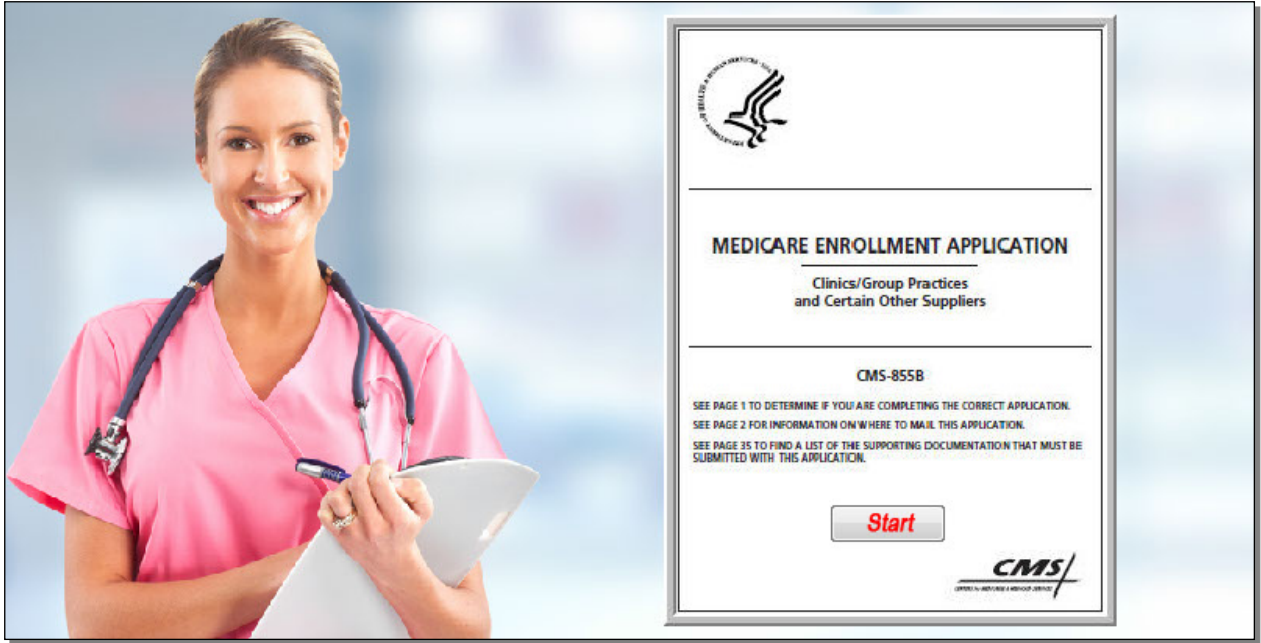





Welcome to the First Coast tutorial:  
Avoiding Common Errors on the CMS-855B Form





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**MEDICARE ENROLLMENT APPLICATION**  
Clinics/Group Practices  
and Certain Other Suppliers

