CONSOLIDATED CMS-855I/CMS-855R ENROLLMENT APPLICATIONS

What Has Changed

Medicare has merged the CMS-855R into the CMS-855I paper enrollment application. Physicians and non-physician practitioners can reassign your right to bill the Medicare program and receive Medicare payments for some or all the services you render to Medicare beneficiaries, terminate a current reassignment of Medicare benefits, or make a change in their reassignment of Medicare benefit information using the CMS-855I. All data previously collected on CMS-855R and used to report reassignment information is now captured on the CMS-855I. The CMS-855R will no longer be used to report reassignment information.

Organizations/groups accepting a new reassignment of Medicare benefits, terminating a currently established reassignment of benefits, or making a change in reassignment of Medicare benefit information, should also submit the 855I to report these changes. The CMS-855B will be updated to include reassignment information in a future form update.

What Does It Mean to Reassign Your Benefits

Reassigning your Medicare benefits allows an eligible organization/group to submit claims and receive payment for Medicare Part B services that you have provided as a member of the organization/group. Such an eligible organization/group may be an individual, a clinic/group practice or other health care organization.

How to Submit Reassignment of Benefits Using the Revised CMS-855I

Physicians and non-physician practitioners, including physician assistants, can enroll and report reassignments using either:

- The Provider Enrollment, Chain and Ownership System (PECOS), or
- The paper CMS-855I application

PECOS Submissions

There is no change in how physicians, non-physician practitioners or organizations/groups report reassignments in PECOS. Within the Reassignment Topic of your PECOS application, you can add a new reassignment, terminate an existing reassignment, or make a change to your reassignment information. All existing signatures are required to be submitted. For step-by-step enrollment tutorials refer to https://pecos.cms.hhs.gov/pecos/login.do#headingLv1.

Paper Submissions

Adding a Reassignment with Your Initial Enrollment

1. Check the "You are a new enrollee in Medicare" box in Section 1A.
2. Complete all applicable sections.
3. In Section 4F, check "Add", furnish the effective date and complete the appropriate fields in this section.
4. If you reassign benefits to more than one organization/group, copy and complete the page.
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.
6. The practitioner must sign Section 15B.

7. The Authorized or Delegated Official of the organization/group must sign Section 15C.

Adding a New Reassignment as a Change of Information

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1A.
2. In Section 1B select "Reassignment of Benefits Information."
3. Complete Sections **1**, **2A**, **4F**, **12**, **13 (optional)**, and **15**.
4. In Section 4F, check "Add", furnish the effective date, and complete the appropriate fields in this section.
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.
6. The practitioner must sign Section 15B.
7. The Authorized or Delegated Official of the organization/group must sign Section 15C.

Changing Existing Reassignment Information

Primary/Secondary Location(s)

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefits Information."
3. Complete Sections **1**, **2A**, **4F**, **12**, **13 (optional)**, and **15**.
4. In Section 4F3, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

> **Note:** If the application includes other changes in addition to the reassignment (e.g., name change, licensure, etc.), the practitioner must also sign the application. The groups' authorized or delegated official cannot solely sign for non-reassignment changes.

Terminating an Existing Reassignment

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefits Information."
3. Complete Sections **1**, **2A**, **4F**, **12**, **13 (optional)**, and **15**.
4. In Section 4F, check "Terminate", furnish the effective date, and complete the appropriate fields in this section.
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

Providers can report multiple reassignments to groups with the same or different Employer Identification Numbers (EINs) on a single CMS-855I by submitting separate section 4Fs and section 15Cs with the appropriate authorized or delegated official signatures. A separate CMS-855I is not required.

Revalidation

When submitting a revalidation, physicians and non-physician practitioners will need to complete all of section 4F of the CMS-855I with their current reassignments. If more than one reassignment exists, the page shall be copied and completed.

When are these Changes Effective

Medicare Administrative Contractors (MACs) will begin to accept the revised version of the CMS-855I (05/23) on September 1, 2023. Refer to https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications for the revised form.

MACs will continue to accept the 12/18 version of the CMS-855I and the 01/20 version of the CMS-855R through October 31, 2023. After November 1, 2023, MACs will return any newly submitted CMS-855I and CMS-855R applications on the previous versions to the provider/supplier with a letter explaining that the CMS-855I has been updated, the CMS-855R discontinued and the current version of the CMS-855I (05/23) must be submitted.

Identify Your MAC

MACs process all Medicare enrollment applications for Part A and B providers and suppliers. MACs serve as the primary avenue of communication between health care providers and the CMS Medicare Fee-For-Service program.

Find and contact your MAC (https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/contact_list.pdf).