

**TITLE: Provider Changes in Medicare Enrollment Information**

**POLICY/PURPOSE:** To ensure providers understand their responsibilities in reference to changes in their Medicare provider enrollment information.

All physicians, non-physician practitioners (for example, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals) and physician and non-physician practitioner organizations must report the following changes in their enrollment information to the local Medicare Administrative Contractor (MAC) within **30 days** of the change:

- a change in practice ownership;
- an adverse legal action; or
- a change in practice location (or an additional practice location).

All other changes must be reported to the MAC within **90 days** of the change.

An example of “other changes” would be a name change.

**DEFINITIONS:**

**PROCEDURE:**

1. Providers are ultimately responsible for ensuring that their enrollment record is updated; however, should the medical department delegate this responsibility to someone other than the impacted provider, the delegate shall contact the practice plan Provider Enrollment Specialists to make the necessary change in accordance with the timeframes listed above.

Each medical department is responsible for communicating to its respective providers who has been delegated to report changes to the Provider Enrollment Specialists.

2. The Provider Enrollment Specialist shall make the necessary changes in the Provider Enrollment, Chain and Ownership System (“PECOS system”) within the timeframes stipulated above.

3. **Failure to comply with this policy may result in the revocation of a provider's Medicare billing privileges.**

**REFERENCES:** CFR. Title 42, Chapter IV, Subchapter B, Part 424, Subpart P, Section 424.516 (d).

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