

Instruction Guide to completing the Initial CMS 855S for IHS (Indian Health Service) 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 – Check the box “You are a new enrollee in Medicare”

1B – Do not complete. 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.

Section 2: Identifying Information

Complete:

2A – Please enter the two letter state code where the business is located. List the physical address of the business location and other information. This address cannot be a post office or drop box. Indicate the hours of operation of the business. Check appropriate box, if applicable.

2B – Enter

- Supplier’s legal business name (LBN)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)

Please note, per CMS instruction, the NPWest 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 information will be developed, 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 <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand>.

2C – Identify how your business is registered with the IRS and the business structure of the entity applying. Check “Yes” to “Is this supplier an Indian Health Service (IHS) Facility?”.

2D – Select the states where Medicare covered items will be provided

2E – Complete section for accreditation organization. Check all that apply (if applicable), including Indian Health Service or Tribal Facility. Check all products and services you are providing to Medicare beneficiaries from the location applying.

Section 3: Adverse Legal Actions/Convictions

This entire section is required to be completed. Indicate by checking the appropriate box if there are any adverse legal actions or convictions to report. If answer is “YES”, please enter the necessary information.

Section 4: Important Address Information

4A – List 1099 Mailing Address. This address may be a post office box.

4B – Indicate where you would prefer correspondence by the NPWest or DME MAC. This address may be a post office box. If this address is the same as the address listed in 2A, please check the appropriate box and move on to 4C. If this address is different, please enter the address.

4C – Indicate where you would prefer your enrollment revalidation request package to be sent. This address may be a post office box. If this address is the same as the address listed in 2A or 4B, please check the appropriate box and move on to 4D. If this address is different, please mark the appropriate box and enter the address.

4D – 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 2A or 4B, please check the appropriate box and move on to 4E. 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.

A copy of the form is available on the CMS website. To download this form, please click [here](#) and search for CMS 588.

4E – Please complete this section with the physical address where you store paper and/or electronic beneficiary records. This address cannot be a post office or drop box. If this address is the same address listed in 2A, please mark the appropriate box and move on to the next section.

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

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:

•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 35 of the application.
- At least one Managing Employee – this individual must meet the definition of a managing employee listed on page 22 of the application.

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

(Continued):

For each individual listed, make as many copies of this section as needed and complete 6A and 6B.

Section 7: Comprehensive Liability Insurance Information and Surety Bond Information

7A - Do not complete as:

- 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.
- Tribal owned IHS facilities and federally owned IHS facilities **are also** exempt from the surety bond requirement.

Please check the appropriate exemption boxes in 7B and 7C and skip to section 8.

Section 8: Billing Agency Information

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. The billing agency/agent address cannot be the correspondence mailing address completed in section 4B of this application. If this section does not apply, check the box and skip to section 12.

Section 12: Supporting Documentation Information

Attestation/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 2B.

Insurance:

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

Surety Bond:

Tribal owned IHS facilities and federally owned IHS facilities are exempt from the surety bond requirement.

Adverse Legal History:

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

Fee Receipt:

A copy of payment confirmation receipt for application fee payment.

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 reachable 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, if the person listed is not an authorized or delegated official. Check the appropriate box(es).

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**15B – Authorized Official Signature(s)**

This section **must** be signed by an individual that meets the definition of an authorized official on page 33 of the CMS 855S. You may have as many Authorized Officials as you want, but at least one is required. If you list more than two Authorized Officials, you should copy and complete this section as needed.

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.

15D – Assignment of Delegated Official(s) (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 34 of the application.

Additional Information

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