



Client Alert

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CMS Revises Medicare Provider and Supplier Enrollment Applications

The Centers for Medicare & Medicaid Services (CMS) has released revised enrollment applications. Many of the revisions to the CMS-855 applications result from provisions in the Patient Protection and Affordable Care Act aimed at increasing the transparency of ownership information through the provider enrollment process.

The CMS-855A for institutional providers includes significant revisions to Section 5 of the application entitled "Ownership Interest and/or Managing Control Information (Organizations)" and Section 6 entitled "Ownership Interest and/or Managing Control Information (Individuals)." Under the revised Sections 5 and 6 of the CMS-855A, providers are now required to report the following ownership information:

- Identification of entities with an investment interest, banks and financial institutions (holders of mortgages, deeds of trust or other security interests), holding companies, trusts and trustees, governmental/tribal organizations, and charitable and religious organizations
- Percentage of direct and indirect ownership
- Organizational diagram identifying all of the entities listed in Section 5 and their relationships with the provider and with each other
- If the provider is a skilled nursing facility, a diagram identifying the organizational structures of all of its owners, including owners that were not required to be listed in Sections 5 or 6
- Individual owners' titles, birth places and percentages of direct or indirect ownership in the provider
- Identification of any organization that exercises operational or managerial control
- Identification of the type of contractual services that managing organizations/employees furnish
- Effective date of an entity/individual's ownership/managerial interest in the provider
- Checkbox to indicate whether the owning entity was created for the purpose of acquiring the provider in order to determine whether the entity is a holding company

In addition to the revisions to Sections 5 and 6, the new CMS-855A includes the following changes, among others:

- Physician-owned hospital checkbox
- Identification of how the business is registered with the Internal Revenue Service
- Billing agent's date of birth, if the provider has a billing agent who is an individual
- Copy of the IRS Determination Letter if the provider is registered with the IRS as a non-profit entity
- Confirmation of LLC disregarded entity status
- Attachment that captures data on entities with an ownership or managerial interest in a physician-owned hospital
- The Medicare contractor may request from the provider additional documents not listed in Section 17

A copy of the new CMS-855A form is available by clicking [here](#).¹

Similar changes have also been made to the CMS-855B (physician group practices, clinics and other suppliers), 855I (individual providers) and 855R (reassignment of Medicare benefits). CMS has also introduced the 855O, which will allow physicians and non-physician practitioners to obtain a Medicare number solely to provide orders or referrals for beneficiaries to Medicare approved providers and suppliers.

The revised CMS-855A, 855B, 855I and 855O went into effect on July 1, 2011, and the CMS-855R will go into effect on July 31, 2011. Providers and suppliers should ensure that they are using the new forms to enroll or update their information.

¹ <http://www.cms.gov/cmsforms/downloads/cms855a.pdf>

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