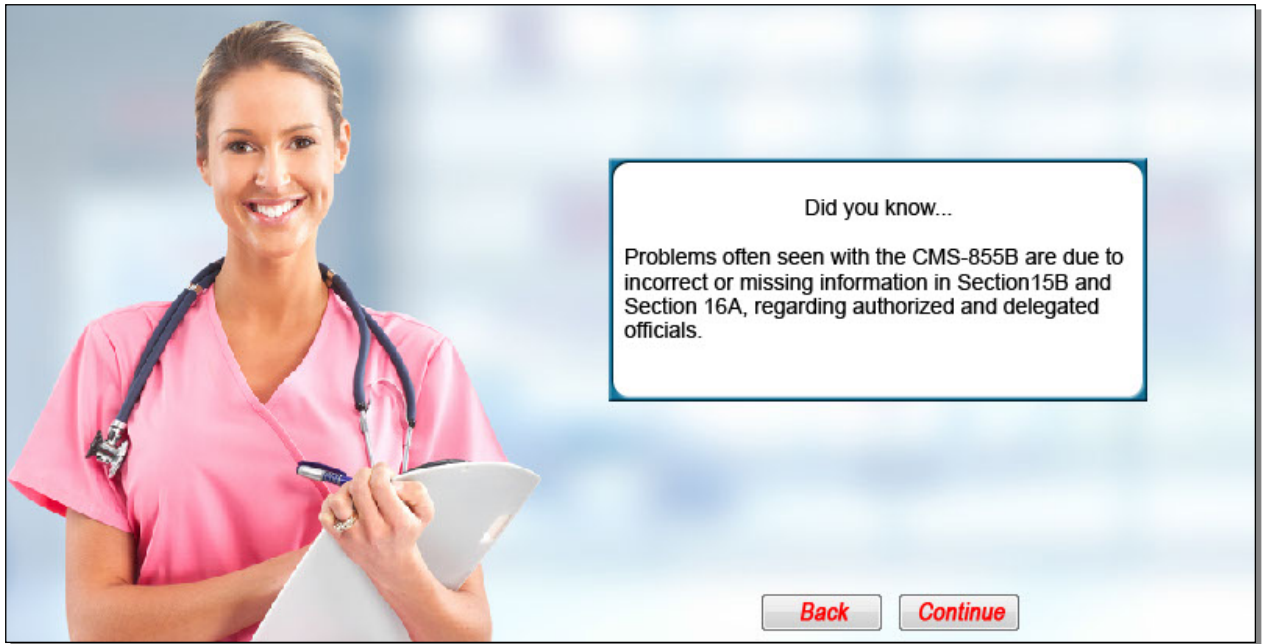
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**CMS-855B**

SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION.  
SEE PAGE 2 FOR INFORMATION ON WHERE TO MAIL THIS APPLICATION.  
SEE PAGE 35 TO FIND A LIST OF THE SUPPORTING DOCUMENTATION THAT MUST BE  
SUBMITTED WITH THIS APPLICATION.

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CENTERS FOR MEDICARE & MEDICAID SERVICES



Did you know...

Problems often seen with the CMS-855B are due to incorrect or missing information in Section 15B and Section 16A, regarding authorized and delegated officials.

**SECTION 15: CERTIFICATION STATEMENT (Continued)**

**B. 1<sup>ST</sup> Authorized Official Signature**  
I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the Medicare fee-for-service contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare fee-for-service contractor of this fact in accordance with the time frames established in 42 CFR § 424.516.  
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)		08/21/2014	

**Authorized Official's Information and Signature**

First Name Arthur	Middle Initial	Last Name Ized	Suffix (e.g., Jr., Sr.)
Telephone Number (904)123-4567	Title/Position Chief Executive Officer		
Authorized Official Signature (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.) <i>Arthur Ized</i>		Date Signed (mm/dd/yyyy) 08/21/2014	

(blue ink preferred)

The authorized official **must** sign and date Section 15B, in ink, (preferably blue).  
But who can be an authorized official?

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The authorized official must sign and date Section 15B, in ink, (preferably blue).

But who can be an authorized official?

**Authorized Official**

An appointed official to whom the organization has granted legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.

Examples of an authorized official:

- All persons who have a 5 percent or greater direct or indirect ownership interest in the supplier
- If the supplier is a corporation, all officers and directors of the supplier
- All managing employees of the supplier
- All individuals with a partnership interest in the supplier, regardless of the percentage of ownership the partner has

**All authorized officials must be listed in Sections 6 & 15.**

#### Authorized Official

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All authorized officials must be listed in Sections 6 & 15.

**SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)**

**A. Individuals with Ownership Interest and/or Managing Control—Identification Information**  
 If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

<input type="checkbox"/> CHECK ONE	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)	08/21/2014		

The name, date of birth, and social security number of each person listed in this Section must coincide with the individual's information as listed with the Social Security Administration.

First Name <b>Justin</b>	Middle Initial Last Name <b>Case</b>	Jr., Sr., etc. Title <b>Manager</b>
Date of Birth (mm/dd/yyyy) <b>09/13/1956</b>	Place of Birth (State) <b>USA</b>	County of Birth <b>USA</b>
Social Security Number (Required) <b>111-22-3333</b>	Medicare Identification Number (if issued - NH if issued) <b>11111</b>	<b>111111111</b>

What is the above individual's relationship with the supplier in Section 2B1? (Check all that apply.)

