

Supporting Statement for Paperwork Reduction Act Submissions  
Medicare Enrollment Application for Clinics/Group Practices and Other Suppliers  
Form CMS-855B (OMB Control Number: 0938-1377)

**Revision and Reinstatement of Currently Approved Collection**

**BACKGROUND**

The primary function of the Form CMS-855B Medicare enrollment application is to gather information from an organizational supplier that tells us who it is, whether it meets certain qualifications to be a health care supplier, where it practices or renders services, the identity of its owners, and other information necessary to establish correct claims payments.

This information collection request (ICR) seeks:

- Approval for revisions to the Form CMS-855B. In general, these changes will gather certain additional data to help: (1) Medicare Administrative Contractors (MAC) validate the accuracy and completeness of the information the supplier furnishes; and (2) ensure that payments are made only to qualified and legitimate organizational suppliers.
- To reinstate the Form CMS-855B, the OMB approval date for which expired on March 31, 2024.

**A. JUSTIFICATION**

1. Need and Legal Basis

Various sections of the Act, the United States Code (U.S.C.), Internal Revenue Service (IRS) Code, and the CFR require providers and suppliers to furnish information concerning the amounts due and the identification of individuals or entities that furnish medical services to beneficiaries before payment can be made.

- Sections 1814(a), 1815(a), and 1833(e) of the Act require the submission of information necessary to determine the amounts due to a provider or other person.
- Section 1842(r) of the Act requires us to establish a system for furnishing a unique identifier for each physician who furnishes services for which payment may be made. To do so, we need to collect information unique to that provider or supplier.
- The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), section 4313, amended sections 1124(a)(1) and 1124A of the Act to require disclosure of both the employer identification number (EIN) and social security number (SSN) of each provider or supplier, each person with ownership or control interest in the provider or supplier, and any managing employees.
- Section 31001(I) of the Debt Collection Improvement Act of 1996 (DCIA) (Public Law 104-134) amended 31 U.S.C. 7701 by adding paragraph (c) to require that any person or entity doing business with the federal government provide their tax identification number (TIN).

- Sections 1866(b)(2)(D) and 1842(h)(8) of the Act require denial of enrollment (directly or indirectly) of persons convicted of a felony for a period not less than 10 years from the date of conviction.
- The IRS Code, section 3402(t), requires us to collect additional information about the proprietary/non-profit structure of a Medicare provider/supplier to allow exclusion of non-profit organizations from the mandatory 3% tax withholding.
- IRS section 501(c) requires each Medicare provider/supplier to report information about its proprietary/non-profit structure to the IRS for tax withholding determination.
- Section 6401 of the Affordable Care Act (which amended section 1866(j) of the Social Security Act) outlines requirements for the enrollment of providers and suppliers into the Medicare program.
- We are authorized to collect information on the Form CMS-855B (Office of Management and Budget (OMB) approval number 0938-1377) to ensure that correct payments are made to suppliers under the Medicare program as established by Title XVIII of the Act.

The Form CMS-855B application captures the foregoing information, including the data required to uniquely identify and enumerate the supplier. Additional information needed to process claims accurately and timely is also collected on the application.

## 2. Purpose and Users of the Information

The Form CMS-855B application is submitted when the applicant first requests Medicare enrollment. The application is used by the MACs to collect data to ensure the applicant has the necessary credentials to provide the health care services for which they intend to bill Medicare; this includes data that allows the Medicare contractor to correctly price, process, and pay the applicant's claims. It also gathers information that enables MACs to ensure that the supplier is neither excluded from the Medicare program nor debarred, suspended, or excluded from any other federal agency or program. The application is also used by enrolled suppliers when they are reporting a change in their ownership, a change in their current Medicare enrollment information, or are revalidating or reactivating their Medicare enrollment.

## 3. Improved Information Techniques

This collection lends itself to electronic collection methods. The Provider Enrollment, Chain and Ownership System (PECOS) is a secure, intelligent, and interactive national data storage system maintained and housed within the CMS Data Center with limited user access through strict CMS systems access protocols. Access to the data maintained in PECOS is limited to CMS and Medicare contractor employees responsible for supplier enrollment activities. The data stored in PECOS mirrors the data collected on the Form CMS-855 (Medicare Enrollment Applications) and is maintained indefinitely as both historical and current information. CMS also supports an internet-based supplier Form CMS-855 enrollment platform, which allows the supplier to complete an online Form CMS-855 enrollment application and transmit it to the Medicare contractor database for processing; the data is then transferred from the Medicare contractor processing database into PECOS by the MAC. Periodically, CMS will require adjustment to the format of the Form CMS-855 (either paper, electronic or both) for clarity or to improve form design. These adjustments do not alter the current OMB data collection approval.

