

# Fee-For-Service Provider Enrollment Reporting Responsibilities for Physician Group Practices Enrolled in the Medicare Program

## Reportable Physician Group Practices Changes



After enrolling in the Medicare Program, all physician group practices are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. By reporting changes as soon as possible, physician group practices will help to ensure that their claims are processed correctly. The reportable events listed below may affect claims processing, a payment amount, or a physician group's eligibility to participate in the Medicare Program.

Physician group practices are required to report the following reportable events as soon as possible, but no later than 30 days after the reportable event. Physician group practices must report the following changes on the CMS-855B.

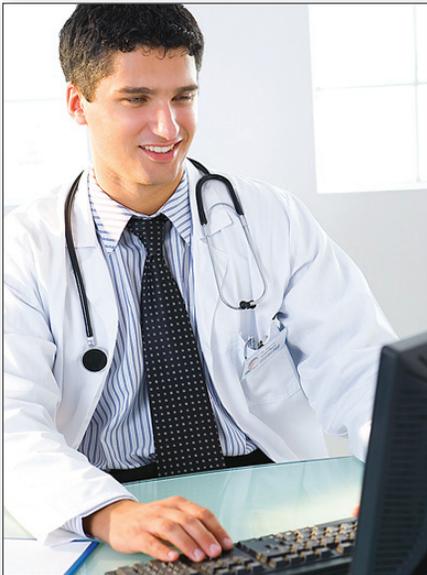
- **Change in Ownership or Managing Interest Control** occurs when the current owners sell more than a five percent ownership in the physician group practice or a partner is added or deleted. Changes in ownership must be reported within 30 days of the reportable event.
- **Change in Practice Location** occurs when a physician group practice establishes a new practice location, moves an existing practice location, closes an existing practice location, or changes any portion of an existing practice location address where Medicare information is sent.
- **Change in Final Adverse Action** occurs when an owner or practitioner is debarred or excluded by any Federal or State health care program, has his or her medical license suspended or revoked by a State licensing authority, was convicted of a felony within the last 10 years, has his or her Medicare billing privileges revoked by a Medicare contractor, or has a revocation or suspension by an accreditation organization.



## Other Reportable Changes Include

Physician group practices are required to report the following reportable events as soon as possible, but no later than 90 days after the reportable event.

- **Change of Legal Business Name/Tax Identification Number** occurs when a physician group practice changes its legal business name and/or Taxpayer Identification Number with the Internal Revenue Service.
- **Change in Authorized or Delegated Officials** occurs when an authorized or delegated official is added or removed from the physician group practice.
- **Change in Banking Arrangements or any Payment Information** occurs when a physician group practice changes its bank or bank account or makes other payment information changes. This type of change should be reported **immediately** to the Medicare contractor. A physician group practice can update its electronic funds transfer information by submitting the Electronic Funds Transfer Authorization Agreement (CMS-588) to their Medicare contractor.
- **Change in Reassignment of Benefits** occurs when a group adds or voluntarily withdraws a physician's reassignment of Medicare benefits to a group practice. Physician group practices must report this type of change on the CMS-855R.



## Additional Information

Physician groups/clinics that are enrolled in the Medicare Program, but have not submitted the CMS-855B since 2003, are required to submit a CMS-855B as an initial application when reporting a change for the first time.

If you have any questions about reporting a change, contact your designated Medicare contractor in advance of submitting the CMS-855B.

For additional information regarding: (1) the Medicare enrollment process, (2) tips to facilitate the Medicare enrollment process, or (3) the mailing address and telephone number of the designated Medicare contractor that services your State, visit <http://www.cms.hhs.gov/MedicareProviderSupEnroll> on the CMS website.

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