

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Basics of Medicare Enrollment for Institutional Providers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES



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Institutional providers must enroll in the Medicare Program to receive payment for covered services they furnish to Medicare beneficiaries. This fact sheet provides education about enrolling in Medicare and information on how institutional providers can ensure they are eligible to enroll in the Medicare Program.

Enrollment and the Requirement to Obtain a National Provider Identifier (NPI)

Institutional providers must obtain an NPI prior to applying for enrollment in the Medicare Program. Enrolling in Medicare authorizes you to bill and receive payment for covered services you furnish to Medicare beneficiaries.

If you do not already have an NPI, you may apply for one at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> on the Centers for Medicare & Medicaid Services (CMS) website, or by completing Form CMS-10114, “NPI Application/Update Form,” and mailing it to the NPI Enumerator at the address listed on the form. For assistance, contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326, or send an e-mail to customerservice@npienumerator.com.

How to Enroll

You can apply for enrollment in the Medicare Program, revalidate your enrollment, or make a change to your enrollment information by using either:

- Internet-based Provider Enrollment, Chain and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website; or
- The paper enrollment application, Form CMS-855A, located at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> on the CMS website.

Submit All Enrollment Materials Electronically

CMS has improved Internet-based PECOS by adding a digital document feature that allows you to submit your entire enrollment application, including supporting documentation, electronically. You no longer need to mail paper copies of your supporting documentation. For more information, refer to the “Digital Document Repository (DDR) How To Guide” at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DigitalDocumentRepository-HowToGuide.pdf> on the CMS website.

Survey

In addition to submitting an enrollment application and all required supporting documentation to the designated Medicare enrollment contractor, you must also contact your local State Survey Agency. Certain institutional provider types may elect voluntary



accreditation by a CMS-recognized Accrediting Organization (AO) in place of a State survey. However, the State Survey Agency must be notified of the AO's determination. The final determination of approval or denial for the Form CMS-855A, its supporting documentation, and the survey results rests with the CMS Regional Office (RO).

Application Fee

Institutional providers that are newly enrolling, re-enrolling, revalidating, or adding a new practice location must pay an application fee. For more information about the provider types that are subject to an application fee, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/ApplicationFeeRequirementMatrix.pdf> on the CMS website. For the current application fee, visit <https://questions.cms.gov/faq.php?id=5005&faqId=3133> on the CMS website.

You may request a hardship exception by submitting a written request (and any supporting documentation) that describes the hardship and why the hardship justifies an exception. CMS makes determinations on whether to grant these requests on a case-by-case basis.

Medicare enrollment contractors will not process applications without payment of the proper application fee or an approved hardship exception. **If you do not pay the fee or submit a hardship exception request, your contractor will reject your application or revoke billing privileges (as applicable).**

Enrollment Process

The process for becoming an enrolled institutional Medicare provider is as follows:

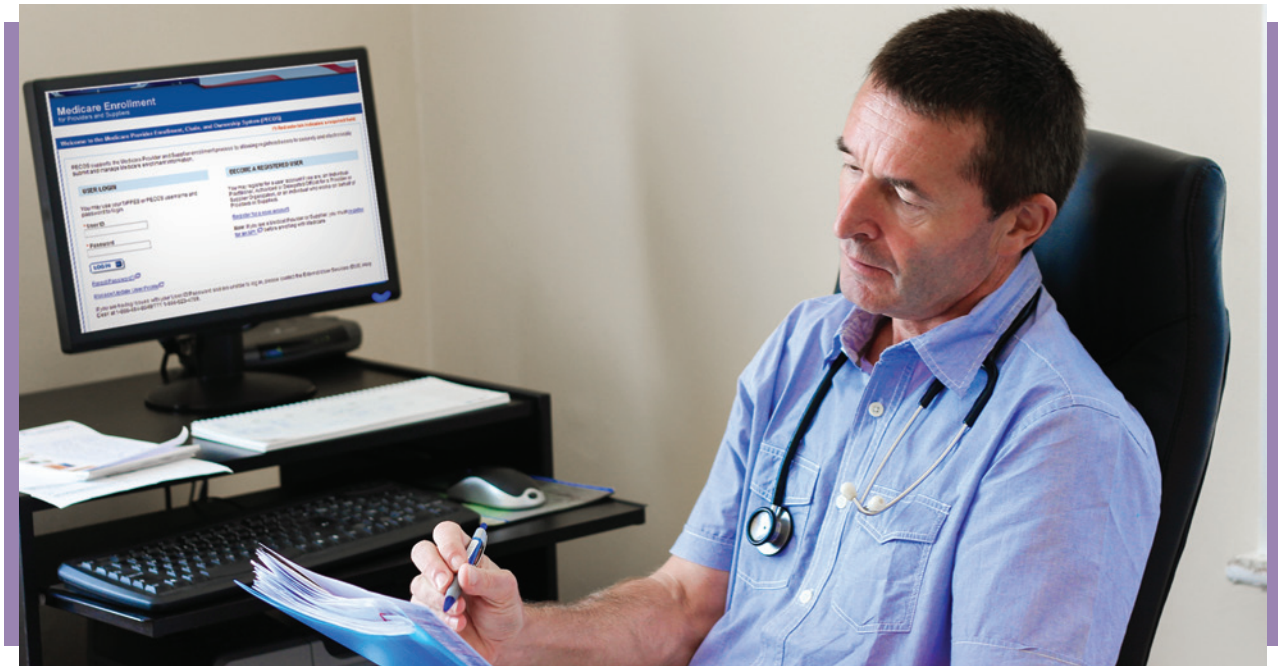
1. When you are ready to enroll, revalidate, or make changes to your enrollment information, visit the Provider-Supplier Enrollment web page at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> to access and learn about Internet-based PECOS, download a paper Medicare enrollment application, review answers to frequently asked questions, or find telephone and mailing address information for your Medicare enrollment contractor. This web page also contains contact information for the State Survey Agency responsible for surveying your institutional provider type. Initiate the enrollment process by submitting your Internet-based PECOS or paper enrollment application.