#### 4. Duplication and Similar Information

There is no duplicative information collection instrument or process.

#### 5. Small Business

The data collections associated with the Form CMS-855 application process impacts small businesses. However, because of the relative infrequency with which the information needs to be submitted, we believe the overall impact on small businesses is negligible.

#### 6. Less Frequent Collections

This information is collected on an as needed basis. The information provided on the Form CMS-855 is required for enrollment in the Medicare program. It is essential to collect this data the first time a supplier enrolls with a Medicare contractor so that CMS' contractors can ensure that the supplier meets all statutory and regulatory requirements necessary for enrollment and that claims are paid correctly.

In addition, to ensure uniform data submissions, CMS requires that all changes to previously submitted enrollment data be reported via the appropriate provider enrollment application.

#### 7. Special Circumstances

There are no special circumstances that will require an information collection to be conducted in a manner that requires respondents to:

- Submit more than an original and two copies of any document.
- Retain records -- other than health, medical, government contract, grant-in-aid, or tax records -- for more than three years.
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study.
- Use a statistical data classification that has not been reviewed and approved by OMB.
- Include a pledge of confidentiality that: (1) is not supported by authority established in statute or regulation; (2) is not supported by disclosure and data security policies consistent with that pledge; and/or (3) unnecessarily impedes the sharing of data with other agencies for compatible confidential use.
- Submit proprietary trade secret or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

#### 8. Federal Register Notice/Outside Consultation

No rulemaking is associated with our requested Form CMS-855B revisions.

#### 9. Payment/Gift to Respondents

N/A.

## 10. Confidentiality

Except as explained in Section 16 of this Supporting Statement: (1) all information collected will be kept private in accordance with 5 U.S.C. 552(b)(4), Executive Order 12600, and 45 CFR 155.260 (Privacy and Security of Personally Identifiable Information); and (2) privileged or confidential commercial or financial information is protected from public disclosure by federal law.

## 11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

## 12. Burden Estimate of Requested Form CMS-855B Changes

### *a. Introduction*

This section 12 outlines our requested Form CMS-855B revisions that we believe will involve: (1) a change in burden for suppliers that complete this application; or (2) an explanation of why no burden change is involved. (Other application revisions not involving a burden change or requiring additional explanation are listed in the “Summary of Form CMS-855B Changes” Excel spreadsheet.)

We will use the following median wage category and hourly rate from the U.S. Bureau of Labor Statistics’ (BLS) May 2023 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)):

**TABLE 1: NATIONAL OCCUPATIONAL EMPLOYMENT AND WAGE ESTIMATES  
– OFFICE AND ADMINISTRATIVE SUPPORT WORKERS, ALL OTHERS**

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Median Hourly Wage (\$/hr)</b>	<b>Fringe Benefits and Overhead (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Office and Administrative Support Workers, All Other	43-9199	20.78	20.78	41.56
Physicians, All Other	29-1229	113.46	113.46	226.92

These wage categories reflect the following:

- The Form CMS-855B (including the new data/revised elements) will be completed by office/administrative staff.
- The reassigning individual (e.g., physician) will sign the certification statement in Section 15.

*b. New/Revised Data Elements*

(i) Section 1(A) (Reason for Submitting This Application)

Enrolling and enrolled suppliers must check the applicable box in Section 1A to identify the reason it is submitting the application. We are adding a new submittal reason: “You are solely enrolling in Medicare to participate in Medicaid or another health care program and will not bill Medicare.” This will not implicate any new burden. It is merely another option via which the supplier can identify its submittal reason.

(ii) Section 1(A) (Reason for Submitting This Application)

For the voluntary termination submittal reason/checkbox, we are adding Sections 2A3 and 4B as optional sections that the supplier may complete. As the supplier is not required to complete them, there is no burden associated with this change.

