

# **Instruction Guide to completing the Initial CMS 855S for IHS and Tribal Organizations**

These instructions were written to assist IHS and tribally owned and operated facilities with completing the CMS 855S application for initial enrollment in the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) program.

The instructions are divided by section and indicate what sections are required to be completed.

Each section should be completed by following the instructions listed in the CMS 855S form, unless otherwise specified.

This guide also indicates what documentation is required and includes additional information.

## **Section 1: Basic Information**

Complete:

1A – please enter the two letter state code where the business is located.

1B – Please list your National Provider Identifier (NPI) and check the box “You are a new enrollee in Medicare”

Please note, per CMS instruction, the NSC will not be able to process any change without the NPI. Suppliers are required to list their NPI and to submit a copy of the NPI notification from the NPI enumerator each time any enrollment documentation is sent. If the NPI information is not submitted, the NSC analyst will have to develop for the information, which will delay processing.

Applying for the NPI is a process separate from Medicare enrollment. To obtain an NPI, you may apply online at <https://NPPES.cms.hhs.gov> .

For more information about NPI enumeration, visit [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand)

Do not Complete:

1C – This section is not for initial enrollment. This section would be completed if you were making a change in the information on an existing supplier file.

Disclaimer: Though all publications are checked for accuracy, please remember that information is subject to change depending on rules and regulations. If you have any questions, call our Toll-free Customer Service Center at 1-866-238-9652.

## **Section 2: Identifying Information**

Complete:

2A1 2A2

2A3

2A4 - indicate whether or not the facility is enrolled in another part of the Medicare program other than DMEPOS. List the carrier name, identification number and NPI.

2B – Please check the box “Indian Health Service” and any other specialties that apply.

2C - Please mark all products and services you are providing to Medicare beneficiaries from the location applying.

2E - list the business structure of the entity applying

2F – This section is where suppliers enter information regarding accreditation. CMS has yet to issue final instructions to the NSC regarding accreditation. Therefore, suppliers are not required to complete this section at this time.

Do not Complete:

2.D - IHS and tribally owned and/or operated facilities are exempt from the requirements set forth under 42 C.F.R. sec. 424.57 (c) (10) and are not required to submit this information.

## **Section 3: Adverse Legal Actions/Convictions**

This entire section is required to be completed.

3.1 – Indicate by checking the appropriate box if there are any adverse legal actions or convictions to report.

3.2 – If answer to 3.1 is “YES”, please enter the necessary information and submit a copy of the action documentation and resolution

#### **Section 4: Current Business Location**

This entire section is to be completed as applicable.

4A – List the business location (this address cannot be a post office or drop box), indicate the jurisdiction where the majority of claims will be submitted and list all states where you provide items or services.

4B – Indicate where you would prefer remittance notices and special payments to be sent. This address may be a post office box. If this address is the same as the address listed in 4A, please check the appropriate box and move on to 4C. If this address is different, please mark the appropriate box and enter the address.

Please note Medicare will issue payments via electronic funds transfer (EFT). Suppliers initially enrolling or enrolling an additional location must complete the CMS 588 form to receive payments through EFT.

The NSC has a link to the CMS 588 on its Web site. To download this form, please visit the NSC Web site ([www.PalmettoGBA.com/NSC](http://www.PalmettoGBA.com/NSC)) and follow this path:

Supplier Enrollment/Forms/CMS 588

4C - Please complete this section with the address where you store beneficiary records. If this address is the same address as 4A, please mark the appropriate box and move on to the next section.

#### **Section 5: Ownership Interest and/or Managing Control Information (Organizations)**

Complete:

5A – The name of the government agency or Indian tribe should be reported in this section as an owner. In addition to being listed as an owner, a letter must be submitted on governmental agency or Indian tribe letterhead attesting the entity will be responsible for any monies owed to CMS. The authorized official must also sign this letter.

5B – Complete this section as it applies to the entity listed in 5A.

**Section 6: Ownership Interest and/or Managing Control Information (Individuals)**

Please note this section must be completed for: (please feel free to make as many copies of this section as needed)

•Authorized Official –

Facilities completely owned by the IHS, will list the authorized official as the Area Director.

Facilities either partially owned by IHS or completely tribally owned and operated, will list the authorized official as the chief or other individual with similar authority.

•Delegated Official (optional) – if adding delegated officials, this individual must be a W-2 employee and meet the definition of a delegated official, which is listed on page 25 of the application.

•At least one Managing Employee – this individual must meet the definition of a managing employee listed on page 19 of the application.

**Section 6 (con't):**

For each individual:

Complete:

6A

6B

**Section 8: Billing Agency**

Complete this section for any and all billing agencies that you have a contract with to submit claims to Medicare on your behalf. Please make additional copies of this section if necessary.

**Section 13: Contact Person (optional)**

If you decide to list a contact person, this section should be completed with the requested information. This individual should be someone who is easily reached and knowledgeable of the information entered on the application. Also, please be aware, this individual may only be contacted during the processing of the application.

**Section 14: Penalties for Falsifying Information On This Enrollment Application**

Please read this section carefully to understand the penalties for providing false information.

**Section 15: Certification Statement**

This section must be signed by an individual that meets the definition of an authorized official on page 25 of the CMS 855S.

Depending on how the facility is enrolling:

Facilities completely owned by the IHS, will list the authorized official as the Area Director. This individual must also be listed in Section 6.

Facilities either partially owned by IHS or completely tribally owned and operated, will list the authorized official as the chief or other individual with similar authority. This may include the CEO or other individual that meets the definition of an authorized official. This individual must also be listed in Section 6.

**Section 16: Delegated Official (Optional)**

If the facility wishes to list delegated official(s), this individual(s) should sign this section, along with the authorized official and be listed in Section 6.

This individual must be a W-2 employee and meet the definition of a delegated official, which is listed on page 25 of the application.

**Documentation Requirements****Declaration Letter:**

The facility must submit a letter on the letterhead of the responsible government agency or tribal organization, which attests that either will be legally and financially responsible for any outstanding debt owed to CMS (as instructed in Section 5).

**Licensure:**

IHS facilities are not required to submit any State licenses. However, if the facility is providing items that require a licensed professional, a copy of the professional license is required. Such as a pharmacist or respiratory therapist.

**IRS Documentation:**

A copy of any document from the IRS that confirms the legal business name and Tax Identification Number listed in Section 2A.

**Insurance:**

IHS facilities are exempt from the comprehensive general liability requirement found under 42 C.F.R. 424.57 (c) (10).

**Adverse Legal History:**

IHS facilities will need to submit documentation that includes action notification and any documentation supporting action resolution.

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## **Additional Information**

A site inspection will be conducted on all IHS facilities, including hospitals and pharmacies.