

Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program

Once enrolled in the Medicare program, all physicians are responsible for maintaining and reporting their Medicare enrollment information to their designated Medicare contractor. By reporting changes as soon as possible but not later 90 days after the reportable event, 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. The following changes for physicians are reported on the CMS-855I.

- **Change of Business Structure** occurs when a physician changes his or her business structure (e.g., sole proprietorship to sole incorporated owner or visa versa.)
- **Change in Organization Legal Business Name/Tax Identification Number** occurs when a business owner changes the organizations legal business name and/or tax identification number with the Internal Revenue Service.
- **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 address where Medicare information is sent.
- **Change in Practice Status** occurs when a physician decides to retire or withdraw from the Medicare program. This type of change is referred to as a voluntary withdrawal.
- **Change in Adverse Legal Actions** occurs when a physician is debarred or excluded by any Federal agency, has his or her medical license suspended or revoked by a State, was convicted of felony a 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 physician adds or terminates a reassignment of benefits to a group practice. Physicians must report this type of change on the CMS-855R.
- **Change in Banking Arrangements or any Payment Information** occurs when 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 their Medicare contractor.

Additional Information

Physicians that have been 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 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: (1) the Medicare enrollment process, (2) tips to facilitate the Medicare enrollment process, or (3) to locate the mailing address and telephone number of the designated Medicare contractor that services your State, visit www.cms.hhs.gov/MedicareProviderSupEnroll.