

## CMS Updates Medicare Enrollment Forms

Effective July 1, 2011, the Centers for Medicare and Medicaid Services (“CMS”) released updated versions of forms 855A, 855B, 855I, 855R and 855S, and released new form 855O. The updated forms are available online at <http://www.cms.gov/CMSForms/CMSForms/list.asp>. Providers and suppliers should note that any 855 applications that have not yet been filed with a CMS contractor should be submitted using these updated forms, or they may be rejected by the contractor processing the application.

The revisions to the forms include formatting improvements and substantive increases in the information providers must disclose during the enrollment process. As part of its preventative enforcement efforts, CMS has greatly expanded the disclosure requirements for organizations and individuals that have an ownership interest and/or managing control in a Medicare provider. The following outlines the changes CMS has made to the 855A and 855B forms.

### CMS 855A—Institutional Providers

- In Section 2: Identifying Information, a provider must indicate its year end cost report date and the expiration date of current accreditation.
- In Section 5: Ownership Interest/Managing Control for Organizations, three pages of added instructions specify which organizations must provide

information and how to accurately provide the requested information. The updated form adds the requirement for each organization with ownership interest or managing control to report: the effective date of the interest/control, the exact percentage of interest/control, whether or not the organization was solely created to purchase the provider and any contractual services the organization furnishes to the provider.

- In Section 6: Ownership Interest/Managing Control for Individuals, CMS clarifies which individuals are deemed to have sufficient ownership interest and managing control to require reporting. The following additional information must be provided for each individual: the exact percentage of interest/control, the effective date of interest/control and any contractual services the individual furnishes to the provider.
- In Section 8: Billing Agency Information, a date of birth is required for billing agents who are individuals.
- Providers must submit a copy of the IRS Determination Letter with the application if the provider is registered as a non-profit entity.
- Physician-owned hospitals must fill out an attachment to indicate every organization or individual with ownership or investment interest in the hospital, including the percentage of the interest, the effective date of the interest

and any final adverse legal actions taken against the entity.

### CMS 855B—Clinics/Group Practices and Certain Other Suppliers

- In Section 2: Identifying Information, a provider must indicate the expiration date of current accreditation.
- Section 2H: Advanced Diagnostic Imaging (“ADI”) Suppliers is added and must be completed by all Independent Diagnostic Testing Facilities (“IDTFs”) that also furnish and will bill Medicare for ADI services. The provider must indicate the name of the accrediting organization and the effective date and expiration date of current accreditation for all MRI, CT, NM and PET modalities.
- In Section 5: Ownership Interest/Managing Control for Organizations, all organizations listed must provide the effective date of the interest/control, telephone number, and if applicable, a fax number and e-mail address.
- In Section 6: Ownership Interest/Managing Control for Individuals, all individuals must provide their title, state and country of birth and the effective date of their interest/control.
- In Section 8: Billing Agency Information, a date of birth is required for billing agents who are individuals.
- Providers must submit written confirmation from the IRS

confirming that the Tax Identification Number matches the Legal Business Name (e.g., IRS form CP 575), and when applicable, a copy of the “IRS Determination Letter” if the provider is registered as a non-profit entity, additional copies of documents verifying State licenses or certifications and a written confirmation from the IRS confirming the entity’s Limited Liability Company (“LLC”) is automatically classified as a Disregarded Entity (e.g., Form 8832).

Similar changes have been made to the 855I (Individual Providers),

855R (Reassignments), and 855S (DMEPOS Suppliers). CMS also introduced the new 855O form, which may be used to create a PECOS record for Ordering and Referring Physicians and Nonphysician Practitioners.

Providers should take this opportunity to review their current enrollment information on file with CMS and ensure that all information is accurate (e.g., current board members, administrators, practice location and contact information). CMS requires notification of updated enrollment information within 30 or 90 days. Failure to update enrollment information changes could lead to revocation of

Medicare billing privileges.

If you would need assistance in updating your enrollment information, or have any questions about the enrollment process, please contact HDJN Enrollment Team members Emily Towey ([etowey@hdjn.com](mailto:etowey@hdjn.com)), Emy Trende ([etrende@hdjn.com](mailto:etrende@hdjn.com)), or Colin McCarthy ([cmccarthy@hdjn.com](mailto:cmccarthy@hdjn.com)). They can be reached by phone at (866) 967-9604.. Additional information about Hancock, Daniel, Johnson & Nagle, P.C. is available on the firm’s website at [www.hdjn.com](http://www.hdjn.com).

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