2. Your Medicare enrollment contractor processes your Internet-based PECOS or paper enrollment application and verifies the information provided. During processing, the contractor may require additional information. Respond to any requests from the contractor as soon as possible. Failure to do so may delay enrollment. When the review is complete, the Medicare enrollment contractor makes a recommendation for approval or denial to the appropriate CMS RO.
3. After the contractor makes a recommendation to approve or deny enrollment, your State Survey Agency or, if applicable, a CMS-recognized AO conducts a survey. Based on the survey results, the State Survey Agency makes a recommendation for approval or denial (a certification of compliance or noncompliance) to the CMS RO.
4. A CMS contractor conducts a second review, as needed, to verify that you continue to meet enrollment requirements prior to granting Medicare billing privileges.
5. The CMS RO makes the final decision regarding program eligibility. The CMS RO also works with the Office for Civil Rights to obtain the necessary Civil Rights clearances. If approved, you must typically sign a provider agreement.

Institutional providers include:

- Community Mental Health Centers (CMHCs),
- Comprehensive Outpatient Rehabilitation Facilities (CORFs),
- Critical Access Hospitals (CAHs),
- End-Stage Renal Disease (ESRD) Facilities,
- Federally Qualified Health Centers (FQHCs),
- Histocompatibility Laboratories,
- Home Health Agencies (HHAs),
- Hospice Organizations,
- Hospitals,
- Indian Health Service (IHS) Facilities,
- Organ Procurement Organizations,
- Outpatient Physical Therapy/Occupational Therapy/Speech-Language Pathology Services,
- Religious Non-Medical Health Care Institutions,
- Rural Health Clinics (RHCs), and
- Skilled Nursing Facilities (SNFs).

If your institutional provider type is not listed above, contact your Medicare enrollment contractor before submitting your Medicare enrollment application. For Medicare provider enrollment contact information for each state, visit http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website.



How to Report Changes

You can submit a change of information using Internet-based PECOS or the paper enrollment application (Form CMS-855A). You must report a change of ownership or control, including changes in authorized official(s) or delegated official(s), and any revocation or suspension of a Federal or State license within 30 days of a reportable event. Submit all other changes within 90 days of a reportable event.

Revalidation


All providers and suppliers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after getting notification from their Medicare enrollment contractor. **Do not submit a revalidation until asked to do so by your Medicare enrollment contractor.**

The most efficient way to submit your revalidation information is by using Internet-based PECOS. For more information, refer to:

- Medicare Provider-Supplier Enrollment: Revalidations
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>
- Medicare Learning Network® (MLN) Matters® Article MM7350, “Implementation of Provider Enrollment Provisions in CMS-6028-FC”
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7350.pdf>
- MLN Matters® Special Edition Article SE1126, “Further Details on the Revalidation of Provider Enrollment”
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1126.pdf>



Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device. 
- To access Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. To report Internet-based PECOS navigation, access, or printing problems, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to EUSupport@cgi.com.
- Contact your Medicare enrollment contractor with any additional questions about the Medicare enrollment process. For Medicare provider enrollment contact information for each state, visit http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website.
- For more information about the NPI, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand> on the CMS website.
- The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources helps providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other “Guided Pathways” resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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