



# Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program

## REPORTABLE PHYSICIAN CHANGES

Once enrolled 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, but not later than 90 days after the reportable event, 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. The following reportable events for non-physician practitioners are reported on the CMS-855I.

- **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 visa versa.)
- **Change of 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 Location** occurs when a non-physician practitioner establishes a new practice location, moves an existing practice location, or closes an existing practice location or changes any portion of an address of an existing practice location or any address where Medicare information is sent.
- **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.
- **Change in Adverse Legal Actions** occurs when a non-physician practitioner is debarred or excluded by any Federal agency, has his or her medical license suspended or revoked by a State, was convicted of a felony within the last 10 years, or has his or her Medicare billing privileges revoked by a Medicare contractor other than the Medicare contractor issuing the revocation.

## 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 who are enrolled in the Medicare program, but have not submitted the CMS-855I since 2003, are required to submit a 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: (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>.