Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program

Reportable Non-Physician Practitioner Changes

After enrolling in the Medicare Program, all non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. By reporting changes as soon as possible, non-physician practitioners will help to ensure that their claims are processed correctly. The reportable events listed below may affect claims processing, a payment amount, or a non-physician practitioner’s eligibility to participate in the Medicare Program. Non-physician practitioners are required to report the following reportable events as soon as possible, but no later than 30 days after the reportable event.

- **Change in Practice Location** occurs when a non-physician practitioner 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 a non-physician 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.

Non-physician practitioners are required to report the following reportable events as soon as possible, but no later than 90 days after the reportable event.

- **Change of Business Structure** occurs when a non-physician practitioner changes his or her business structure (e.g., sole proprietorship to sole incorporated owner or vice versa).

- **Change in Organization Legal Business Name/Tax Identification Number** occurs when a business owner changes the organization’s legal business name and/or Taxpayer Identification Number with the Internal Revenue Service.

- **Change in Practice Status** occurs when a non-physician practitioner decides to retire or voluntarily withdraw from the Medicare Program. This type of change is referred to as a voluntary withdrawal.
Other Reportable Changes Include

• **Change in Reassignment of Benefits** occurs when a non-physician practitioner adds or voluntarily withdraws his or her reassignment of Medicare benefits. Non-physician practitioners must report this type of change on the CMS-855R.

• **Change in Banking Arrangements or any Payment Information** occurs when a non-physician practitioner changes his or her bank or bank account or makes other payment information changes. This type of change should be reported **immediately** to the Medicare contractor. A non-physician practitioner can update his or her electronic funds transfer information by submitting the Electronic Funds Transfer Authorization Agreement (CMS-588) to his or her Medicare contractor.

**Additional Information**

Non-physician practitioners can apply for enrollment in the Medicare Program or make a change in their enrollment information using either:

- The Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or
- The paper enrollment application process (e.g., CMS-855I).

There are three basic steps to completing an enrollment action using Internet-based PECOS.

1. Have a National Plan and Provider Enumeration System (NPPES) User ID and password to use Internet-based PECOS.
   - For security reasons, passwords should be changed periodically, at least once a year.
   - For information on how to change a password, go to the NPPES Application Help page available at [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do) and select the “Reset Password Page” on the NPPES Application Help page.

2. Go to PECOS at [https://pecos.cms.hhs.gov](https://pecos.cms.hhs.gov) to complete, review, and submit the electronic enrollment application via PECOS.

3. Print, sign, and date the two-page Certification Statement and mail it with all supporting paper documentation to the Medicare contractor within seven days of the electronic submission.

**NOTE:** A Medicare contractor will not process an Internet enrollment application without the signed and dated two-page Certification Statement and the required supporting documentation. In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed two-page Certification Statement that is associated with the Internet submission.

Non-physician practitioners who are enrolled in the Medicare Program, but have not submitted the CMS-855I since 2003, are required to submit a Medicare enrollment application (i.e., Internet-based PECOS or the CMS-855I) as an initial application when reporting a change for the first time.

If a non-physician practitioner has any questions about reporting a change, the non-physician practitioner should contact his or her designated Medicare contractor in advance of submitting the CMS-855I.

For additional information regarding the Medicare enrollment process, including Internet-based PECOS, go to [http://www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll) on the CMS website.

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