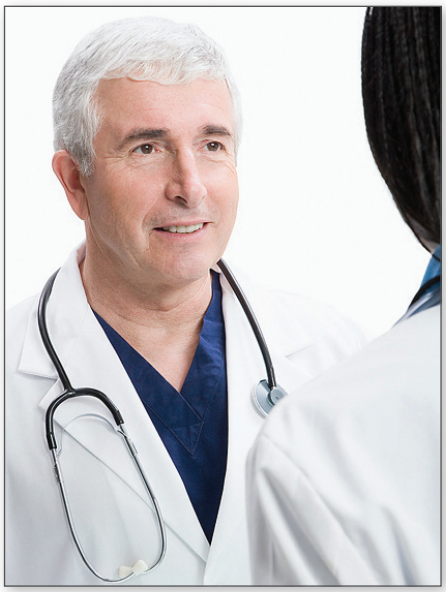
Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program

Reportable Physician Changes



After enrolling in the Medicare Program, all physicians are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. By reporting changes as soon as possible, physicians 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's eligibility to participate in the Medicare Program. Physicians 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 physician 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 physician 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.

Physicians 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 physician 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 physician decides to retire or voluntarily withdraw from the Medicare Program. This type of change is referred to as a voluntary withdrawal.

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Other Reportable Changes Include

- **Change in Reassignment of Benefits** occurs when a physician adds or voluntarily withdraws his or her reassignment of Medicare benefits. Physicians must report this type of change on the CMS-855R.
- **Change in Banking Arrangements or any Payment Information** occurs when a physician 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 physician 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

Physicians 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. Physicians and non-physician practitioners must:

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* and select the “Reset Password Page” on the NPPES Application Help page.
2. Go to PECOS at *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.

Physicians 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 physician has any questions about reporting a change, the physician 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* on the CMS website.