Sole or greater direct/indirect owner       Director/Officer  
 Authorized Official                               Contracted Managing Employee  
 Delegated Official                                 Managing Employee (W-2)  
 Partner

What is the effective date this owner acquired ownership of the provider identified in Section 2B1 of this application? (mm/dd/yyyy) **08/21/2014**

What is the effective date this individual acquired managing control of the provider identified in Section 2B1 of this application? (mm/dd/yyyy) \_\_\_\_\_

**NOTE:** Furnish both dates if applicable.

Authorized officials (Section 15B) and delegated officials (Section 16A) **must** be reported in Section 6A, either on this application or on a previous application to the same Medicare fee-for-service contractor.

If this is the first time an authorized and /or delegated official has been reported on the CMS-855B, you **must** complete Section 6A for that individual.

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Authorized officials (Section 15B) and delegated officials (Section 16A) must be reported in Section 6A, either on this application or on a previous application to the same Medicare fee-for-service contractor.

If this is the first time an authorized and /or delegated official has been reported on the CMS-855B, you must complete Section 6A for that individual.

<b>SECTION 15: CERTIFICATION STATEMENT (Continued)</b>			
<b>B. 1<sup>ST</sup> Authorized Official Signature</b>			
I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the Medicare fee-for-service contractor to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare fee-for-service contractor of this fact in accordance with the time frames established in 42 CFR § 424.516.			
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.			
<input type="checkbox"/> CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			
<b>Authorized Official's Information and Signature</b>			
First Name	Middle Initial	Last Name	Suffix (e.g., Jr., Sr.)
Telephone Number	Title/Position		
Authorized Official Signature (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.)			Date Signed (mm/dd/yyyy)
(blue ink preferred)			

A supplier can have multiple authorized officials. If the supplier has more than two authorized officials, it should copy and complete Section's 6A and 15B as needed. Remember, all signatures **must** be original, in ink (preferably blue).

**Only an authorized official has the authority to sign:**

- 1) the initial enrollment application on behalf of the supplier, or
- 2) the enrollment application that **must** be submitted as part of the periodic change request or revalidation.

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A supplier can have multiple authorized officials. If the supplier has more than two authorized officials, it should copy and complete Section's 6A and 15B as needed. Remember, all signatures must be original, in ink (preferably blue).

Only an authorized official has the authority to sign:

- 1) the initial enrollment application on behalf of the supplier, or
- 2) the enrollment application that must be submitted as part of the periodic change request or revalidation.



**A. 1<sup>ST</sup> Delegated Official Signature**  
If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)		08/21/2014	

Delegated Official First Name: John Middle Initial: Q Last Name: Public SUFFIX (e.g., Jr., Sr.)

Delegated Official Signature (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.): John Q Public Date Signed (mm/dd/yyyy): 08/21/2014

Check here if Delegated Official is your employee Telephone Number

Authorized Official's Signature Assigning This Delegation (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.): Arthur Fred Date Signed (mm/dd/yyyy): 08/21/2014

(Ink in preferred)

**Section 16A: Delegated Official**

An individual who is delegated by an authorized official the authority to report changes and updates to the supplier's enrollment record. A delegated official **must** be an individual with the "ownership or control interest" in (as that term is defined in Section 1124(a)(3) of the Social Security Act) or be a W-2 managing employee of the supplier.

Only an authorized official may delegate the authority to make changes and/or updates to the supplier's Medicare status.

The supplier can have as many delegated officials as it wants. If the supplier has more than two delegated officials, it should copy and complete Section's 6A and 15B as needed. Remember, all signatures **must** be original, in ink (preferably blue).

The Delegated Official **and** the Authorized Official **must** sign and date Section 16A.

Section 16A: Delegated Official

An individual who is delegated by an authorized official the authority to report changes and updates to the supplier's enrollment record. A delegated official must be an individual with the "ownership or control interest" in (as that term is defined in Section 1124(a)(3) of the Social Security Act) or be a W-2 managing employee of the supplier.

Only an authorized official may delegate the authority to make changes and/or updates to the supplier's Medicare status.

