



Via CMS Portal

September 25, 2025

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development

Re: Support for Proposed Update to Form Number CMS-855S
(Form Number: CMS-855S; OMB Control Number: CMS-10495)

To Whom It May Concern,

I am writing on behalf of Cochlear Americas to express strong support for the proposed update to the CMS-855S form; specifically, the addition of a new checkbox that would allow suppliers to solely enroll as a DMEPOS provider “to participate in Medicaid or other health care program[s], and will not be billing Medicare.” Relevant portion highlighted as follows:

SECTION 1: BASIC INFORMATION (Continued)	
A. REASON FOR SUBMITTING THIS APPLICATION Check one box and complete the sections as indicated.	
<input type="checkbox"/> You are a new enrollee in Medicare or are enrolling a new business location with a tax identification number not previously enrolled with the contractor.	Complete all sections
<input type="checkbox"/> You are solely enrolling in Medicare to participate in Medicaid or another health care program and will not be billing Medicare.	Complete all sections
<input type="checkbox"/> You are adding a new business location using a tax identification number currently enrolled with the contractor.	Complete sections 1 – 4, 6 (for managing employee only), 12, 13 (optional) and 15
<input type="checkbox"/> You are reactivating your Medicare supplier billing number.	Complete all sections
<input type="checkbox"/> You are revalidating your Medicare enrollment.	Complete all sections
<input type="checkbox"/> You are voluntarily terminating your Medicare enrollment . Effective date of termination (mm/dd/yyyy): _____	Complete sections 1, 2B, 4B1, 4D, 13 (optional), and 15
<input type="checkbox"/> You are changing your Medicare enrollment information other than your tax identification number.	Go to section 1B



This proposed change is both timely and essential. Currently, the CMS–855S form does not offer a pathway for suppliers, like Cochlear, to enroll as DMEPOS providers unless they intend to bill Medicare directly for DME products. This limitation has created a significant barrier for companies like Cochlear, which provide life-changing technologies, such as cochlear implants, to contract with Medicaid programs and Medicare Advantage plans that require DMEPOS enrollment as a prerequisite – even when no Medicare billing is involved.¹ Moreover, implementing this option would provide much-needed clarity and resolve inconsistencies in the advice CMS and its agents provide to companies like Cochlear.

Failure to implement this change will likely result in inadvertent coverage terminations, as suppliers unable to meet the current enrollment criteria will be excluded from contracting with certain Medicaid and Medicare Advantage plans. In practice, this means Cochlear would be unable to support recipients of its technology who rely on these programs for coverage – an outcome that would negatively impact patient care and access throughout the country.

We respectfully urge CMS to adopt this proposed update to the CMS–855S form to ensure continuity of care and to support suppliers committed to serving populations that depend on their products. This change will modernize the enrollment process and align it with the evolving needs of health care delivery and coverage models.

Thank you for your consideration and for your continued efforts to improve access and equity in health care.

Sincerely,

DocuSigned by:

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Carmen Vasquez

AVP Insurance Support and Revenue Cycle Management

¹ Cochlear currently bills Medicare for medically necessary replacement parts and accessories under Part B.