



Application and Documentation: Questions and Answers

1) Where are the correct Medicare enrollment applications located?

The current versions of the CMS 855 provider enrollment applications are the 2008 versions, which are downloaded from the Centers for Medicare & Medicaid (CMS) Website: <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>
(The 2006 versions of the forms will also continue to be accepted during a limited transition period.)

The PDF forms must be printed and must be completed manually. The electronic versions of the forms can be completed online; they must then be printed, signed, dated, and contain all supporting documentation, including the CMS-588 for EFT, if applicable.

2) Which enrollment application form(s) should I complete?

- **CMS 855B:** This form is used by groups and organizations that are enrolling in Medicare for the first time in a given state, or that are reporting a change to previously reported enrollment information. (Individuals who are the sole owner of a professional corporation, professional association, or limited liability company and who bill through that entity may complete just the CMS 855I and are not required to complete the CMS 855B.)
- **CMS 855I:** This form is used by individual physicians and practitioners who are enrolling in Medicare for the first time in a given state or who are reporting changes to their enrollment. This includes individuals who are unincorporated sole proprietors, reporting their income to the Internal Revenue Service with either their Social Security Number or their employer identification number. It also includes individuals who are the sole owner of a professional corporation, professional association, or limited liability company and who will bill Medicare through that business entity.
- **CMS 855R:** This form is used by individual physicians/practitioners who are reassigning Medicare benefits to an enrolled group, organization, or individual or who are making a change to a previously established reassignment. (Physician assistants do not complete the CMS 855R; they complete only the CMS 855I.)

Note: Only one reason may be checked for submittal of an application. Separate applications must be submitted, for example, to report a new enrollment and a change of information to an established record, such as a voluntary termination. Termination of a reassignment of benefits may be reported only on Form CMS 855R. Termination of one reassignment and the addition of a new reassignment must be reported on separate CMS 855R forms.



3) How can I request help in completing my enrollment application, or if I have other questions regarding provider enrollment?

Please review the application and its instructions. If you still have questions after reviewing the application instructions or for other questions, call our Provider Enrollment Department: (877) 908-8476 (Wisconsin, Illinois, and Michigan) or (866) 564-0315 (Minnesota) and a provider enrollment analyst will assist you.

For other questions, unrelated to the Medicare provider enrollment process, please contact our Provider Customer Service Department: 1-866-359-1599 for Wisconsin; 1-866-234-7340 for Illinois; 1-866-234-7331 for Michigan; and 1-866-359-1598 for Minnesota.

You may also use the "Contact Us" feature on our Website to submit questions. You will receive an e-mail or telephone response to your question from our Medicare provider education staff.

4) Where should completed applications and other provider enrollment documents be sent?

Illinois, Michigan, and Wisconsin enrollment applications should be sent to:
Wisconsin Physicians Service
Medicare Part B
Provider Enrollment Department
P.O. Box 8248
Madison, WI 53708-8248

If you are sending the application via courier, please use the following address:
1707 W Broadway
Madison, WI 53713-1834

Minnesota enrollment applications should be sent to:
Wisconsin Physicians Service
Medicare Part B
Provider Enrollment Department
8120 Penn Avenue South, Suite 200
Bloomington, MN 55431-1394

5) Where can I fax additional information to the Provider Enrollment Department?

Our Provider Enrollment Department fax numbers are:
Wisconsin/Illinois/Michigan: (608) 301-2740
Minnesota: (952) 885-2814



- 6) What are the most common reasons why enrollment applications are considered incomplete and need to be returned or developed, causing delays in processing?**
- a. Valid signature(s) and/or date(s) signed is missing.
 - b. The effective date of the addition, change, or deletion is missing.
 - c. Required attachments, e.g., copies of licenses, certifications, diplomas, or Internal Revenue Service documents are missing.
 - d. The legal business name does not match the name on the IRS documentation.
 - e. The information on the CMS 855, or on the IRS documentation provided, is inconsistent with the information associated with the applicant's NPI.
 - f. The Correspondence Address on the application is not the applicant's address. (A billing agency's address cannot be used as the Correspondence Address.)
 - g. Questions regarding Adverse Legal Actions are not answered.
 - h. A question requiring a "Yes" or "No" answer is not answered, or is indicated as "Not Applicable."
 - i. The NPI is not listed in the appropriate section(s) of the application.
 - j. Form CMS 588, "Electronic Funds Transfer (EFT) Authorization Agreement," is required and is not included with the application or has not been completed correctly.
 - k. The application is submitted more than 30 days prior to the effective date listed on the application.