



RELEASE OF INFORMATION: QUESTIONS AND ANSWERS

1) Who is eligible to receive information from the Medicare carrier about a Medicare enrollment application?

The applicant and the individuals identified on the individual or group/organization's enrollment form as the contact person, authorized official, or delegated official may receive information about the status of an enrollment application. This includes confirmation that an application has been received and whether it is pending or has been completed.

Note: A contact person may receive status information only for the specific CMS 855 application on which the contact person's name appears.

2) What information should I have available before calling the WPS Medicare Provider Enrollment Department about an enrollment application?

If you are identified on the application as the applicant, the contact person, the authorized official, or the delegated official, you should know the applicant's name and Social Security Number or employer identification number and the date the application was submitted to Medicare.

Note: If you are calling regarding a letter you received from our Provider Enrollment Department, you should also have the control number available if there is one listed at the top of the letter.

3) Who will be notified of my Medicare Provider Transaction Access Number (PTAN) when my enrollment application is approved?

Note: Provider Transaction Access Numbers (PTANs) are the required authentication element for Medicare telephone and written inquiries. With the transition to the National Provider Identifier (NPI) in Medicare claims processing, Medicare provider identification numbers (PINs) are no longer issued as part of the provider enrollment process.

CMS-855B: We will send our notification letter to the contact person or to the authorized or delegated official of the group or organization, based on how Section 13, Contact Person, of the CMS 855B is completed. Letters sent to the contact person will be mailed to the address in Section 13. Letters sent to the authorized or delegated official will be mailed to the group or organization's correspondence address.

CMS 855R: For CMS 855Rs submitted alone or with a CMS 855I, we will send our notification letter to the contact person at the address shown in Section 7, Contact Person, of the CMS 855R.

CMS 855I: For CMS 855Is submitted without a CMS 855R, we will send our notification letter to the contact person if Section 13, Contact Person, of the CMS 855I has been completed. If Section 13 has not been completed, we will send our notification letter to the physician or non-physician practitioner at the address shown in Section 2.B., Correspondence Address.



www.wpsmedicare.com

4) Who can obtain information about my Medicare enrollment after my application has been approved?

An authorized or delegated official of a group or organization may request information about the group or organization's enrollment and may also request this information regarding an individual physician or non-physician practitioner who has reassigned his or her Medicare benefits to the group or organization.

An individual physician or non-physician practitioner may request information about his or her own Medicare enrollment, whether or not benefits have been reassigned. If benefits have not been reassigned, *only* the physician or non-physician practitioner may request information about his or her Medicare enrollment.

These requests must be made in writing. Letters, signed and dated, should be mailed or faxed to our Provider Enrollment Department at the mailing addresses and fax numbers in 4) and 5) of "Application and Documentation: Questions and Answers." The requests should specify the address to which the information should be sent.