



Return and Development of CMS-855 Enrollment Applications

The Centers for Medicare & Medicaid Services (CMS) requires Medicare contractors to return Medicare enrollment applications for the following reasons and to take no further action on them:

- The application is not signed.
- The provider submitted the 11/2001 version of the application.
- The signature on the application is stamped or copied.
- The signature on the application is not dated.
- The CMS-855I application was signed by someone other than the practitioner applying for enrollment.
- The applicant failed to submit all the required forms needed to process a reassignment package within 15 calendar days of receipt of the first form submitted.
- The application was submitted to the wrong contactor.
- The application was completed in pencil. (It must be either typed or completed in ink.)
- The wrong CMS-855 application was submitted.
- The application does not appear to have been downloaded from CMS's Website.
- The application was not mailed.
- The Authorized Official who signed the CMS-855R Reassignment of Medicare Benefits is not on file. (Sections 1, 2B1, 3, 6, 13, and 15 of the CMS-855B must be completed to establish the Authorized Official with Medicare.)
- The contractor received the application more than 30 days prior to the effective date listed on the application. (This does not apply to certified providers--ambulatory surgical centers and portable x-ray suppliers.)
- The contractor can confirm that the provider submitted a new enrollment application prior to the expiration of the time period in which the provider is entitled to appeal the denial of its previously submitted application.
- The contractor discovers or determines that the provider submitted a CMS 855 application for the sole purpose of enrolling in Medicaid.
- The CMS-855 is not needed for the transaction in question. (A common example of this occurs when a physician who is already enrolled submits both a CMS-855I and a CMS-855R in order to reassign benefits to a group. Because only the CMS-855R is needed, the CMS-855I is returned.)

Note: CMS-588 Electronic Funds Transfer (EFT) Authorization Agreements are returned if they are sent in as a stand-alone change of information request (i.e., not accompanied by a CMS-855) but are unsigned, undated, or contain a copied, stamped, or faxed signature.

Enrollment applications that cannot be processed for other reasons are developed for the needed information or documentation. WPS Medicare is currently returning or developing on 40-50% of all submitted provider enrollment applications, causing delays in processing and additional work for both the provider and WPS Medicare.



These are the most common reasons WPS Medicare is currently returning or developing enrollment applications:

- The application is missing a valid signature(s) and/or date(s).
 - On the 855B enrollment form, check the following:
 - Section 15 (page 31)
 - Section 16 (pages 32 & 33)
 - Attachment 2E (page 44)
 - On the 855I, check Section 15 (page 26)
 - On the 855R, check Section 4 (page 5)
- The effective date of the addition, change, or deletion is missing.
 - On the 855B, check:
 - Section 1 (page 4)
 - Sections 4A – 4F (pages 14-18)
 - Sections 5A – 5B (pages 21-22)
 - Sections 6A – 6B (page 24)
 - Section 8 (page 25),
 - Sections 15B – 15C (page 31)
 - Sections 16A – 16B (pages 32-33)
 - Attachments 1A – 1D (pages 35-37)
 - Attachments 2A – 2E (pages 39-44)
 - On the 855I, check:
 - Section 1 (page 4 if you are voluntarily terminating your Medicare enrollment)
 - Sections 2E – 2G (page 10)
 - On the 855R, check Section 1 (page 3)
- The application is missing required attachments.
 - On the 855B, check page 34
 - On the 855I, check page 27
- The legal business name on the application does not match the Internal Revenue Service (IRS) documentation. Verify throughout the application that the legal business name is listed correctly. Do not enter the day-to-day “doing business as” name as the legal business name.
 - On the 855B, check:
 - Section 2B (page 7)
 - On the 855I, check:
 - Section 4A (page 14)
 - On the 855R, check
 - Section 2 (page 4)



- The legal business name on file with the National Plan and Provider Enumeration System (NPPES) and the legal business name on the Internal Revenue Service documentation submitted with the application do not match.
 - Correct the legal business name on file with the Internal Revenue Service (IRS) or update the legal business name reported to NPPES and submit copies of IRS and NPI documents on which the legal business name is exactly the same on both documents.

- The correspondence address on the application is not the applicant's address. The address listed must be the applicant's own address. It cannot be a billing agency's address, even if the billing agency would forward information to the applicant.
 - On the 855B, check Section 2B3 (page 8)
 - On the 855I, check Section 2B (page 6)
 - This does not apply to the 855R.

- There are unanswered questions regarding adverse legal history. Verify that "Yes" or "No" is checked. If you checked "Yes," the lines below the question must be completed.
 - On the 855B, check:
 - Section 3 (page 12)
 - Section 5B (page 22)
 - Section 6B (page 24)

 - On the 855I, check:
 - Section 3 (page 13)
 - Section 4 (page 14)
 - Section 6B (page 20)
 - This does not apply to the 855R.

- A "Yes" or "No" question is unanswered or not answered correctly. Do not answer a "Yes" or "No" question with *not applicable (NA)*. Pick the option that best fits your situation.
 - On the 855B, check:
 - Sections 2E – 2F (page 9)
 - Section 3 (page 12)
 - Section 5B (page 22)
 - Sections 6A – 6B (page 24)
 - Attachments 1B – 1D (pages 36-37)
 - Attachments 2D – 2E (pages 41- 43)

 - On the 855I, check:
 - Section 2C (page 7)
 - Sections 2H – 2K (page 11)
 - Section 3 (page 13)
 - Sections 4A – 4B (pages 14-15)
 - Section 6B (page 20)
 - This does not apply to the 855R.



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- The Electronic Funds Transfer (EFT) is not established and the agreement (CMS Form 588) is not enclosed.
 - On the 855B, verify the supplier has previously set-up EFT. If the supplier has not previously set-up EFT, complete and attach the CMS Form 588.
 - On the 855I, verify the practitioner, who is not reassigning benefits to another entity, has previously set-up EFT. If the practitioner has not previously set-up EFT, complete and attach the CMS Form 588.
 - This does not apply to the 855R.

- National Provider Identifier (NPI) information is missing from a section.
 - On the 855B, check:
 - Section 1 (page 4)
 - Section 2C (page 9)
 - Section 2G (page 10)
 - Section 4A (page 14)
 - Section 5A (page 21)
 - Section 6A (page 24)
 - Attachment 2 Section C (pages 40-41)
 - Attachment 2 Section E (pages 43 - 44)
 - On the 855I, check:
 - Section 1 (pages 4-5)
 - Sections 2E – 2G (page 10)
 - Sections 4A – 4C (pages 14-16)
 - Section 6 (page 20)
 - On the 855R, check Sections 2-3 (page 4)

For additional assistance, please visit the WPS Medicare Provider Enrollment Web site, http://www.wpsmedicare.com/part_b/business/enrollment.shtml or call our Provider Enrollment Department at:

MN: (866) 564-0315

IL, MI, WI: (877) 908-8476

Our hours are Monday through Friday 8:00 A.M. – 4:00 P.M. Central Time, 9:00 A.M. – 5:00 P.M. Eastern Time.