



CMS Reminds Providers and Suppliers of Reporting Requirements

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The Centers for Medicare & Medicaid Services (CMS) recently released a new Medicare Learning Network “MLN Matters” education document to remind applicable providers and suppliers about the need to timely report provider enrollment information changes. The MLN Matters document is available by clicking [here](#).

Federal regulations require that providers and suppliers report enrollment changes as follows:

- **Practitioners/Practitioner Organizations:** Physicians, non-physician practitioners (such as physician assistants and nurse practitioners), and physician and non-physician practitioner organizations must report changes of ownership, adverse legal actions, and changes in practice location within **30 days**¹ of the change. All other changes must be reported within **90 days**.
- **DMEPOS:** Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMPEOS) must report any changes in information supplied on the enrollment application within **30 days** of the change to the National Supplier Clearinghouse.²
- **IDTF:** Independent Diagnostic Testing Facilities (IDTF) must report changes in ownership, location, general supervision, and adverse legal actions within **30 days** of the change. All other changes must be reported within **90 days**.³
- **Institutional Providers:** All other providers, for example skilled nursing facilities and other institutional providers, must report any changes of ownership, including a change in authorized or delegated official, within **30 days**. All other changes must be report within **90 days**.⁴

The MLN Matters document does not establish any new or revised policy, but reminds the providers listed above that failure to comply with reporting requirements could result in revocation of Medicare billing privileges. In many states, loss of Medicare billing privileges can also result in loss of Medicaid billing privileges. Because of the potential sanctions for non-compliance, it is important that providers carefully consider regulatory requirements when making changes that would have an impact on the accuracy of Medicare enrollment information.

¹ 42 C.F.R. § 424.516(d).

² 42 C.F.R. § 424.57(c)(2).

³ 42 C.F.R. § 410.33(g)(2).

⁴ 42 C.F.R. § 424.516(e).

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