(iii) Section 2(A)(1) (Supplier Identification Information – Business Information)

In the business structure portion of Section 2(A)(1) in which the supplier identifies its organizational type, we are: (1) adding checkboxes for "sole owner", “general partnership”, and “limited partnership”; and (2) adding checkboxes whereby a government-owned supplier can identify the type of government entity that owns it (e.g., federally owned, county-owned, etc.). The checkboxes in (1) are merely additional options via which the supplier can identify its business type and will involve no burden change. As for (2), this data is currently collected on the Form CMS-855A Medicare provider enrollment application ((OMB) approval number 0938-0685) but not the Form CMS-855B. It is therefore new and will impose a burden. We estimate that each year approximately 2,000 newly enrolling government-owned suppliers will report this information via the new government entity checkbox. The burden of completing the applicable checkbox will be 1 minute (.0167 hours). This results in an annual burden of 33 hours (2,000 x .0167) at a cost of \$1,371 (33 x \$41.56).

(iv) Section 2(B)(1) (Type of Supplier)

In Section 2(B)(1), the supplier checks which type of supplier it is. We are adding the following new checkboxes to this section: “home infusion therapy”; “physical therapy group in private practice”; and “occupational therapy group in private practice”. This will not impose any new burden, for the additional checkboxes merely give the supplier additional checkbox options.

(v) Section 2(E) (Accreditation for Ambulatory Surgical Centers (ASCs) Only)

In Section 2(E), the ASC checks whether it is accredited. We are adding the following new checkbox to this section: “The ASC applied for or is pending accreditation”. This checkbox will impose no new burden; it simply gives the ASC an additional checkbox option in Section 2(E).

(vi) Deletion of Section 2(F) (Employer Terminating Employment Arrangement with One or More Physician Assistants (PAs))

Employers need no longer report whether they are terminating an employment arrangement with a PA. This is because PAs may now bill Medicare directly for the services they perform. They no longer need to bill the program through their employer.

When Section 2(F) was required, approximately 106,230 employers per year (typically a Form CMS-855B-enrolled group practice that employed the PA) reported the termination of a PA arrangement via a Form CMS-855B change of information application. We estimate that this took each employer approximately 25 minutes (or .4167 hours). This resulted in an annual burden of 44,266 hours (or 106,230 x .4167) at a cost of \$1,839,695 (44,266 x \$41.56). Section 2(F)'s removal means this hour and cost estimate will constitute a reduction in burden.

(vii) Section 3 (Final Adverse Actions)

We are revising Section 3's list of final adverse actions (FAAs) to require the following to be reported:

- Any felony conviction of the supplier's managing organization, officer, or director.
- Revising the FAA currently listed in Section 3(B)(2) to read: "Any crime, under Federal or State law, where an individual or entity has entered into participation in a first offender, deferred adjudication or other program or arrangement where judgment of conviction has been withheld, or the criminal conduct has been expunged or otherwise removed, or there is a post-trial motion or appeal pending, or the court has made a finding of guilt or accepted a plea of guilty or nolo contendere."
- Any misdemeanor conviction, under federal or state law, related to sexual abuse, sexual misconduct, inappropriate physical contact of another, or child pornography.

Since these FAAs are new to Section 3 and have not been previously reported, we have no historical data upon which we can accurately estimate of the burden of disclosure. For purposes of this ICR request only, we will project that 100 suppliers per year will report one of these FAAs via the Form CMS-855B. We estimate that each disclosure will take 30 minutes. This results in an annual burden of 50 hours (100 x .50) at a cost of \$2,078 (50 x \$41.56). We solicit comment on our 100-supplier per year estimate.

(viii) Section 4(A) (Practice Location Information)

Section 4(A) requires the supplier to identify via checkbox the type of facility in which it is located. A current checkbox option is "Home/Business Office for Administrative Use Only." We are splitting this into separate "Home Office for....." and "Business Office for....." checkboxes. As we are merely dividing this checkbox into two options, no new burden is implicated.

(ix) Section 4(C)(2) (Practice Location Information)

The supplier currently must disclose in Section 4(C)(2) the website at which any electronic records are stored. We are removing this data box and instead requiring the supplier to list the address and tax identification number of the company via which (if applicable) electronic records are stored. We believe that furnishing this address will take the supplier 15 minutes longer than furnishing the website address. We also project that 13,600 suppliers per year will report this address on the Form CMS-855B. The resulting annual burden increase is 3,400 hours (13,600 x .25) and \$141,304 (3,400 x \$41.56).

