Reminders to Prevent Development on Application Submissions

Part B Provider Enrollment

- **Legal Name and/or Legal Business Name**
  - Legal name must match as it appears at Social Security Office (individuals) or as it appears on IRS document (groups, sole owned groups and facilities) on the following:
    - Application (Paper or PECOS)
    - NPPES registry
    - State Websites
    - CMS 588 EFT agreement
    - Bank Account
- **Practice Locations for <u>billing provider</u> enrollments**
  - Must list **every** practice location where rendering services, including an office, hospital, retirement or assisted living community, and/or other health care facilities.
- **Supporting Documents**
  - CMS 588 Electronic Funds Transfer (EFT) Agreement including void check/bank confirmation letter (groups, sole proprietors & sole owners) – all fields must be complete and verify for accuracy
  - IRS document (CP575/CP147c) to verify (TIN/EIN) when applicable
  - Degree/Certification for Non-Physician (Nurse Practitioner / Psychologist)
- **Revalidation Applications**
  - Individual owner and sole owned group enrollments, revalidate at same time
  - Individual practitioners, when applicable, list all reassignments or employment arrangements
- **Signatures & Dates**
  - Verify all signatures are complete (Missing on Paper or Pending in PECOS)
  - CMS 855B- All newly added (Authorized/Delegated Officials) individual's must sign
  - Verify correct authorized or delegated official signs CMS 855B and/or CMS 855R
- **CMS 855B- Individual Ownership/Control (disclose all individuals)**
  - A supplier MUST have at least ONE organizational or individual owner, ONE managing employee and ONE Authorized Official. In addition, all Authorized Officials and/or Delegated Officials must complete this section, as well as the individuals listed below.
    - All persons who have a 5 percent or greater direct or indirect ownership interest in the supplier.
    - If (and only if) the supplier is a corporation (whether for-profit or non-profit), 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; and
    - Authorized and delegated officials. All Authorized Officials must identify one other relationship of 5% or greater direct/indirect owner, Partner or Director/Officer. All Delegated Officials must identify one other relationship but can select managing employee as other relationship.