

# RATH YOUNG PIGNATELLI

Healthcare Practice Group Newsletter E-MAIL ALERT

## New Medicare Enrollment Rules for Physicians

Physician practices should be aware of recent changes to the Medicare enrollment rules.

The new rules require that physicians notify their Medicare contractor of certain changes, within **30 days**, or risk revocation of Medicare billing privileges:

- Change of ownership;
- Adverse legal action (e.g., convictions; exclusions from federal or state health care programs; revocation or suspension of license or accreditation);
- Change in practice location.

All other changes must be reported within **90 days**.

The new rules also reduce the time frame for which physicians can bill retrospectively after enrollment or re-enrollment, from 27 months to up to **30 days** before the “effective date of billing.” The effective date of billing is the later of:

- The date of filing an enrollment application that is subsequently approved by a Medicare contractor; and
- The date the practitioner first started furnishing services at the practice location covered by the application.

See 42 CFR 424.516(d), 424.520(d), and 424.521(a).

Group practices should use Form CMS-855B to report changes. These enrollment forms can be filed with the Medicare contractor up to **30 days** before a change in enrollment. They should be filed as early as possible in order to minimize any interruption in cash flow.

MGMA and AMA have published a Medicare Provider Enrollment Toolkit, available to members, which provides excellent, step-by-step guidance on complying with the new rules. Guidance is also available on the CMS website. NHIC, Corp. is the Medicare Part B contractor and will be the Medicare Administrative Contractor (MAC) for New Hampshire as well, effective June 2009. NHIC’s website also includes information on provider enrollment. [www.medicarenhic.com](http://www.medicarenhic.com)

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