(x) Section 4(H) (Reassignment of Benefits Information)

Reassignment information was previously collected via the Form CMS-855R. With the Form CMS-855R's discontinuance, this data is now captured through the Form CMS-855I (for the physician/practitioner reassigning his/her benefits) and in new Section 4(H) of the Form CMS-855B (for the entity to which the individual is reassigning his/her benefits). Although the supplier burden associated with completing the Form CMS-855R has been eliminated, there will now be a Form CMS-855B burden for completing Section 4(H).

Section 4(H)(1) will capture the reassignor's name, social security number, Medicare identification number, and National Provider Identifier (NPI). (Section 4(H)(2) will collect the primary and secondary practice locations at which the reassignor will render services on the reassignee's behalf. These sections are optional, however, so no burden is involved.) We estimate that completion of Section 4(H)(1) will take 10 minutes and that approximately 17,750 suppliers per year will do so. The result is an annual burden of 2,964 hours (.167 hours x 17,750) at a cost of \$123,184 (2,964 x \$41.56).

(xi) Section 5(A) (Organization with Ownership Interest and/or Managing Control – Identification Information)

Section 5(A) collects information regarding organizations that own or manage the supplier. The section currently has checkboxes via which the supplier must identify the organization's interest in the supplier (e.g., managing control, partnership interest). We are adding more checkboxes to Section 5(A) that will help further clarify the organization's interest. This will not impose additional burden on the supplier, for our change only affords the supplier more options for identifying its relationship with the supplier. It does not involve the submission of additional data.

(xii) Section 5(A) (Organization with Ownership Interest and/or Managing Control – Identification Information)

Section 5(A) currently captures the Medicare identification number (if issued) of the owning/managing organization(s). We are removing this data element from the Form CMS-855B because we believe it is no longer necessary. This will result in a burden reduction. We project that reporting this data took suppliers 15 minutes. We further project that 20,300 suppliers per year disclosed it. This results in an annual burden reduction of 5,075 hours (.25 hours x 20,300) at a cost of \$210,917 (5,075 x \$41.56).

(xiii) Section 6(A) (Individual with Ownership Interest and/or Managing Control – Identification Information)

Section 6(A) collects information regarding individuals who own or manage the supplier. We are adding the following data elements the supplier must furnish about these individuals: telephone number, fax number, and email address. We estimate that it annually will take 42,200 suppliers approximately 25 minutes each to furnish this data. The consequent annual burden is 17,585 hours (.4167 hours x 42,200) and \$730,833 (17,585 x \$41.56).

(xiv) Section 6(A) (Individual with Ownership Interest and/or Managing Control – Identification Information)

The section currently has checkboxes via which the supplier must identify its interest in the supplier (e.g., managing control, partnership interest). We are splitting the “Partnership Interest” checkbox into separate general partner and limited partner checkboxes to better identify the type of partnership interest. This will involve no new burden for suppliers.

(xv) Section 12 (Supporting Documentation Information)

Section 12 outlines certain documents the supplier must submit with their applications. We are adding several document types to this list. These newly listed documents are already typically submitted even though they are not specifically listed in Section 12. For this reason, we do not project an increased burden for our Section 12 additions.

(xvi) Section 13 (Contact Person Information)

Section 13, which is optional, permits the supplier to report an individual to whom the MAC can direct questions regarding the application submission. We are adding the following new data element to Section 13: “Relationship or Affiliation to Individual or Organization/Group (Spouse, Secretary, Attorney, Billing Agent, etc.)” However, as Section 13 is, again, optional, we are not projecting a burden estimate for this data element.

(xv) Section 15 (Certification Statement)

Consistent with the Form CMS-855R’s discontinuance and the collection of certain reassignment data via the Form CMS-855B, Section 15 now includes new data elements for the reassignor’s name, signature, and date of signature. We estimate that 183,000 reassignors per year will submit this data. It will take the reassignor three minutes to do so. This results in an annual burden of 9,150 hours (.05 x 183,000) at a cost of \$2,076,318 (9,150 x \$226.92).

(xvi) Attachment 2 (Independent Diagnostic Testing Facilities) (IDTFs)

We are adding a new element to Section B of Attachment 2 that requires the IDTF to list the serial numbers of the testing equipment it uses. We estimate that 340 IDTFs each year will report this data at a burden of 20 minutes per IDTF. The resulting annual burden is 113 hours (340 x .333) and \$4,696 (113 x \$41.56).