The supplier can have as many delegated officials as it wants. If the supplier has more than two delegated officials, it should copy and complete Section's 6A and 15B as needed. Remember, all signatures must be original, in ink (preferably blue).

The Delegated Official and the Authorized Official must sign and date Section 16A.



**A. 1<sup>ST</sup> Delegated Official Signature**  
 If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	I CHANGE	<input checked="" type="checkbox"/> ADD	I DELETE
DATE (mm/dd/yyyy)		08/21/2014	

Delegated Official First Name <b>John</b>	Middle Initial <b>Q</b>	Last Name <b>Public</b>	SUFFIX (e.g., Jr., Sr.)
Delegated Official Signature (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.) <i>John Q Public</i>			Date Signed (mm/dd/yyyy) <i>08/21/2014</i>
<input type="checkbox"/> Check here if delegated official is a W-2 employee		Telephone Number	
Authorizing Official's Signature Assigning this Delegation (First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.) <i>Arthur Fred</i>			Date Signed (mm/dd/yyyy) <i>08/21/2014</i>
<small>(blue ink preferred)</small>			

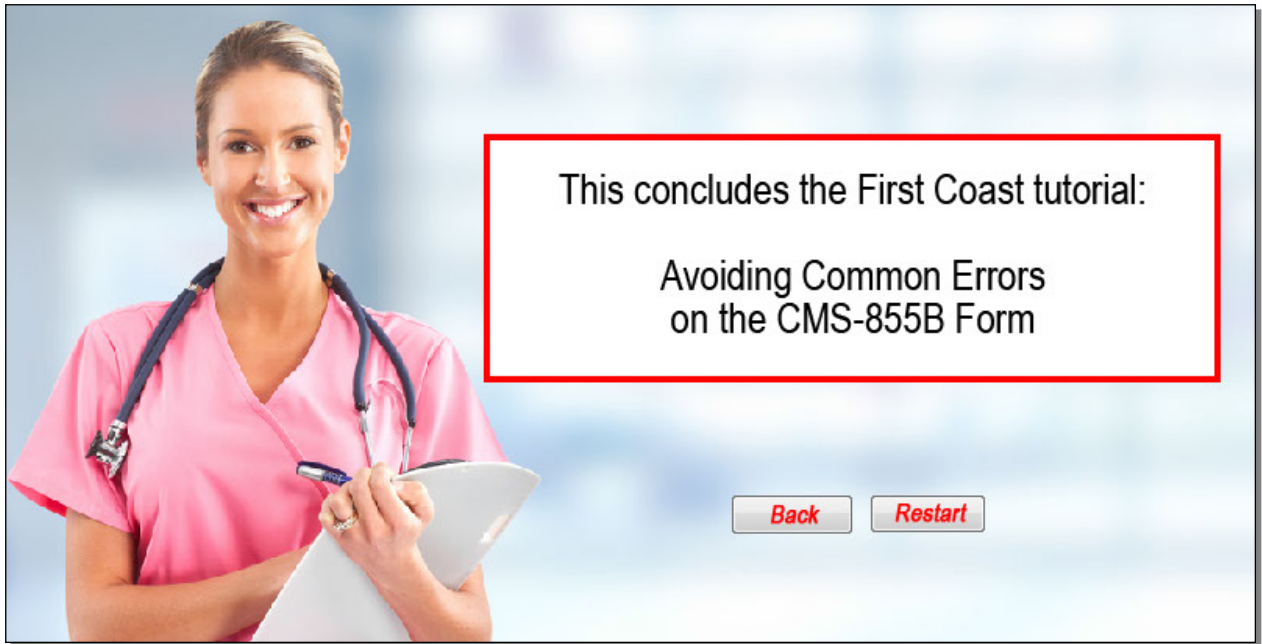
**Section 16A: Delegated Official**

The supplier is not required to have a delegated official. However if no delegated official is assigned, the authorized official(s) will be the only person(s) who can make changes and/or updates to the supplier's status in the Medicare program.

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Section 16A: Delegated Official

The supplier is not required to have a delegated official. However if no delegated official is assigned, the authorized official(s) will be the only person(s) who can make changes and/or updates to the supplier's status in the Medicare program.



This concludes the First Coast tutorial:  
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