



New Provider Basics - Requirements for Provider Changes to Provider Enrollment Information

The Centers for Medicare & Medicaid Services (CMS) requires that a provider must notify Medicare of certain Provider Enrollment information changes within 90 days.

In order to prevent a Do Not Forward (DNF) flag from being added to a provider file, a provider must promptly report Special Payments address and/or Bank Routing/Account number change(s) to the carrier's Provider Enrollment department. Medicare cannot forward checks and Remittance Notices if a provider's file is flagged with DNF. Once effectuated, a DNF Flag cannot be removed from the provider's file until a CMS Form 855 application is received to notify Medicare of the updates.

At this time, CMS requires that any individual, group, or organization making a change to their pay-to address (Special Payments address) without an initial enrollment application (CMS Form 855) on file must complete one in its entirety before a change is made to a pay-to address. For example, if you or your organization enrolled prior to 1998, this may affect you.

An individual solo practitioner must complete a CMS Form 855I for any of the following changes to his/her 'Individual Medicare file':

- Name changes/updates (marriage, divorce or legal name change)
- Address additions/deletions
- Adding/changing a Billing Agency
- Changing/updating the provider specialty
- Changing/updating an effective date or termination date

An organization must complete the CMS 855B for the following changes to their 'Organization/Group Medicare file':

- Changing/updating an effective date or termination date
- Address additions/deletions
- Adding/changing a Billing Agency
- Changing/Deleting the Authorized Official
- Changing/Deleting the Delegated Official
- Terming a Physician Assistant PIN within your group

Group members must complete the CMS Form 855R to make the following changes to their reassignment:

- Terminate a current Reassignment
- Change the effective date/termination date on a reassignment



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Applications forms for changes must be sent to the appropriate WPS Medicare location at http://www.wpsmedicare.com/mac/selfservice/contact_info.shtml