

Failing to Update Your Medicare Information Could Prove Costly

By Christina M. Kuta & Delaney Perl

The Centers for Medicare & Medicaid Services (CMS) requires Medicare providers and suppliers to keep their enrollment information up to date at all times. Changes in this information can affect claims processing, payment amounts and eligibility to participate in the Medicare program. Failing to report changes in information in accordance with CMS requirements has serious consequences, including revocation of Medicare billing privileges.

What needs to be reported to CMS and when?

Requirements differ based on provider and supplier type. Physicians, non-physician practitioners, and physician and non-physician practitioner organizations are required to report any change of ownership, adverse legal action or change in practice location within 30 days of the reportable event. Any other changes in enrollment need to be reported within 90 days of the reportable event. Other changes that must be reported include any information that differs from the initial enrollment application (or last information reported to CMS if information already has been updated subsequent to the initial enrollment application), which can include, for example, changes in managing employees, the provider's organizational structure, or the provider's correspondence mailing address.

These changes can easily be reported online through PECOS, the online Medicare enrollment management system, or by completing the appropriate CMS-855 form and mailing it to the designated Medicare Administrative Contractor (MAC). Your MAC may request additional documentation, and such documentation must be provided within 30 days of the request date.

Why is updating information with CMS important?

CMS has no obligation to proactively ask about changes in your practice or remind you to update enrollment information. If they do need to contact you and have out-of-date information in their records, you may miss important documents and notices. For example, if you do not have an up-to-date address for correspondence on file, you could miss CMS notices, many which require a provider to take certain actions in order to preserve Medicare enrollment status. The fact that CMS sent the notice to an old address is no defense, as it is the provider's obligation to keep CMS informed of all updated information. Also, it is often believed that CMS must send information via Certified Mail, and therefore, will be alerted when the mail is not received. This is NOT the case. For most correspondence, CMS is not obligated to send it via any specific method and routinely sends out notices via USPS. Even if CMS receives notice that correspondence is undeliverable, it does not have any legal obligation to track down a new address or make any attempt to resend the document.

We have been involved with many providers who failed to update information with CMS within the prescribed time period. The consequences have been severe for these providers, including revocation of their Medicare enrollment for an extended period of time. Fortunately, this outcome is very preventable by keeping all information with CMS current. Please reach out to one of our Roetzel healthcare attorneys for more information about Medicare updates.

Ericka Adler, Manager312.582.1602 | eadler@ralaw.com**Avery Delott**312.582.1636 | adelott@ralaw.com**David Hochman**312.582.1686 | dhochman@ralaw.com**Christina Kuta**312.582.1680 | ckuta@ralaw.com**Lee Levin**312.580.1248 | llevin@ralaw.com**John Waters**312.582.1685 | jwaters@ralaw.com