple Hospital Components in a Medical Complex
- Organ Procurement Organization
- Outpatient Physical Therapy/Occupational Therapy/ Speech Pathology Services
- Psychiatric Unit (of Hospital)
- Religious Non-Medical Health Care Institution (formerly Christian Science Sanatoriums)
- Rehabilitation Agency (unit of a Hospital)
- Rural Health Clinic
- Skilled Nursing Facility

Medicare Enrollment *for* Institutional Providers

For more information, visit our web site at:
<http://www.cms.hhs.gov/providers/enrollment/>



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WHAT IS MEDICARE?

Medicare, the nation's largest health insurance program, covers over 39 million Americans, including people age 65 and older, those who have permanent kidney failure, and certain people with disabilities.

WHAT IS CMS?

The Centers for Medicare & Medicaid Services (CMS), a Federal agency within the U.S. Department of Health and Human Services, administers the Medicare and Medicaid programs—two health programs that benefit about 75 million Americans. CMS contracts with private insurance companies (referred to as contractors or fiscal intermediaries). See definition below.

DEFINITIONS

Fiscal Intermediaries (FI)

FI's are private insurance companies with which CMS contracts to perform provider enrollment and claims processing on behalf of Medicare. Home Health Agencies and Hospices are handled by special FIs called Regional Home Health Intermediaries (RHHIs).

State Agency (SA)

The SA is a government agency in your State that is responsible for certifying your provider type. Check the CMS web site at: <http://www.cms.hhs.gov/providers/enrollment/contacts>. Contact your professional association, or check your local telephone directory to find the agency nearest you that handles health care licensing and certification. For example, in the State of Maryland you would contact the Department of Health and Mental Hygiene.

Online Survey Certification and Reporting (OSCAR) Number

The OSCAR number is your Medicare billing number and unique identifier. It is a 6-digit number issued by your CMS regional office (RO).

ENROLLMENT

Healthcare institutional providers must enroll in the Medicare program to be eligible to receive Medicare payment for covered services. This involves the completion of the CMS-855A form that collects payment and other general information about you and secures documentation to ensure you are qualified and eligible to enroll in the Medicare program. Your FI will verify all submitted information. **It is important to respond to the FI as soon as possible if you are asked for more information during the enrollment process.** Failure to do so will delay your enrollment.

You must simultaneously contact your local SA that handles site surveys to determine if one is required for your provider type. Although the CMS RO is ultimately responsible for deciding whether you may participate in the Medicare program, the SA submits evidence and recommendations for RO determination. **Failure to contact your SA may delay your enrollment into the Medicare program.** These surveys determine whether you meet applicable requirements for participation in the Medicare program as well as meeting your State's requirements and evaluate your performance and effectiveness in rendering a safe and acceptable quality of care.

Reporting Changes

Institutional providers are required to submit the CMS-855A when they have a change of information or a change of ownership, referred to as CHOW. If you are enrolled, but never completed a CMS-855A, you must contact your FI when any changes occur.

ENROLLMENT PROCESS

A typical enrollment involves the following:

1. Complete and submit a CMS-855A to your FI or RHHI. Optional forms that you may wish to submit include the Medicare authorization agreement for electronic funds transfers (CMS-588) and an Electronic Data Interchange agreement.

2. Contact your local SA for information about the survey process and any applicable State requirements.
3. The FI completes its review of your CMS-855A and submits its recommendation to the RO.
4. The SA conducts a survey of your operations and submits their findings to the RO.
5. If you pass the state survey and the enrollment process, the RO will prepare an agreement for signature.
6. Upon completion of the agreement, you will receive an OSCAR number and can submit Medicare claims to the FI.

Accessing the Form

Visit the CMS Provider Enrollment web site at <http://www.cms.hhs.gov/providers/enrollment/forms> to access and download the CMS-855A enrollment form. PDF versions of the CMS-855A enrollment form are available for downloading, printing, and completion by hand from the CMS Provider Enrollment web site. An electronic version of the enrollment form is also available for downloading from this site and allows you to complete the form using your computer. The electronic form provides real-time edit checks and can be saved for future changes. However, the electronic form must be printed and submitted with an original signature.

From the following site, you can locate your local Medicare FI: <http://www.cms.hhs.gov/providers/enrollment/contacts>. If you do not have access to the Internet, contact CMS at 1-877-267-2323, where a receptionist will assist you. You may also obtain a paper form from your FI for completion. Contact your FI if you have questions concerning enrollment and form completion.