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Final Rule: Establishing and Maintaining Medicare Enrollment

Provider Types Affected

All Medicare physicians, providers, and suppliers

Impact on Providers

All Medicare physicians, providers, and suppliers, as well as those who are considering applying to participate in the program should be aware of the new rule and of upcoming changes to the Medicare enrollment process.

Background

On April 21, 2006, the Centers for Medicare & Medicaid Services (CMS) published a final regulation titled Requirements for Providers and Suppliers to Establish and Maintaining Medicare Enrollment. This rule finalizes Medicare's requirements to enroll and maintain enrollment in the Medicare program.

This final rule largely parallels the existing process used to enroll physicians, providers, and other suppliers. Specifically, this regulation requires that providers and suppliers:

- Complete and submit a Medicare enrollment application to enroll in the Medicare program,
- Report most changes in a provider or supplier's enrollment data within 90 days of the effective date of the change, and
- Require providers and suppliers to recertify the accuracy of their enrollment information every 5 years.

While one of the primary requirements of this rule is that all providers and suppliers (both new and those already in the program) complete the CMS-855 Medicare enrollment application, providers and suppliers are **not** required to take any action at this time. CMS will notify the provider or supplier when it is time to recertify their Medicare enrollment information.

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The final regulation can be viewed at <http://www.gpoaccess.gov/fr/index.html>.

In addition to the regulatory provisions adopted in this regulation, CMS anticipates issuing changes to the current CMS-855 Medicare enrollment applications in the near future. Once issued, CMS will begin using the revised enrollment applications immediately.

To ensure timely processing of your application, make certain to completely fill out the application and provide all required supporting documentation at the time of filing. Section 17 of the Medicare enrollment application lists the types of supporting documentation that you will need to submit with your enrollment application.

To obtain a list of specific supporting documentation that you must submit with your enrollment application, call or visit the Medicare fee-for-service contractor (carrier or fiscal intermediary (FI), and regional home health intermediaries (RHHIs)) serving your area (see *Additional Information* section below.)

Be aware that, at any time during the enrollment process, your carrier or FI may request documentation to support or validate information that you have reported on your application.

Applicants are responsible for providing this documentation in a timely manner. Failure to provide documentation in a timely manner may delay your enrollment into the Medicare program.

Additional Information

For additional information regarding the Medicare enrollment process, including the mailing address and telephone number for the carrier or FI serving your area, visit <http://www.cms.hhs.gov/MedicareProviderSupEnroll> on the CMS web site.

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