

Medicare 855S & 855B Application Q&A



Are you in a Medicare Fog? Are you unsure what pages need to be completed? Are you unsure what support documents should be submitted? Medicare Applications and Revalidations don't have to cause so much stress and confusion. Let the experts at R.J. Hedges & Associates prepare an application for you. Whether it's a new application, revalidation, or reactivation, the R.J. Hedges & Associates' questionnaire process takes the guess work, stress, and uncertainty out of the equation.

How does the questionnaire work?

Our easy to use platform gives you the ability to start and stop at your own pace. Question mark icons help users understand exactly what is needed and provides examples for clarity. Using conditional logic, the platform knows how to ask for additional information and can bypass or replicate sections based on the user's answers.

How will my application be completed?

Once the online questionnaire is completed and payment is accepted through PayPal, the data is transferred to our Medicare Application Team. They will prepare your application including the CMS460 "Participating Physician & Supplier Agreement" and the "Electronics Fund Transfer Authorization Agreement" and send a hardcopy to you. All you need to do is review for accuracy, sign the application, pay PECOS (Provider Enrollment, Chain, and Ownership System) and mail your application packet.

How long will it take R.J. Hedges & Associates to complete the application?

Most applications will be completed, reviewed and placed in the mail within 2 business days. The time could increase based on high volumes of applications.

What if there is an issue with my application?

If there is an error or omission prior to submitted the application, please notify R.J. Hedges & Associates at app@rjhedges.com and we will gladly update any omissions. If there is an error after the application is submitted, CMS will contact person listed in the application as the "Contact Person" to ask for additional information and request additional sections that need signed and submitted.

Why do I need to pay for my application via PECOS?

There are sections in both the Affordable Care Act and Social Security Act that allow fees to be imposed on suppliers. CMS will impose this fee for new enrollments, reenrollments/reactivations, and those adding new locations but sharing the application. The fee covers the cost of screening applications and "integrity activities".

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? Why doesn't the application go directly to Medicare?

Medicare has contractors that process and maintain applications and payments. National Supplier Clearinghouse will process all CMS 855s applications while Palmetto GBA, Noridian, Novitas, National Government Services, First Coast Service, Wisconsin Physician Service and CMS Administrators will process the CMS 855b applications.

? How long does it take for Medicare to process my application

Between 45 days and 6 months

? What is the difference between 855b and 855s?

The 855b is used for Diabetic Education and Mass Immunization while the 855s is for Durable Medical Equipment and non-accredited drugs.

? Why do I need to have a Surety Bond?

Medicare requires a \$50,000 surety bond from an authorized surety company as required in 42 C.F.R. section 424.57(d). Bonds are a certified assurance you will honor your financial obligations. This is a best practice required by CMS. This is only a requirement if you are completing the CMS 855s to bill for DMEPOS devices and services.

? Why do I need to have Liability Insurance?

As required in 42 C.F.R. section 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least \$300,000 (for each incident) and the insurance must remain in effect at all times. This is only a requirement if you are completing the CMS 855s to bill for DMEPOS devices and services.

? What is the difference between Participating vs Non-Participating?

Participating means you agree to accept assignment, so you will accept the Medicare-approved amount as full payment for the covered services. Non-participating means you have not agreed to accept assignment for all Medicare-covered services, but you can still choose to accept assignment for individual services. If you offer Immunizations you must participate in all Medicare billing.

? Why do I need to do a revalidation every few years?

CMS requires revalidation every 3-5 years. CMS sets every provider's revalidation due date at the end of a month, and will post the upcoming six months online.

? Why must I be accredited before I submit my 855s application?

You do not have to be accredited if you are applying for non-accredited drugs. If you want to bill Medicare for DME items and you have not had a Medicare number before, you will need to get accredited by a CMS-approved accreditation organization 42 C.F.R. section 424.57(c) and (d).