(xvii) Attachment 2 (Independent Diagnostic Testing Facilities) (IDTFs)

We are adding a new element to Section D of Attachment 2 that requires the IDTF to identify the state in which their technicians are licensed or certified. We estimate that 340 IDTFs each year will report this data at a burden of 8 minutes per IDTF. The resulting annual burden is 45 hours (340 x .133) and \$1,870 (45 x \$41.56).

*c. Total Burden Change*

Table 2 outlines the total annual burden changes associated with our revisions to the Form CMS-855. Figures in parentheses reductions

**TABLE 2 – TOTAL BURDEN CHANGE**

	<b>Number of Respondents</b>	<b>Number of Responses</b>	<b>Burden per Response (hours)</b>	<b>Total Annual Burden (hours)</b>	<b>Hourly Labor Cost of Reporting (\$ (includes 100% fringe benefits) *</b>	<b>Total Cost (\$)</b>
Section 2(A)(1) – Business Information (Business Structure); Government-Owned Entity Checkbox	2,000	2,000	.0167	33	41.56	1,371
Deletion of Section 2(F) – Physician Assistant Employer	(106,230)	(106,230)	.4167	(44,266)	41.56	(1,839,695)
Section 3 – Additional of Final Adverse Actions	100	100	.50	50	41.56	2,078
Section 4(C)(2) – Electronic Records Company	13,600	13,600	.25	3,400	41.56	141,304
Section 4(H)(1) – Reassignment of Benefits Information	17,750	17,750	.167	2,964	41.56	123,184
Section 5(A) – Removal of Medicare Identification Number	(20,300)	(20,300)	.25	(5,075)	41.56	(210,917)
Section 6(A) – Addition of Telephone/E-mail/Fax	42,200	42,200	.4167	17,585	41.56	730,833
Section 15 – Reassignor Signature	183,000	183,000	.05	9,150	226.92	2,076,318
Attachment 2 – IDTF Serial Numbers	340	340	.333	113	41.56	4,696
Attachment 2 – IDTF Technician State of Licensure or Certification	340	340	.133	45	41.56	1,870
<b>Total</b>	132,800	132,800	Varies	(16,001)	Varies	1,031,042

### 13. Cost to Respondents (Capital)

There are no capital costs associated with this collection.

### 14. Cost to Federal Government

#### 14.1 *MACs*

Given the estimated reduction in the annual supplier hour burden of our Form CMS-855B revisions --- and based on our experience -- we anticipate a corresponding reduction in hour burden for the MACs.

The applicable MAC hourly is wage equivalent to a GS-9, Step 5 (Washington/Baltimore/Arlington locality), which is \$37.15. (See [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/24Tables/html/DCB\\_h.aspx](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/24Tables/html/DCB_h.aspx).) This results in an annual reduction in MAC costs for Form CMS-855B application processing of \$594,437 (or 16,001 x \$37.15).

#### 14.2 *Federal Government*

The cost to the Federal government will mostly involve: (1) the PRA process (e.g., preparing the PRA package); (2) posting the revised form documents to CMS.gov; (3) performing outreach as needed; and (4) responding to inquiries. CMS employees will perform these tasks. The hourly wage of said employee is at a GS-13, Step 5 level (Washington/Baltimore/Arlington locality), or \$64.06. (See [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB_h.pdf).) We estimate that the foregoing tasks will take a total of 80 hours. This results in a total cost of \$5,125.

### 15. Annual Changes in Burden/Program Changes

Pursuant to the data outlined in Section 12 above, we project the following changes in annual burden associated with the Form CMS-855B:

<b>Form</b>	<b>Respondents</b>	<b>Total Responses</b>	<b>Total Annual Time (hours)</b>	<b>Total Annual Cost (\$)</b>
CMS-855B	+ 132,800	+ 132,800	- 16,001	+ 1,031,042

### 16. Publication/Tabulation

All information collected will be kept private in accordance with 5 U.S.C. 552(b)(4), Executive Order 12600, and 45 CFR 155.260 (Privacy and Security of Personally Identifiable Information). Privileged or confidential commercial or financial information is protected from public

disclosure by federal law.

17. Expiration Date

We are planning on displaying the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

**B. Collections of Information Employing Statistical Methods**

This collection does not employ statistical methods.