

CMS FORM 855A... DID YOU KNOW?

CMS requires that all providers and suppliers who enrolled in the Medicare program prior to March 25, 2011, submit a CMS Form 855A to revalidate their enrollment under new risk screening criteria required by the Affordable Care Act (section 6401a).

This revalidation process must be done any time your organization has made qualifying changes to its operation.

Do not submit your revalidation until you are notified to do so by your MAC.

You must file a CMS 855A form with Medicare if your organization has made changes that include:

- New location
- New business name
- Change in ownership
- Acquisition/merger, CHOW, or stock transfer
- Additional branch office

Individuals must be reported (with a delete date for someone leaving and an add date for someone joining) under the following guidelines:

- If they have a 5 percent or greater direct or indirect ownership interest in the provider
- If (and only if) the provider is a corporation (whether for-profit or non-profit), all officers and directors of the provider
- All managing employees of the provider
- All individuals with a partnership interest in the provider, regardless of the percentage of ownership the partner has
- Authorized and delegated officials

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