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Update on Medicare and Medicaid Payment Issues

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## IN THIS ISSUE

[Quality & Efficiency:  
Key Themes in the  
Fiscal Year \(FY\) 2012  
IPPS Proposed Rule](#)

[FFY 3023 IPPS  
Proposed Rule Would  
Eliminate Hospice Data  
from the IME and DSH  
Calculations, and  
Would Modify the  
ESRD Add-On  
Payment Calculation](#)

[Stay Tuned for  
Changes to CMS 855  
Enrollment Forms](#)

[New Information  
Technology Grant  
Funding Opportunity  
for Existing Rural  
Health Networks](#)

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Goldsmith](#) and [Carel T.  
Hedlund](#)*

## Stay Tuned for Changes to CMS 855 Enrollment Forms

By: [Donna J. Senft](#)

CMS recently published revised drafts of the current Medicare enrollment forms (i.e., the CMS 855A, CMS 855B, CMS 855I, CMS 855R and CMS 855S). In addition, CMS is proposing a new CMS 855O form, which would allow a physician who otherwise does not need to have Medicare billing privileges, to submit an application for the sole purpose of complying with the requirement that a physician must have a Medicare identification number to provide orders or referrals for certain Medicare-covered items and services.

Under the Paperwork Reduction Act of 1995 (PRA), federal agencies, including CMS, must plan for the collection of new information and the extension of ongoing information collections. In particular, CMS must publish a 60-day notice of and seek public comment on proposed information collections. In compliance with the PRA, CMS provided notice of the new CMS 855O and revised existing CMS 855 forms. Copies of the draft forms and CMS's explanation of the proposed changes are available under the PRA section of CMS's website.

Each of the revised forms reflects an anticipated "07/11" effective date, although CMS has not yet announced the implementation of the revised forms. The following notes some of the proposed changes from the current version of the existing forms and the reasoning for the change.

### CMS 855A:

- Section 2 would be revised to again require the reporting of the provider's cost-year-end date, a prior reporting requirement that was deleted from the 2008 version. Hospitals would also be required to confirm that their compliance plans require checks of managing employees against the OIG

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and GSA exclusion/debarment lists.

- Section 5 would be expanded to collect information on the type of organization, related entities, the percentage of direct or indirect ownership interest, and the effective date of the ownership or controlling interest.
- Section 6 would be expanded to collect the percentage of direct or indirect ownership interest, the individual's title and place of birth, and a description of the contracted services the individual provides when applicable.
- For individuals who serve as billing agents, Section 8 would be revised to require reporting of the agent's date of birth.
- New Attachment 1 would be added to comply with the PPACA provision to require reporting of physician ownership in hospitals. CMS also announced that it would be adding an Attachment to the CMS 855A form to comply with the SNF ownership and control transparency requirements under PPACA.

#### *CMS 855B:*

- Additional information would be required from Ambulatory Surgical Centers (ASC) and Advanced Diagnostic Imaging Services (ADIS) suppliers.
- Sections 5 and 6 would require reporting of the effective date of ownership or control, and Section 6 would again require the reporting of the titles for the individuals. Additionally, Section 6 would require reporting of the individual's place of birth.
- For individuals who serve as billing agents, Section 8 would be revised to require reporting of the agent's date of birth.
- New Attachment 3 would be added to capture additional information on ADIS suppliers. The guidance document indicates that each supplier would be required to report its taxonomy code in Section 2; however, the draft form does not include a data field for this code.

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## *CMS 855I:*

- Physicians and non-physician practitioners would need to indicate whether or not they accept new patients in Section 2.
- The EIN of the employing physician would be required on physician assistant's enrollment forms.
- Additional information would be required from ADIS suppliers.

## *CMS 855R:*

- Section 7 would be revised to require identification of a contact person if a reassignment is being terminated.

## *CMS 855S:*

- The instructions for Section 2 would be revised to delete the reference to W-2 employees, noting instead that current licensure applicable to the specialty supplier will be required.
- Section 2 would be revised to clarify supplier types, products and services.
- In addition to noting the DME MAC Jurisdiction, individual states to be served would need to be listed in Section 4.
- Sections 5 and 6 would require reporting of the effective date of ownership or control; and Section 6 would again require the reporting of the titles in addition to a new requirement to report the individual's place of birth. The instructions for Section 6 would be revised to require the reporting of "at least ONE owner and ONE managing employee."
- Information regarding the insurance agent/broker for surety bond would be deleted as the information is available to CMS from an alternative source.

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## **Ober|Kaler's Comments**

For providers and suppliers with pending transactions or business development opportunities, it will be important to watch for the implementation of the new forms to ensure that the correct versions of the forms are submitted. It is advisable to consider collecting the additional data that would be required to complete the draft version of the applicable CMS 855 form in the event that the draft is finalized and is the only accepted version of the form when the application needs to be submitted.

*Donna Senft is author of the blog [MedicareforGeeks.com](#), which provides information relating to the requirements and new initiatives with respect to PECOS (Provider Enrollment, Chain, and Ownership System), the national electronic database for recording and retaining data on Medicare-enrolled providers and suppliers.*